

Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Friday, November 22, 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, Vice Chair Mary B. Richardson-Lowry and Directors Hon. Dr. Dennis Deer, LCPC, CCFC; Mary Driscoll, RN, MPH; Ada Mary Gugenheim; Mike Koetting; Robert G. Reiter, Jr.; and Sidney A. Thomas, MSW (8)

Present

Telephonically: Directors David Ernesto Munar and Heather M. Prendergast, MD, MS, MPH (2)

Absent: Director Layla P. Suleiman Gonzalez, PhD, JD (1)

Vice Chair Richardson-Lowry, seconded by Director Gugenheim, moved to allow Director Munar to telephonically participate in the meeting as a voting member. THE MOTION CARRIED UNANIMOUSLY.

Later in the meeting, prior to the Board convening into a closed meeting, Director Prendergast joined the meeting via telephone; there was also a likelihood that Director Suleiman Gonzalez would call in during the closed meeting.

Vice Chair Richardson-Lowry, seconded by Director Reiter, moved to allow Director Prendergast and Director Suleiman Gonzalez to telephonically participate in the meeting as voting members. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Ekerete Akpan – Chief Financial Officer
Debra Carey – Deputy Chief Executive Officer,
Operations
Charles Jones – Chief Procurement Officer
James Kiamos – Chief Executive Officer, CountyCare
Jeff McCutchan –General Counsel

Timothy Ozog, Cook County Bureau of Asset
Management
Barbara Pryor – Chief Human Resources Officer
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief Executive Officer
Ronald Wyatt, MD – Chief Quality Officer

II. Employee Recognition

Dr. John Jay Shannon, Chief Executive Officer, recognized employees for outstanding achievements. Details and further information is included in Attachment #7 - Report from the Chief Executive Officer.

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, October 25, 2019

Vice Chair Richardson-Lowry, seconded by Director Gugenheim, moved the approval of the Minutes of the Board of Directors Meeting of October 25, 2019. THE MOTION CARRIED UNANIMOUSLY.

B. Human Resources Committee

i. Metrics (Attachment #1)

Vice Chair Richardson-Lowry and Barbara Pryor, Chief Human Resources Officer, provided an overview of the Metrics. The Board reviewed and discussed the information.

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.

During the discussion of the subject of Medicaid applications that are backlogged for processing at the State level, Chair Hammock inquired whether the administration can ask the State to regularly report the number of pending applications. Mr. Kiamos indicated that he will follow-up on the question; perhaps a public policy group can work on getting that information provided.

D. Quality and Patient Safety Committee Meeting, November 15, 2019

i. Metrics (Attachment #3)

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

- Medical Staff Appointments/Reappointments/Changes

Director Gugenheim and Dr. Ronald Wyatt, Chief Quality Officer, provided an overview of the metrics and meeting minutes. The Board reviewed and discussed the information.

Director Gugenheim, seconded by Director Reiter, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of November 15, 2019. THE MOTION CARRIED UNANIMOUSLY.

E. Finance Committee Meeting, November 15, 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 Koetting, who served as Acting Finance Committee Chair at the meeting, presented the Meeting Minutes for the Board's consideration. Ekerete Akpan, Chief Financial Officer, reviewed the Metrics, 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 (M/WBE) participation. It was noted that there are two (2) requests pending review by Contract Compliance (request numbers 5 and 8 within the Finance Committee Meeting Minutes).

IV. Board and Committee Reports

E. Finance Committee Meeting, November 15, 2019 (continued)

During the discussion of the M/WBE participation report, Director Deer recommended that a hospital-specific vendor resource fair be planned for the near future; the previous fair was held approximately two (2) years ago.

Director Koetting, seconded by Director Reiter, moved the approval of the Minutes of the Meeting of the Finance Committee of November 15, 2019. THE MOTION CARRIED UNANIMOUSLY.

V. Action Items

A. Contracts and Procurement Items

There were no contracts and procurement items presented directly for the Board's consideration.

B. Proposed Transfer of Funds (Attachment #5)

Mr. Akpan provided an overview of the proposed Transfer of Funds.

Director Reiter, seconded by Director Deer, moved the approval of the proposed Transfer of Funds. THE MOTION CARRIED.

Vice Chair Richardson-Lowry abstained on the matter.

C. Proposed Amendments to the Bylaws of the Medical Staff of Provident Hospital of Cook County

This item was withdrawn; it is expected to be presented for consideration at the January Board Meeting.

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

E. Contract for Demolition of Sengstacke Clinic (Attachment #6)

Mr. Jones provided an overview of the proposed contract for demolition of Sengstacke Clinic.

Director Gugenheim, seconded by Director Deer, moved the approval of the proposed contract with McDonagh Construction in the amount of \$720,000 for services relating to the demolition of Sengstack Health Center. THE MOTION CARRIED. UNANIMOUSLY.

VI. Report from Chair of the Board

Chair Hammock did not have a report to present at this time.

VII. Report from the Chief Executive Officer (Attachment #7)

Dr. Shannon provided an update on several subjects; detail is included in Attachment #7.

A. Provident Hospital Update (Attachment #8)

The following individuals provided an overview of the presentation on the Provident Hospital Update: Dr. Shannon; Mr. Akpan; Debra Carey, Deputy Chief Executive Officer of Operations; and Timothy Ozog, Project Director, Cook County Bureau of Asset Management.

The presentation included information on the following subjects:

- History of Provident Hospital
- Provident Hospital Today
- Recent Investments
- Impact 2020 and 2023
- Cook County Health (CCH) Patients with visits between November 2018 and October 2019
- CCH Uninsured Patients with visits between November 2018 and October 2019
- CountyCare Members – Eligible Membership November 2019
- The New Provident Facility
- Provident New Campus – Impact
- Medical Village Concept
- Updated Facility
- Patient-Centered Focus
- Provident Inpatient
- Volume Drivers
- Stroger Impact
- Initial Schematic Design/Community Impact
- Planned Development Process
- Workforce Hiring
- Financing the Project
- Projected Revenue and Expenses
- Payor Mix for Provident Hospital and CCH
- Timeline
- Appendix

Vice Chair Richardson-Lowry inquired whether information will be posted publicly on the Cook County website and provided to the CCH Board regarding the Chicago Plan Commission and City Council Committee on Zoning meetings relating to this project. Ms. Carey responded affirmatively. Additionally, Vice Chair Richardson-Lowry inquired whether there was a traffic study done as part of the project. Mr. Ozog responded affirmatively.

VIII. Closed Meeting Items

A. Claims and Litigation

B. Discussion of personnel matters

Director Reiter, seconded by Vice Chair Richardson-Lowry, 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, Vice Chair Richardson-Lowry and Directors Deer, Driscoll, Gugenheim, Koetting, Munar, Prendergast, Reiter and Thomas (10)

Nays: None (0)

Absent: Director Suleiman Gonzalez (1)

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.

Director Reiter, seconded by Director Deer, moved to approve the employment actions discussed in the closed meeting. THE MOTION CARRIED UNANIMOUSLY.

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: Follow-up on the question of asking the State to regularly report the number of pending Medicaid applications. Page 2
- Follow-up: A recommendation was made to plan another hospital-specific vendor resource fair in the near future. Page 3

Cook County Health and Hospitals System
Board of Directors Meeting
November 22, 2019

ATTACHMENT #1

Human Resources Metrics CCH Board of Directors

Barbara Pryor
Chief Human Resources Officer

November 22, 2019



COOK COUNTY
HEALTH

Metrics



COOK COUNTY
HEALTH

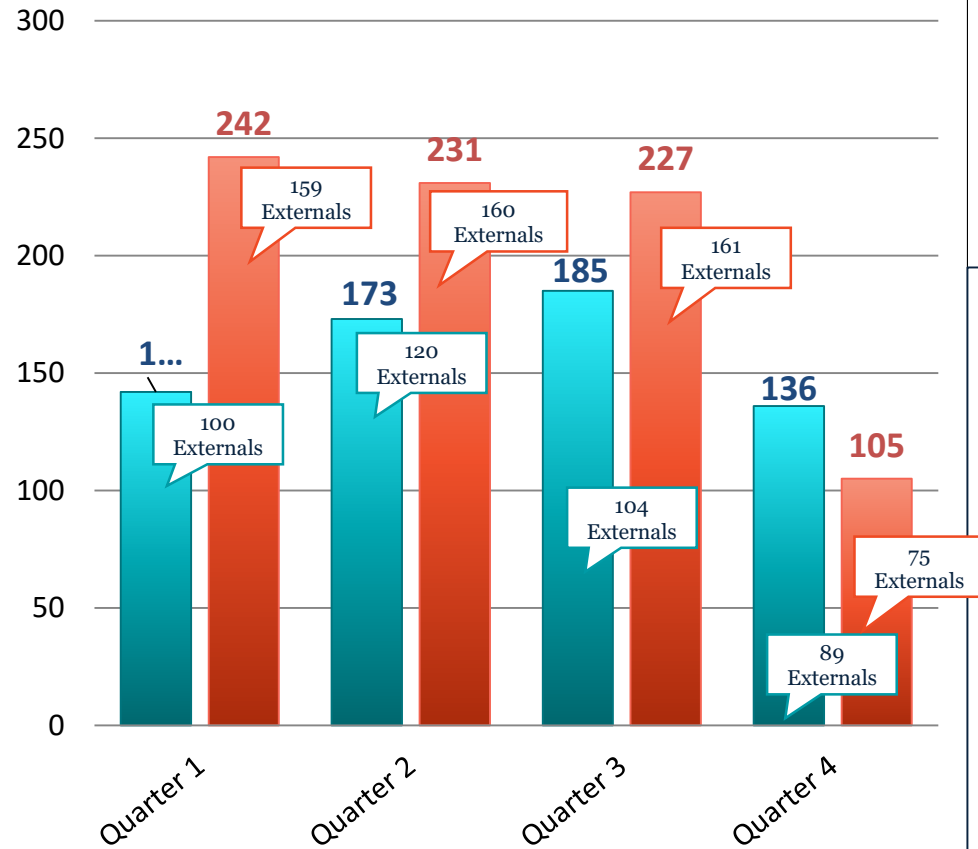
CCH HR Activity Report

Thru 10/31/2019

FILLED POSITIONS

■ 2018 Filled (636) | Externals (413)

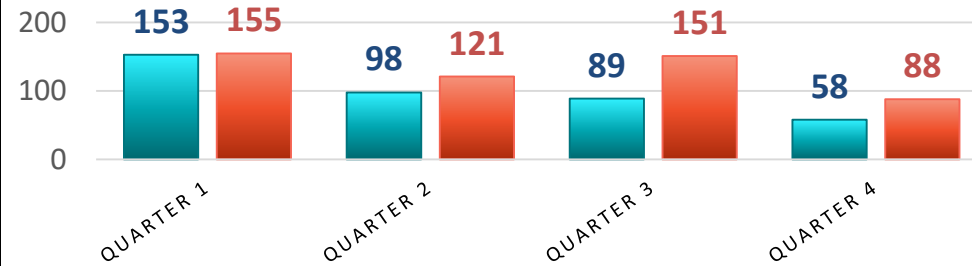
■ 2019 Filled (805) | Externals (555)



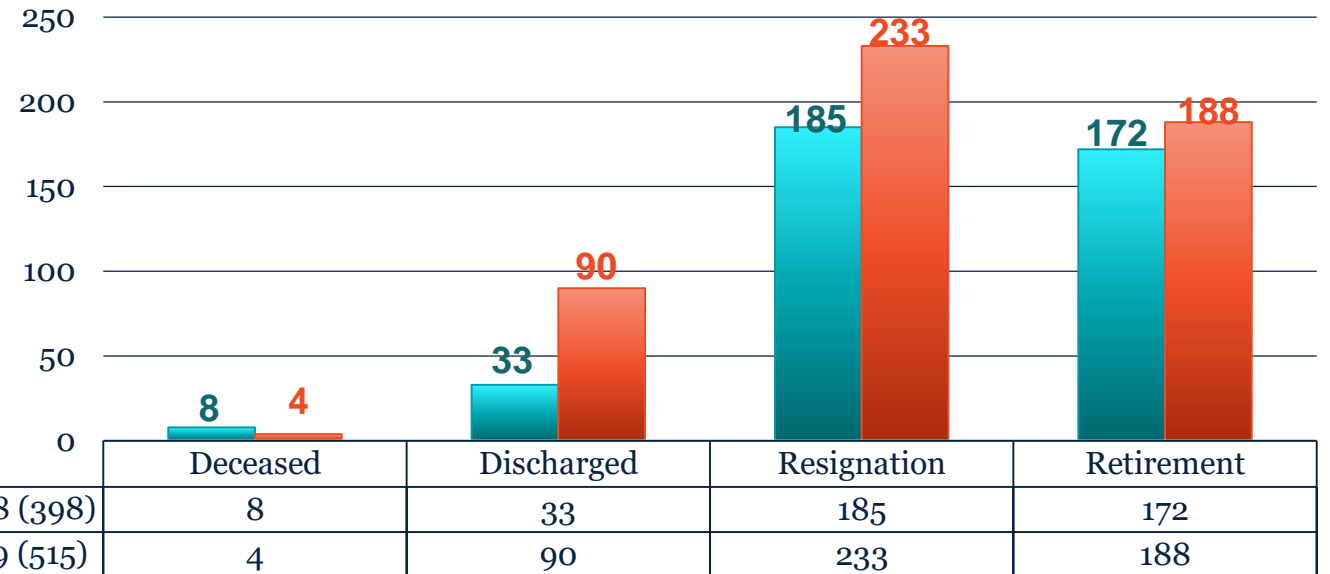
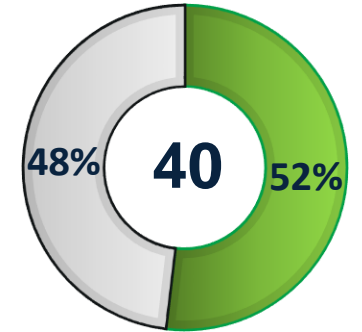
SEPARATIONS

■ 2018 Separations (398)

■ 2019 Separations (515)



NET



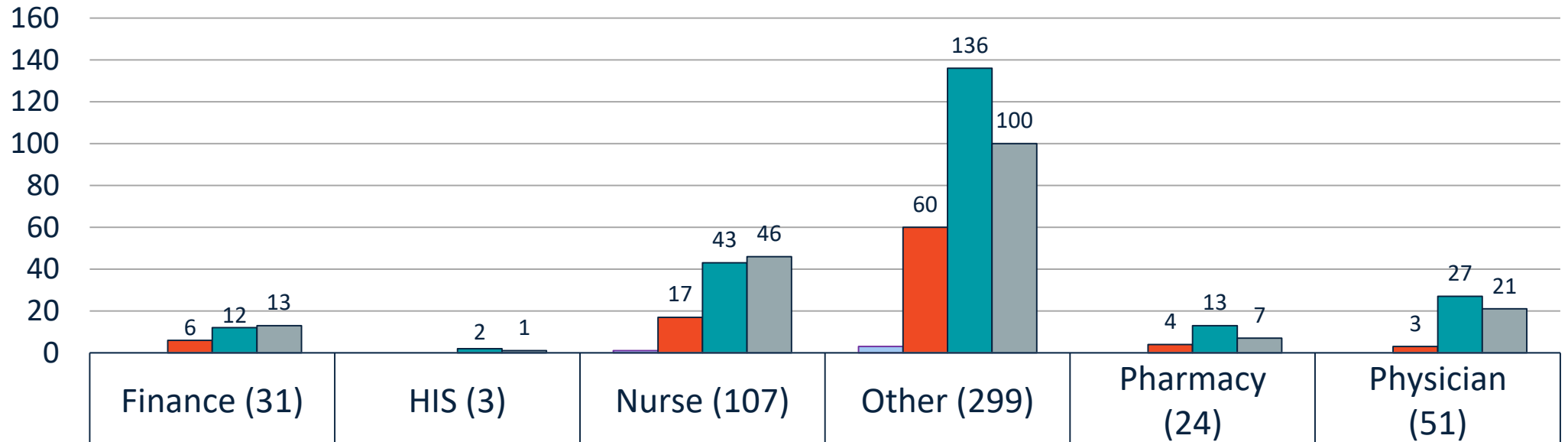
COOK COUNTY
HEALTH

Does not include Consultants, Registry and House Staff

CCH HR Activity Report

Thru 10/31/2019

SEPARATIONS BY CLASSIFICATION - 515

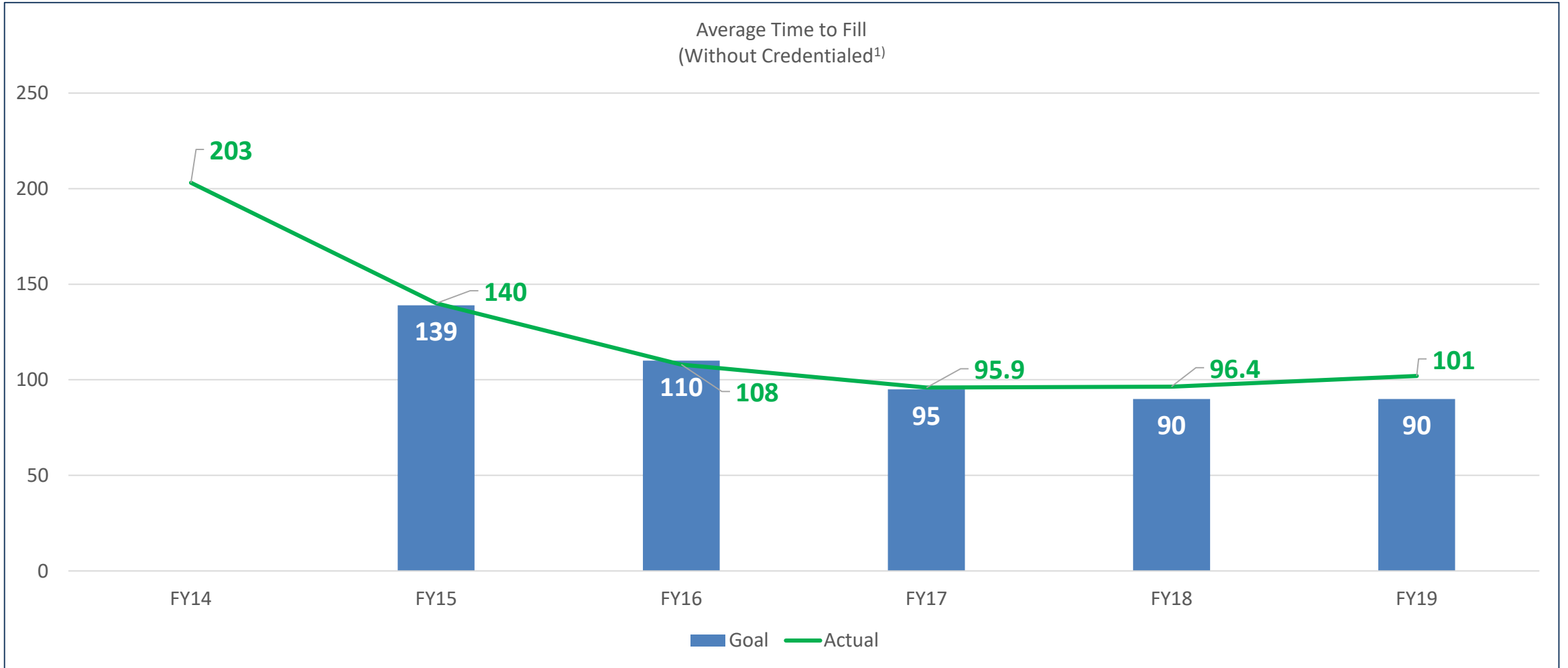


	Finance (31)	HIS (3)	Nurse (107)	Other (299)	Pharmacy (24)	Physician (51)
Deceased (4)			1	3		
Discharged (90)	6		17	60	4	3
Resignation (233)	12	2	43	136	13	27
Retirement (188)	13	1	46	100	7	21



