

Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held on Friday, October 30, 2020 at the hour of 9:00 A.M. This meeting was held by remote means only, in compliance with Illinois Public Act 101-0640.

I. Attendance/Call to Order

Chair Hammock called the meeting to order.

Present: Chair M. Hill Hammock, Vice Chair David Ernesto Munar and Directors Robert Currie; Hon. Dr. Dennis Deer, LCPC, CCFC; Mary Driscoll, RN, MPH; Raul Garza; Ada Mary Gugenheim; Joseph M. Harrington; Mike Koetting; Heather M. Prendergast, MD, MS, MPH; Robert G. Reiter, Jr.; and Otis L. Story, Sr. (12)

Absent: None (0)

Outgoing Director Mary B. Richardson-Lowry was present. Chair Hammock and the Board thanked her for the work she has done on behalf of Cook County Health, and for her excellent representation and participation on the Board over many years.

Additional attendees and/or presenters were:

Debra D. Carey – Interim Chief Executive Officer
Yvonne Collins, MD –Chief Medical Officer, Health Plan Services
Claudia Fegan, MD – Chief Medical Officer
Aaron Galeener – Interim Chief Executive Officer, CountyCare/Health Plan Services
Andrea Gibson – Interim Chief Business Officer
Tim Hoppa – Operations Counsel
Charles Jones – Chief Procurement Officer
Kiran Joshi, MD – Cook County Department of Public Health

Gina Massuda-Barnett – Cook County Department of Public Health
Jeff McCutchan –General Counsel
Carrie Pramuk-Volk – Interim Chief Human Resources Officer and Employment Plan Officer
Rachel Rubin, MD – Cook County Department of Public Health
Deborah Santana – Secretary to the Board
Caryn Stancik – Chief Communications and Marketing Officer

II. Electronically Submitted Public Speaker Testimony (Attachment #1)

The Secretary read the following electronically submitted public speaker testimonies into the record:

1. Civic Federation/League of Women Voters of Cook County
2. Consuelo Vargas - Chief Nurse Representative, Stroger Hospital
3. Dennis Kosuth - Nurse, Provident Hospital
4. Falguni Dave - Nurse, 7W Med Surg Unit and Union Steward
5. Tasha Mosley Brown – Nurse Representative for MOR, NNOC Bargaining Member
6. Dian Palmer – President, SEIU Local 73
7. Estella Sanford – Nurse, Blue Island Health Center
8. Brenda Langford – Registered Nurse, Blue Island Health Center
9. Lisa Stanford – Employee, Blue Island Health Center
10. Elizabeth Thomas - Nurse
11. Debra Turner – Registered Nurse, Blue Island Health Center
12. Elizabeth Giron - Nurse

NOTE: action was taken on Agenda Items III(A), III(B), III(C), III(D), III(G), III(H) and IV(A) in one (1) combined motion.

III. Board and Committee Reports

A. Minutes of the Special Board of Directors Meeting, May 14, 2020, reconvened on September 18, 2020, which contain the following action items:

- Medical Staff Appointments/Reappointments/Changes
- Recruitment of Permanent Chief Executive Officer for the Cook County Health and Hospitals System

Chair Hammock inquired whether any corrections or revisions to the minutes were needed. Hearing none, he advanced to the next item.

B. Minutes of the Special Board of Directors Meeting, September 21, 2020, which contain the following action item:

- Approval of Cook County Health's FY2021 Preliminary Budget, as Amended

Chair Hammock inquired whether any corrections or revisions to the minutes were needed. Hearing none, he advanced to the next item.

C. Minutes of the Board of Directors Meeting, September 25, 2020

Chair Hammock inquired whether any corrections or revisions to the minutes were needed. Hearing none, he advanced to the next item.

D. Audit and Compliance Committee Special Meeting, October 14, 2020

- i. Meeting Minutes

Director Koetting provided an overview of the Minutes.

E. Human Resources Committee

- i. Metrics (Attachment #2)

Director Driscoll and Carrie Pramuk-Volk, Interim Chief Human Resources Officer and Employment Plan Officer, provided an overview of the Metrics. The Board reviewed and discussed the information.

F. Managed Care Committee

- i. Metrics (Attachment #3)

Vice Chair Munar and Aaron Galeener, Interim Chief Executive Officer of CountyCare/Health Plan Services, provided an overview of the Metrics. The Board reviewed and discussed the information.

III. Board and Committee Reports (continued)

G. Quality and Patient Safety Committee Meeting, October 23, 2020

- i. Highly Reliable Organization (HRO) Dashboard (Attachment #4)
- ii. Meeting Minutes, which include the following action items:
 - One (1) proposed Stroger Hospital Department Chair Initial Appointment
 - Stroger Hospital and Provident Hospital Medical Staff Appointments/Reappointments/Changes
 - Proposed Provident Hospital Department of Internal Medicine Rules and Regulations

Director Gugenheim and Dr. Claudia Fegan, Chief Medical Officer, provided an overview of the HRO Dashboard and Meeting Minutes. The Board reviewed and discussed the information.

H. Finance Committee Meeting, October 23, 2020

- i. Metrics/FY2020 Finance Update (Attachment #5)
- ii. Meeting Minutes, which include the following action items:
 - Contracts and Procurement Items and Supplemental Contract and Procurement Item
 - Proposed Transfer of Funds

Director Reiter provided an overview of the Meeting Minutes. Charles Jones, Chief Procurement Officer, provided a brief overview of the proposed Contracts and Procurement Items considered and informational reports received at the Finance Committee Meeting. It was noted that request number 14 under the Contracts and Procurement Items remains pending review by Contract Compliance.

Andrea M. Gibson, Interim Chief Business Officer, provided an overview of the presentation on the FY2020 Finance Update.

IV. Action Items

A. Contracts and Procurement Items (Attachment #6)

Mr. Jones provided an overview of the requests. During the discussion of the requests, the following individuals provided additional information: Dr. Kiran Joshi, Senior Medical Officer and Co-Lead, Cook County Department of Public Health; Tim Hoppa, Operations Counsel; and Dr. Yvonne Collins, Chief Medical Officer of Health Plan Services.

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

Director Driscoll, seconded by Director Reiter, moved to approve the following:

- Minutes of the May 14th Special Board Meeting, recessed and reconvened on Sept. 18th;
- Minutes of the September 21st Special Board Meeting;
- Minutes of the September 25th Board Meeting;
- Minutes of the October 14th Audit and Compliance Committee Special Meeting;
- Minutes of the Quality and Patient Safety and Finance Committee Meetings for October, which include the Medical Staff appointments/reappointments/and changes, Stroger Hospital Department Chair Initial Appointment, proposed Provident Hospital Department of Internal Medicine Rules and Regulations, Contracts and Procurement Items, Supplemental Contracts and Procurement Items, and transfer of funds; and
- Request numbers 1 and 2 under Board Agenda IV(A) Contracts and Procurement Items.

IV. Action Items (continued)

A roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock, Vice Chair Munar and Directors Currie, Driscoll, Garza, Gugenheim, Harrington, Koetting and Reiter (9)

Nays: None (0)

Absent: Directors Deer, Prendergast and Story (3)

THE MOTION CARRIED UNANIMOUSLY.

V. Recommendations, Discussion/Information Items

A. Receive 3rd and 4th Quarter Reports from the Cook County Department of Public Health (CCDPH)
(Attachment #7)

- CCDPH Workplace Investigations for Covid-19 Complaints
- Covid/Flu Vaccination Planning

The following individuals provided an overview of the two (2) quarterly reports presented: Dr. Rachel Rubin, Senior Public Health Medical Officer and Co-Lead, CCDPH; and Gina Massuda-Barnett, Deputy Director of Public Health Programs, CCDPH. The Board reviewed and discussed the information.

B. Report from the Center on Health Equity and Innovation

This item was deferred to the December 4, 2020 Board Meeting.

VI. Report from Chair of the Board

Chair Hammock noted that the appointment of Israel Rocha, Jr. as CCH Chief Executive Officer was approved last week. His tentative start date is December 7, 2020.

VII. Report from Interim Chief Executive Officer (Attachment #8)

Ms. Carey provided an overview of her Report; detail is included in Attachment #8.

VIII. Closed Meeting Items

A. Claims and Litigation

B. Discussion of personnel matters

C. Audit and Compliance Committee Special Meeting Minutes, October 14, 2020

Director Gugenheim, seconded by Director Koetting, 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

VIII. Closed Meeting Items (continued)

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,” 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,” and 5 ILCS 120/2(c)(29), regarding “meetings between internal or external auditors and governmental audit committees, finance committees, and their equivalents, when the discussion involves internal control weaknesses, identification of potential fraud risk areas, known or suspected frauds, and fraud interviews conducted in accordance with generally accepted auditing standards of the United States of America.”

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 Munar and Directors Currie, Driscoll, Garza, Gugenheim, Harrington, Koetting, Reiter and Story (10)

Nays: None (0)

Absent: Directors Deer* and Prendergast (2)

*Director Deer was not present during the roll call vote to convene into a closed meeting, but was present while the Board was in the closed meeting.

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:

[illegible]

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
October 30, 2020

ATTACHMENT #1

Public testimony for 10/30/20 CCH Board Meeting

1. Civic Federation/League of Women Voters of Cook County
2. Consuelo Vargas - Chief Nurse Representative, Stroger Hospital
3. Dennis Kosuth - Nurse, Provident Hospital
4. Falguni Dave - Nurse, 7W Med Surg Unit and Union Steward
5. Tasha Mosley Brown – Nurse Representative for MOR, NNOC Bargaining Member
6. Dian Palmer – President, SEIU Local 73
7. Estella Sanford – Nurse, Blue Island Health Center
8. Brenda Langford – Registered Nurse, Blue Island Health Center
9. Lisa Stanford – Employee, Blue Island Health Center
10. Elizabeth Thomas - Nurse
11. Debra Turner – Registered Nurse, Blue Island Health Center
12. Elizabeth Giron - Nurse

Public Testimony to CCH Board, October 30, 2020

Since the coronavirus shutdown began in March, Cook County Health has held 30 virtual meetings that have been accessible to the public on Facebook. Given this successful experience with live streaming, the Civic Federation and League of Women Voters of Cook County urge the CCH Board to continue broadcasting health system meetings on the internet after the current emergency ends. To expand public access to its deliberations, we also call on the Board to begin posting recordings of completed meetings at a convenient online location.

This joint request, which was sent to the Board by email on October 15, reiterates separate recommendations on live streaming made by the Civic Federation and League of Women Voters of Cook County beginning in January 2018. Both organizations regularly attend your meetings and provide commentary on your budget and other activities. We have great respect for the CCH Board, which is composed of hard-working and knowledgeable volunteers who are dedicated to the system's mission.

CCH is a taxpayer-supported institution with a crucial role in the region's public health. Transparency is essential to maintaining and increasing public confidence in the health system. We understand that it is necessary to hold the system's in-person Board and committee meetings on the Stroger campus for purposes of staff efficiency. However, the public and CCH would be better served if meetings were always live streamed and recordings of completed meetings were posted. These practices, while not required by law, are in line with initiatives undertaken by Cook County, the City of Chicago, Chicago Public Schools, the Chicago Transit Authority and the Metropolitan Water Reclamation District.

Since April, CCH has held meetings on Microsoft Teams, with the audio feed from Teams bounced onto Facebook Live for streaming to the public. On October 14, the health system began live streaming video as well on Facebook. CCH is also working on broadcasting meetings on the system's website. Once video files are created, they can be archived on the County's Legistar system, according to the Secretary to the County Board. The County's Legistar system already posts information about CCH meetings.

