



# COOK COUNTY HEALTH & HOSPITALS SYSTEM

## Strategic Planning Framework 2017-2019

February 2016



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CC+HHS**

# Enabling Ordinance Expectations (2008)

Sec. 38-82:

.....the System Board shall develop a Strategic and Financial Plan covering a period of three Fiscal Years

.....shall include in each Strategic and Financial Plan estimates of revenues

.....the County Board shall approve each Strategic and Financial Plan



Building a high quality, safe, reliable, patient-centered, integrated health system that maximizes resources to ensure the greatest benefit for the patients and communities we serve.



# Principle Objectives

- Improve health equity
- Provide high quality, safe and reliable care
- Demonstrate value, adopt performance benchmarking
- Develop human capital
- Lead in Medical Education and Clinical Investigation relevant to vulnerable populations



# Evolution of CCHHS

## 2008 - 2016

- 2008: Independent Governance  
Insular safety net provider with little to no competition as the majority of patients uninsured.  
Focus on sick care.  
Reliant on local tax allocation and federal reimbursements.
- 2010: Adoption of Vision 2015 with increased focus on ambulatory services.  
Affordable Care Act adopted by Congress.
- 2011: Illinois General Assembly mandates that nearly 100% of Medicaid beneficiaries in Cook County move into managed care by 2014.
- 2012: 1115 Waiver to create CountyCare approved.  
System moves from provider role to provider and plan, expanding patient reach.
- 2015: ACA takes full effect.  
Majority of patients insured.  
CCHHS and CountyCare competing for CCHHS' traditional patients.



# Vision 2015 Progress

**Core Goal: *Access to Healthcare.*** Eliminate system barriers, strengthen ACHN, develop comprehensive outpatient centers at strategically located sites

- Patient Support Center
- Partnerships with FQHCs
- Oak Forest Clinic as Regional Outpatient Center
- CountyCare
- New ambulatory buildings on Central Campus, Provident campus and other community clinics underway
- Medicaid enrollment at jail

**Core Goal: *Quality, Service Excellence and Cultural Competencies.*** Execute System-wide performance improvement initiatives and implement system-wide service excellence and cultural competencies initiatives.

- Creation of Chief Quality Office
- Routine monitoring of metrics, annual system objectives with explicit targets
- Performance improvement (Emergency Department, Operating Room)
- Employee flu vaccine compliance



# Vision 2015 Progress

**Core Goal: *Service Line Strength*** - Continue to develop/strengthen key clinical services, develop the infrastructure to support clinical services.

- Ophthalmology
- Burn services accreditation
- Capital investments: linear accelerators, cath labs, interventional radiology suite
- Mail order pharmacy improvements

**Core Goal: *Staff Development*** - Improve staff recruitment, training, and development systems and processes, implement staff satisfaction initiatives

- Leadership Development Program
- Decreased time to hire and vacancy rate

**Core Goal: *Leadership and Stewardship*** - Develop CCHHS leadership, strengthen the stewardship responsibilities of System Board management.

- Significantly lower tax allocation
- Year-end financials 2014 & 2015 positive
- Physician billing significantly improved



# Environmental Considerations

- National
- State
- Cook County
- Local Healthcare Environment





# Dynamic Local Healthcare Landscape

- **2008 - 2013:** Three Acute Care Hospitals (620 beds) closed in Cook County (Sacred Heart, Lincoln Park, Michael Reese; St. James has announced intent to close)
- **2008 – present:** Advocate acquires a number of hospitals and medical groups to create the largest healthcare system in Illinois. Currently seeking FTC approval to merge with NorthShore University Health System.
- **2010:** ACA provides more than \$11 billion for operations, expansion and construction of Federally Qualified Health Centers.
- **2010 - 2014:** Northwestern Medicine acquires Lake Forest Hospital, Central DuPage Hospital, Delnor Hospital, MarianJoy and Kishwaukee Hospital.
- **2011 and 2012:** Trinity Health System acquires Loyola and Mercy.
- **2011:** Provena and Resurrection Merge to create Presence Health, the 2<sup>nd</sup> largest system in Illinois.
- **2012:** Mount Sinai and Holy Cross merge
- **2014:** Adventist and Alexian Brothers merge to create Amita, the 3<sup>rd</sup> largest system in Illinois.
- **2016:** University of Chicago announces plans to seek approval for 188 bed tower and Level 1 trauma center.
- Multiple new inpatient and outpatient facilities (Rush, Lurie, Advocate Christ, Little Company of Mary, Advocate Lutheran General, St. Bernard)