CCH HR Activity Report

Improve/Reduce Average Time to Hire*



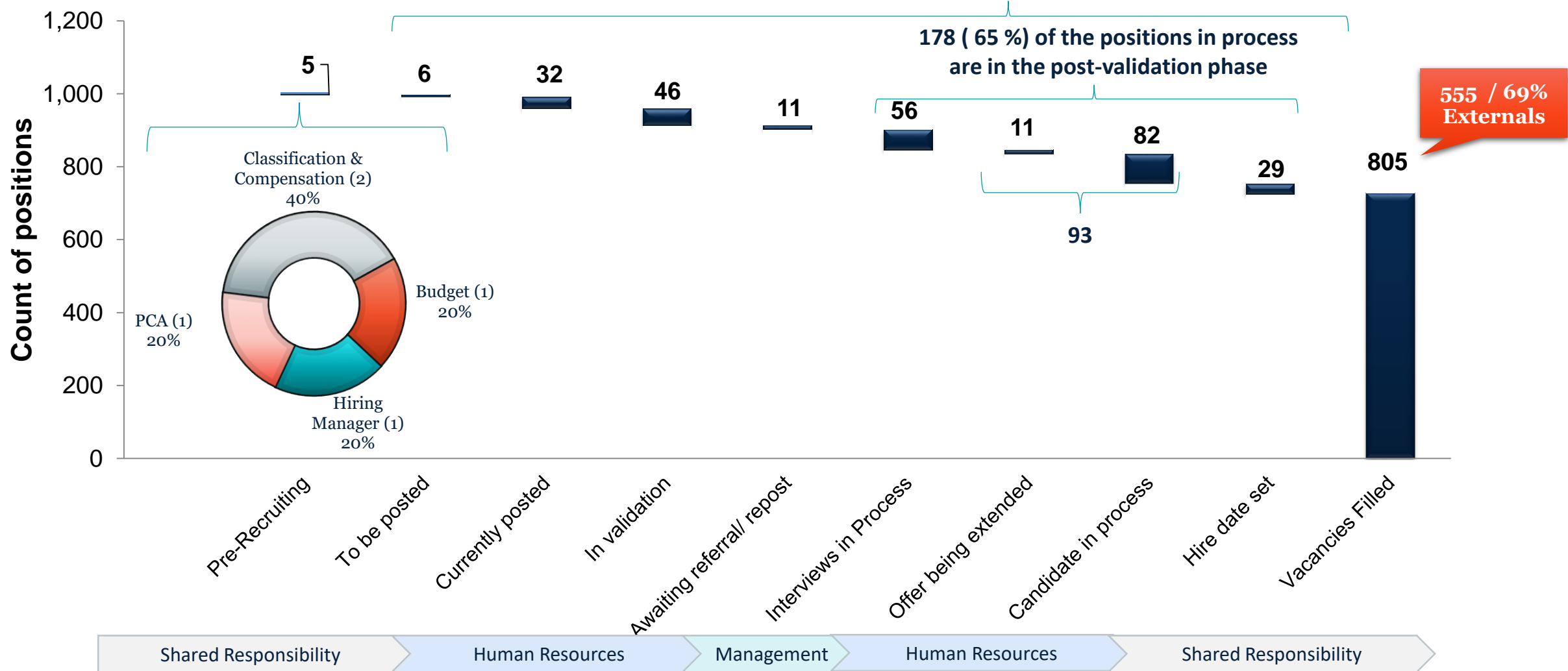
CCH HR Activity Report – Hiring Snapshot

Thru 10/31/2019

Clinical Positions – 209 / 77%

Non-Clinical Positions – 64 / 23%

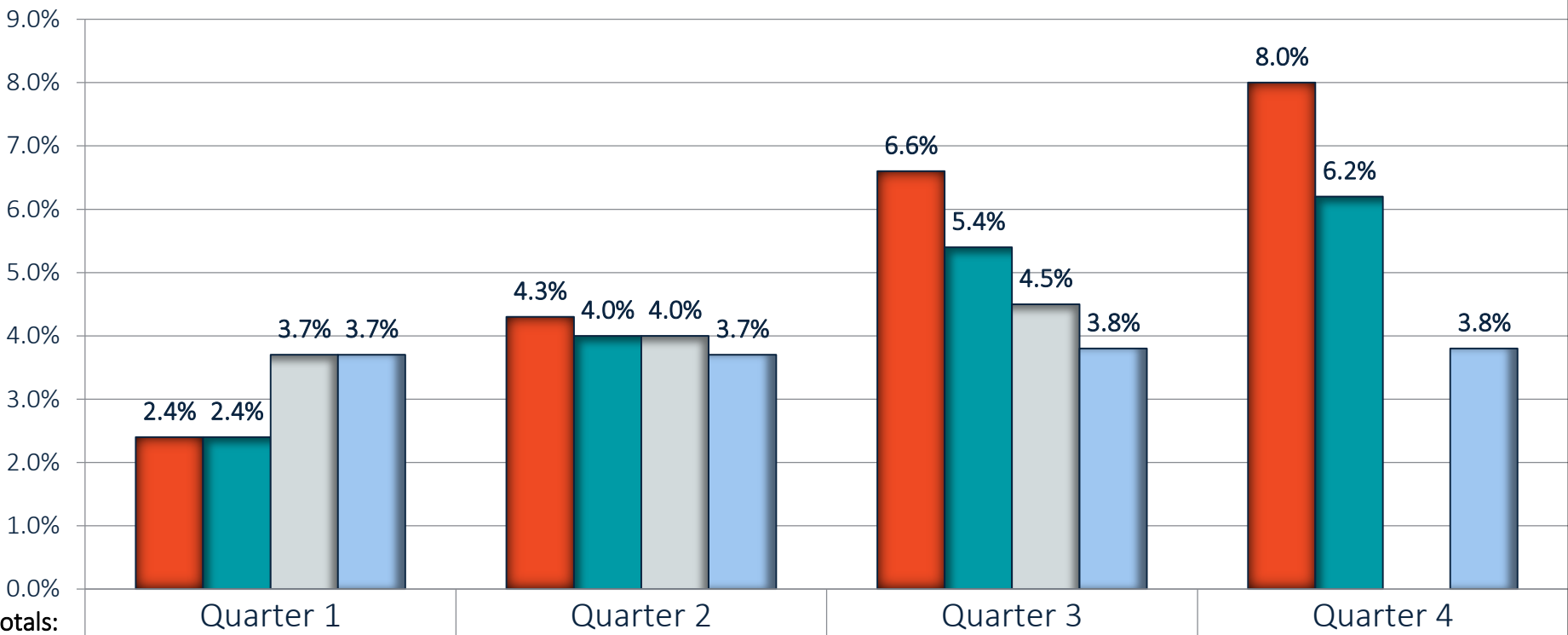
273 Positions in Recruitment



COOK COUNTY
HEALTH

CCH HR Activity Report – Turnover

CCH TURNOVER
Turnover Year-to-Date
Head Count: 6,409



YTD Cumulative Totals:	Quarter 1	Quarter 2	Quarter 3	Quarter 4
FY19 CCH Turnover	2.4%	4.3%	6.6%	8.0%
FY18 CCH Turnover	2.4%	4.0%	5.4%	6.2%
FY17 U.S. IL Health & Hospital Assoc. Turnover Data	3.7%	4.0%	4.5%	No Report
FY19 U.S. Dept. of Labor Turnover Data	3.7%	3.7%	3.8%	3.8%



Thank you.



COOK COUNTY
HEALTH

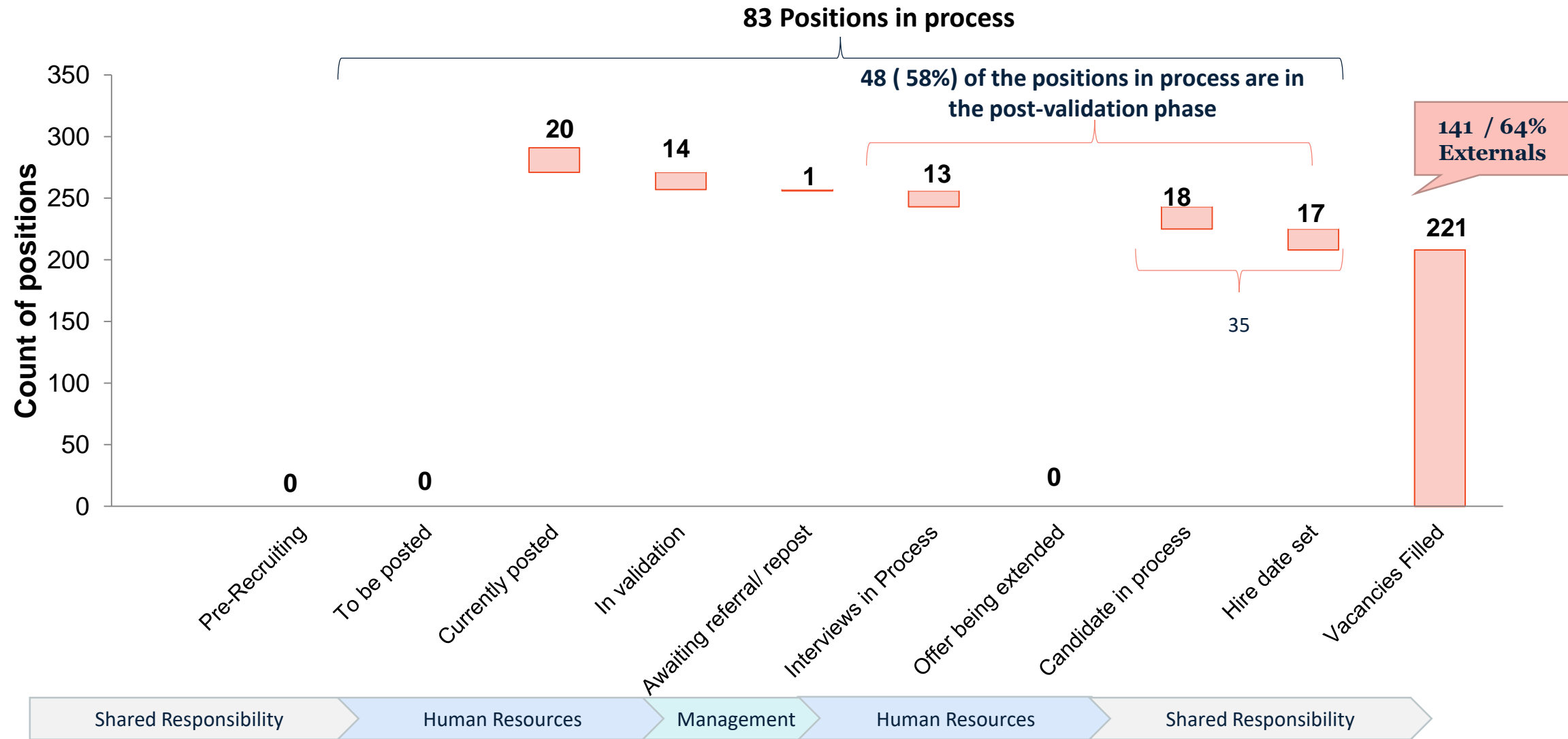
Appendix



COOK COUNTY
HEALTH

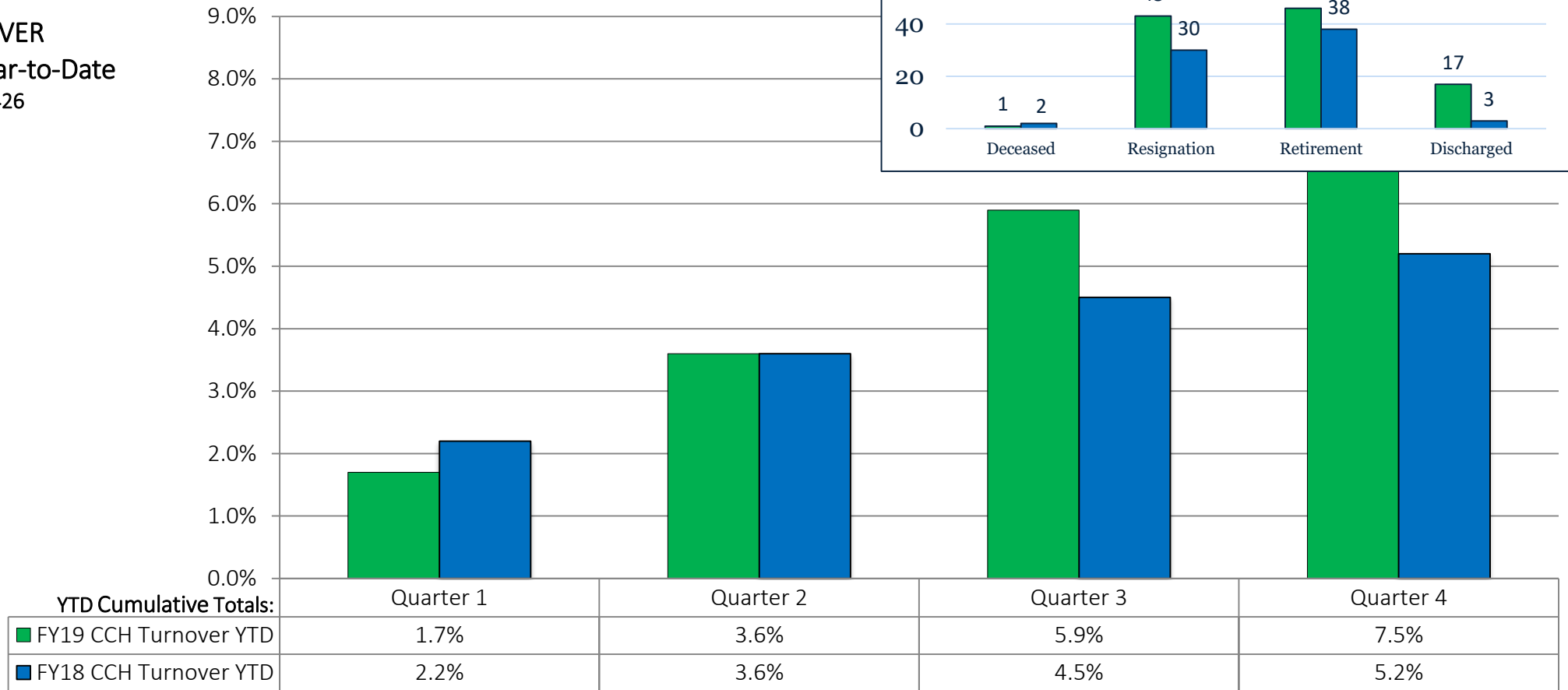
CCH HR Activity Report – Nursing Hiring Snapshot

Thru 10/31/2019



Nursing Activity Report – Turnover

CCH TURNOVER
Turnover Year-to-Date
Head Count: 1,426



Include Registry

FY19 data is through 10/31/2019

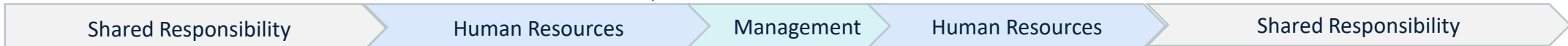
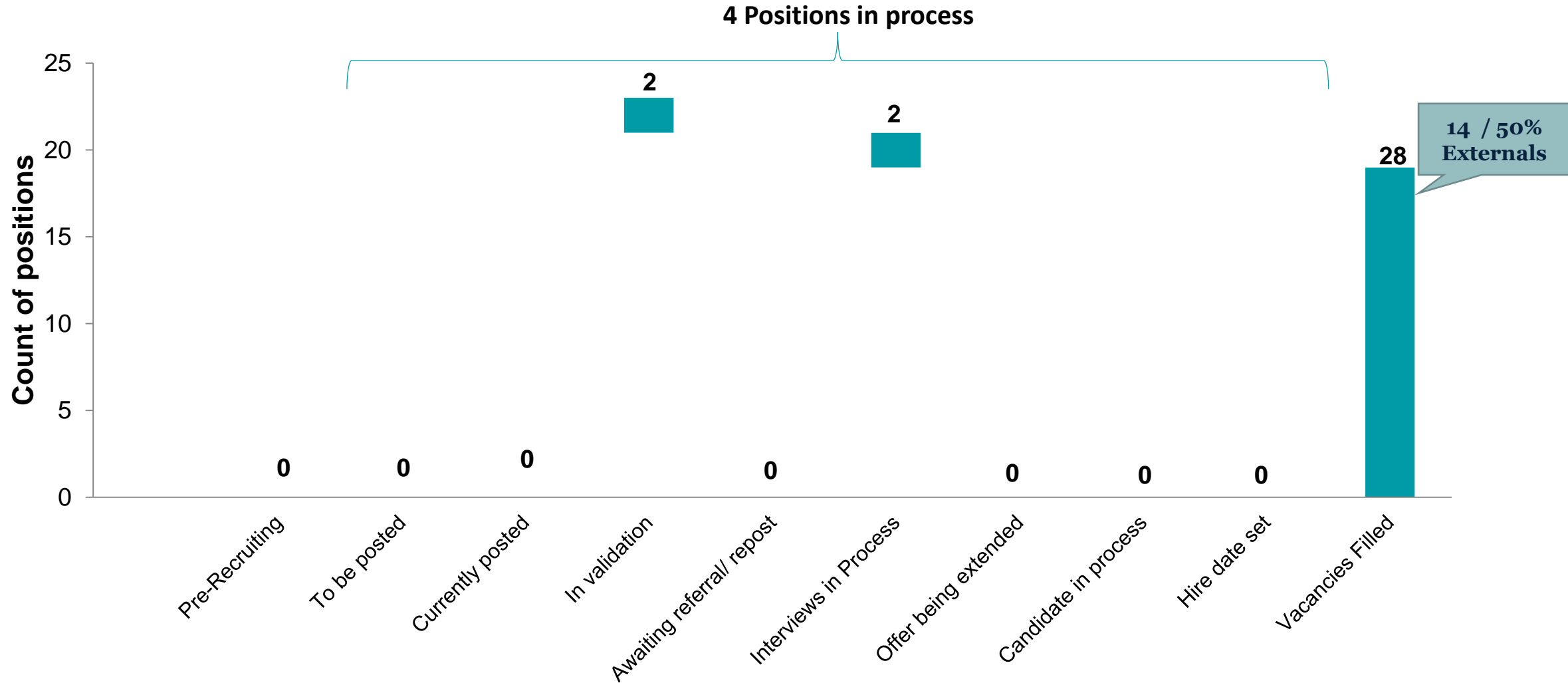


COOK COUNTY
HEALTH

FY19: 1,426 - Nurses / 107 - Separations
FY18: 1,403 - Nurses / 73 - Separations

CCH HR Activity Report – Finance Hiring Snapshot

Thru 10/31/2019



Cook County Health and Hospitals System
Board of Directors Meeting
November 22, 2019

ATTACHMENT #2

CountyCare Update

Prepared for: CCH Board of Directors

James Kiamos

CEO, CountyCare

November 22, 2019



Current Membership

Monthly membership as of November 5, 2019

Category	Total Members	ACHN Members	% ACHN
FHP	210,567	16,411	7.8%
ACA	72,580	12,612	17.4%
ICP	29,639	5,847	19.7%
MLTSS	6,008	0	N/A
Total	318,794	34,870	10.9%

ACA: Affordable Care Act

FHP: Family Health Plan

ICP: Integrated Care Program

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

Source: CCH Health Plan Services Analytics



Managed Medicaid Market

Illinois Department of Healthcare and Family Services September 2019 Data

Managed Care Organization	Cook County Enrollment	Cook County Market Share
*CountyCare	318,196	31.5%
Blue Cross Blue Shield	238,751	23.7%
Meridian (a WellCare Co.)	226,419	22.4%
IlliniCare (a Centene Co.)	108,391	10.7%
Molina	65,325	6.5%
*Next Level	52,197	5.2%
Total	1,009,279	100.0%