After the health system resumes in-person meetings, CCH could continue live streaming through the use of existing video conferencing equipment in the conference room where Board and Committee meetings are held. These video conferences could continue to be broadcast on Facebook, displayed on the system's website and archived on Legistar or another online location.

We appreciate your attention to this request and look forward to consideration by the Board in the near future.

Sincerely,

Laurence Msall
President, Civic Federation

Cynthia Schilsky
President, League of Women Voters of Cook County

CCHHS Board of Directors Meeting

consuelo vargas [REDACTED]

Thu 10/29/2020 3:31 PM

To: Santana, Debbie <dsantana@cookcountyhhs.org>

My name is Consuelo Vargas and I am the Chief Nurse Rep at Stroger Hospital. We began bargaining for our next contract on October 28, 2020 with a rally. Nurses went to speak to administration and the feedback we received was positive and the RNs felt like there was good communication. Unfortunately those RNs have been placed on administrative leave until their hearings next week. Management is using this as a way to retaliate against staff who have spoken out during this pandemic about lack of PPE, poor staffing, and other issues concerning patient care. It is unfortunate to see that the same administration that supports harassment of RNs over the past few years feels that this action is necessary. We have had to file several grievances regarding harassment of RNs by management specifically in the Emergency Department and Med-Surg. RNs have endured verbal abuse, threats and had their personal space violated. Management has clearly lost control and they are trying whatever they can to get it back. The nurses are united in the fight for our patients and will not stand for this type of treatment and disrespect. We will continue to demand what is right and will not be coerced into being silent.

Testimony

Dennis Kosuth [REDACTED]

Thu 10/29/2020 4:05 PM

To: Santana, Debbie <dsantana@cookcountyhhs.org>

Cc: kperkins [REDACTED]; Danny Ritter [REDACTED]

CCHHS independent board,

I'm a nurse at Provident and learned today that nurses are being threatened with termination for participating in an action on October 28.

Nurses assembled because management is taking actions that are endangering safe patient care. As advocates for our patients, it is our legal obligation to speak out when care is threatened.

One nurse had worked the night before with only 3 nurses on their unit, well below safe staffing needs.

Many nurses, such as myself, have also been informed that they will no longer have a job as of December 1, due to budget cuts. This is curious, as the week after I received this notification, I was called twice by my supervisors, asking me to come into work - as they were very short staffed.

We've all seen the proposals to close clinics and reduce ER services at Provident, which will decrease health care access to that community.

On what basis are managers that short staff units and cut services able to turn around and discipline nurses who are speaking out about these decisions for being a "threat?"

The real threat are the decisions being made, not the nurses who are speaking out. If patient safety was truly a concern of management, they would focus their energy on solving that issue, rather than disciplining nurses.

These charges need to be dropped immediately and the nurses being investigated deserve an apology for this outrageous treatment.

-Dennis

Nurse Statement

falguni [REDACTED]

Thu 10/29/2020 4:10 PM

To: Santana, Debbie <dsantana@cookcountyhhs.org>; [REDACTED]
[REDACTED]

Hi my name is Falguni Dave, I am a nurse working on 7W med surg unit. I am a union steward and on the bargaining team. We have been working hard since the start of COVID. We have sacrificed so much to care for the patients. Many of the RN heroes who have cared for the Covid patients have still not received the workers compensation benefits they are owed. As a reminder, COVID-19 is considered to be presumptively work acquired if an essential worker gets sick. We are essential workers. County nurses have legally protected rights to collective activity. Yesterday, a group of RNs, celebrating the opening of bargaining, went to the administration wing to discuss their concerns with directors. They had positive interactions and brought posters and a bouquet of dead flowers with a plastic rat in it to symbolize the poor relationship we have. Now they are being threatened with termination for this activity. This must stop now. We have the support of ALL of our union brothers and sisters. We will not be intimidated into submission by bullying and illegal behavior of this type.

Sent from my iPhone
Falguni Dave

CCHHS Board of Directors Meeting

Tasha Brown [REDACTED]

Thu 10/29/2020 4:30 PM

To: Santana, Debbie <dsantana@cookcountyhhs.org>

Hello, my name is Tasha Mosley Brown, I am both the Nurse Rep for the MOR and on the bargaining team for NNOC. We began negotiations on 10/28/20 with a peaceful rally. Nurses went to speak with administration and reported positive feedback with great communication on both ends. Unfortunately, these nurses were placed on administrative leave until their hearings next week. Thereby leaving units already short staffed, even more short staffed, compromising the safety and health of the patients we serve. The reason WE ALL have a job! Management is using this as a scare tactic and as a means to retaliate against staff who have a right to speak out on issues that have affected them during this ongoing pandemic, such as lack of PPE, poor staffing, and any issues that compromises patient care. It is unfortunate to see that the administration that calls us "heroes" feel that this extreme action was necessary. The nurses in CCHHS have sacrificed so much during this crisis and are essential. County nurses have legally protected rights to collective activity. We have the support of ALL our union brothers and sisters. We will not be intimidated into submission by bullying and illegal behavior of this type.

Statement for Cook County Health Board meeting

John Kohlhepp [REDACTED]

Thu 10/29/2020 4:47 PM

To: Santana, Debbie <dsantana@cookcountyhhs.org>

Cc: Dian Palmer [REDACTED]

On behalf of Dian Palmer, President, SEIU Local 73:

Yesterday, our sisters in the nurses union were threatened with discipline for participating in protected collective activity. To provide context, the nurses were communicating with nursing administration about their bargaining priorities, which include staffing and elimination of systemic racism in the Cook County Health System. To have CCH handle patient advocacy in this heavy-handed manner is extremely disturbing. Healthcare workers act as patient advocates and SEIU Local 73 members consider collective activity on behalf of patients to be a sacred right, which is protected under both the Constitution and the Illinois Public Labor Relations Act.

SEIU Local 73 members urge this Board to address this issue with Administration quickly and decisively and to protect the right of every worker to engage in patient advocacy, in accordance with Cook County Health's mission.

John Kohlhepp
SEIU Local 73

[REDACTED]
#MyVoteisEssential

Statement to the board

Kindra Perkins [REDACTED]

Thu 10/29/2020 4:49 PM

To: Santana, Debbie <dsantana@cookcountyhhs.org>

To the board:

My name is Estella Sanford. I am a nurse at Blue Island Clinic. I've been assigned to perform to perform the walk in Covid 19 test for the dental clinic. Blue Island specialty nursing walk in staff will complete all dental clinic covid test. These patients ordering providers do not work at the Blue Island facility. The has to be a provider assigned for registration.

All patients who come in for walk in injections, blood pressure checks, education or nurse assistance are registered under the ordering provider. I do not know who to consult if a problem arises. This makes it difficult for cancelled or removed testing orders that have to be reentered, post testing, who follows up on results. We have been short staffed for sometime now. To find out that CCH has proposed to eliminate a position that we desperately needed to be filled for an CN1 is preposterous.

I am concerned about the safety of the other patients in the building if those tested are possibly positive and are walking through the building without proper safety protocols. When we were at the Oak Forest we were able to lock the elevator before and after a patient came in for testing. The elevator was cleaned after testing to make it safe for the staff and patients. All patients were escorted out of the building post testing. Now they are just allowed to get on the elevator and leave. The janitorial staff are not available for proper cleaning. This building is not set up to provide adequate safety to staff and patients post testing. I believe it would be safer for the Dental patients to get their Covid testing at Provident or Stroger tents. All results will be available in a timely and safe manner.

Assignment decisions are being made by non clinical management without including the staff on duties to be performed. No one really listens to our processes. Right now the dental clinic is just beginning to open at the Blue Island Health center and a few patients are coming now. What will happen if they fully open up with the demands of Covid testing and keep up with specialty scheduled assignments. Dental clinic staff should do their own testing.

There are too many risk involved with Covid testing at Blue Island clinic: post testing, the rooms should be cleaned and not in use for two hours. How can we be assured that the rooms are cleaned the day of testing and ready to be used again? All staff should know that testing was performed and the room was properly cleaned. I havnt seen any protocol in place to ensure that cleaning is being done. Due to the lack of staffing, overwhelming assignments, unfamiliar ordering providers and lack of post test cleansing, Covid testing should be done at Provident or Stroger tent. We also need you to advocate for our clinic. We need that position that is being proposed to be eliminated.

Thank You,

Estella Sanford,BSN

Statement to the board

Kindra Perkins [REDACTED]

Thu 10/29/2020 4:51 PM

To: Santana, Debbie <dsantana@cookcountyhhs.org>

To the independent board,

My name is Brenda Langford. I am a Registered Nurse at Blue Island Clinic. There has been an increased amount of workload added to the registered nurses partially due to the COVID-19 pandemic, and partially due to changes in staffing. The Blue Island health center has lost five clerical staff. The loss of that staff means that other staff needs to pick up duties and assignments that still need to be covered. We also lost one registered nurse due to retirement. Which impacts work assignments and ability of staff to cover our regular assignments or the additional tasks assigned. Our staff is being stretched very thinly which could potentially lead to mistakes and patient dissatisfaction as quality care is being compromised. With this, CCHHS has decided to propose that the vacant position is completely cut. Working so short is a danger to patient safety.

Due to the pandemic, we need additional staff in order to properly screen and take temperatures of all staff, patients and visitors that come into the building for the safety of others. The registered nurses have been given tasks of performing the COVID-19 nasal swabs for PUI of patients for our providers but have now been assigned to do pre-procedural Covid nasal swabs for the dental clinic. These dental patients may or may not even belong to primary providers of our facility. Another concern is that these potential Covid patients are ambulatory throughout the facility interacting and coming in contact with other patients, Which compromises the safety and well-being of other patients. Our new facility is so tight on space that it does not always allow for social distancing as recommended per protocols. For the safety of our other patients, it is highly advisable that these dental pre-procedure test be performed at one of the Covid testing tents since the patient does not have to get out of the vehicle and interact or come in contact with other patients.

Please consider not cutting the vacant CN1 position that we have at the Blue Island health center. Also consider advocating for ancillary clerical staff positions that provide a much-needed service to our patient population. I also ask that processes be taken into consideration when making changes to service levels. I also ask that Cook County Health support its clinical staff in following infectious disease protocols, social distancing and promoting health outcomes for all of its patients.

Additionally, RN are advocates for the patients. We as a union have the right to advocate for safer working conditions that benefit healthcare providers and more importantly the patients. It is utterly unacceptable for disciplining nurses that exercise these rights. Bring our nurses back to work without discipline.

Thank you,
Brenda Langford, RN
Blue Island Health Center

Statement to the board

Kindra Perkins [REDACTED]

Thu 10/29/2020 4:53 PM

To: Santana, Debbie <dsantana@cookcountyhhs.org>

To whom it may concern,

Hello, my name is Lisa Stanford. I work at Blue Island Clinic. I just wanted to raise my concern for the safety of both our patients and staff at the Blue Island health center. It was recently brought to my attention that patrons who would otherwise be sent to the outdoor tent at Stroger campus, for Covid testing, would now be able to be tested at the Blue Island health center for convenience purposes. This is scary and very dangerous from a healthcare standpoint. The tent at Stroger is outside for a reason: To prevent the spread of Covid. There is proof of this in the rising numbers we are seeing as the cold months arrive. More people are indoors and numbers have gone up. In the tent, air is circulating, the patrons do not get out of their cars, they simply roll down their window and pull the mask down below their nose with their mouth still covered. Doing this testing routinely at the Blue Island Health Center would put many in harms way. People come to our clinic to stay well: Not to be exposed Covid and get sick!!!! We as healthcare professionals need to advocate for the safety of all. Blue Island health center is not equipped to do this. We do not have a tent outdoors with air flow. In the case of suspected Covid, special negative pressure rooms should be used indoors. We do not have true negative pressure rooms at Blue Island, so the room would have to be sanitized and on lockdown for approximately three hours before it could be used again. We do not have enough rooms to support this effort, therefore people (PUI) would be waiting in the small 7 chair waiting rooms for a room to become available. This could potentially spread the Covid to other patrons waiting in the clinic who have various disease processes that deem them immunocompromised. Please be mindful although we would like to promote convenience for patrons, SAFETY comes first.