# Local MCO Landscape

## January 2016

Remaining Health Plans/Ownership	FHP/ACA, ICP	Cook County
BCBS of Illinois (HCSC)	FHP/ACA, ICP	196,826
CountyCare (CCHHS)	FHP/ACA, ICP	162,435
Family Health Network/CCAI	FHP/ACA, ICP	150,893
IlliniCare (Centene)	FHP/ACA, ICP	106,503
Harmony (WellCare)	FHP/ACA Only	104,628
Aetna Better Health	FHP/ACA, ICP	96,824
Molina Healthcare	FHP/ACA, ICP*	77,862
Meridian Health Plan	FHP/ACA, ICP	76,076
NextLevel Health MCCN	ACA**, ICP	19,460

\* Molina is only in Greater Chicago for FHP/ACA through acquisitions of Better Health Network, Loyola Family Care, and MyCare Chicago ACES.

\*\* NextLevel Health MCCN only serves the ACA Adults and ICP populations at this time.



# CCHHS today: key elements of an integrated delivery system

- Two acute-care hospitals
- Fifteen community-based clinics, three regional specialty and diagnostic centers
- CORE Center
- Correctional Health Services
- Cook County Department of Public Health
- CountyCare Health Plan
- Clinical Data Warehouse (and growing claims database)
- 6700 budgeted FTEs



# 2015 CCHHS Registration Volume

Visit Type	Unique Patients	Number of Visits
Ambulatory Office Visits and Diagnostics	174,053	914,891
Emergency (Arrivals)*	89,292	149,164
Inpatient	17,022	22,800
Observation	6,924	7,746
<b>CCHHS Total</b>	<b>216,569</b>	<b>1,071,272</b>

\* Emergency includes all arrivals to Emergency Services (Adult, Peds, Trauma) and patients later admitted to inpatient/observation from E.D