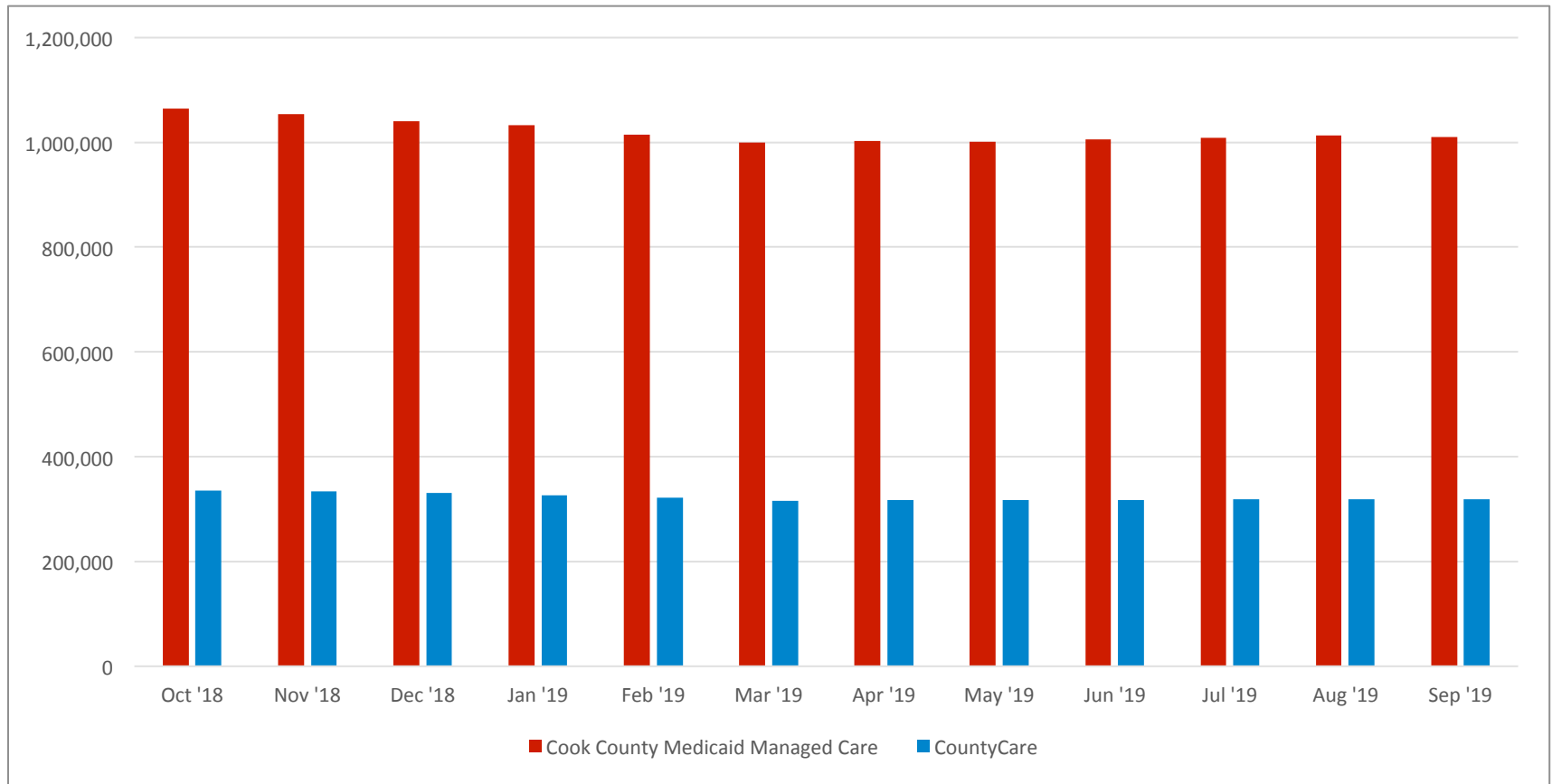
* Only Operating in Cook County

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

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



IL Medicaid Managed Care Trend in Cook County

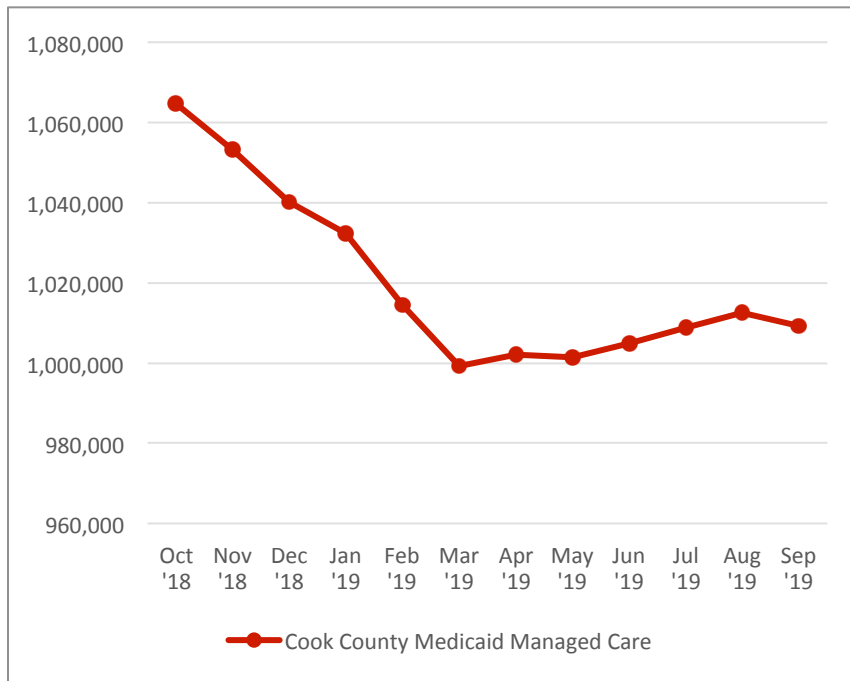


- Cook County Medicaid managed care membership declining by 5.2% within the past year. CountyCare has experienced a decline of 5.0%

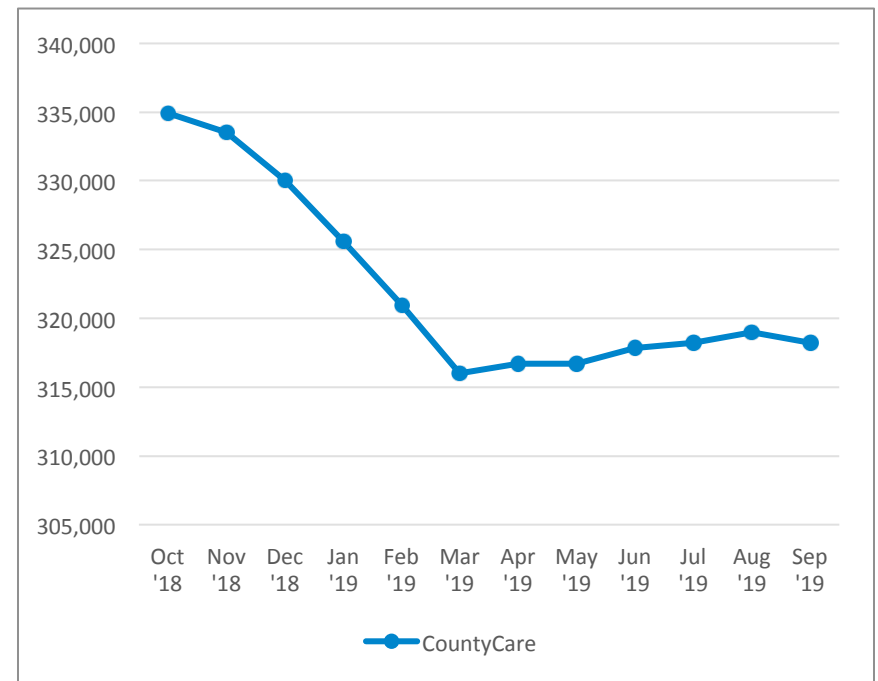
Source: <https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx>

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

Cook County Medicaid Managed Care



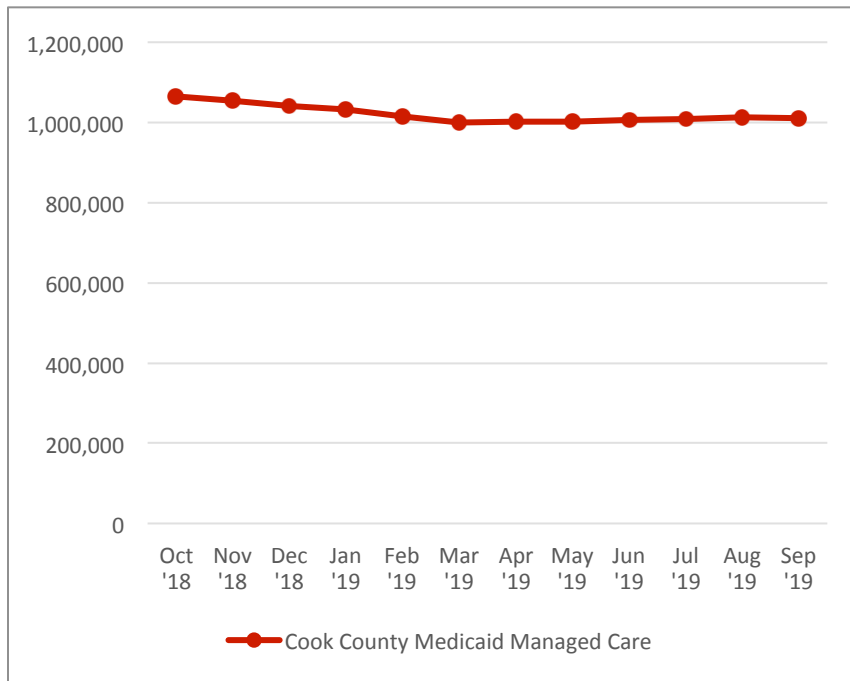
CountyCare



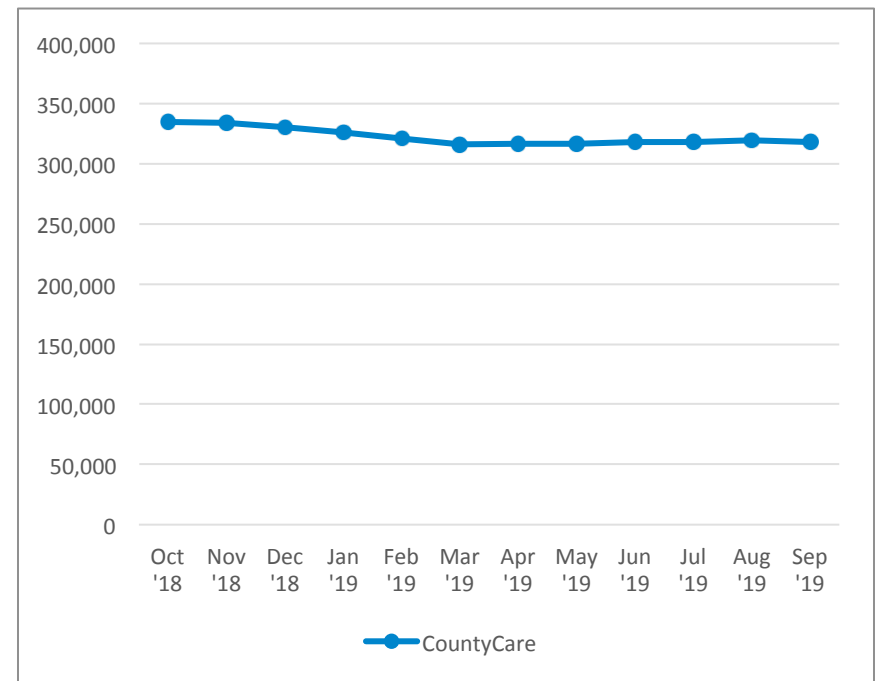
- CountyCare's monthly enrollment trend closely follows the overall Managed Care enrollment trend in Cook County

IL Medicaid Managed Care Trend in Cook County

Cook County Medicaid Managed Care



CountyCare



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

Overall Care Management Performance

		Performance		
Key Metrics	Market %	Jul	Aug	Sep
Completed HRS/HRA (all populations)				
Overall Performance	40%	64.6%	66.3%	67.0%
Completed Care Plans on High Risk Members				
Overall Performance	65%	61.7%	62.2%	62.0%

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

Source: CCH Health Plan Services Analytics



Claims Adjudication & Payment

		Performance		
Key Metrics	State Goal	Jul	Aug	Sep
Claims Payment Turnaround Time				
% of Clean Claims Adjudicated < 30 days	90%	97.4%	95.8%	95.9%
% of Claims Paid < 30 days	90%	44.9%	32.2%	34.2%

Source: CCH Health Plan Services Analytics

Cook County Health and Hospitals System
Board of Directors Meeting
November 22, 2019

ATTACHMENT #3

QPS Quality Dashboard



November 15, 2019



COOK COUNTY
HEALTH

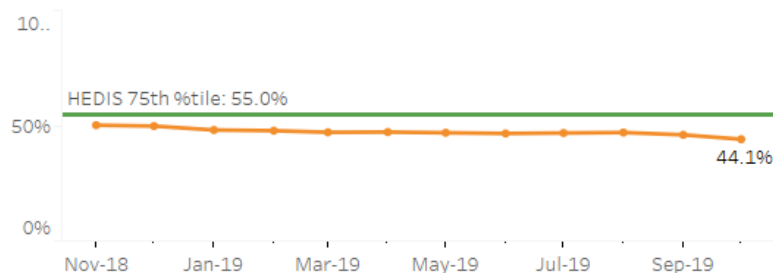


COOK COUNTY HEALTH

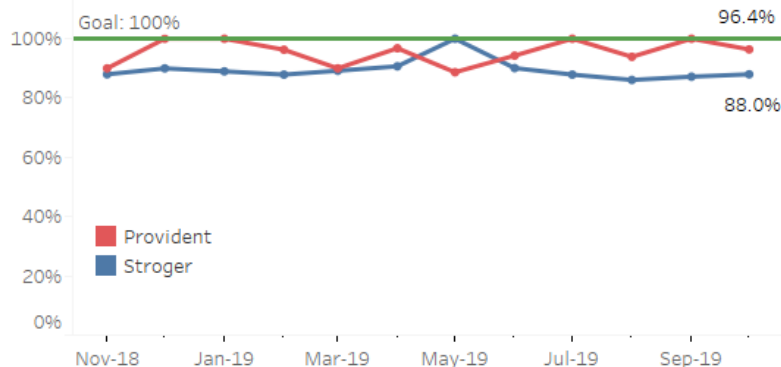
Quality Dashboard
November 15, 2019

Health Outcomes

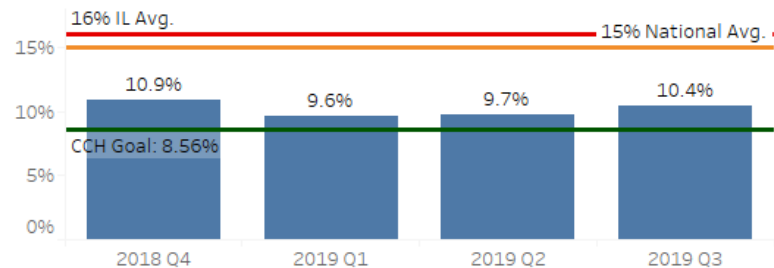
HEDIS - Diabetes Management: HbA1c < 8%



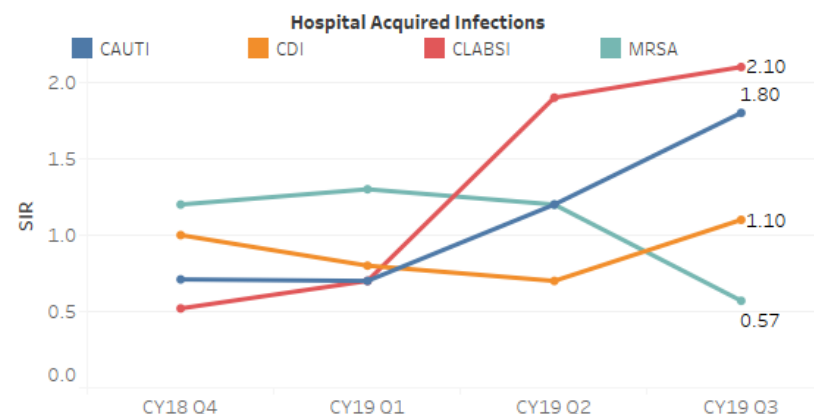
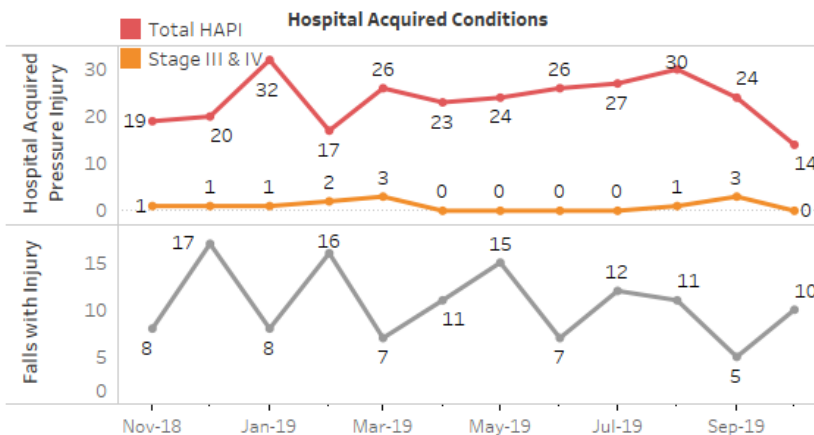
Core Measure - Venous Thromboembolism (VTE) Prevention



30 Day Readmission Rate



Patient Safety

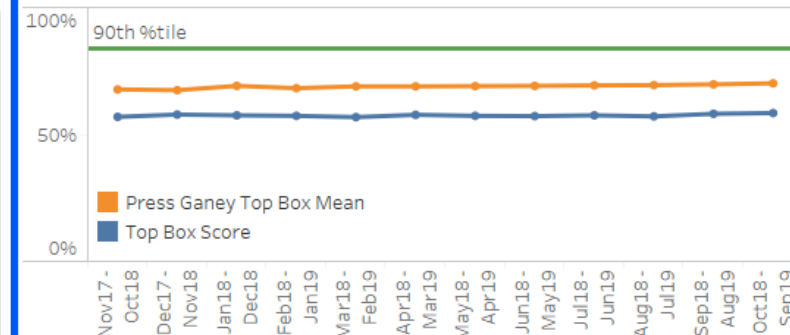


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs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

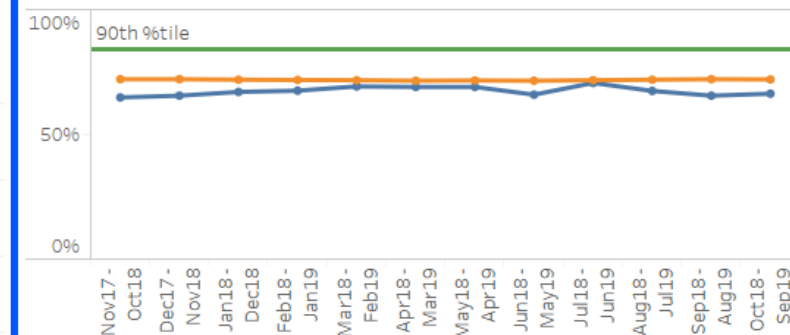
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
CAUTI	0	1	3	1	1	2	1	2	5	6	2	3
CDI	10	4	4	6	2	6	5	4	4	9	5	7
CLABSI	0	0	2	1	0	2	2	2	3	2	4	1
MRSA	0	1	0	1	0	1	0	0	2	0	0	1