Please be aware that the lay out of the clinic will not allow a safe plan to do this, as patrons would have to be brought from the front all the way halfway through the clinic if not more, before they could be put in a room, if available, or be seated in the small waiting room, which does not allow for social distancing therefore putting others at potential risk.

Safety trumps convenience in healthcare. Another thing I would like to bring to light, is the fact that this would inflict hardship on the already overburdened nurses, in the clinic, who are working short staffed. A few years ago, all our charge nurses were eliminated and some of those duties have been incurred by the nurse. Then a nurse position was omitted from primary, so we have learned to work short in primary. Then a nurse retired in specialty and they are planning to omit that position. Once again we have been working short. Not to mention nurses need to take vacations, and are allowed to get sick, which again causes us to work short. We need that position filled, not eliminated. Five clerk positions have also been eliminated so the clerks are working short-handed and the nurses now have to help with some of those duties. Where does it end??? More and more tasks have been added to the nurse's already full, busy day.

Importantly, let's not forget the burden that Covid has already put on nurse with the outpour of telephone calls and patient portal email messages flooding the message center since the start of Covid. The nurse is expected to triage these calls and contact the pt back. Again no extra help! I almost forgot, more nurse work will come with the addition of more clinics. They plan to add pediatric clinics, without adding more nurses. This too, will mean more work, in the already overwhelming day, in the life of a nurse. We cannot afford to have any of positions cut. Even a vacant one.

Thank you, Lisa Stanley

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Good Morning,

My name is Elizabeth Thomas. I am very disappointed with the current state of Cook County Health. As nurses our concerns are consistently not taken seriously. The County is constantly misleading nurses around the current state of our staffing. At the Blue Island Clinic nurses are stretched thin. We are constantly getting more and more duties added to our current workload. This budget that has come out makes it very clear that CCH has no intentions in providing quality patient care for the communities we serve. The County laid off many of the clerks that were at Blue Island, leaving nurses to pick up their job duties. County refuses to compensate us for these additional non nursing duties. With all of this, we had a nurse recently retire and we have been working short since she has departed. This budget is proposing that this position we desperately need filled is eliminated! That is absurd.

To add to all of this, we now have to swab patients for COVID before they attend their appointments. The way this new location in Blue Island is set up is a danger to all of the patients. These patients under investigation are NOT isolated. There is no way to properly isolate the patients coming into the clinic for COVID testing. This leaves the rest of our patients in the clinic exposed to the virus. Management allows the clinic to get overcrowded leaving no space to social distance. These patients need to be tested at the tents where the proper safety protocols are being implemented!

Lastly, nurses have a right to participate in concerted union activity without the threat of retaliation. Yesterday nurses from across the system came together to demand improvements for the safety of our patients. To find out that those nurses have been disciplined is an outrage. Bring them back to work without consequence immediately!

I implore you to consider these concerns.

Sincerely a frontline Nurse, Elizabeth Thomas, CN1 BSN

FW: Debra turner statement

Kindra Perkins [REDACTED]

Thu 10/29/2020 4:59 PM

To: Santana, Debbie <dsantana@cookcountyhhs.org>

My name is Debra Turner of Blue Island. Patient's express their concerns daily upon entering the Blue Island location regarding their risk of exposure to the COVID-19 virus. Many of our elderly and health compromised patients actually state that they are afraid having to come into the building and risking possible exposure. As registered nurses our primary responsibility is that of an advocate for our patients. The current set up and proposed protocols place our already vulnerable population at a greater risk. This clinic was designed prior to the Covid pandemic and is ill equipped due to the limited spacing to provide open testing for the Covid virus. The decisions regarding workflow, staffing and assignments being made by non clinical decision makers place not only staff but most importantly our patients and their safety at risk. There is no uniformity within the county system. No other site has closed indoors testing available to just anyone i.e. the tents at Stroger and Provident. These sites provide testing in an open setting which limits exposure. Many of the safety guidelines that were in place at Oak Forest are not in place at Blue Island. Currently we have contracted EVS workers that must adhere to their own company rules that are not necessarily those of followed by Cook County EVS workers in terms of cleaning rooms and elevators after contact with a PUI. With all of these issues under consideration we are actually doing a disservice to the people that we serve.

Sincerely Debra Turner

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FW: Elizabeth Giron statement

Kindra Perkins [REDACTED]

Thu 10/29/2020 5:00 PM

To: Santana, Debbie <dsantana@cookcountyhhs.org>

Good morning Board,

This is Elizabeth Giron,

The coronavirus pandemic is unlike anything we've seen in our lifetimes,our future still holds many unknowns ,our economy and especially our healthcare.We,the nurses are the frontlines and are responsible for providing holistic care for all types of patients,nurses are being sick and some are dying but nurses have always been there for you,for everyone .We are scared , we are terrified ,we are not fearless but we still come to work and serving everyone to the best we can,NURSES deserve RESPECT,not PAYCUT,not Lay-off.Stay safe everyone and thank you

Get [Outlook for iOS](#)

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
October 30, 2020

ATTACHMENT #2

Human Resources Metrics CCH Board of Directors

Carrie Pramuk-Volk

Interim, Chief Human Resources Officer

October 30, 2020



**COOK COUNTY
HEALTH**

COVID 19 Response



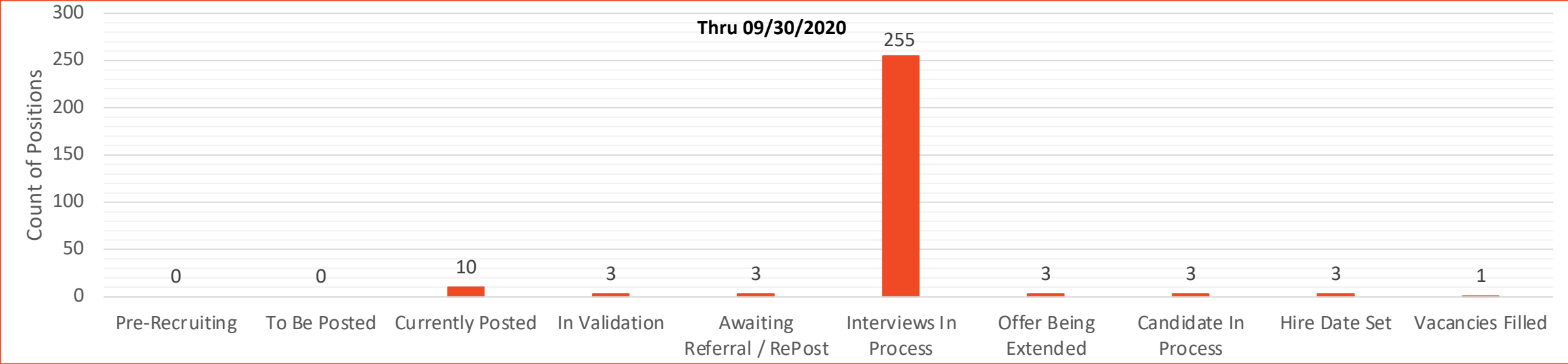
Contact Tracing



COOK COUNTY
HEALTH

Contact Tracing – Hiring Snapshot

312 Positions in Recruitment

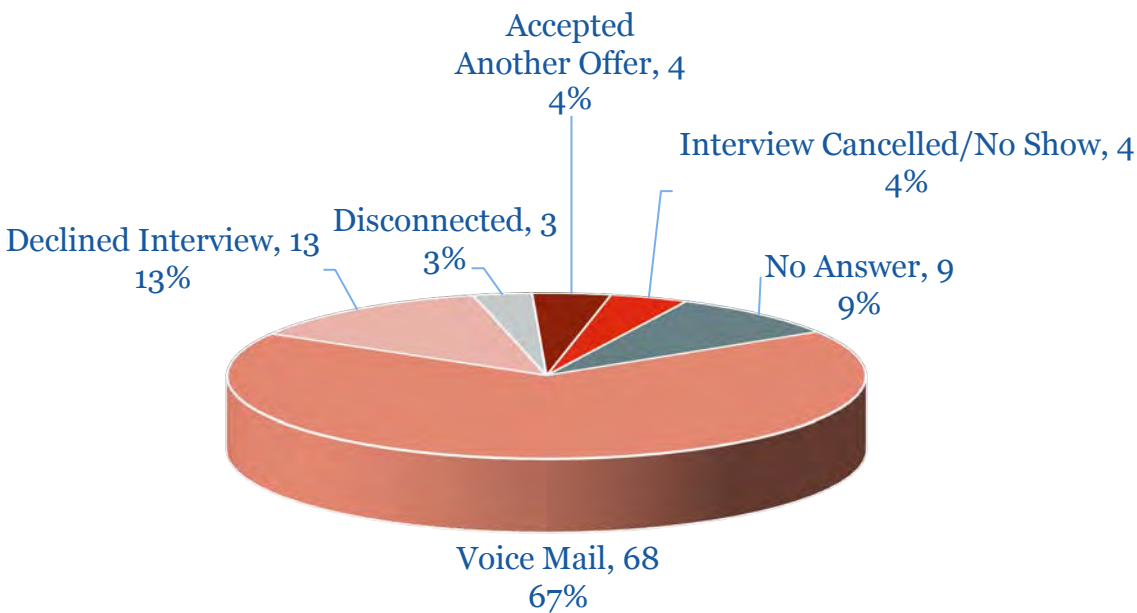
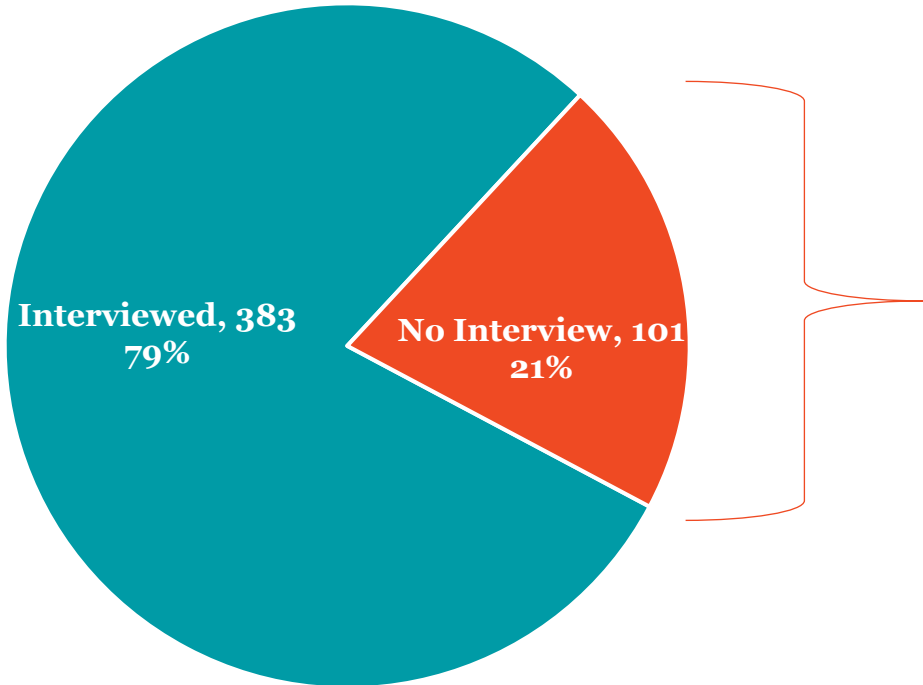