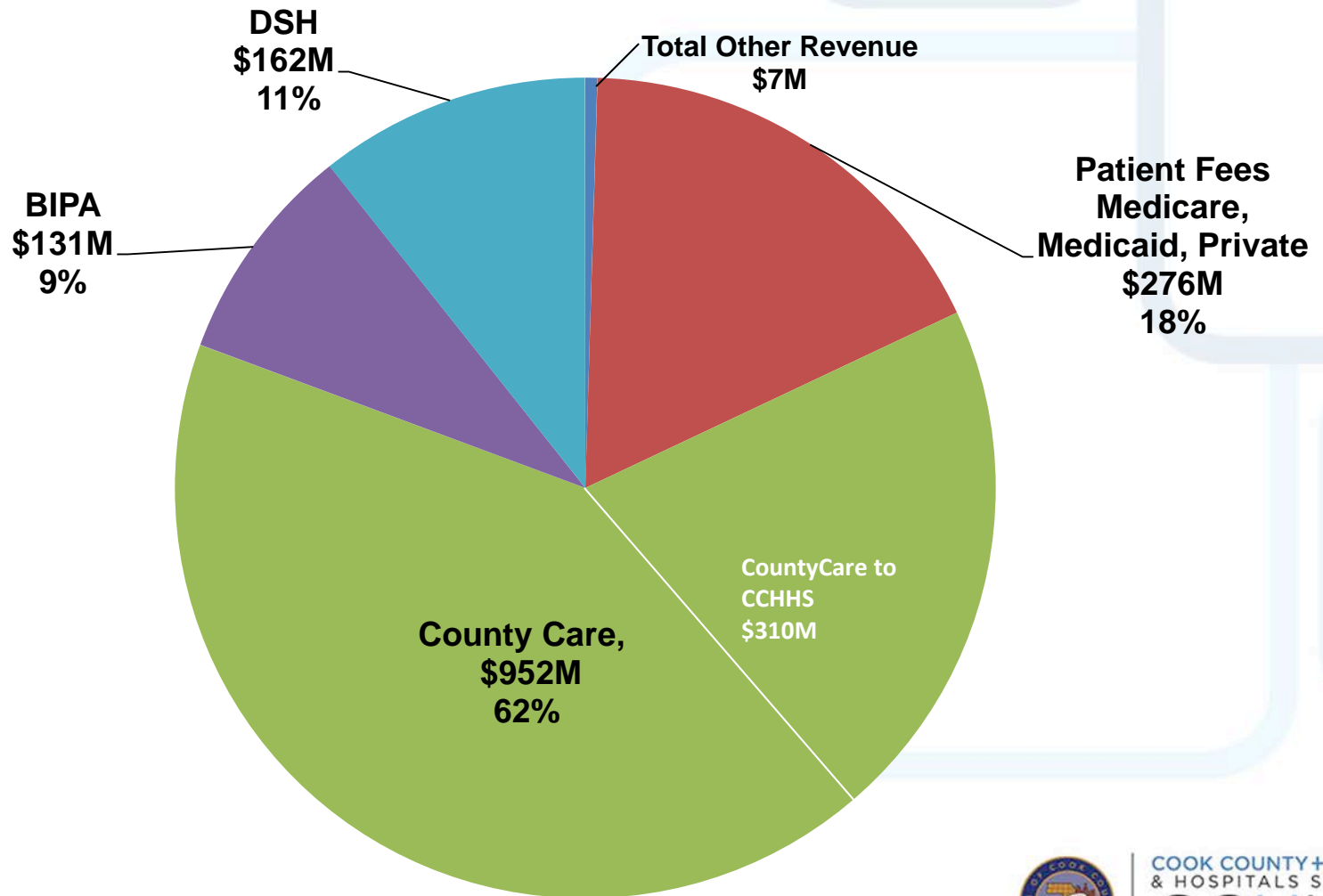
Source: Cerner

## 2015 Cermak Health Services Volume

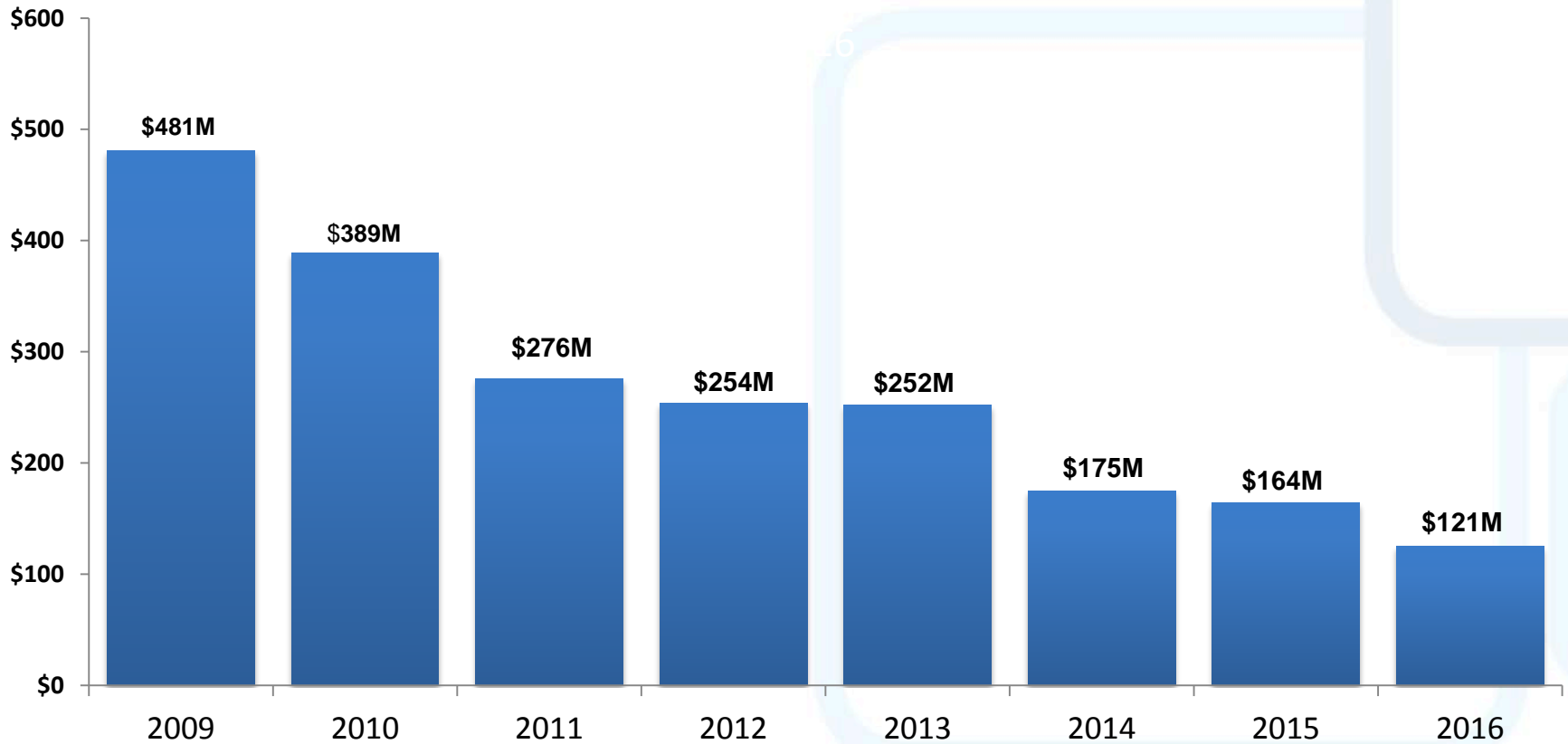
Intake Health Assessments	56,000
Unique Intake Patients	47,222
Urgent Care	29,186
Dental	14,711
Dental Hygiene	1,649
Primary Care	34,544
Psychiatry	13,745
Mental Health	20,829
Specialty Clinic onsite	11,678
Prescriptions filled	1,761,481
Pharmacy Doses	6,566,139