Utilization

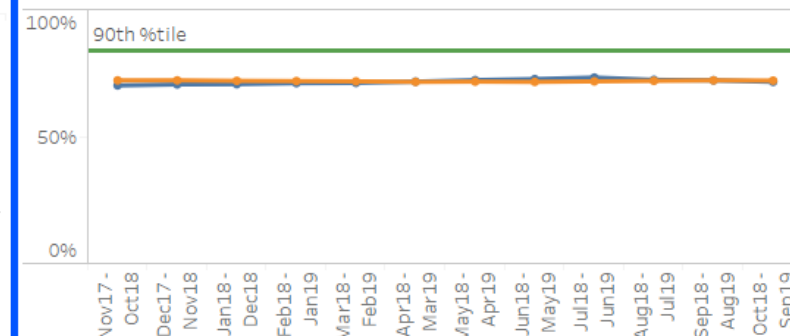
ACHN--Overall Clinic Assessment



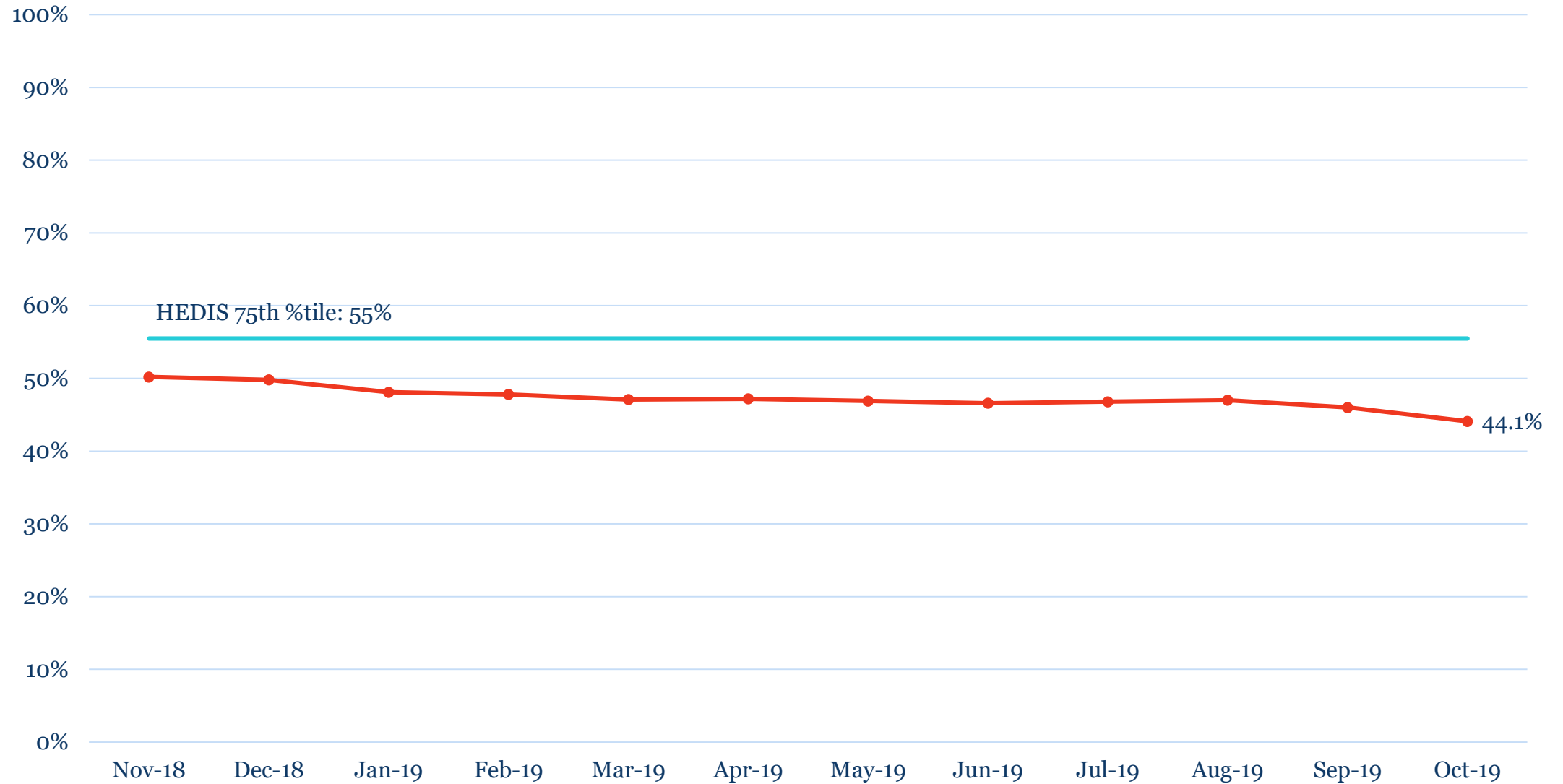
Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital

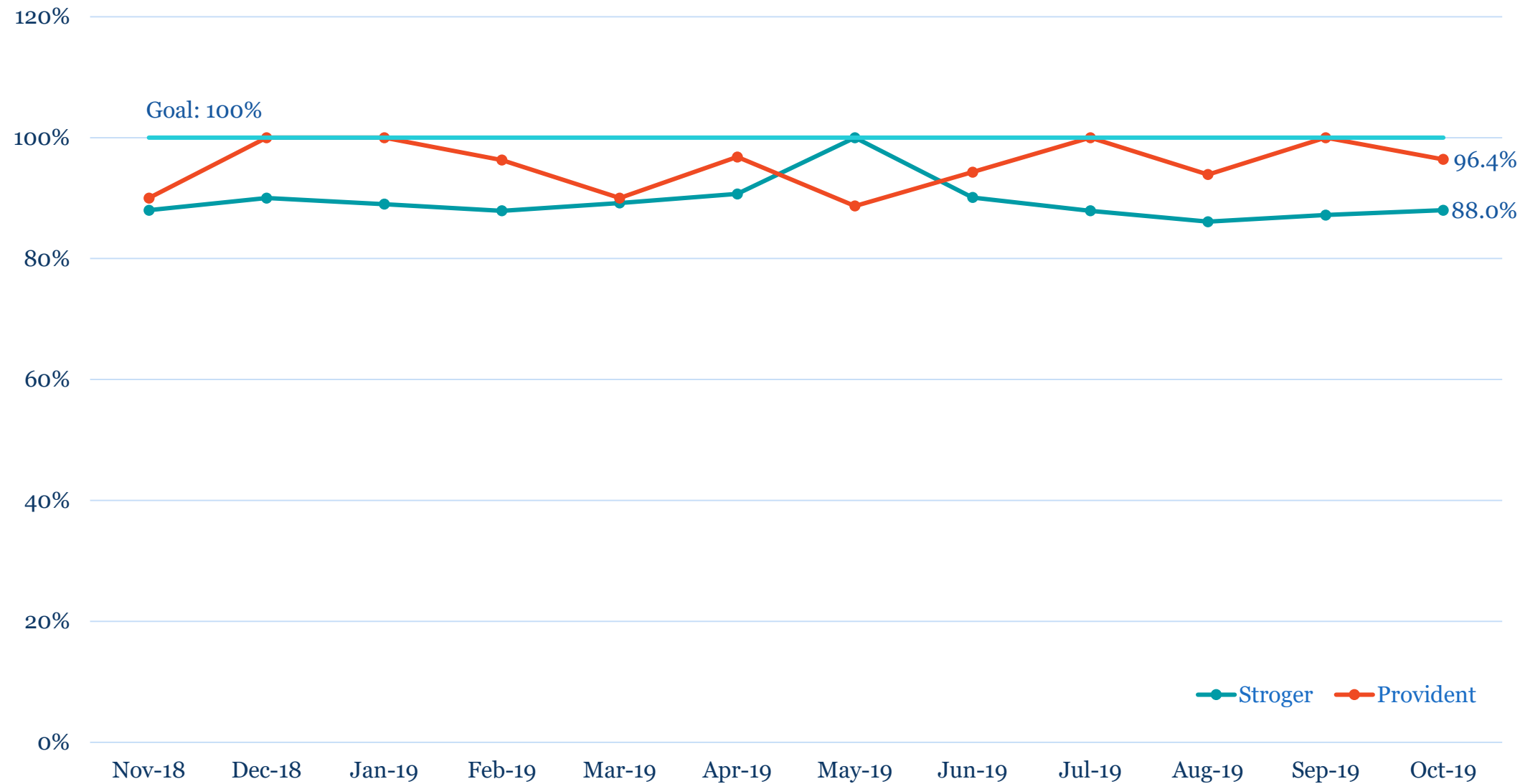


HEDIS – Diabetes Management: HbA1c < 8%



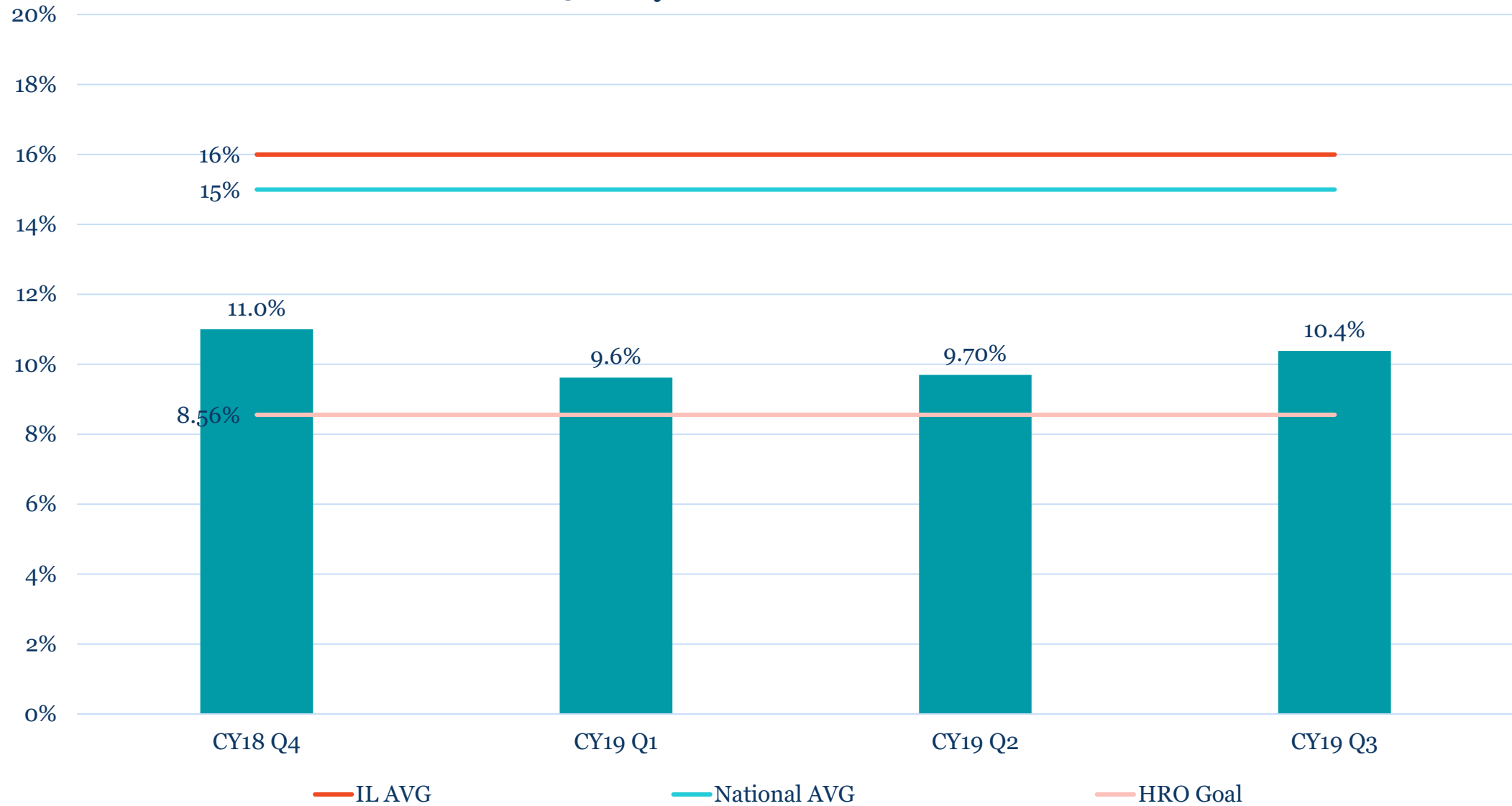
Source: Business Intelligence

Core Measure – Venous Thromboembolism (VTE) Prevention



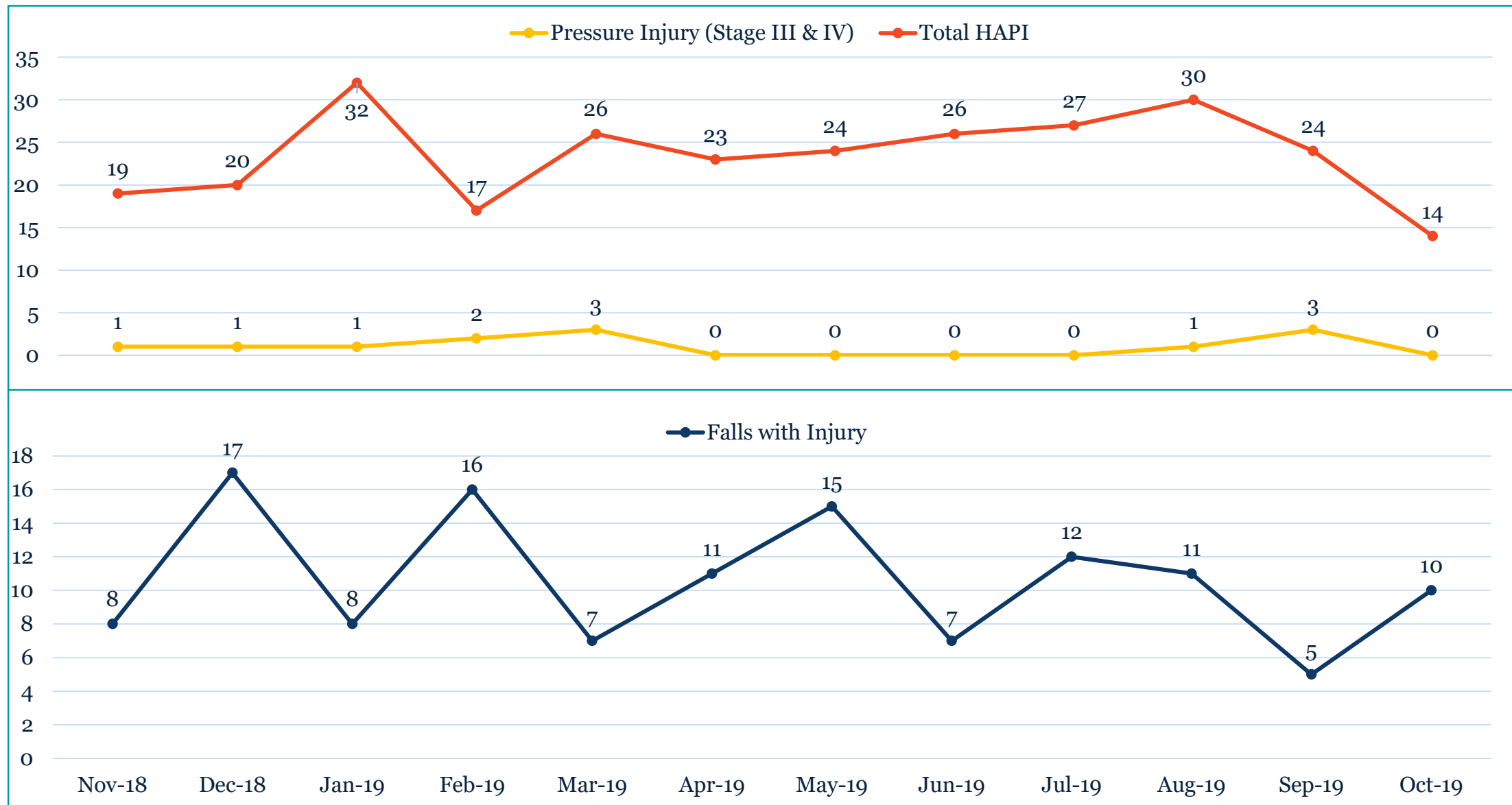
Source: Quality Dept.