Job Clasification	PIDs to Hire by 11/30/2020	Paperwork Complete	Posted	Posting Closed	Validation Completed	Referred for Interview	Interviews Complete	Candidate ID'd	Hire Date ID'd	Hired
Attending Physician Covid 19 Response Lead	1	1	1	1	1		1	1	1	
Communications Manager Covid-19 Contact Tracing Initiative	1	1	1	1	1	1				
Covid 19 Contact Tracer	162	162	162	162	162	162				
Covid-19 Case Investigation Manager	1	1	1	1	1					
Covid-19 Case Investigation Supervisor	1	1	1	1	1					
Covid-19 Case Investigation Supervisor Bilingual	7	7	7	6	3	1				
Covid-19 Case Investigator	24	24	24	24						
Covid-19 Case Investigator Bilingual	17	17	17	10						
Covid-19 Community Mobilization Coordinator	1	1	1	1						
Covid-19 Contact Tracer Bilingual	89	89	89	89	88	88				
Covid-19 Contact Tracing Initiative Training Specialist	1	1	1	1	1	1				
Covid-19 Digital Marketing Communications Specialist	1	1	1							
Covid-19 Grant Administration Manager	1	1	1	1						
Covid-19 Quality Improvement Data Analyst	1	1	1							
Director Of Community Mobilization Covid 19 Contact Tracing Initiative	1	1	1	1	1	1	1	1	1	
Director Of Epidemiology Covid 19 Contact Tracing Initiative	1	1	1	1						
Director Of Operations Covid 19 Contact Tracing Initiative	1	1	1	1	1	1	1	1	1	1
Financial Analyst Covid-19	1	1	1	1						
Grand Total	312	312	312	302	258	255	3	3	3	1

Contact Tracer – Hiring Snapshot

Referred for Interviews

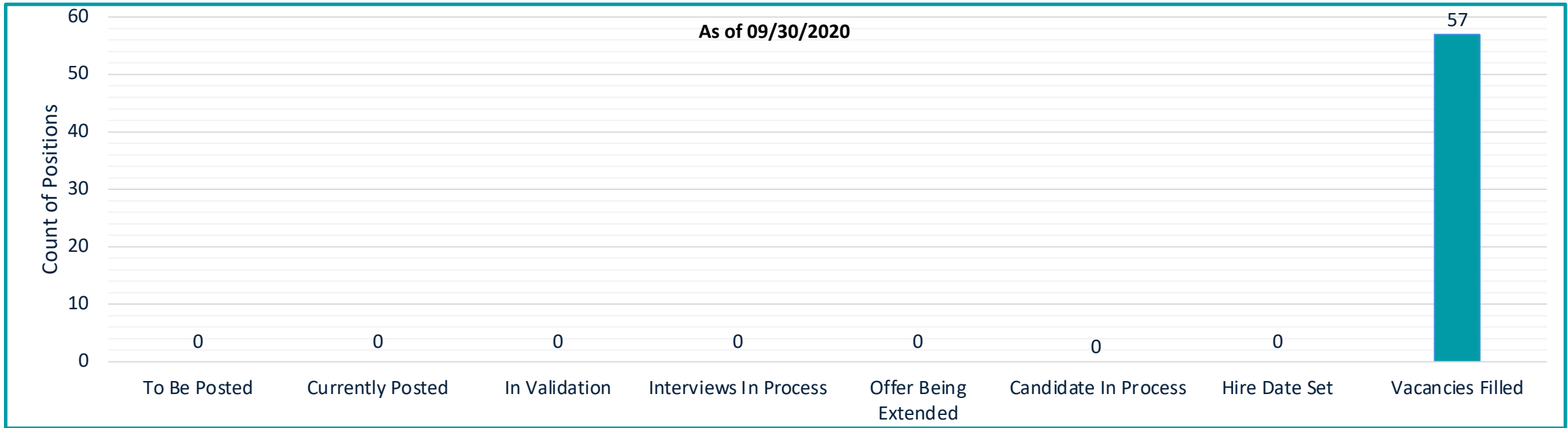
- ✓ Received over 1300 applications for the non-bilingual contact tracing positions
- ✓ 484 candidates were referred for interview.
- ✓ 79% of the candidates were interview
- ✓ 21% of the candidate were not interviewed



Hektoen Institute Contact Tracing – Hiring Snapshot

60 Positions

As of 09/30/2020



Job Classification	PIDs to Hire	Candidate ID'd	Hire Date ID'd	Hired
Case Investigator	5	0	0	4
Case Investigator Bilingual	3	0	0	3
Case Investigator Supervisor	1	0	0	1
Case Investigator Supervisor Bilingual	1	0	0	1
Contact Tracer	30	0	0	29
Contact Tracer Bilingual	20	0	0	19
Grand Total	60	0	0	57



COOK COUNTY
HEALTH

Metrics



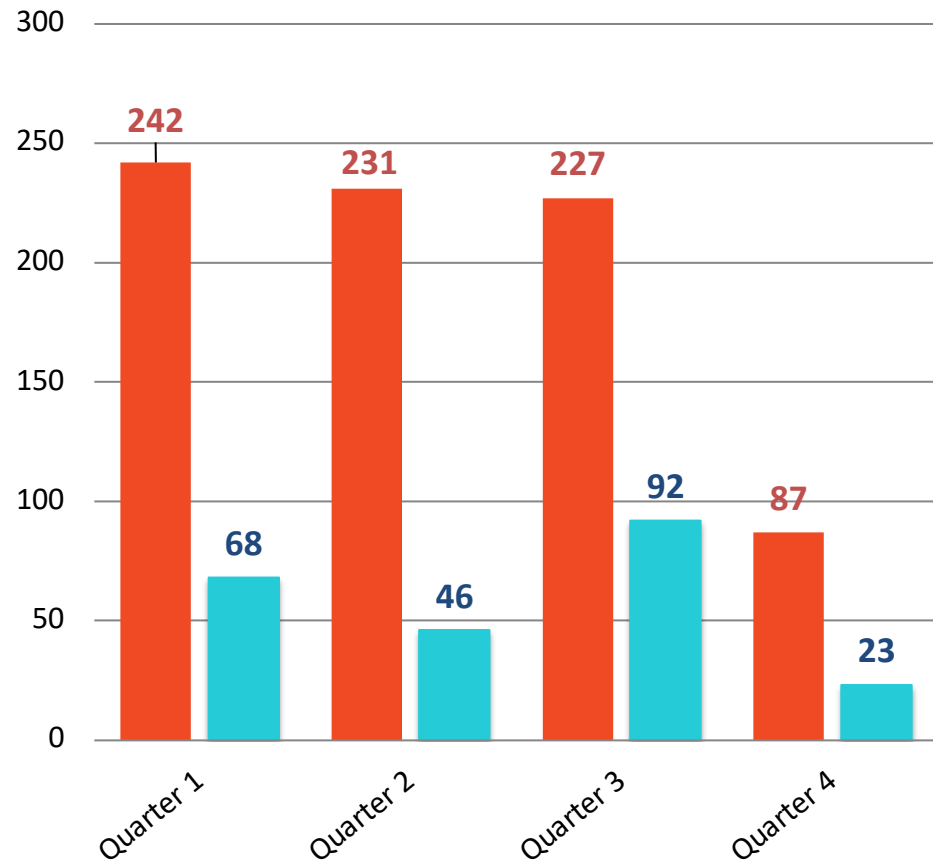
COOK COUNTY
HEALTH

FY 2020 CCH HR Activity Report

Thru 09/30/2020

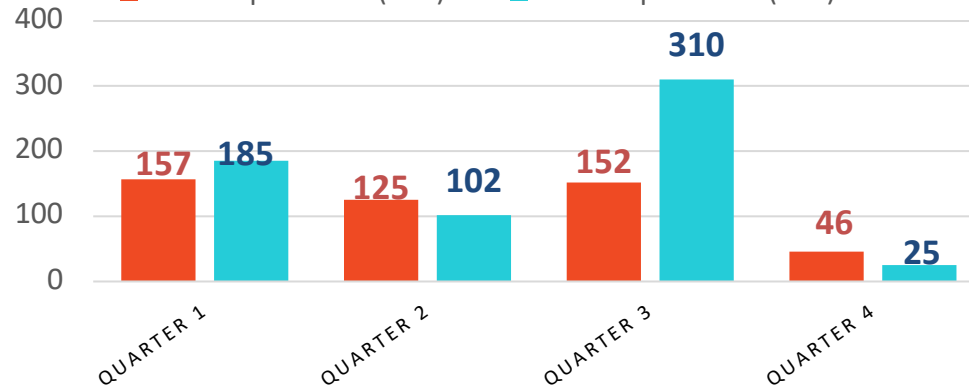
FILLED POSITIONS

■ 2019 Filled (787) | Externals (541)
■ 2020 Filled (229) | Externals (163)

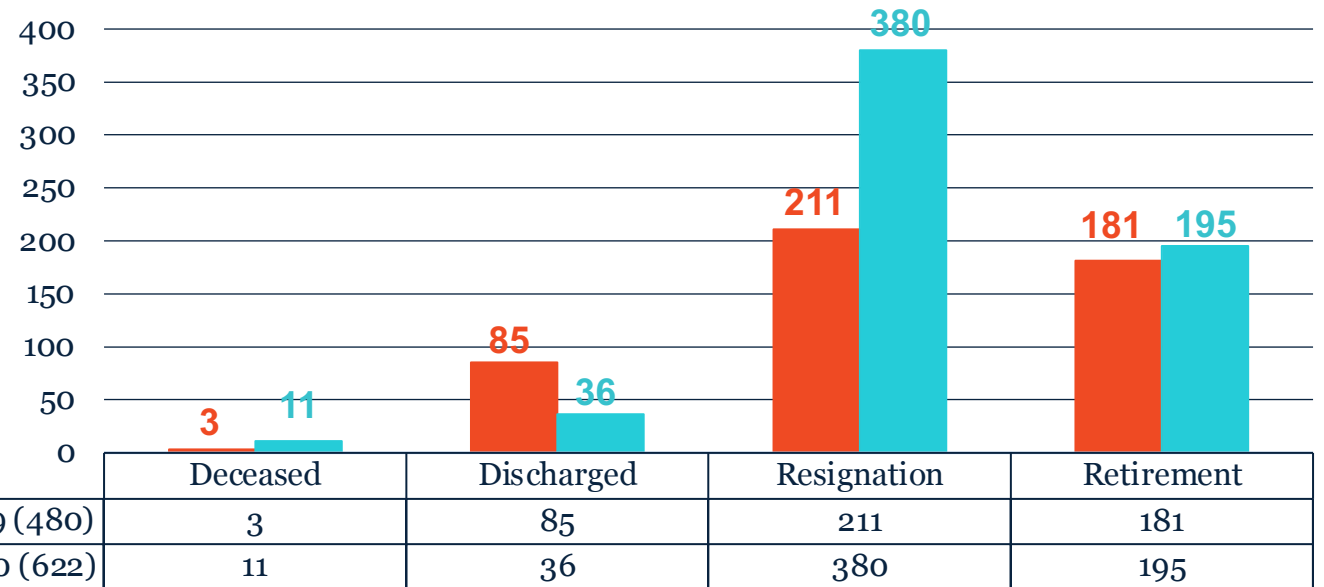
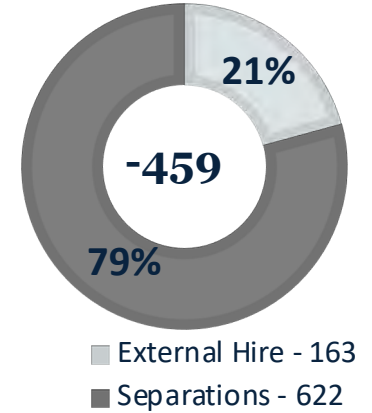