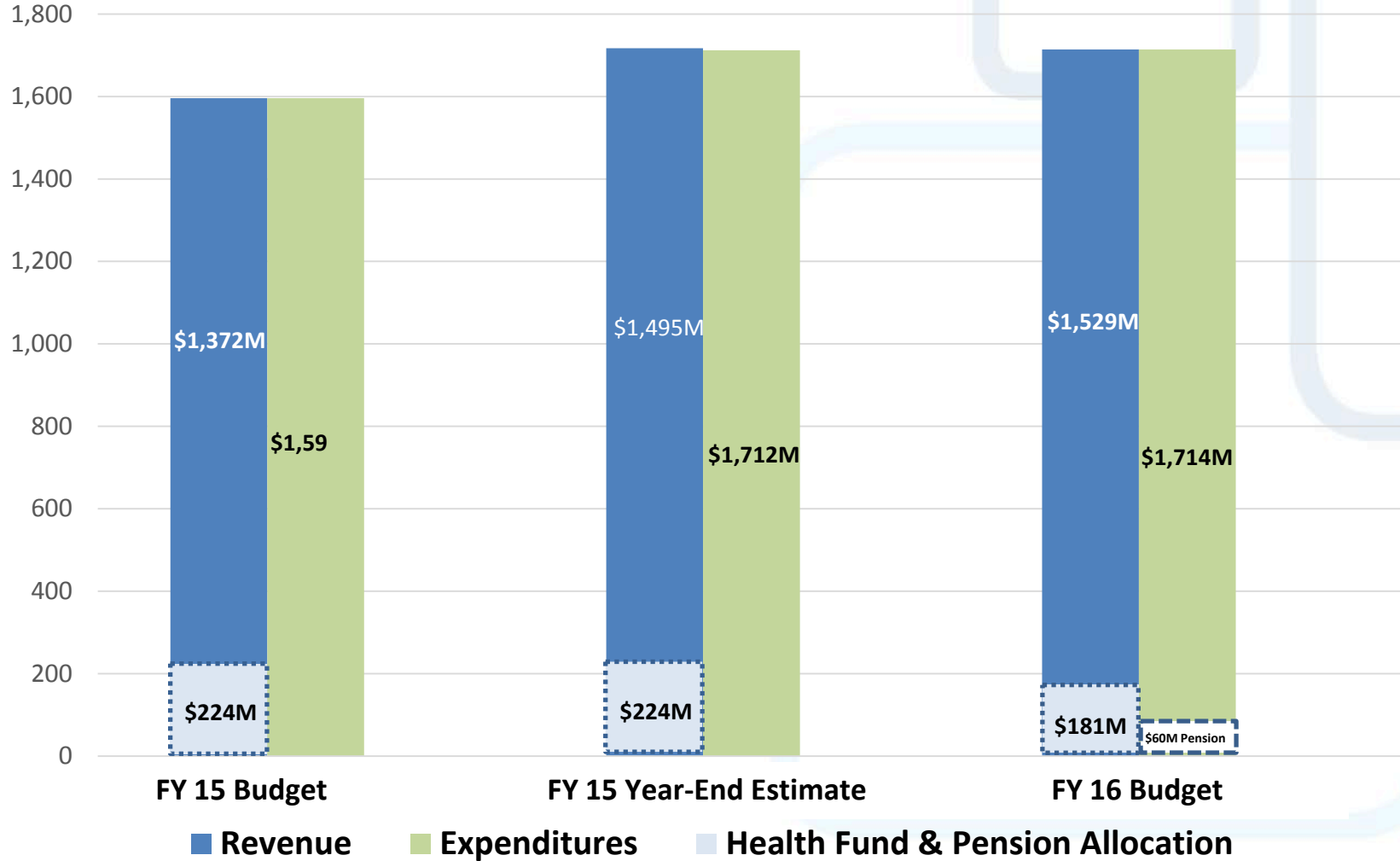
# FY16 Revenue by Source



# Cook County Health Fund Allocation

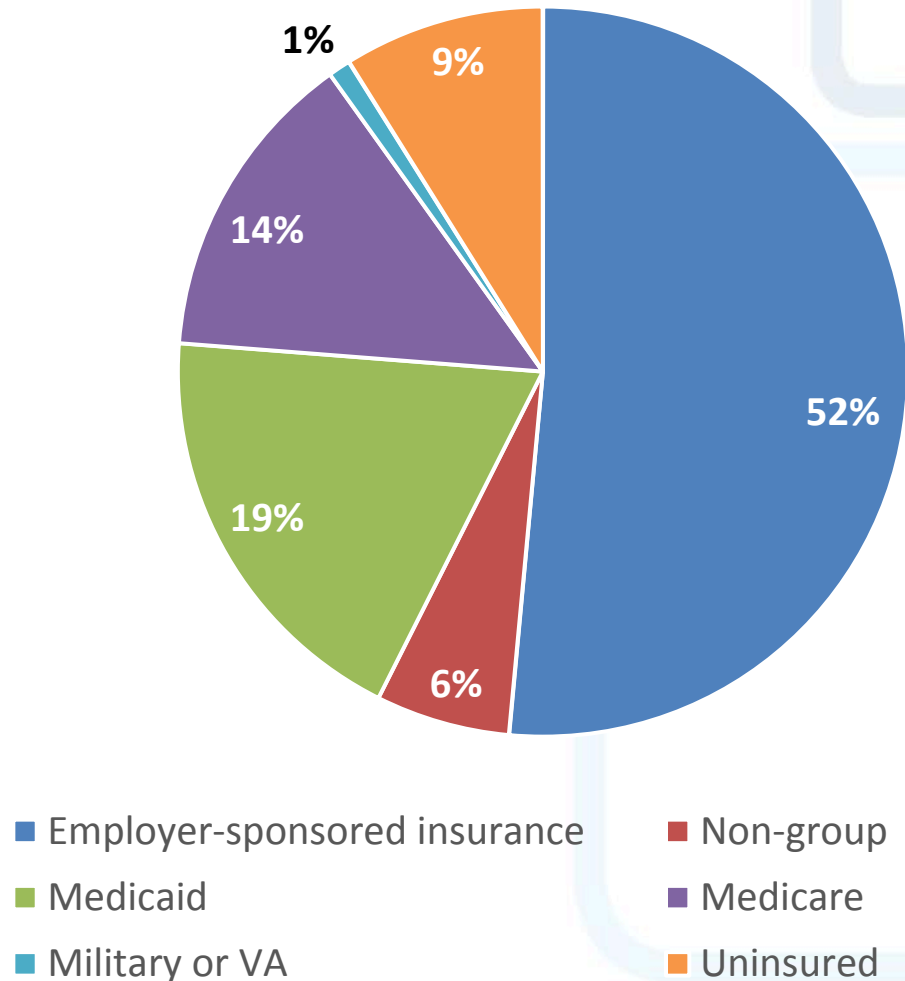


# Budgeted Revenues and Expenditures