30 Day Readmission Rate

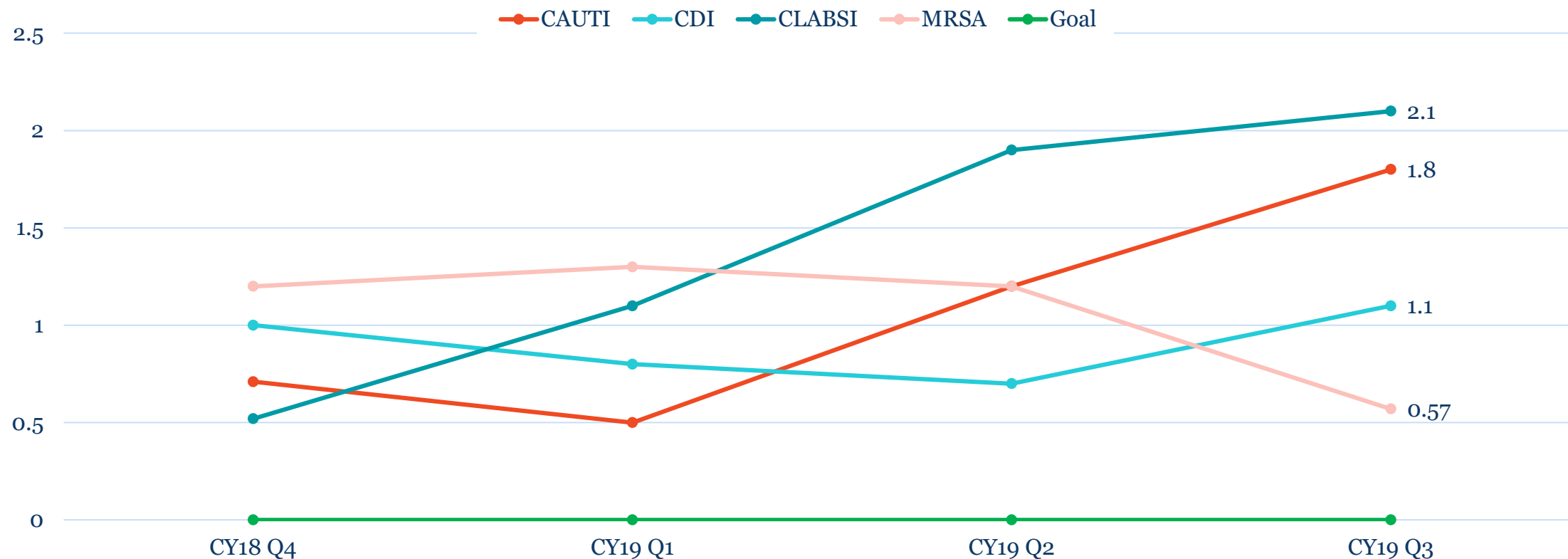


Source: Business Intelligence

Hospital Acquired Conditions



Hospital Acquired Infections



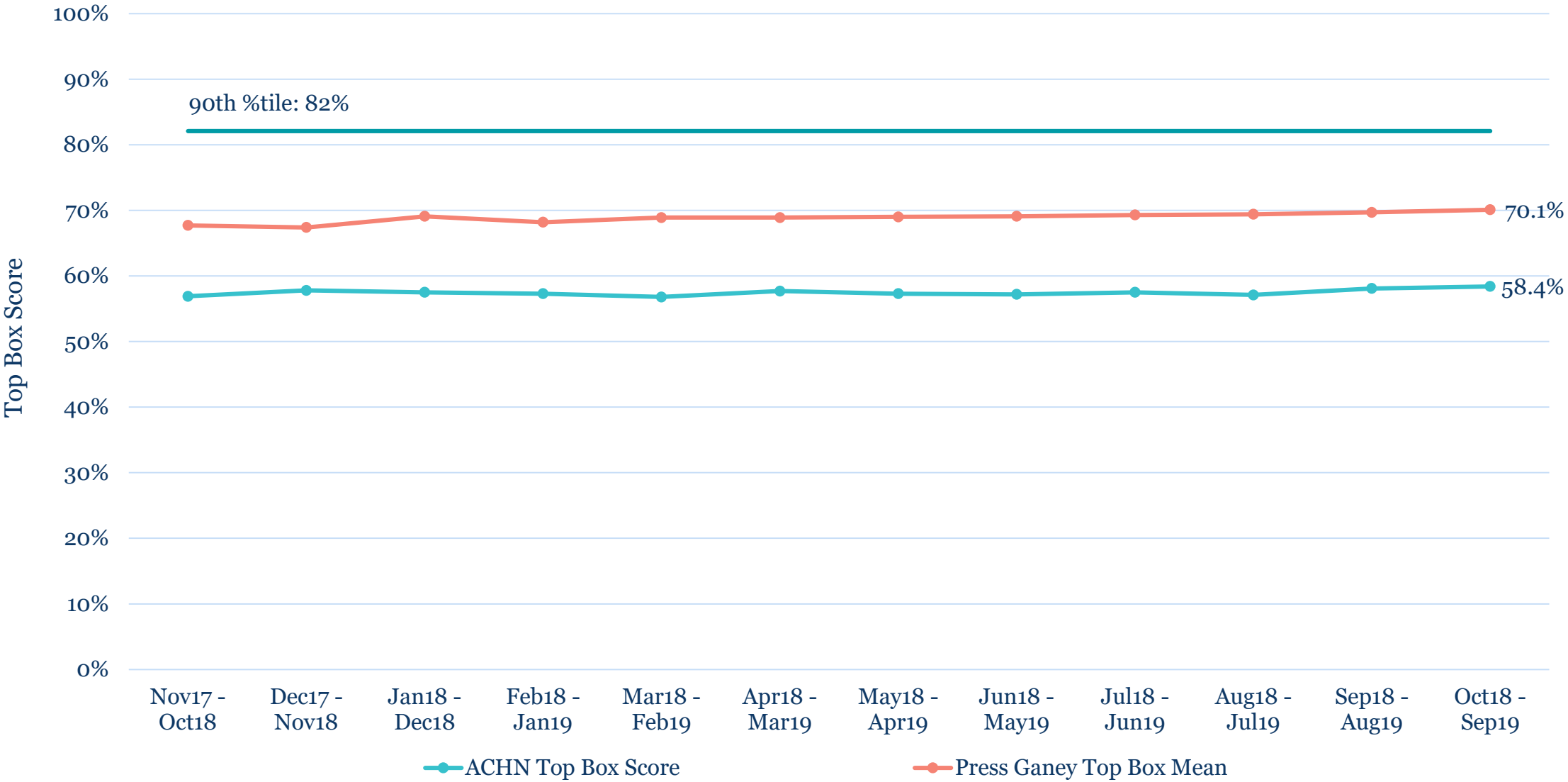
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
CAUTI	0	1	3	1	1	2*	1	2*	5	6	2	3
CDI	10	4	4	6	2	6	5	4	4	9	5	7
CLABSI	0	0	2	1	0	2*	2	2	3	2	4	1
MRSA	0	1	0	1	0	1	0	0	2	0	0	1

*Amended

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

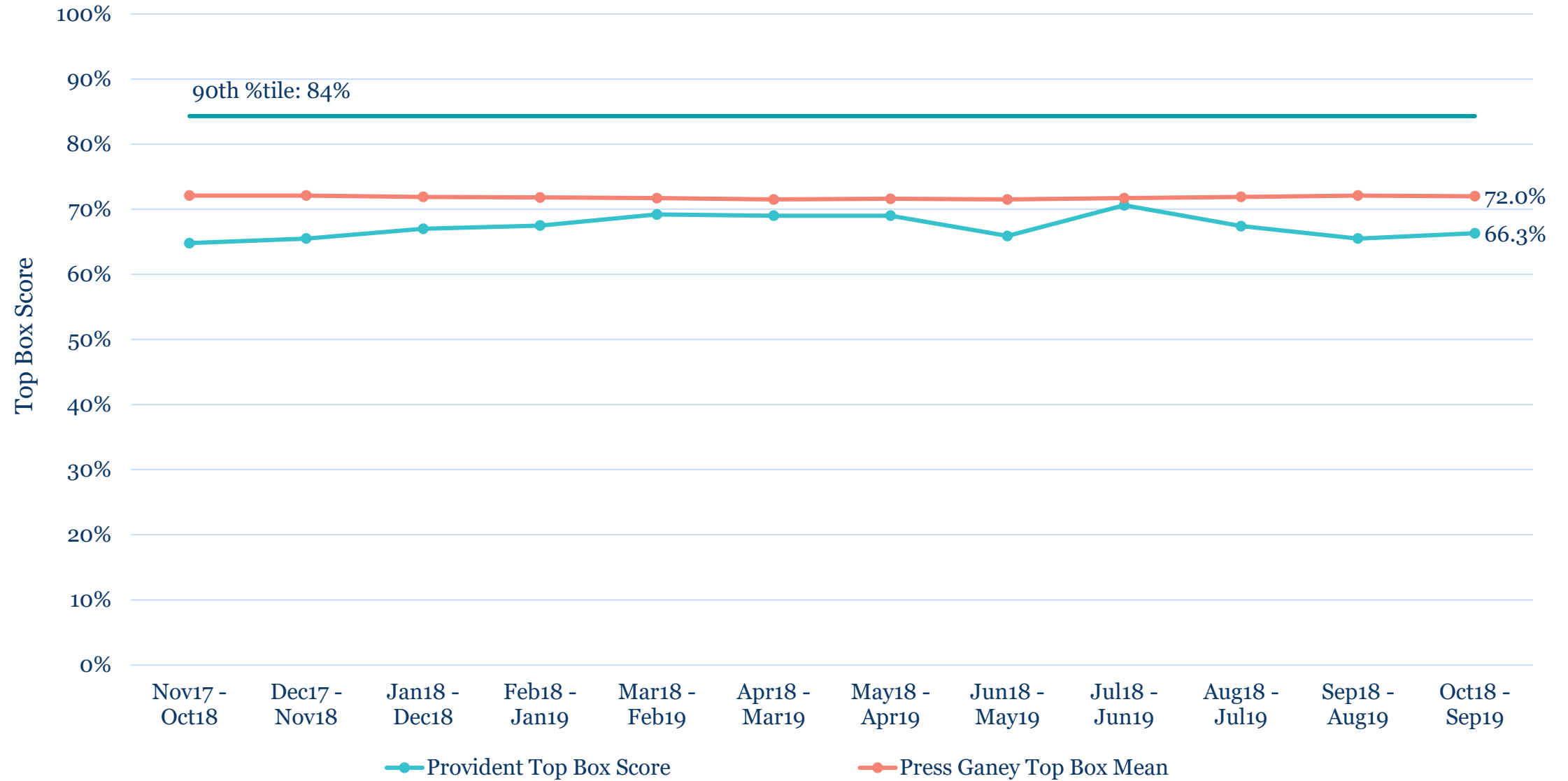
Source: Infection Control Dept.

ACHN – Overall Clinic Assessment



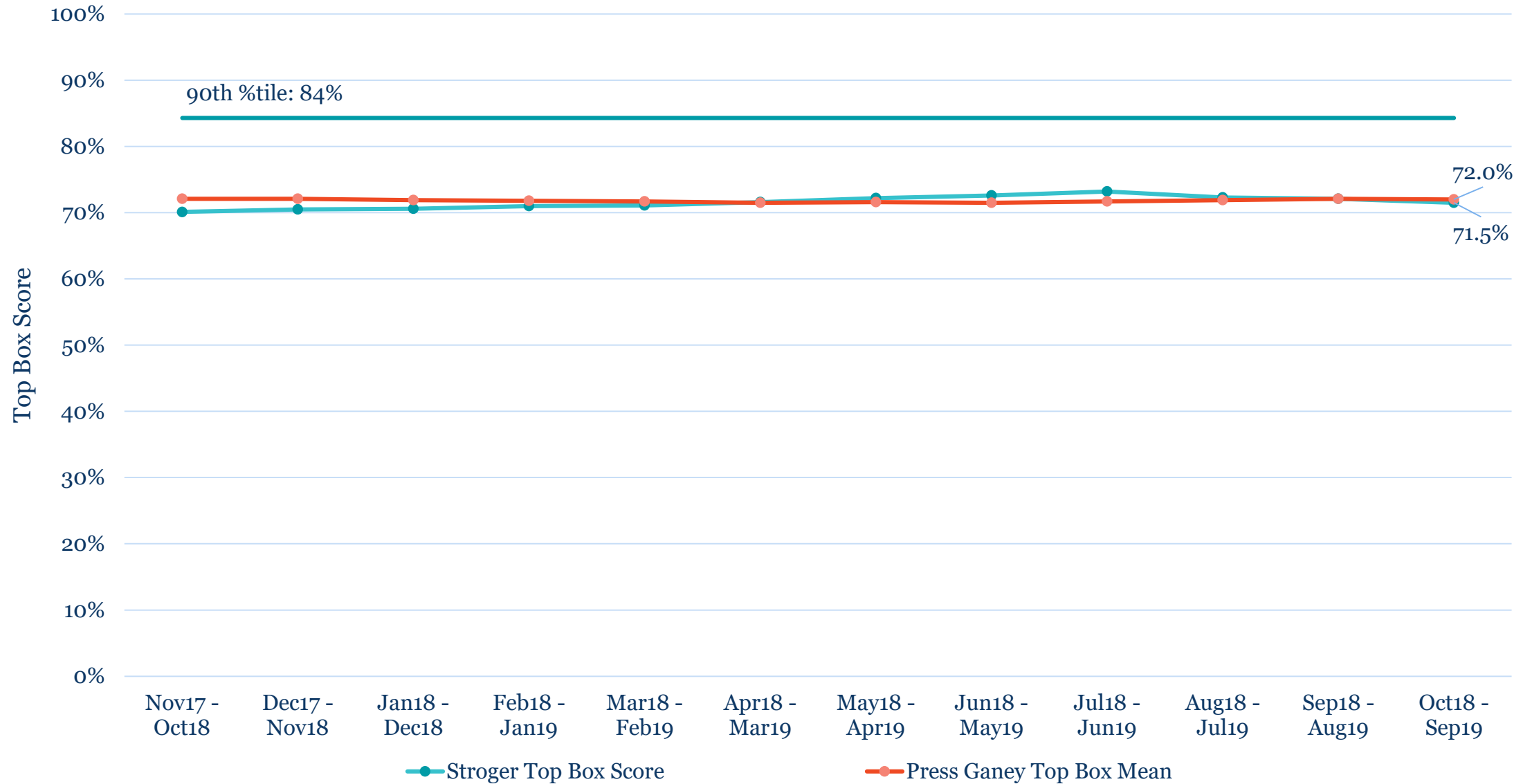
Source: Press Ganey

Provident – Willingness to Recommend the Hospital



Source: Press Ganey

Stroger – Willingness to Recommend the Hospital



Source: Press Ganey

Measure Name	Measure Definition	Source
Diabetes Management HbA1c <8%	Adults ages 18-75 with diabetes (type 1 or type 2) where HbA1c is in control (<8.0%). Qualifying patients: - Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year OR -One diabetic Inpatient visit in the current year or previous year OR -Prescribed insulin or hypoglycemic or antihyperglycemics in the current year or previous year	NCQA, HEDIS
Core Measure-Venous Thromboembolism (VTE) Prevention	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
Board of Directors Meeting
November 22, 2019

ATTACHMENT #4



CCH Board Meeting November 2019

Ekerete Akpan, Chief Financial Officer

November 22, 2019



COOK COUNTY
HEALTH

Observations on Financials

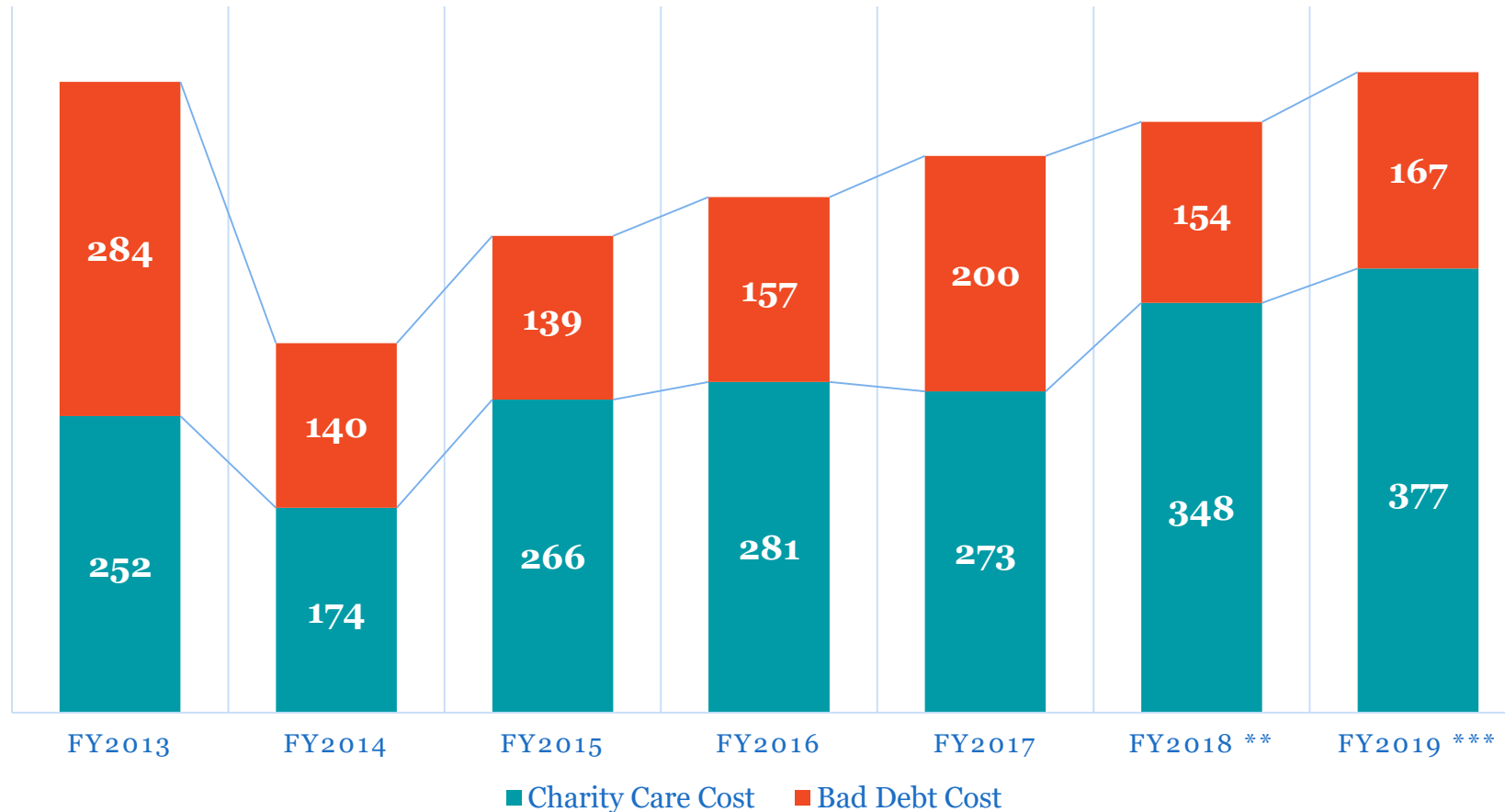
Revenues

- **Net Patient Service Revenues - \$562M, 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 45%**
 - **Captured by Charges, held at 40%**
- **CountyCare Capitation Revenues - \$1.4B, 5% unfavorable to target due to lower than budgeted enrollment as a result of lower State/County MCO enrollment. There is a corresponding reduction in expenses as a result.**
- **Other Revenues - \$13M , trending to exceed FY2019 target**

Expenses

- **Cost of Pharma - \$69M, 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 Ten Months ending September 2019 (in thousands)

CCH Systemwide	Year-To-Date		Variance	
	Actual	Budget	\$	%
<u>Operating Revenue</u>				
Net Patient Service Revenue	561,504	597,446	(35,942)	-6%
County Care Access Payments	345,710	-	345,710	n/a
CountyCare Capitation Revenue	1,439,151	1,518,125	(78,973)	-5%
Cook County Access Payments	55,054	55,054	-	0%
Other Revenue	13,046	10,833	2,212	20%
Total Operating Rev	2,414,465	2,181,458	233,007	11%
<u>Operating Expenses</u>				
Salaries & Benefits	553,780	594,281	40,501	7%
Overtime	39,368	29,835	(9,533)	-32%
Contracted Labor	55,239	25,590	(29,649)	-116%
Pension*	91,607	272,802	181,195	66%
Supplies & Materials	40,967	62,523	21,555	34%
Pharmaceutical Supplies	69,383	67,356	(2,026)	-3%
Purch. Svs., Rental, Oth.	222,945	281,909	58,965	21%
External Claims Expense	1,256,286	1,180,474	(75,812)	-6%
County Care Access Expense	345,710	-	(345,710)	n/a
Insurance Expense	22,234	24,530	2,296	9%
Depreciation	28,920	28,920	-	0%
Utilities	8,052	8,238	186	2%
Total Operating Exp	2,734,491	2,576,459	(158,032)	-6%
Operating Margin	(320,026)	(395,001)	74,975	19%
Operating Margin %	-13%	-18%	5%	27%
Non Operating Revenue	164,257	215,362	(51,106)	-24%
Net Income/(Loss)	(155,769)	(179,639)	23,869	13%

*Year to Date (10 months) Pension Liability per GASB

Pension includes Other Post Employment Benefits (OPEB) Expense

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



Balance Sheet for the Ten Months ending September 2019 (in thousands)

CCH - Balance Sheet Summary	Sept. 2019	Sept. 2018	Variance
<u>Current Assets</u>			
Cash and Cash equivalents	27,105	330,666	(303,561)
Property Taxes Receivable	63,219	69,572	(6,353)
Receivables	421,445	298,186	123,259
Inventory	16,673	18,425	(1,752)
Total Current Assets	528,441	716,848	(188,407)
Refundable Deposit	55,000	50,000	5,000
Intangible Assets	19,661	23,033	(3,371)
Capital Assets	489,575	440,037	49,538
Total Assets	1,092,677	1,229,918	(137,240)
<u>Deferred Outflow</u>			
Deferred Outflow	372,465	630,938	(258,473)
Total Deferred Outflow	372,465	630,938	(258,473)

Year to Date (10 months) Pension Liability per GASB
Pension includes Other Post Employment Benefits (OPEB) Expense
Internal Claims based on paid claims and estimated IBNR provided by third-party
actuaries priced at 100% of Medicaid rates
Cook County Health reflects a refundable deposit asset of \$50 million. The actual
balance of this deposit may vary due to claims payment timing, however, replenishment
of the deposit is reflected in Claims Payable on the balance sheet.