SEPARATIONS

■ 2019 Separations (480) ■ 2020 Separations (622)



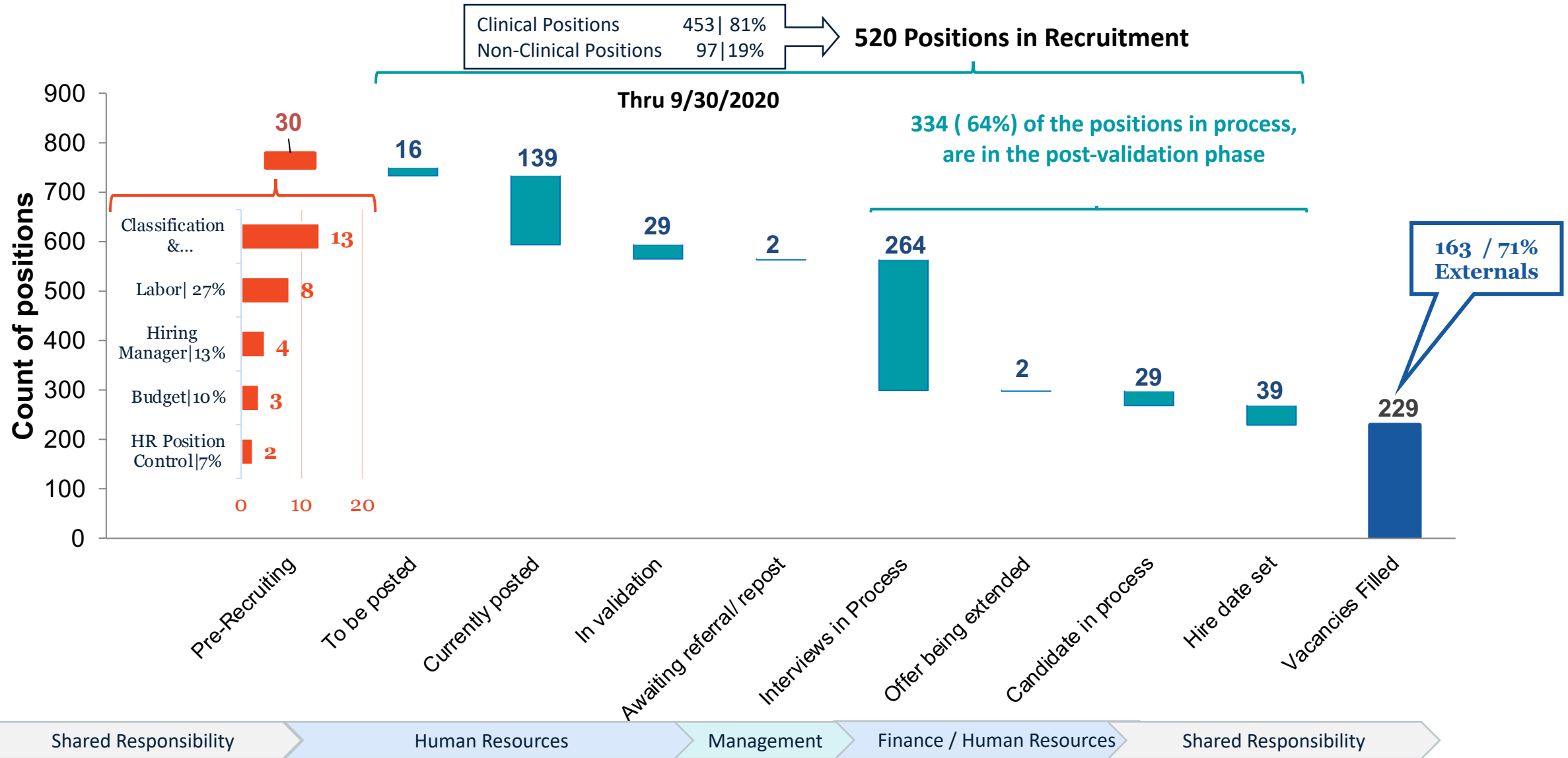
NET



COOK COUNTY
HEALTH

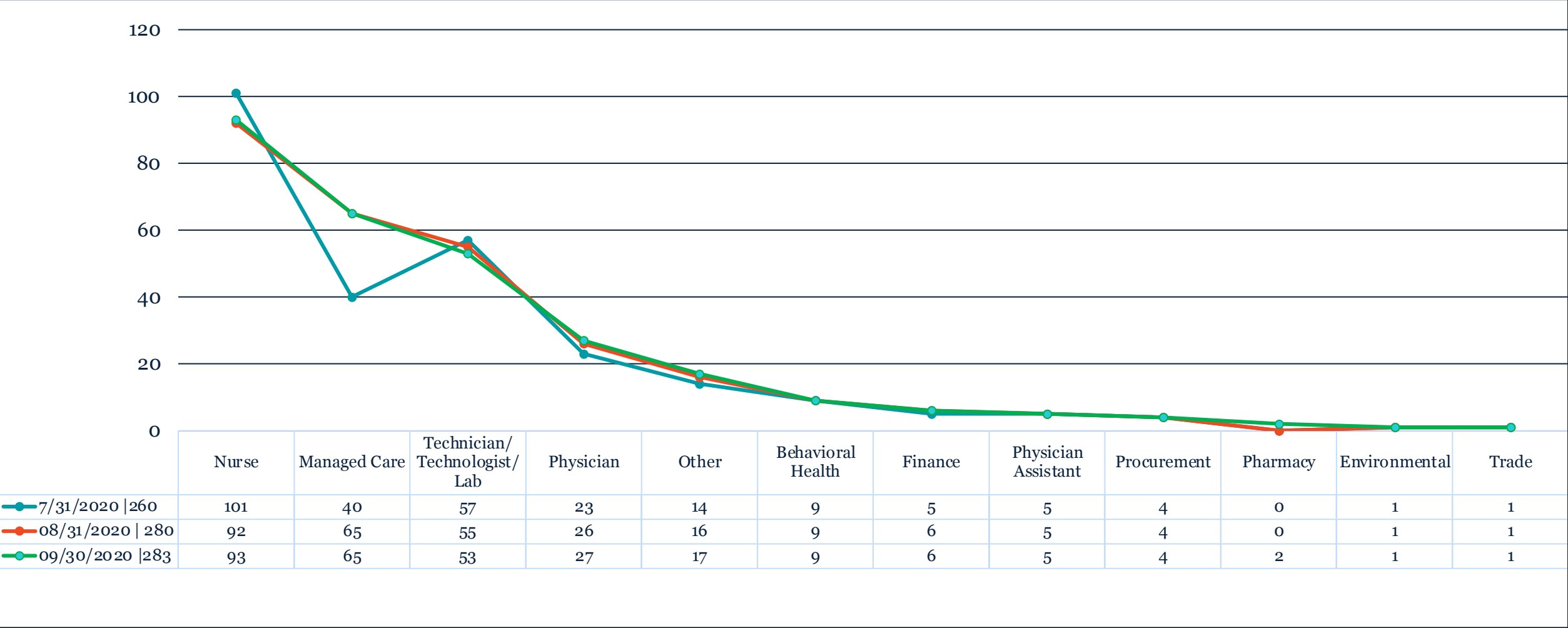
Does not include Consultants, Registry and House Staff

Cook County Health HR Activity Report – Hiring Snapshot



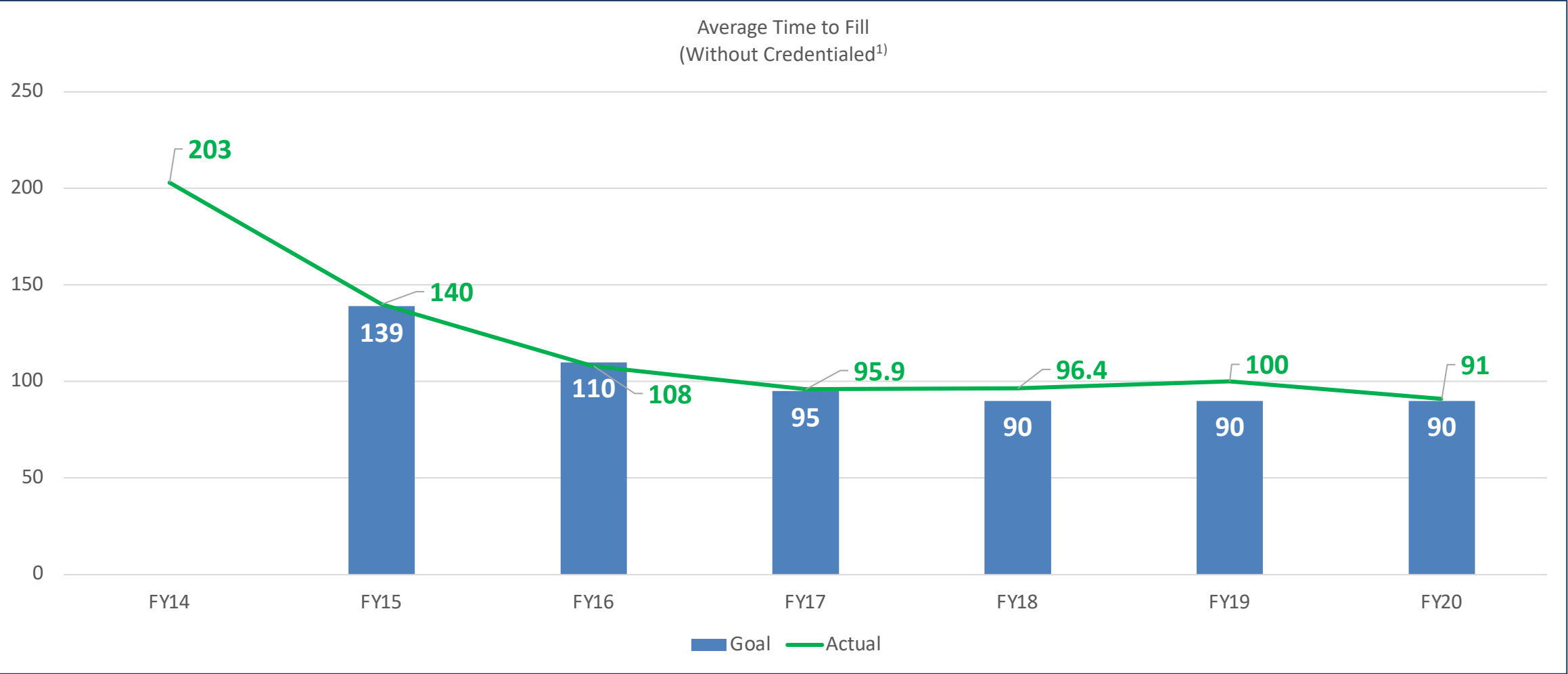
Hiring Plan

Of the 520 positions in Human Resources, 54% were approved by the Department of Budget & Management Services:



Cook County Health HR Activity Report

Improve/Reduce Average Time to Hire*



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

Thank you.