# Illinois Health Insurance Coverage: 2014

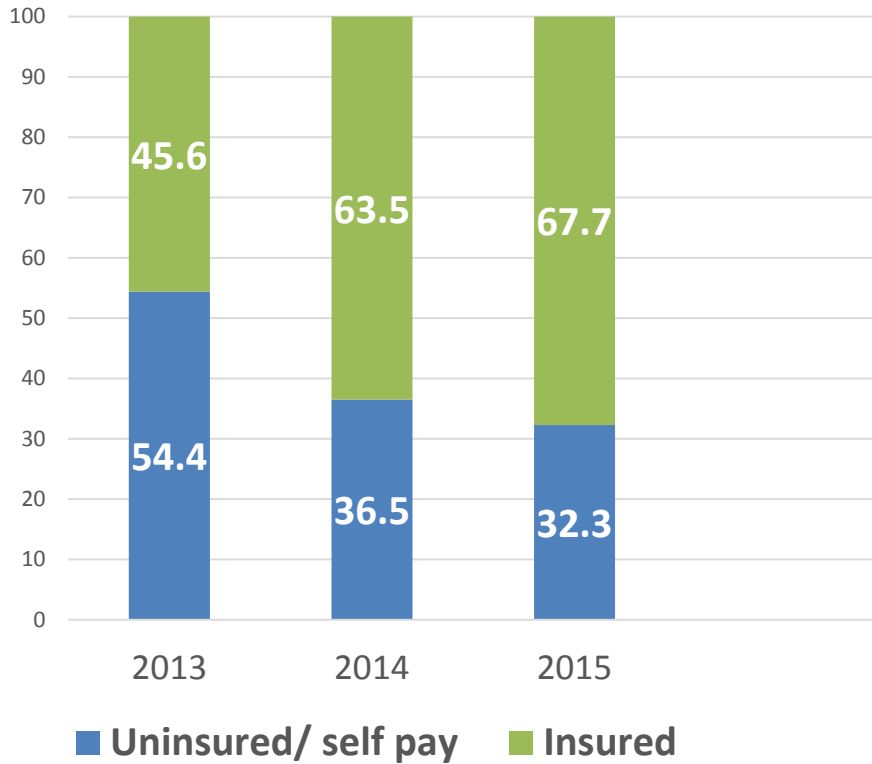


Source: Kaiser Family Foundation  
<http://kff.org/other/state-indicator/total-population/?state=IL>