Balance Sheet for the Ten Months ending September 2019 (in thousands)

CCH - Balance Sheet Summary	Sept. 2019	Sept. 2018	Variance
Current Liabilities			
Cash Due to Treasurer	-	-	-
Accounts Payable	158,217	197,865	(39,648)
Accrued Salaries, wages and other liabilities	21,047	16,923	4,124
Claims payable	384,955	540,755	(155,800)
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	701,942	862,264	(160,322)
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	4,736,247	4,504,508	231,739
Total Liabilities	5,626,273	5,556,311	69,962
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	(5,418,925)	(4,703,147)	(715,778)
Total net position	(4,918,238)	(4,257,342)	(660,896)

Year to Date (10 months) Pension Liability per GASB

Pension includes Other Post Employment Benefits (OPEB) Expense

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

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

Unaudited Financial Statement

Clinical Activity Observations

- **Primary Care visits are up by 11% versus FY18, and up 5% versus FY19 target**
- **Specialty Care visits are up by 7% versus FY18 up 2% versus FY19 target**
- **Surgical Cases are down by 4% versus FY18, and down 10% versus FY19 target**
- **Inpatient Discharges are down 4% versus FY18**
- **Length of Stay is up 1% versus FY18, and up 1% versus FY19 target**
- **Emergency Department visits are down 1% versus FY18**
- **Deliveries are up by 5% versus FY18, and down 6% versus FY19 target**
- **Case Mix Index is up by 6% versus FY2018**

Financial Metrics

Metric	As of end Sept.- 18/YTD	As of end Sept.- 19/YTD	CCH Target	Best Practice Target
Days Cash On Hand	44	4*	60	204.7
Operating Margin**	-5.5%	-11%	-5.4%	2.7%
Overtime as Percentage of Gross Salary***	7.4%	7.6%	5.0%	2.0%
Average Age of Plant (Years)****	24.4	23.2	20	11.2

*Days Cash

**Exclude

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	Aug.-19	Sept.-19	Oct.-19	CCH Benchmark/Target	Best Practice Target
Average Days in Accounts Receivable <i>(lower is better)</i>	98	103	96	91	45.85 – 54.9*	47.8**
Discharged Not Finally Billed Days <i>(lower is better)</i>	11	13	12	13	7	5*
Claims Initial Denials Percentage <i>(lower is better)</i>	20%	19%	21%	22%	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.

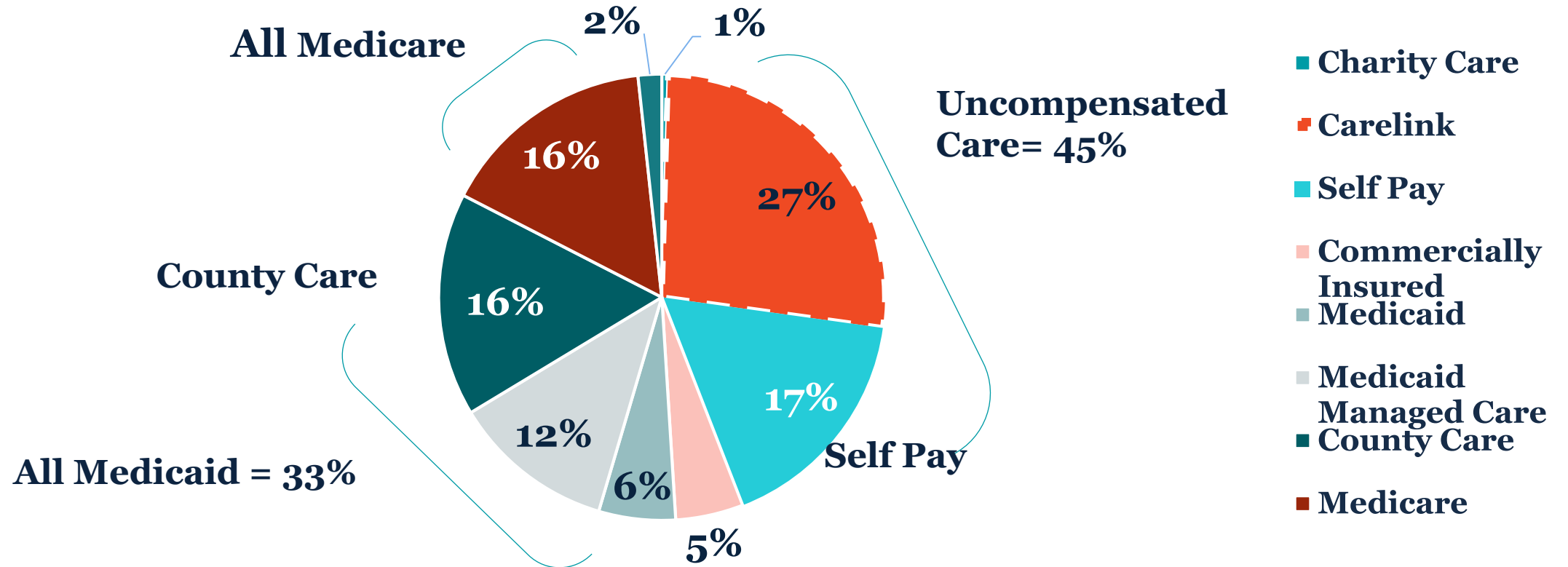
* Source HFMA Key Hospital Statistics and Ratio Margins – Posted 2014

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

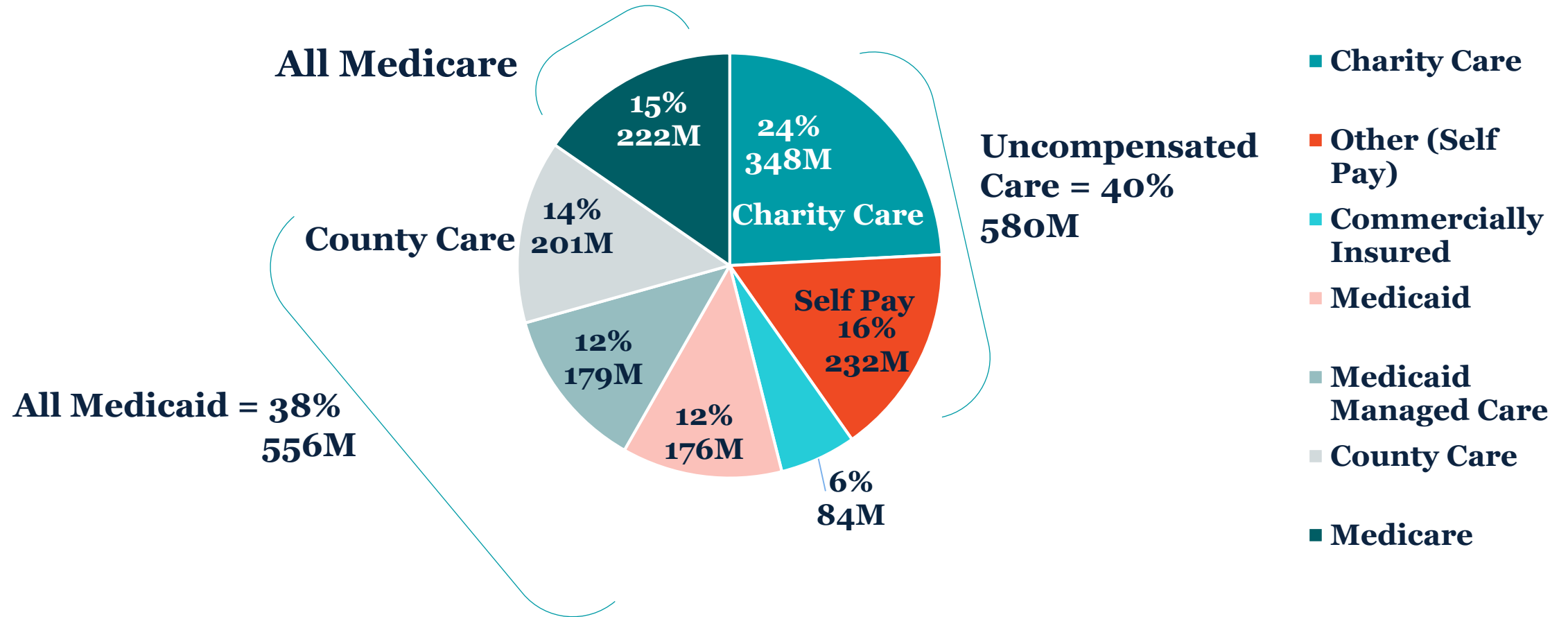
*** (Best Practice Target)-American Academy of Family Physicians, 5-10% industry average



System Payor Mix By Visit as of September 2019



System Payor Mix By Charges as of September 2019



Questions?



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
Board of Directors Meeting
November 22, 2019

ATTACHMENT #5

Total Transfer From:			Total Transfer To:		
Department	Budget Account - Description	Transfer Amount	Department	Budget Account - Description	Transfer Amount
4890 - Bureau of Health	520609 - Advertising and Promotions	\$ 180,000.00	4890 - Bureau of Health	520825 - Professional Services	\$ 180,000.00

APPROVED

NOV 22 2019

**BY BOARD OF
DIRECTORS OF THE COCK COUNTY
HEALTH AND HOSPITALS SYSTEM**

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

Cook County Health and Hospitals System
Board of Directors Meeting
November 22, 2019

ATTACHMENT #6

Cook County Health

BOARD APPROVAL REQUEST

SPONSOR: Samuel L. Williams, Executive Director, Facilities		EXECUTIVE SPONSOR: Tanya Seaton, Operating Officer, Provident Hospital	
DATE: 11/05/2019		PRODUCT / SERVICE: Service – Demolition of Sengstacke Health Center	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: McDonagh Construction, Chicago, IL	
ACCOUNT: CIP	FISCAL IMPACT NOT TO EXCEED: \$720,000.00	GRANT FUNDED / RENEWAL AMOUNT:	
CONTRACT PERIOD: 12/01/2019 thru 11/30/2020		CONTRACT NUMBER: H20-25-013	
<input checked="" type="checkbox"/> COMPETITIVE SELECTION METHODOLOGY: RFP (4)			
<input type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY:			

PRIOR CONTRACT HISTORY:

No prior contract history.

NEW PROPOSAL JUSTIFICATION:


Vendor will provide environmental abatement, total demolition, and site restoration of the John Sengstacke Health Center on the Provident Hospital campus. CCH has retained professional architectural and engineering services for this project through SmithGroup JJR, LLC.

TERMS OF REQUEST:

This is a request to execute contract number H20-25-013 in an amount not to exceed \$720,000.00, as needed, for a period of twelve (12) month term from 12/01/2019 thru 11/30/2020.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

CCH CFO: 
Ekerete Akpan, Chief Financial Officer

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

APPROVED

NOV 22 2019

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

Request #**1**

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.
Rothstein CORE Center •

We Bring Health CARE to Your Community

Revised 03/01/2011

Cook County Health and Hospitals System
Board of Directors Meeting
November 22, 2019

ATTACHMENT #7



COOK COUNTY HEALTH

JOHN JAY SHANNON, MD
CHIEF EXECUTIVE OFFICER
COOK COUNTY HEALTH
REPORT TO THE BOARD OF DIRECTORS
November 22, 2019

Employee Recognition

The internal medicine residency program team composed of **Dr. Ruben Alfonso Hernandez Acosta, Dr. Chineme Nwaichi and Dr. Olakanmi Olagoke** captured first place for the Doctor's Dilemma competition at the Illinois Chapter Northern Region Annual American College of Physicians Residents' and Medical Students' Day. Doctor's Dilemma is a medical jeopardy competition testing the medical knowledge of residents. These residents will represent Cook County Health and Northern Illinois for the national Doctor's Dilemma in April 2020.

CCH senior leaders have selected the following staff – **Dr. Dhara Amin**, Attending Physician for Emergency Medicine; **Mamtha Bajjappa**, Manager of Clinical Excellence and Performance Improvement; **Dr. Ashlesha Patel**, Chair, Division of Family Planning Services; and **Dr. Krzysztof Pierko**, Associate Chair, Division of Hospital Medicine – to attend the Institute for Healthcare Improvement's 10-month Improvement Advisor Program. With participants from around the world, the teachings from this program will help advance our commitment to providing safe, quality patient care. Training is scheduled to be completed by June 2020.

Nancy Rivera, Regional Operations Director for the Northwest Cluster, was recently honored at ASPIRA's 50th Anniversary Gala for her commitment to the organization, as well as her understanding of how leadership through education is the foundation for the continuing success of students, their families and the Latino Community. As a high school student, Nancy got involved with ASPIRA of Illinois and has continued working with the organization since that time.

Dr. Whitney Lyn, Attending Physician for Family and Community Medicine, was awarded the Illinois Perinatal Quality Collaborative Abstract Award of Excellence for her work on CCH's project to extend screenings for postpartum depression. The "Silent Cries" project piloted two health centers, John Sengstacke and Logan Square, which have large maternal and child health populations, and results demonstrated the importance of extending screenings for one year as a routine practice for moms.

On Sunday, November 10, the newly formed CCH Employee Engagement Committee held its inaugural **Years of Service of Recognition Program**. More than 1,200 employees who have reached a milestone anniversary of 5, 10, 15, 20, 25, 30, 35 and 40-plus years of service were honored. The time and effort put forth by the Employee Engagement Committee was evident in making this year's event a huge success to recognize our dedicated staff.

CCH Employee Engagement Committee:

- **Chair – Jillyan Iwinski**, System Director of Respiratory Services
- **Co-chair – Jo Salazar**, Manager of Organizational Development and Performance
- **Marciana Bowen**, Nurse Coordinator for the Infusion Center
- **Mari Luz Dominquez**, Administrative Analyst for Respiratory Services
- **Patricia Hernandez**, Director of CareLink
- **Ann Marie Homco**, System Manager of Patient Financial Services
- **Rosina Honore**, Ambulatory Clinic Manager for Robbins Health Center
- **Dr. Benjamin Mba**, Chair of Medicine Administration

- **Tiffani McDowell**, Assistant Administrator for Provident Hospital of Cook County
- **Eze Nwaezeigwe**, Director of Finance/Cost Reimbursement
- **Elizabeth Pedersen**, Communications Manager
- **Alicia Perez-Mariscal**, Ambulatory Clinic Manager for the Dr. Jorge Prieto Health Center
- **Barbara Pryor**, Chief Human Resource Officer
- **Dedra Ries**, Regional Health Officer For Communicable Diseases
- **Darlene Vlahovic**, Director of Medical/Surgical Nursing
- **Sonja Watkins**, Director of Regulatory Affairs and Accreditation
- **Ashante Wells-Baines**, Administrative Analyst for Emergency Medicine
- **Wayne Wright**, Director of Organizational Development and Training

Activities and Announcements

- Following approval by the CCH Board of Directors this past summer, **IMPACT 2023**, CCH's 2020-2022 Strategic Plan, was approved by the Cook County Board of Commissioners on October 23, 2019. IMPACT 2023 goes into effect on December 1, 2019. A full review of IMPACT 2020 will occur at a CCH board meeting in the first quarter of 2020.
- CCH's **new health center in North Riverside** is scheduled to open on January 27, 2020. All services currently provided at the Cicero Health Center will transition to the new facility. The new health center includes 32 exam rooms, up from 14 in the Cicero clinic. In addition to primary care, the new center will also include OB-Gyne, dental, behavioral health and WIC services.

IMPACT 2020 Objective 1.2

- The **National Commission on Correctional Health Care** honored the Cook County Juvenile Temporary Detention Center's Ambassador Program with the 2019 Program of the Year Award. Participation in the Ambassador Program is the highest level of achievement a resident can earn, and this award recognizes programs of excellence among the thousands provided by the jails, prisons and juvenile facilities accredited by NCCHC.
- CCH was **granted \$750,000 by the U.S. Department of Justice's Office for Victims of Crime** to study and address child abuse and neglect. In partnership with the Chicago Children's Advocacy Center, CCH will bring together critical stakeholders to form the **Collaboration of Helpers Lowering Deaths of Children (Project CHILD)**. Project CHILD's goal is to reduce child maltreatment across three Illinois counties – Cook, Peoria and Vermillion.

IMPACT 2020 Objectives 3.2, 6.2

- On February 19, 2020, CCH will host its fourth **Research and Innovation Summit**, on the topic **Addressing Social Needs**. The summit will provide a forum for discussion and collaboration, as well as give participants the opportunity to learn about CCH's initiatives.

IMPACT 2020 Objective 6.3

- City Bureau's Open Gov Report Card, which grades Chicago and Cook County government agencies on **transparency and the accessibility of public meetings**, gave Cook County Health an **A rating**. Out of the 148 agencies graded, CCH was among only four agencies that received an A. Grades are based on the availability of information about an agency's meetings, opportunities for members of the public to make comments, as well as the scheduling of meetings and how often they are canceled.

- CCH's **internal medicine residency program** is the most viewed medical residency in Illinois on FREIDA™, the American Medical Association's Residency & Fellowship Database®. Nationally, CCH has the most viewed **emergency medicine residency** out of 240 programs, the second most viewed **internal medicine residency** out of 531 programs, and the third most viewed **urology residency** out of 140 programs.
- 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. 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. In total, more than 45 people participated in the forums and trainings. One of the forums was filmed and will be aired on **CAN TV** (Chicago cable channel 27) at the following times:
 Saturday, November 23 at 4pm
 Sunday, November 24 at 12:30pm
 Friday, November 30 at 8am, 2pm and 8pm

IMPACT 2020 Objective 7.4

Food As Medicine Update

- CCH has created a **virtual holiday food drive** to support our partnership with the Greater Chicago Food Depository and their work to address food insecurity and hunger in Cook County. The online fundraiser runs through January 10, 2020 with a goal of raising \$15,000. Donations can be made at <http://www.myfooddrive.org/#CCH2019> – through GCFD's purchasing power, every dollar raised helps provide 3 meals. CCH's 2018 virtual holiday food drive raised \$13,333 for GCFD.
- Through November 15, **CCH's Fresh Truck** partnership with the Greater Chicago Food Depository (GCFD) resulted in 222 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 29,506 individuals, representing 98,122 household members, totaling more than 592,500 pounds of fresh produce. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

- **CCH Fresh Markets** are offered in the south suburbs. 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 with a match on all purchases at CCH Fresh Markets, up to \$20/market/week. CCH Fresh Markets' schedule is listed below:
 - Oak Forest Health Center on Wednesdays, 9am-2pm
 - Robbins Health Center on Thursdays, 11am-3pm
 - Cottage Grove Health Center on Fridays, 9am-2pm

IMPACT 2020 Objectives 1.1, 6.2, 6.3, 7.4

Local

- The Cook County Finance Committee conducted Departmental Review Hearings on the FY2020 Executive Budget Recommendation from October 28 through November 4. CCH appeared before the committee on October 29 and Dr. Shannon provided an overview of CCH's proposed budget and responded to Commissioners questions. The Cook County Board approved the FY2020 Annual Appropriations Ordinance on November 21, 2019. Cook County's 2020 fiscal year begins on December 1, 2019.

State

- The Illinois General Assembly was in Springfield for two weeks of Veto Session from October 28-30 and November 12-14. Updates on bills from CCH's tracking list follows:
 - HB3888 (Rep. Rita Mayfield, D-Waukegan/Sen. John Curran, R-Woodridge) – Phases out the use of ethylene oxide (EtO) in most parts of Illinois, effective January 1, 2021. Provides non-critical access hospitals until January 1, 2022 and critical access hospitals until January 1, 2023 to phase out use of EtO. **Status:** Passed House 60-47-4; did not advance in the Senate.
 - SB1864 (Sen. Terry Link, D-Gurnee/Rep. Ann Williams, D-Chicago) – Amends Smoke Free Illinois Act to include e-cigarettes and alternative tobacco products. **Status:** Passed Senate 41-11-0; did not advance in the House.
 - SB668 (Sen. President Cullerton, D-Chicago) – Creates the Flavored Tobacco Ban Act, which bans all flavored tobacco products, including flavored vaping products. **Status:** Failed to advance in Senate.
 - SB2104 (Sen. Emil Jones III, D-Chicago/Rep. Mike Zalewski, D-Riverside) – Amends the Pharmacy Practice Act to adopt several recommendations made by the Collaborative Pharmaceutical Task Force. **Status:** Passed both chambers; awaits action by Governor.
- The schedule for the 2020 Spring Session legislative session has been posted. The Governor's State of the State address is scheduled to take place on January 29 and the Budget Address is scheduled for February 26.
- The Illinois Department of Healthcare and Family Services (HFS) announced April 1, 2020 as the new start date for Integrated Health Homes (IHHs), which are intended to provide enhanced care coordination for children and adults with high to moderate behavioral health needs. IHHs require federal approval and allow states to draw down additional Medicaid matching funds (90%) for approved care coordination services for eight quarters; services are matched at the normal Medicaid federal participation rate starting in the ninth quarter.
- Open enrollment for Get Covered Illinois, the state's health insurance Marketplace, began November 1 and ends December 15. Get Covered Illinois has a tool on their website that helps consumers connect with application assisters.