COOK COUNTY
HEALTH

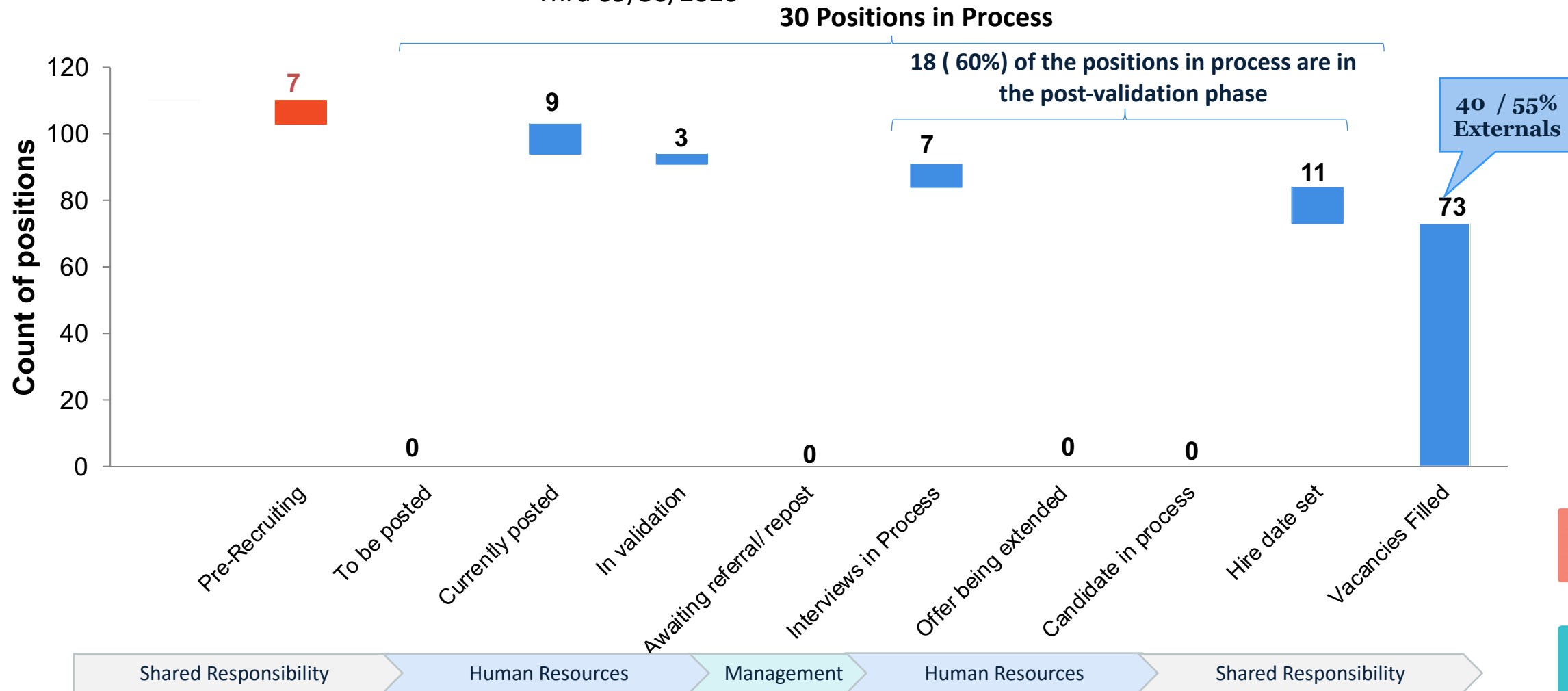
Appendix



COOK COUNTY
HEALTH

Cook County Health HR Activity Report Nursing Hiring: CNI, CNII

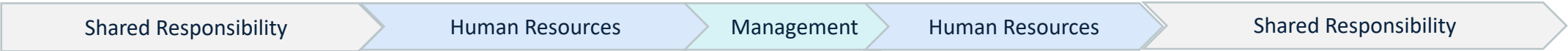
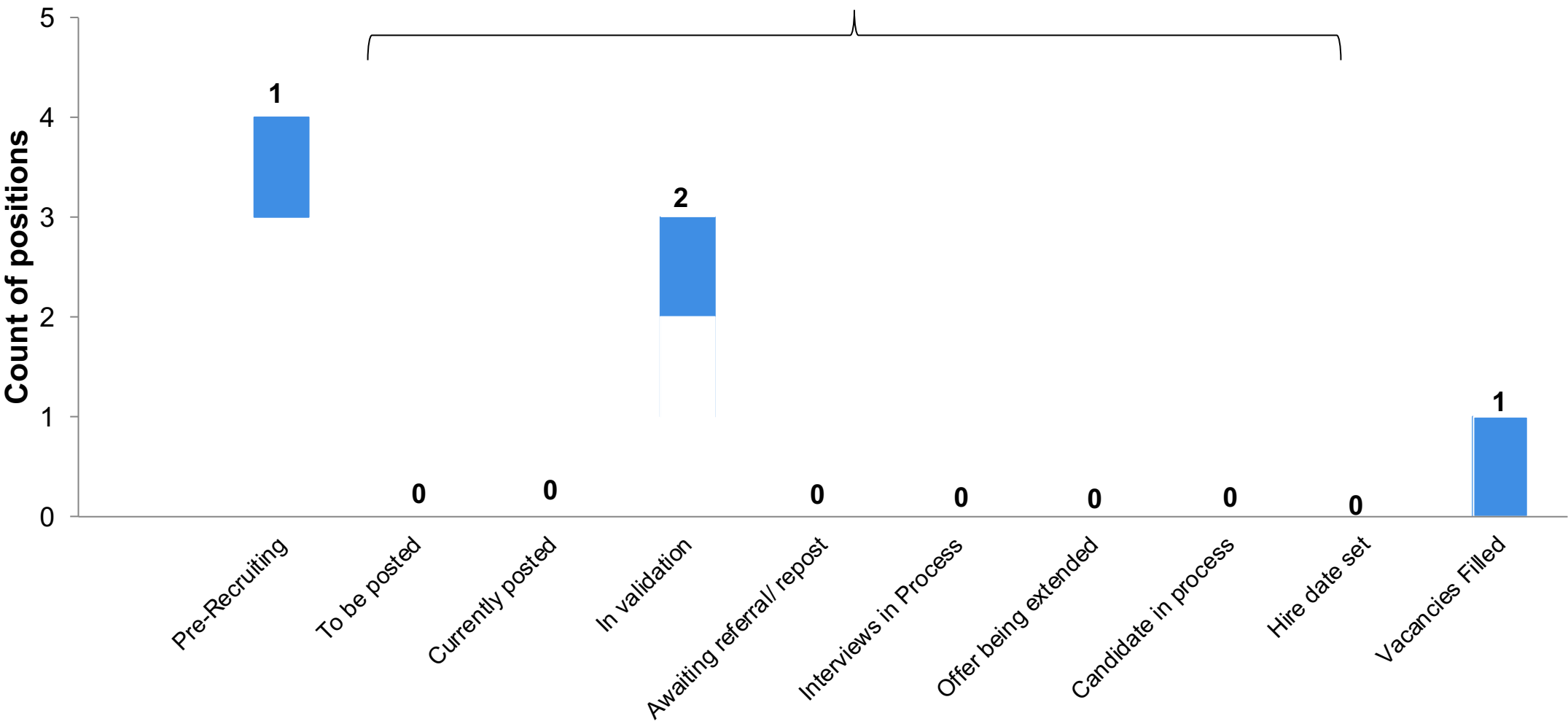
Thru 09/30/2020



Cook County Health HR Activity Report – Revenue Cycle

Thru 9/30/2020

2 Positions in Process



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
October 30, 2020

ATTACHMENT #3

CountyCare Update

Prepared for: CCH Board Meeting

Aaron Galeener

Interim Chief Executive Officer, CountyCare

October 30, 2020



Plan Metrics



Current Membership

Monthly membership as of October 5, 2020

Category	Total Members	ACHN Members	% ACHN
FHP	237,166	17,782	7.5%
ACA	94,940	14,562	15.3%
ICP	30,236	5,634	18.6%
MLTSS	6,376	0	N/A
SNC	4,927	837	17.0%
Total	373,645	38,815	10.4%

ACA: Affordable Care Act

FHP: Family Health Plan

ICP: Integrated Care Program

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

SNC: Special Needs Children



Managed Medicaid Market

Illinois Department of Healthcare and Family Services September 2020 Data

Managed Care Organization	Cook County Enrollment	Cook County Market Share
*CountyCare	371,328	31.4%
Meridian (a WellCare Co.)	310,199	26.3%
Blue Cross Blue Shield	297,587	25.2%
IlliniCare (Aetna/CVS)	118,628	10.0%
Molina	83,771	7.1%
Total	1,181,513	100.0%