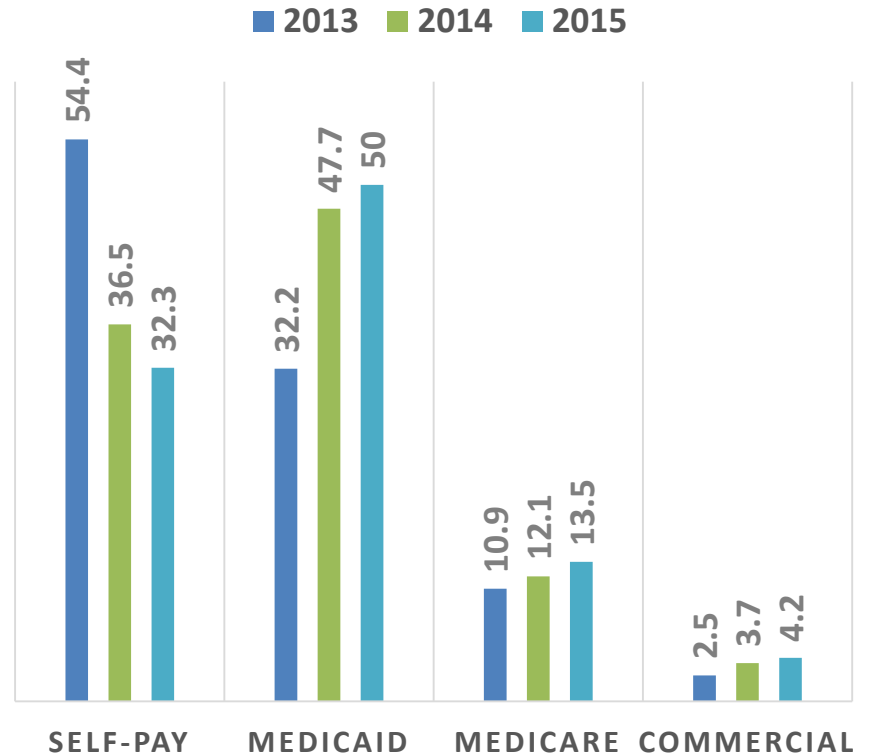


# CCHHS Payor Mix

## % Insurance Status of CCHHS Patients



## CCHHS PAYOR MIX 2013-2015



# CCHHS Uncompensated Care

2010	\$ 487,856,436
2011	\$ 577,316,767
2012	\$ 538,505,860
2013	\$ 535,781,085
2014	\$ 313,582,232
2015*	\$ 413,191,000

\**estimated*



# Pathway to Coverage - Marketplace

## **“Get Covered Illinois” Open Enrollment 2015/2016**

- 388,179 individuals selected a Marketplace plan
  - 310,523 were from Chicago media market.
- 290 plans from nine carriers were available to individuals purchasing through Marketplace
- Median annual deductible in Chicago is \$3400

### Sources:

CMS Health Insurance Marketplace Open Enrollment Snapshot

[GetCoveredIllinois.gov](http://GetCoveredIllinois.gov)

New York Times 11/14/15



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# Pathway to Coverage - Medicaid

## 3.2 Illinois Medicaid Beneficiaries

June 30, 2015



### 1.6 Cook County Medicaid Beneficiaries\*

- ↳ 327,000 ACA Adults in Cook County
  - ↳ 73,000 ACA Adults in CountyCare
  
- ↳ All Kids and traditional Medicaid provides coverage to qualified children and pregnant women, regardless of immigration status.

\*Nearly all Cook County Medicaid Beneficiaries in mandatory managed care.

Sources: Illinois' Undocumented Immigrant Population – Rob Paral  
Estimates from National Health Interview Survey, National  
Center for Health Statistics



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Strategic Planning Framework I February 26, 2016

# How many remain uninsured?

- Illinois' uninsured rate for adults 18 through 64 years of age decreased from 15.0% in 2014 to 10.6% during the first nine months of 2015
  - More than 1.36M Illinois residents remain uninsured
  - Most undocumented adults remain uninsured, including an estimated 511,000 in Illinois (307,000 in Cook County)
- Less than 3% of Illinois children uninsured

Sources: Illinois' Undocumented Immigrant Population – Rob Paral  
Estimates from National Health Interview Survey, National Center for Health Statistics



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# Proposed CCHHS Board Process

**February 2016 – June 2016**

Develop Focus Areas/Strategic Objectives

Utilize committee structure to drill down on strategic objectives and develop specific goals.

**Summer 2016**

Approval of 2017-2019 Strategic Plan

Presentation of plan to the Cook County Board of Commissioners per Enabling Ordinance



# Key Stakeholders\*

- Cook County Board of Commissioners
- CCHHS staff
- Labor
- CCHHS patients
- Health and social service agencies and partners
- Community and civic organizations

*\*plans in development*





# Principle Objectives

- Improve health equity
- Provide high quality, safe and reliable care
- Demonstrate value, adopt performance benchmarking wherever possible
- Develop human capital
- Leverage Medical Education and Clinical Investigation