Federal

- **Continuing Resolution** – With the first continuing resolution (CR) of FY 2020 expiring on November 21, there is still no agreement between the House and Senate on top line funding levels for each of the twelve appropriations bills. On November 12, the House and Senate appropriations committee chairs announced that they would advance another CR the week of November 18th which would fund the government through December 20, in order to give themselves time to make progress on the bills.

- **Prescription Drug Pricing** – Ongoing debate between moderates and progressives in the House Democratic caucus has slowed progress on HR 3, the Lower Drug Costs Now Act, developed by House Speaker Nancy Pelosi (D-Calif.). The bill, which would allow Medicare to negotiate the prices of at least 25 of the most expensive drugs with drug makers, was scheduled for the House floor by the end of October. Leaders now are looking to bring it to the floor in December.

Meanwhile the Senate Finance Committee approach in legislation supported by Chairman Chuck Grassley (R-Iowa) and Ranking Democrat Ron Wyden (D-Ore.), which focuses on capping Medicare costs for seniors, was publicly endorsed by senior White House officials. 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. 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.

- **Health Care for the Justice-Involved** – On October 17, Sen. Ed Markey (D-Mass.), joined by Sen. Dick Durbin (D-Ill.) and two other Democratic senators, introduced S. 2628, the Equity in Pretrial Medicaid Coverage Act, which would repeal the statutory Medicaid inmate exclusion for jail inmates in pretrial custody. Repealing the inmate exclusion has been a longstanding priority of the National Association of Counties (NACo) and legislation to accomplish it has been introduced in the House in recent years. This is the first time that Senate legislation has been introduced.

Similarly, Sen. Jeff Merkley (D-Ore.) introduced S. 2626, the Restoring Health Benefits for Justice-Involved Individuals Act, which would permit otherwise eligible individuals who are in custody pending charges to receive Medicare, Children's Health Insurance Program (CHIP), or veterans' health benefits.

The NACo and National Sheriffs' Association task force spearheading this effort is currently searching for Republican cosponsors for the bills, a prerequisite for any hope of moving them in the GOP-controlled Senate. Cook County Justice Advisory Council Executive Director Delrice Adams and Cook County Sheriff Tom Dart are members of the task force.

- **Public Health: Vaping, e-Cigarettes** – On November 13, the House Energy and Commerce Subcommittee on Health approved HR 2339, which would raise the minimum age to buy tobacco products to 21 and ban some popular flavored tobacco products, like mint and menthol.

Meanwhile the FDA has yet to roll out regulations to limit flavored vaping products, pursuant to an Executive Order issued by the president in September. The Administration appears to be mulling a more limited ban that would exempt tobacco and menthol flavors. The CDC has released data showing that over 80 percent of the vaping related lung injuries are related to products containing THC.

- **Maternal Health** – At its November 13 hearing, the House Energy and Commerce Subcommittee on Health unanimously approved two bills to improve maternal health, including a bill that would allow states to extend Medicaid eligibility for up to one year after a beneficiary gives birth and receive a higher federal match rate and one to create new programs to improve maternal health by addressing racial and ethnic disparities and other measures. The former, HR 4996, the Helping Medicaid Offer Maternity Services Act of 2019, was introduced by Rep. Robin Kelly (D-Ill.) and cosponsored by a bipartisan group of representatives, including Rep. Lauren Underwood (D-Ill.) The bill would create a new state plan option to extend continuous Medicaid or Children's Health Insurance Plan eligibility for up to a year after a beneficiary gives birth. The bill would also give states that choose to extend Medicaid for postpartum beneficiaries a 5 percent increase in their federal match in 2020.

At the subcommittee hearing, an amendment by subcommittee ranking member Rep. Michael Burgess (R-Texas) was agreed to which would allow states to receive the increased 100% Federal Medical Assistance Percentage, in the first year they choose to extend coverage, not just in 2020. The amended bill was approved unanimously.

The other bipartisan bill, HR 4995, the Maternal Health Quality Improvement Act, would create new programs to improve maternal health including:

- authorizing grants for the Alliance for Innovation on Maternal Health program;
- authorizing grants for medical and nursing school programs aimed at preventing discrimination in maternity care;
- directing HHS to study and make recommendations for best practices to reduce provider discrimination;
- authorizing funding for perinatal quality collaboratives; and
- authorizing a grant program to integrate services for pregnant and postpartum women to reduce adverse outcomes after a birth.

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

Community Outreach

- December 3 Cook County Health and CountyCare promotion at **Sunrise Total Men's Health Event**, hosted by **Sunrise Clinical Health Services**, which will take place at the Israel of God Banquet Hall located at 520 W 138th Street in Riverdale. This Men's Health Fair will feature Guest Speaker Dr. Nathaniel Horn, Boston Medical Group and include Dr. Ayanna Gardner (Pharmacist), Dr. John Artis (Chiropractor), and Dr. Shirley Hill (Nutritionist) who will address health topics.
- December 4 Cook County Health and CountyCare promotion at **Malcolm X College FREE Service Days**, which is hosted by the **Wellness Center of Malcolm X College** at the school located at 1900 W. Jackson Boulevard in Chicago. This event for the students and community will provides services such as health insurance enrollment, counseling, mental health support services and nutrition education, to name a few. The **CORE Center** does HIV testing at this monthly event.
- December 5 Cook County Health and CountyCare promotion at the **Vive en Forma's Senior Fest 19** which will take place at the Humboldt Park Field House located at 1440 N. Humboldt Boulevard in Chicago. The Fest provides resources on community health initiatives and services that address public health concerns and improve people's everyday living conditions.
- December 13 Cook County Health promotion at the **Bremen Township Produce Distribution & CCH Information Sharing** which will take place at the Bremen Township Administrative Offices located at 16361 S. Kedzie Parkway in Markham.
- December 18 Cook County Health and CountyCare promotion at the **Marillac St. Vincent Family Services - Marillac Social Center Pantry and Resource Fair** that is sponsored by the Marillac Social Center and takes place at the Center located at 212 S. Francisco in Chicago.

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

- December 11 – **Cottage Grove Health Center** – 1645 Cottage Grove Avenue, Ford Heights, IL 60411
- December 12 – **Englewood Health Center** – 1135 W. 69th Street, Chicago, IL 60621

IMPACT 2020 Objective 7.4

The **Greater Chicago Food Depository Fresh Food Truck** visits for the month of December include the following ACHN Health Centers.

- December 3 – **Cicero Health Center** – 5912 West Cermak Road, Cicero, IL 60804
- December 5 – **Austin Health Center** – 4800 West Chicago Avenue, Chicago, IL 60651
- December 10 – **Cottage Grove Health Center** – 1645 Cottage Grove Avenue, Ford Heights, IL 60411
- December 17 – **Robbins Health Center** – 13450 South Kedzie Avenue, Robbins, IL 60472
- December 19 – **Englewood Health Center** – 1135 West 69th Street, Chicago, IL 60621
- December 19 – **Near South Health Center** – 3525 South Michigan, Chicago, IL 60653

Cook County Health and Hospitals System
Board of Directors Meeting
November 22, 2019

ATTACHMENT #8

Provident Hospital Update



Dr. Jay Shannon, CEO, Cook County Health

Debra Carey, Deputy CEO for Operations, Cook County Health

Ekerete Akpan, CFO, Cook County Health

Timothy Ozog, Project Director, Cook County Bureau of Asset Management

November 22, 2019



COOK COUNTY
HEALTH



Introduction

Dr. Jay Shannon, CEO



COOK COUNTY
HEALTH

History of Provident Hospital

- The original hospital opened on January 22, 1891 as Provident Hospital and Training School under the leadership of Dr. Daniel Hale Williams, a prominent African-American surgeon.
- Provident Hospital was the first African-American owned and operated hospital in America.
- Provident Hospital established the first nursing school for black women in Chicago.
- The hospital relocated a third time in 1982 to its current location on East 51st street – it's mission remained unchanged, providing quality health care to the medically underserved.
- Provident Hospital (under private ownership) closed its doors in 1987.
- Cook County government purchased the facility from the federal government in 1991. The County invested more than \$50 million to renovate the facility and upgrade clinical systems and equipment.
- Provident Hospital of Cook County opened on August 17, 1993, as a public, community teaching hospital. The hospital is an affiliate of Cook County Health, one of the largest comprehensive public health systems in the country.

Provident Hospital Today

- Provident Hospital is a community acute care hospital on the South Side of Chicago.
- Currently, Provident has state authorization for 85 beds.
 - 79 medical/surgical beds
 - 6 Intensive Care Unit beds
- Provident Hospital is currently staff for 25 patients.
- Provident Hospital is accredited by The Joint Commission.
- It features a Regional Health Care Center that offers primary and specialty care, same day surgery, comprehensive diagnostic imaging service, cardiac diagnostics, laboratory services and rehabilitative services, as well as 16 medical specialties.
- Nearly 70% of Provident's patients are over 50 years old.
- County real estate study in 2013 determined that Provident was in need of \$100M+ in facility and equipment upgrades

Recent Investments

- In recent years, Provident has added:
 - Digital mammography
 - Comprehensive ophthalmology services
- Expanded behavioral health services in 2017.
- In Spring 2019, Provident reopened its intensive care unit to limit the need to transfer patients out of their community.
- In 2020, the hospital will offer outpatient dialysis services and return to comprehensive emergency room services.
- These investments have led to increased utilization at Provident Hospital. In 2018, Provident Hospital provided more than 127,000 outpatient visits, up from 62,000 visits in 2016.
- New outpatient pharmacy opened in 2019 and will fill more than 150,000 prescriptions annually.

IMPACT 2020 & 2023

Cook County Health's Strategic Plans

IMPACT 2020:

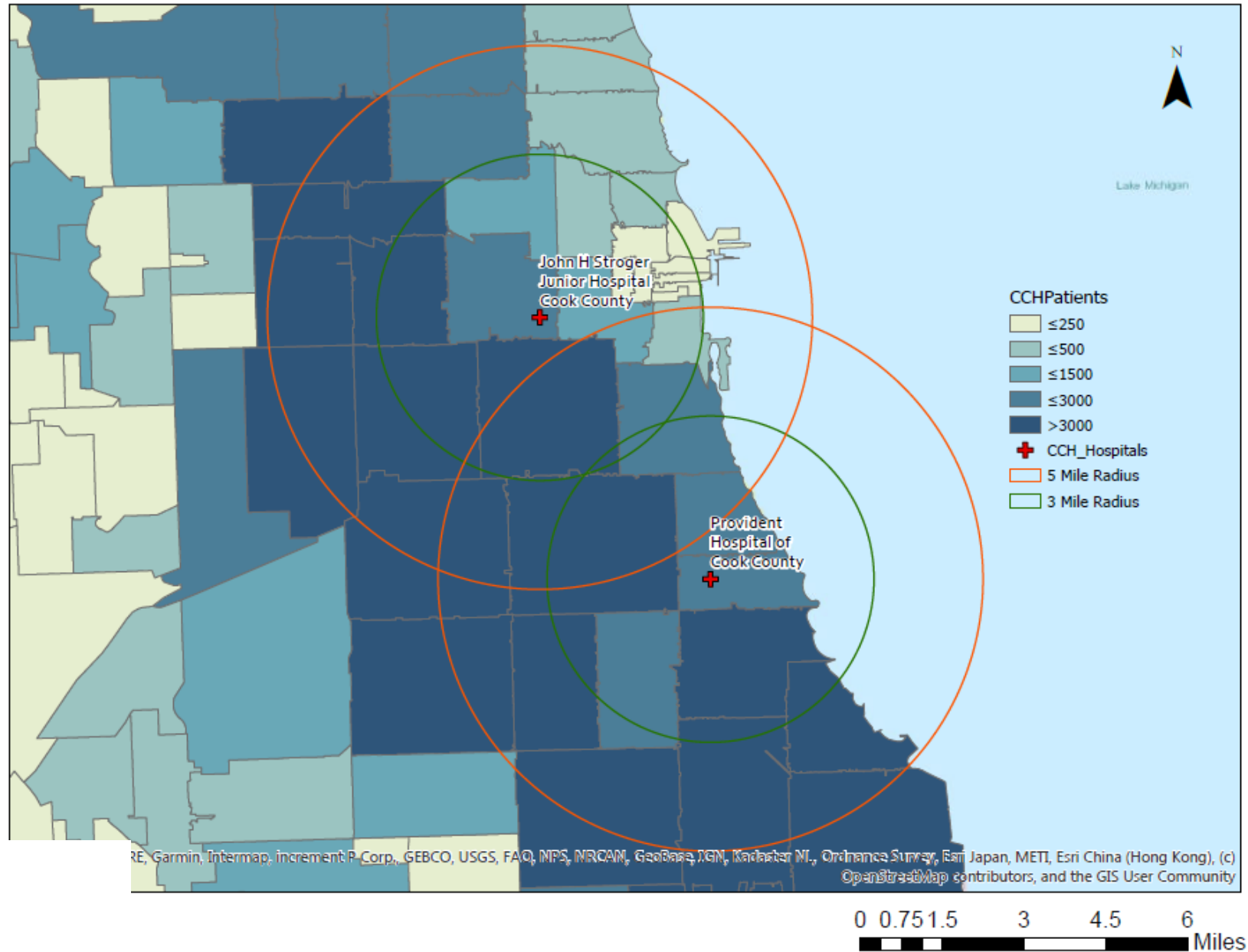
- Recognized the long overdue need to need update, upgrade and even rebuild facilities to ensure that CCH is providing state-of-the-art care to its patients.
- Contemplated the construction of a Regional Outpatient Center at Provident.
- Prioritized access to specialty/diagnostic services across the health system, including services the Medicare population.

IMPACT 2023:

- The new facility with expanded inpatient and outpatient services is expected to reduce the number of Provident patients needing to travel to the Stroger campus, particularly for common diagnostics or routine treatments.
- Enhance and establish the Provident campus as a provider of choice.
 - Develop Centers of Excellence for women's health including gynecology, cardiology, breast, and endocrinology; lifestyle center including dietary, fitness, chronic disease management; orthopedic center including podiatry, joints and hands; and men's health programs including urology, cardiology and endocrinology.
 - Expand the medical staff to broaden the service portfolio.