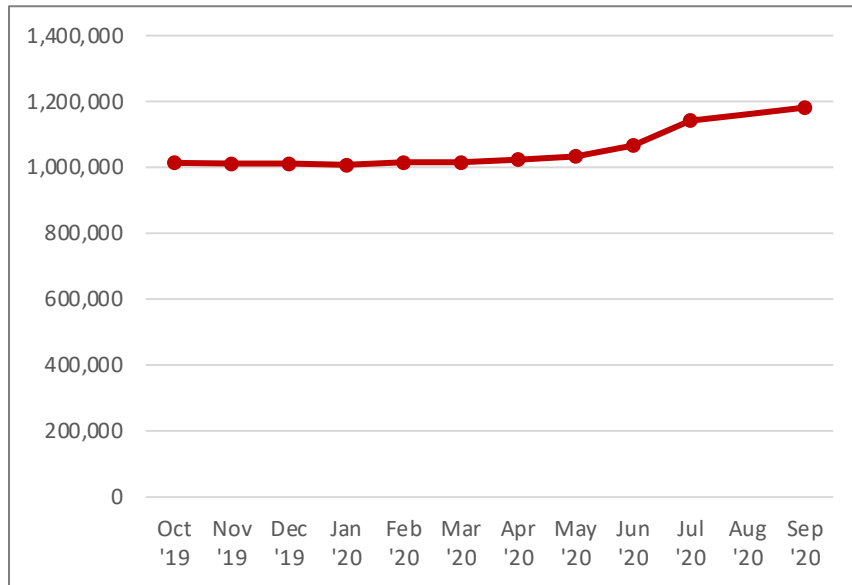
* Only Operating in Cook County

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

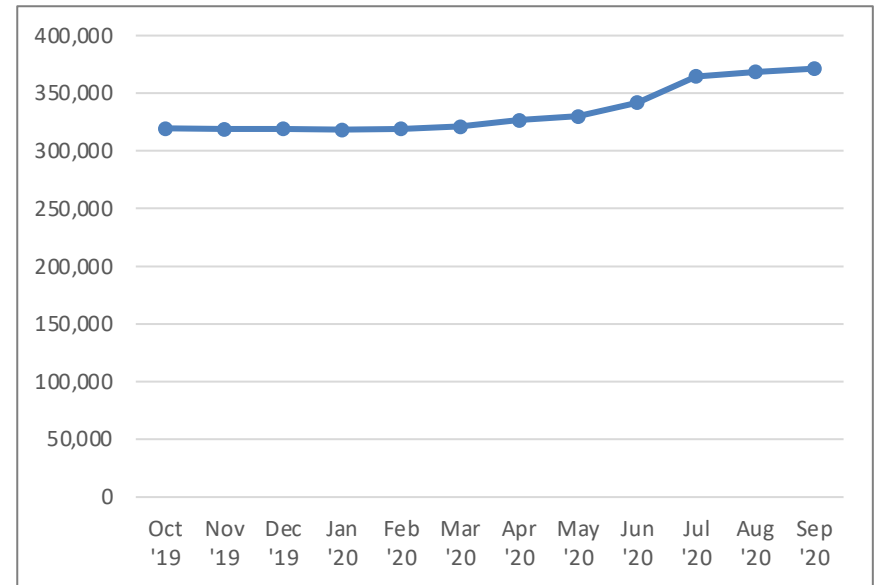


IL Medicaid Managed Care Trend in Cook County

Cook County Medicaid Managed Care



CountyCare



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

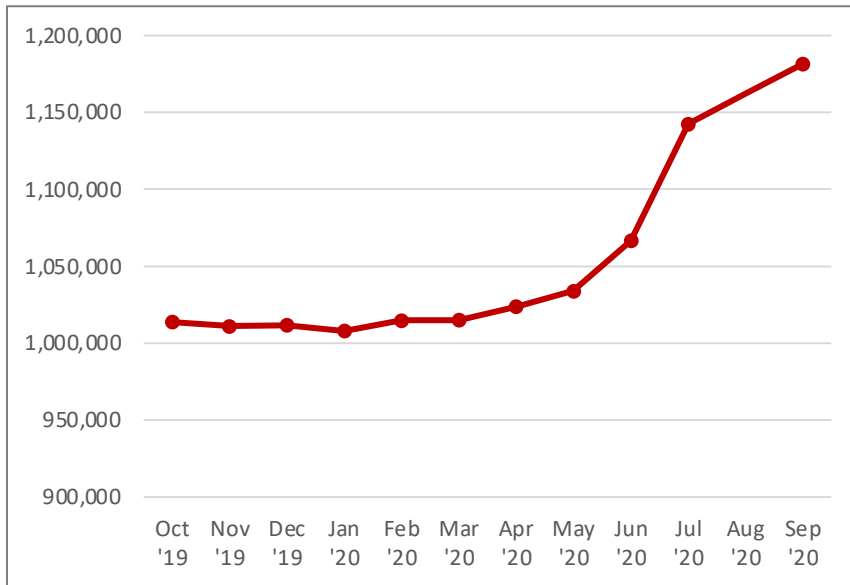
Source: <https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx>

Note: HFS source website did not report August 2020 enrollment

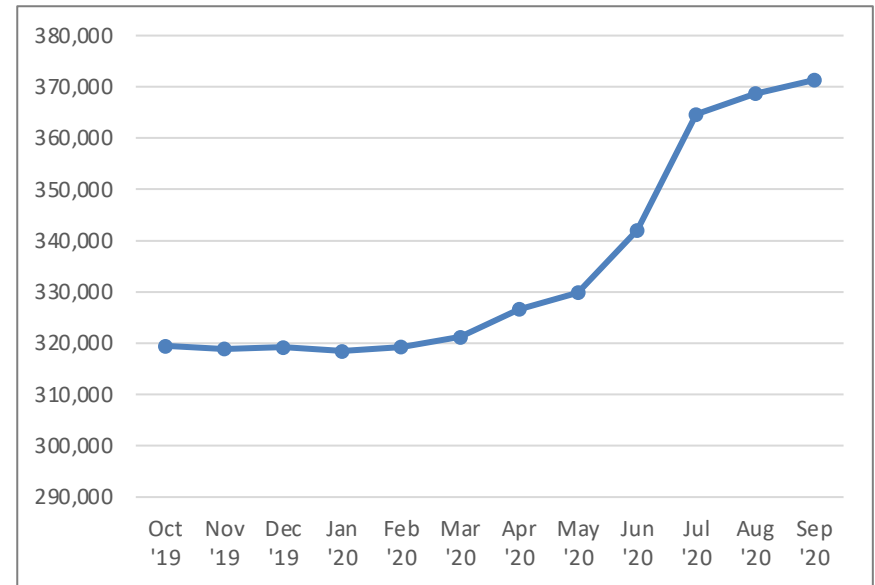
IL Medicaid Managed Care Trend in Cook County

(charts not to scale)

Cook County Medicaid Managed Care



CountyCare



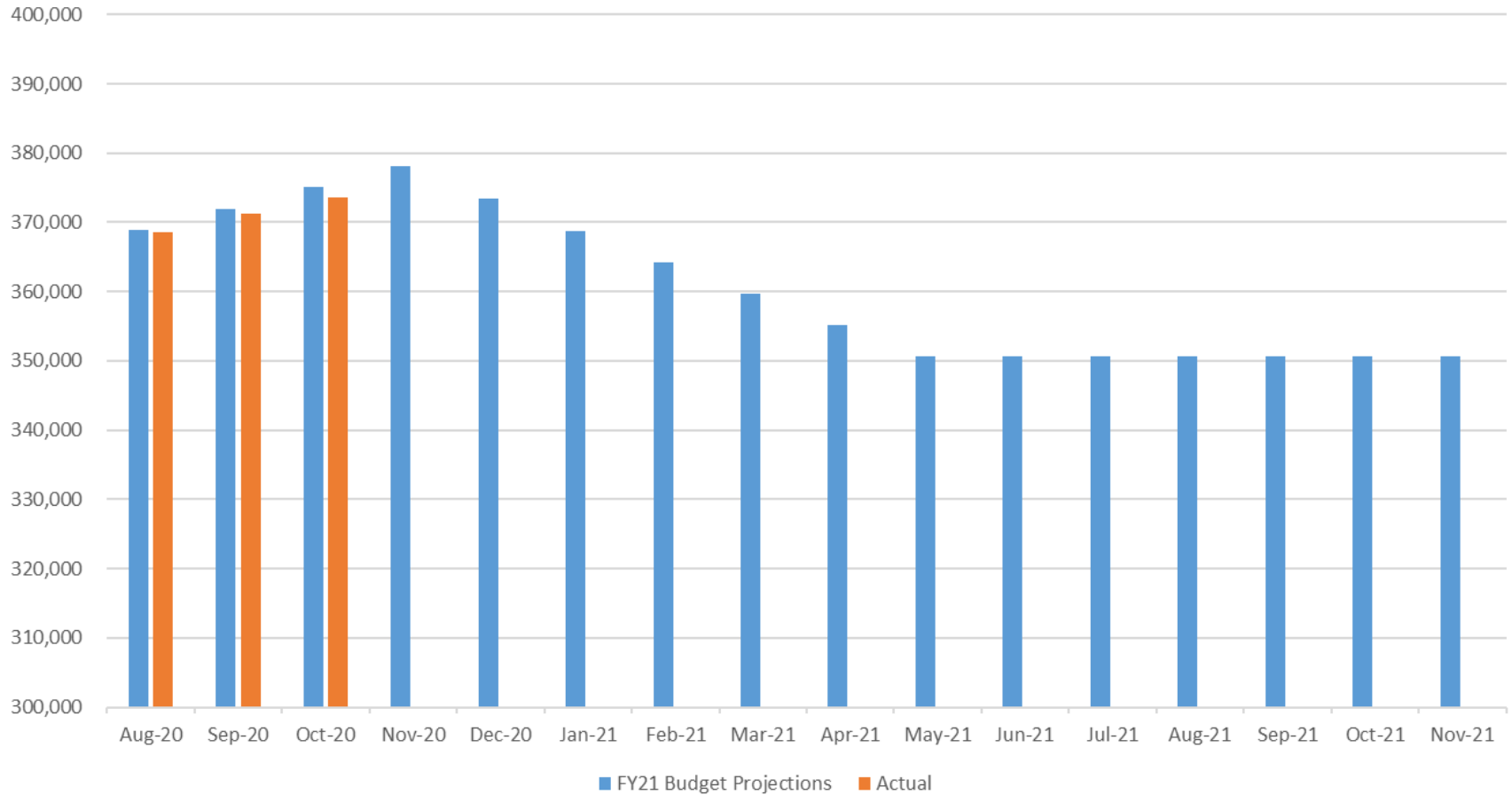
- CountyCare's enrollment has increased 16.2% over the past 12 months, slightly lagging the Cook County increase of 16.6%
- CountyCare's enrollment increased 0.7% in September 2020 compared to the prior month

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

Note: HFS source website did not report August 2020 enrollment

FY 21 Budget: Membership

CountyCare Membership

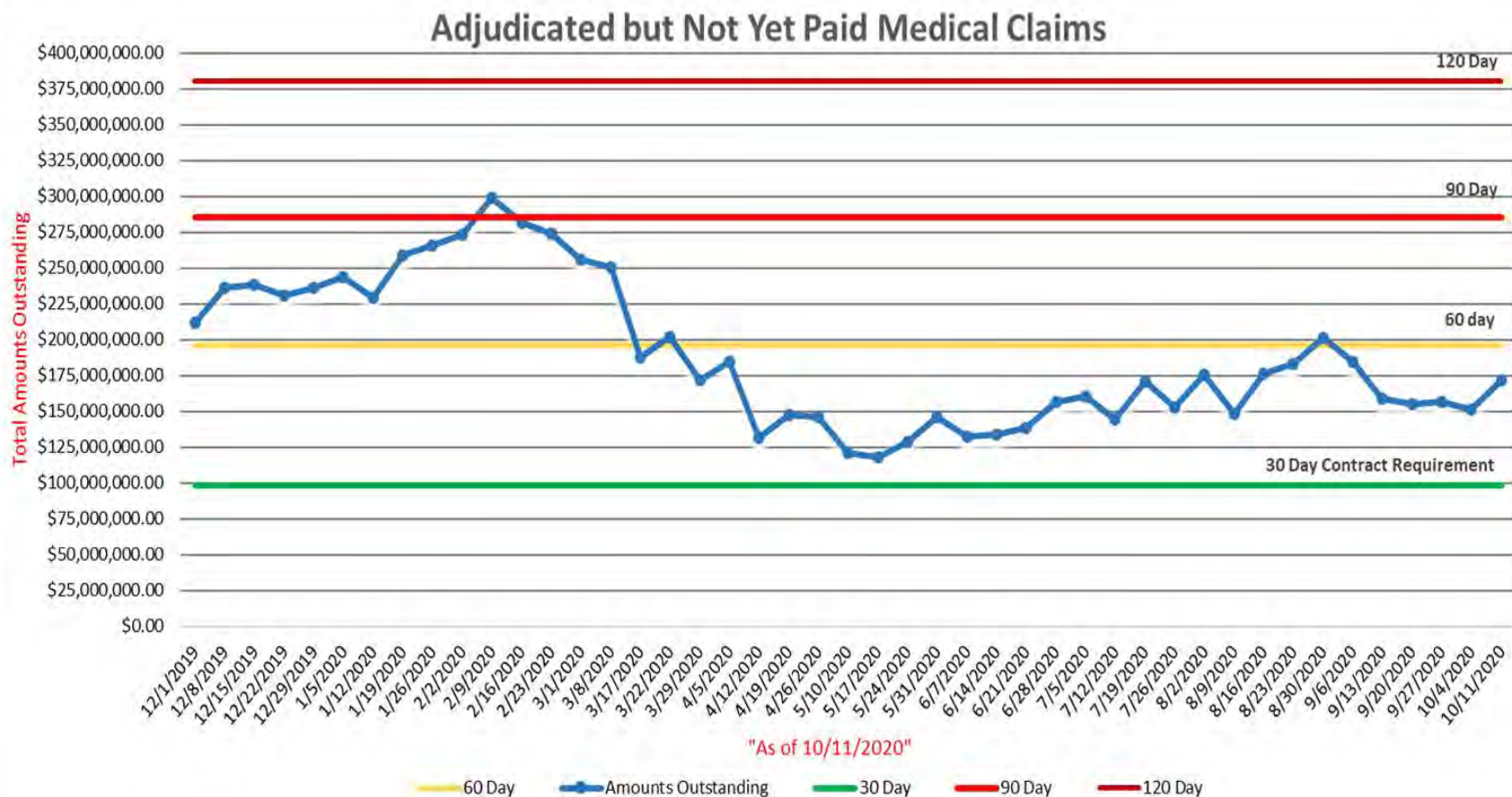


2020 Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Jun-20	Jul-20	Aug-20
Member & Provider Services Call Center Metrics				
Abandonment Rate	< 5%	2.28%	2.24%	2.19%
Hold Time (minutes)	1:00	0:19	0:26	0:22
% Calls Answered < 30 seconds	> 80%	88.95%	88.88%	89.49%
Quarterly				
Claims/Encounters Acceptance Rate*	97%	97%	N/A	