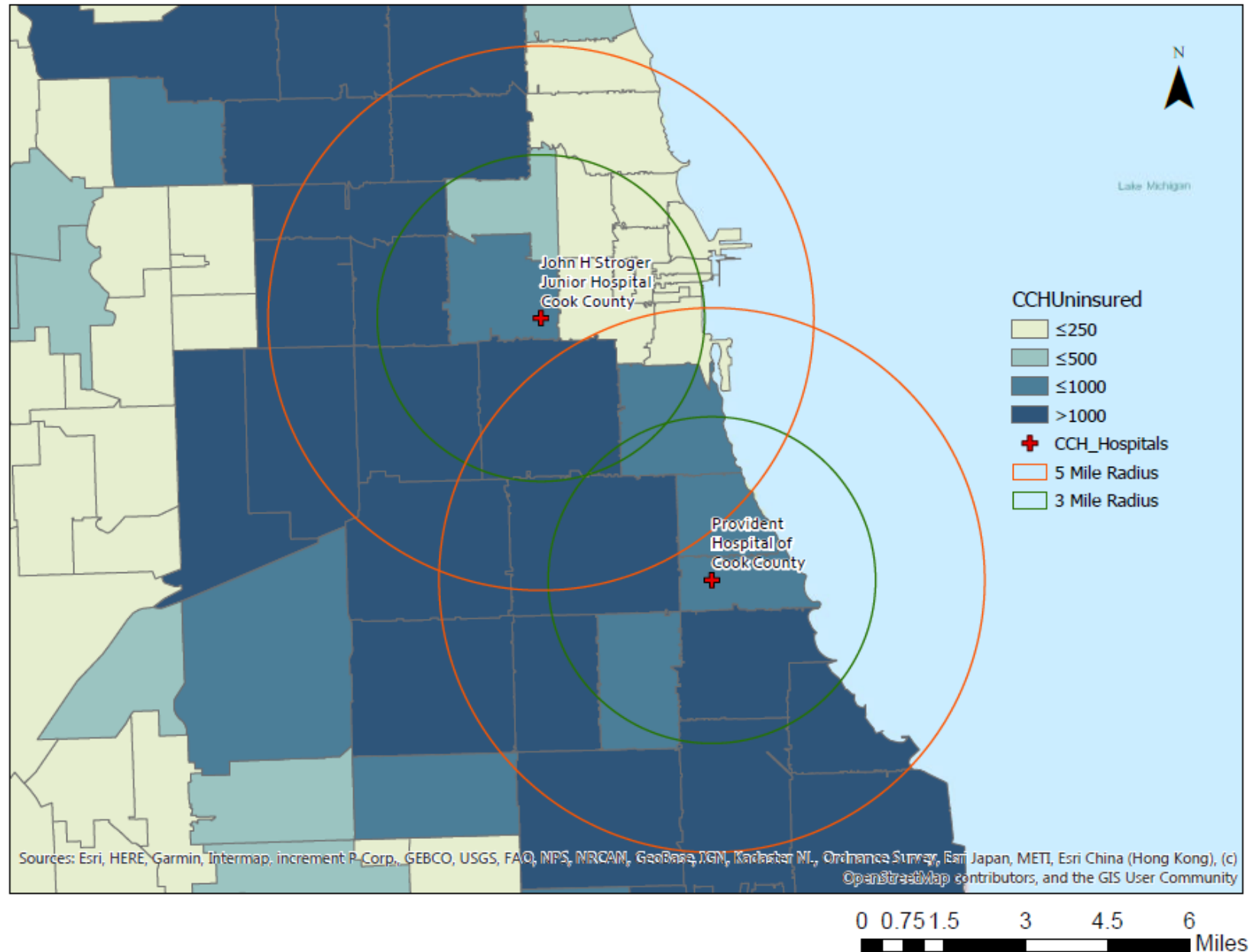
Cook County Health Patients

Patients with Visits between November 2018 and October 2019



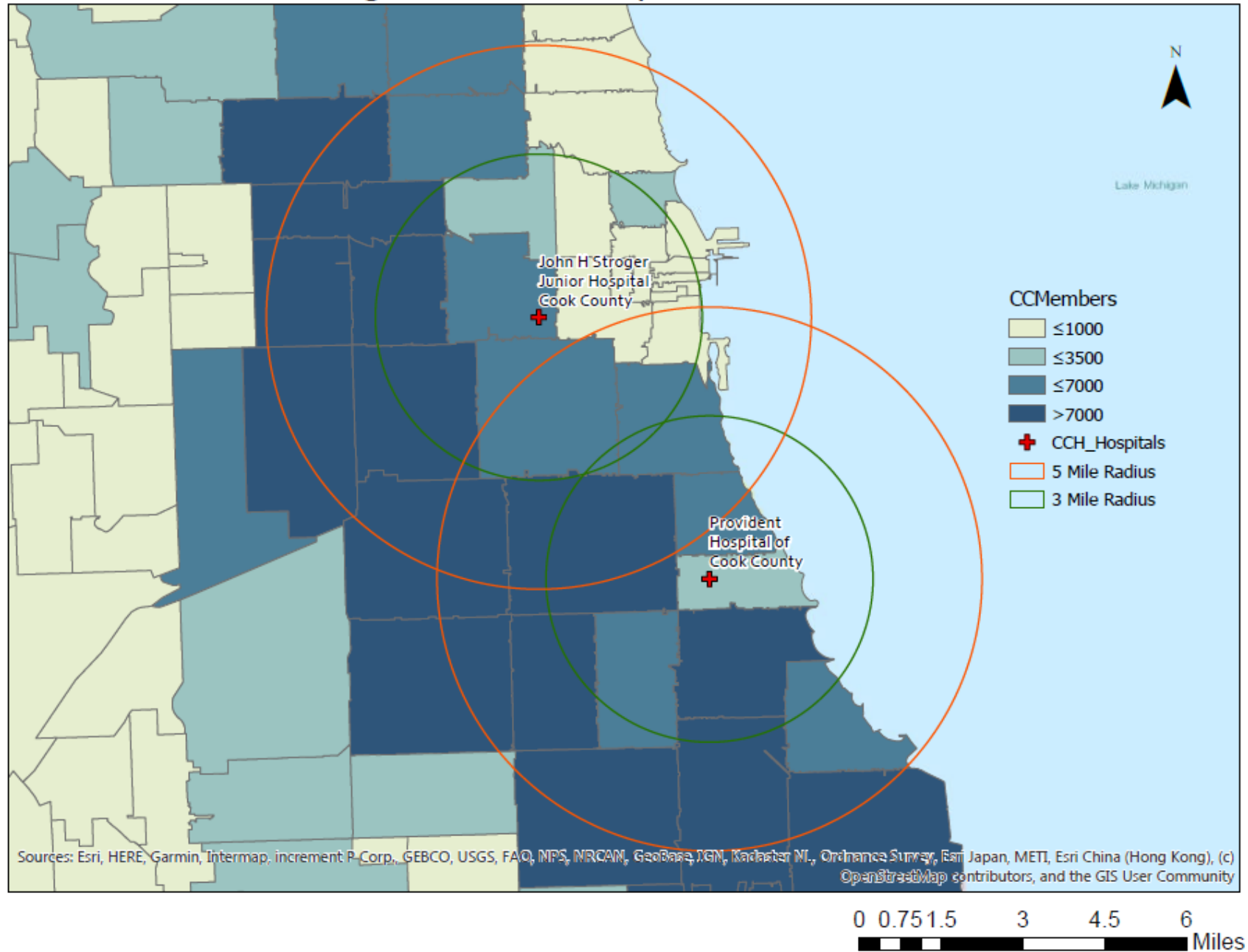
Cook County Health Uninsured Patients

Uninsured Patients with Visits between November 2018 and October 2019



CountyCare Members

Eligible Membership November 2019



New Provident Facility



Debra Carey, Deputy CEO



COOK COUNTY
HEALTH

The New Provident Facility

A \$240M investment, the replacement facility will allow Cook County Health to provide the community with comprehensive, high-quality health care in a modern facility.



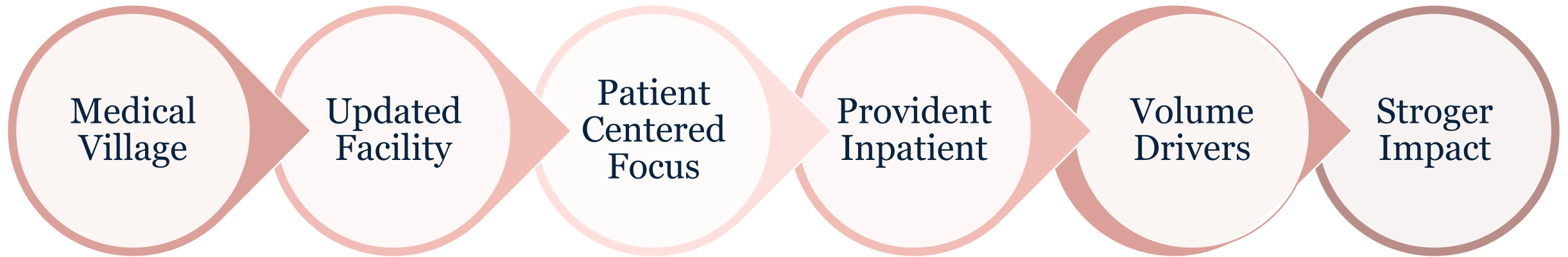
An eight story, 48-bed hospital with comprehensive outpatient primary and specialty care, including comprehensive emergency room services will be built immediately west of the existing hospital. The current facility will not close until the new facility is opened in 2023.

Provident - New Campus

Providing CCH and CountyCare Patients and Enrollees with community health campus on Chicago's Southside

- Original proposal new regional outpatient center, retaining existing inpatient facility
- Need/demand assessment of area indicates lack of access to surgical services, outpatient specialty care and diagnostic services
- Current facility not capable of supporting existing and new technologies
- Current outpatient setting not optimal for efficiency and patient experience
- Need services designed for managing care in prospective pay, risk-based environment

Provident New Campus - Impact



Medical Village Concept

Comprehensive array of services at one location convenient for CCH/CountyCare patients & enrollees in catchment area

- primary care medical home
- specialty surgical and procedural care
- diagnostic services
- preventative (e.g., dental, lifestyle) programs
- inpatient care
- multidisciplinary care teams, led by CCH physician practice
- community and home-based care coordination
- *co-location for certain social agencies (future)*

Updated Facility

- Current facility requires millions of dollars to update
- Creates appropriate physician office space
- Supports state of art equipment such as MRI, monitoring devices, other modern technologies
- Reduced number of licensed beds
- Creates efficient inpatient footprint designed for shorter stays
- Creates surgical and procedural spaces efficiently designed for ambulatory cases



Patient Centered Focus

- Providing patient choice in community facility designed for ease of access and efficiency for surgical, diagnostic and inpatient care
- Single room setting for privacy, infection prevention
- Near park setting
- Easily accessible via public transportation and ample parking on site
- CCH / CountyCare patients and enrollees in catchment area can access services near their communities

Provident Inpatient

- Decreases bed footprint
 - 42 medical/surgical beds
 - 6 intensive care beds
 - 8 operating rooms and 4 procedure rooms
 - 18-bay comprehensive emergency dept
- Reduces significantly transfers out to Stroger
- Targets admissions that are shorter stays, observation patients
- Increase number of admissions due to resumption of ambulance service
- Establishes Provident as CCH destination location for specific service lines provided for the entire system
- Provides expanded services to retain CCH medical home patients in CCH network
- Facilitates contracting with other managed care plans at competitive rates with separate provider number
- Provides ongoing safety net presence as transitions continue in health system market, especially on South Side

Volume Drivers

- Fewer transfers from Provident ED to Stroger & other facilities
- Increased admissions from ambulance runs
- Preferred location for short stay admissions now going to Stroger
- Retain services now leaving CCH due to insufficient CCH capacity e.g., endoscopy, orthopedics
- Create new centers of excellence based at Provident
 - Joint Center
 - Women's Health (GYN, Breast Center, Heart Services)
 - Senior Services/Geriatrics
 - Men's Health Services
- Capture admissions from 40- 50 % of Provident area patients currently admitted to Stroger

Stroger Impact

- Transfers to Stroger when decreased, gives more bed capacity at Stroger:
 - Improves throughput, reduce time to assign inpatient bed
 - Expansion of complex service volume
 - Retain services now leaving CCH due to insufficient CCH capacity
 - Facilitates narrowing CountyCare network, transferring patients in who are out of network
 - Facilitates ability to contract with other MCOs for services
- Facilitates structuring surgical services to optimize facility capabilities:
 - Addresses Stroger OR cases per room (exceeds state standards)
 - Allows more ambulatory, less complex cases to move to Provident
 - Stroger ORs increased capacity for complex cases
 - Reduces time to schedule surgical and other procedures

Initial Schematic Design, Planned Development Process and Workforce Hiring

Timothy Ozog, Project Director
Cook County Bureau of Asset Management



COOK COUNTY
HEALTH

Initial Schematic Design/Community Input

Design Elements for Consideration:

Site and Building Design

- Street level appearance, building height and massing, interim and long-term traffic and parking impact, neighborhood sound/noise, integrating aesthetics with the neighborhood
- Future use of existing hospital site after demolition

An eye to the Future

- Incorporate pending updated County Energy ordinance to increase levels of energy performance above the set energy code standards
- Incorporate Solar-ready electrical system to maximize energy grants
- Incorporate bird-safe building materials and design features



Planned Development Process

City of Chicago Regulated Zoning Update Dec 2019-June 2020

Legislative Process for a Planned Development (PD) Amendment

- Meetings with Alderman and community
- Meetings with City Department of Planning & Development (DPD)/Zoning and Chicago Department of Transportation (CDOT)
- Analysis and review of existing PD Ordinance and new project plans
- Analysis and review of proposed project building exterior relating to approved PD
- File Rezoning Application with PD drawings and Survey
- Obtain project approvals from Zoning design team; CDOT; Mayor's Office for People with Disabilities (MOPD); and Fire Department
- Finalize PD Ordinance and all supporting documentation for hearings before Chicago Plan Commission and City Council Committee on Zoning
- Obtain City Council Approval for Amended PD

Work Force Hiring

Affected Areas

Workforce Hiring Goals–Targeting High Impact Communities within a 3-mile radius which includes:

- County Board Districts 2, 3* & 4
- City of Chicago Wards 3, 4 & 20
- Community Areas Included (but not limited to):
 - Back of the Yards
 - Bridgeport
 - Bronzeville
 - Canaryville
 - Douglas
 - Englewood
 - Fuller Park
 - Gage Park
 - Grand Crossing
 - Hyde Park
 - Kenwood
 - McKinley
 - Oakland
 - South Shore
 - Washington Park
 - Woodlawn
- Expect to exceed County compliance standards for M/WBE participation

*Commissioner District project is located.



Finances

Ekerete Akpan, CFO



COOK COUNTY
HEALTH

Financing the Project

\$240M Facility Cost

- Cook County to issue \$205M in bonds over the course of construction (approved with the FY2020 Capital Improvement Plan (CIP) budget on 11/21/19)
- Cook County Health to cover \$35M in Furniture, Fixtures and Equipment costs in Operational funds (in FY2022/2023 budget)

Personnel Impact

- Net FTE growth by FY2023 will be approximately 100 new employees across all professions

Projected Revenue & Expenses (in millions)

	Existing Provident Hospital			New Provident Hospital	
	FY2020	FY2021	FY2022	FY2023	FY2024
Revenues	87.0	87.0	87.0	85.4	85.8
Expenses	86.9	86.9	86.9	83.9	84.6
Operating Margin	0.05	0.05	0.05	1.5	1.2

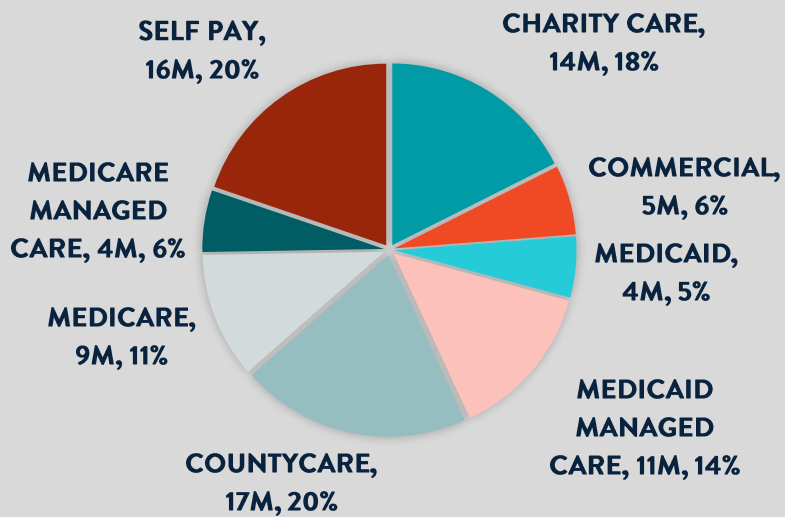
**Increase
Outpatient Services
Med/Surg & ICU**

**Increase
Nuclear Medicine
MRI
Mammography**

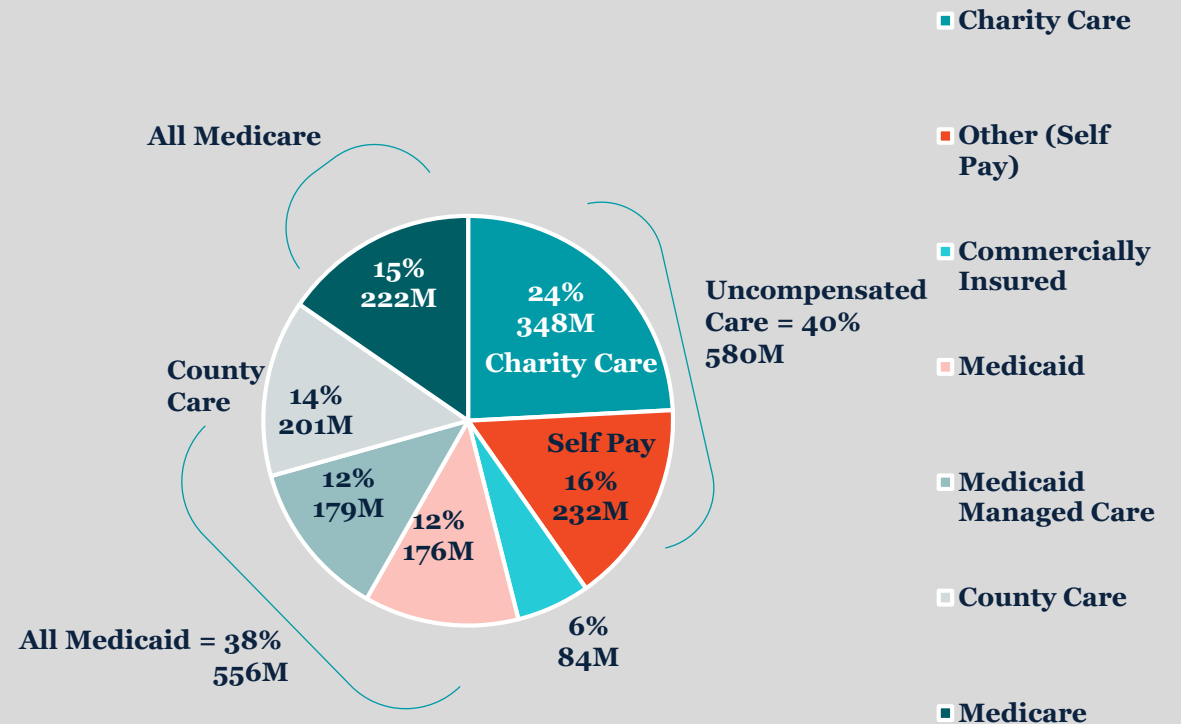
**Enhanced
Dental Services**

Payor Mix for Provident Hospitals and CCH

Provident Hospital Payor Mix



CCH System-wide Payor Mix



Timeline

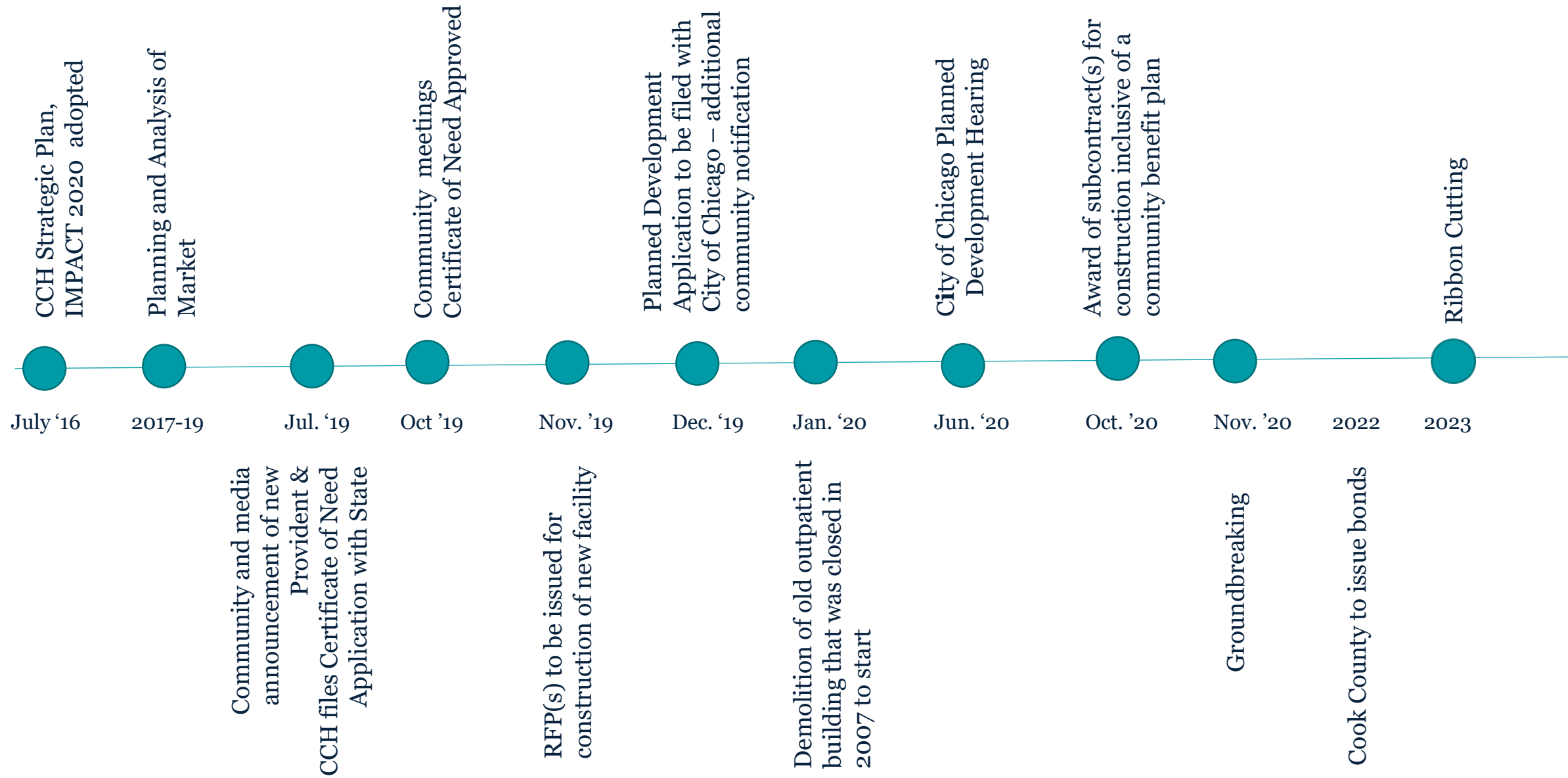


Dr. Jay Shannon, CEO



COOK COUNTY
HEALTH

Timeline



Questions



COOK COUNTY
HEALTH

Appendix



COOK COUNTY
HEALTH

Communication with the Community

- 8-12-19** Community Newsletter announcing the Provident Project
- 8-13-19** Letter to Community Organizations
- 8-15-19** Letter to neighbors at the East Lake Complex, North Washington Park Manor
- 9-25-19** Letter to neighbors at the East Lake Complex, North Washington Park Manor about meeting
- 10-7-19** Meeting with residents of North Washington Park Manor
 - Meeting with residents in apartment buildings adjacent to Provident Campus
- 10-8-19** Community Meeting
- 10-31-19** CCH Community Newsletter announcing approval of CON
- Ongoing** Updates to neighbors and interested parties via email, CCH's Community Newsletter and additional meetings

All interested individuals and organizations who would like to receive future communication should email Provident@cookcountyhhs.org and provide their name, affiliation and email.