* Preliminary score

Claims Payment



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

Source: CCH Health Plan Services Analytics

Claims Payment

Received but Not Yet Paid Medical Claims



Source: CCH Health Plan Services Analytics

Open Enrollment



Medicaid Open Enrollment

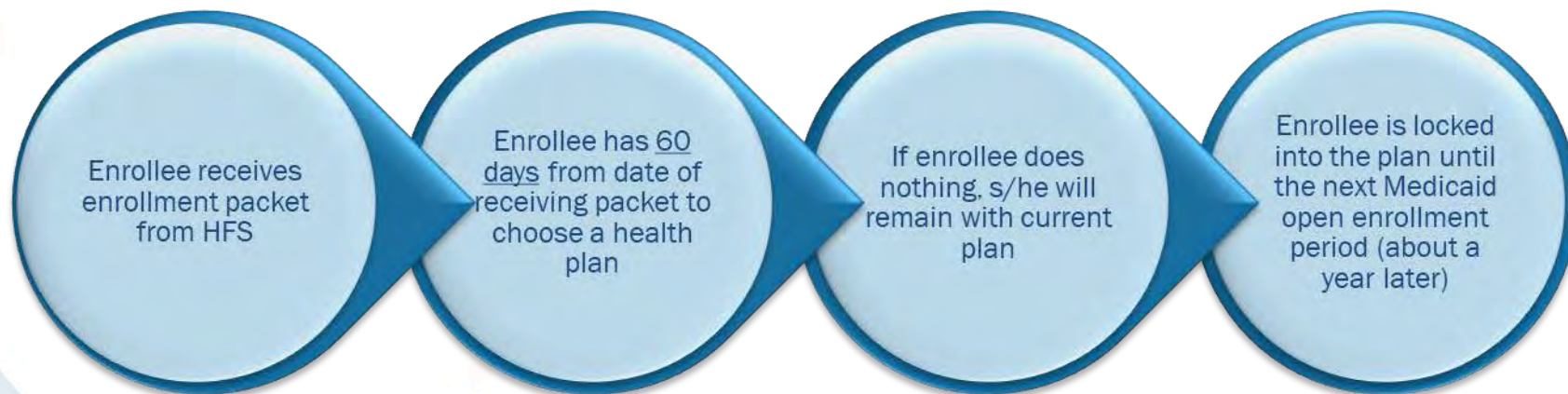
HFS (Healthcare and Family Services) will notify Medicaid recipients of their open enrollment period

HFS Mail Date	Recipient's Anniversary Date
October	01/01/2021
November	02/01/2021
December	03/01/2021
January	04/01/2021
February	05/01/2021

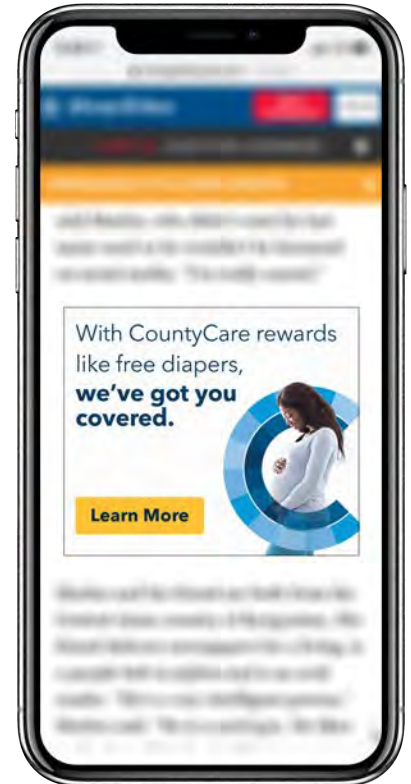
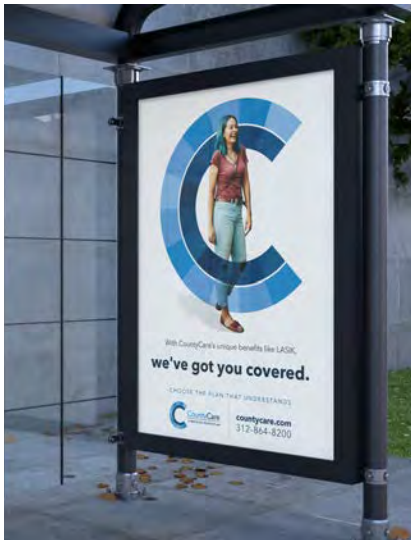
If members receive their letter from the state and they do nothing, they will stay with current MCO



Medicaid Open Enrollment



Source: CCH Health Plan Services Analytics



% of members in open enrollment	3.8%	3.9%	38.60%	4.90%	5.10%	7.30%
Platform	Nov.	Dec.	Jan.	Feb.	March	April
Bus shelters						
City store boards						
Wild postings						
Ogden & Roosevelt billboard						
Digital billboard network						
Digital convenience screens						
Digital gas station screens						
Hand sanitizer kiosks						
Broadcast						
Streaming						
Pole banners						
Digital - Call-only, branded terms						
Digital - Google Display Network						
Digital - Look-a-like email targeting						
Digital - Programmatic Display						
Targeted Mobile Journey						
Digital – YouTube						
Digital - Social Media						
New Community Management Strategy						

Medicare Advantage Open Enrollment Period

Period	Time Frame	Description
Annual Election Period (AEP)**	Oct 15 – Dec 7	<ul style="list-style-type: none"> Enroll in Medicare Advantage or stand-alone Prescription Drug Plan (PDP) Coverage effective date is January 1
Initial Coverage Enrollment Period (ICEP)*	All year	<ul style="list-style-type: none"> 7 month period for Age-Ins that starts 3 months before and ends 3 months after the month of your 65th birthday
Special Enrollment Period (SEP)***	All year	<ul style="list-style-type: none"> Special circumstances (e.g., you move, you are diagnosed with specific chronic conditions, you qualify for or lose eligibility for Medicaid)
Open Enrollment Period (OEP)	Jan 1 – Mar 31	<ul style="list-style-type: none"> Medicare Advantage plan members can make a one-time election to switch between MA plans or disenroll from their current MA plan and return to Original Medicare

**Age-Ins (64+) can enroll throughout the year during their ICEP*

***Current Medicare FFS or Medicare Advantage patients (65+) can enroll during AEP*

****Patients eligible for **MoreCare SNPs** can enroll **all year***

Quality



State of Illinois HFS Quality Ratings

- HFS released star rating comparing MCOs in Cook County based on key performance areas
- **CountyCare ranked highest among the HealthChoice IL MCOs**

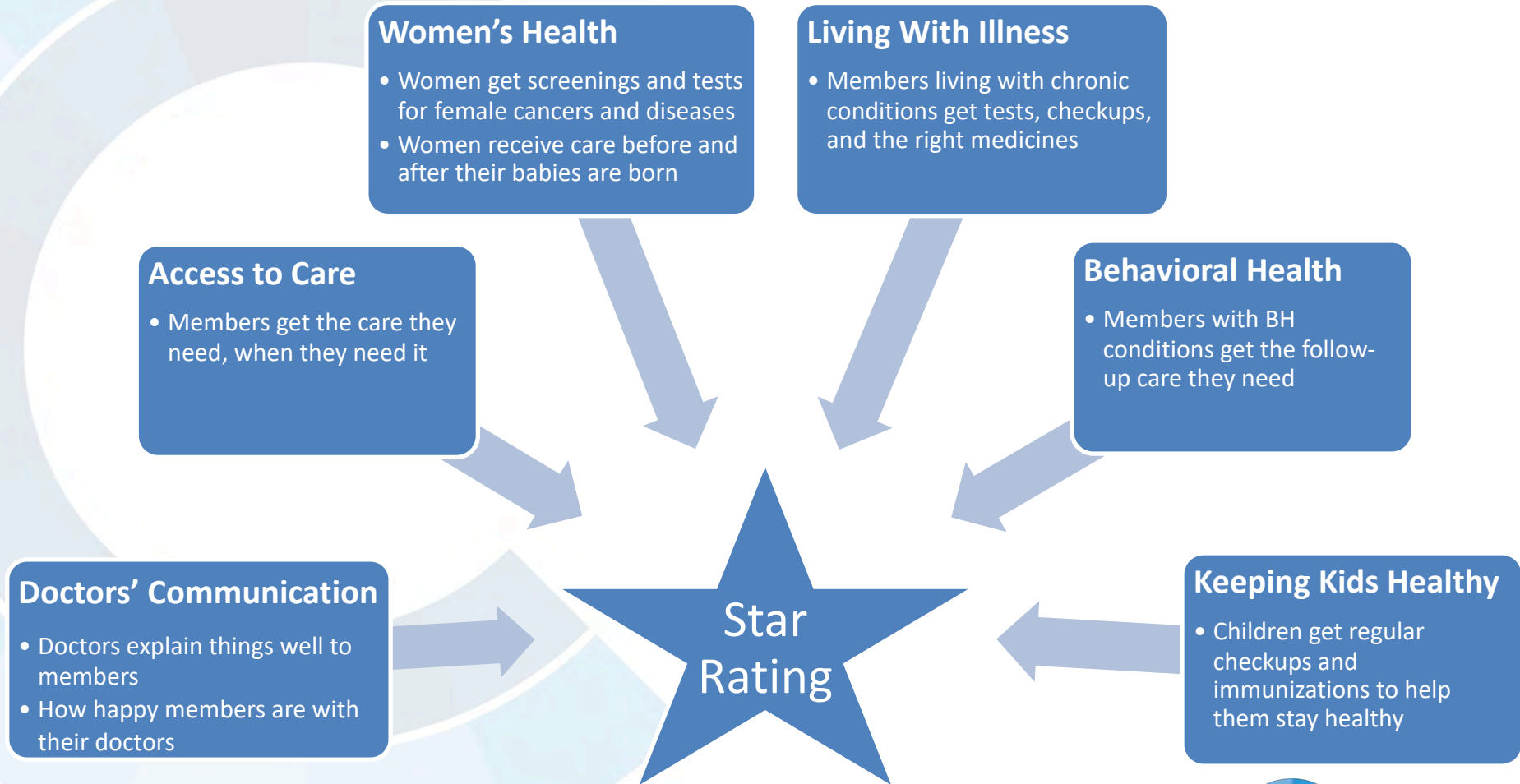


HealthChoice IL Plan Report Card

- Annual HealthChoice Illinois Report Card
 - Report card is for individuals in the HealthChoice Illinois Managed Care Program in **Cook County**
 - Compares managed care plans to one another in key performance areas
 - Posted <https://www.illinois.gov> to help Medicaid members choose the plan that best meets their health care needs
 - Star ratings show how managed care plans statewide compare to national Medicaid ratings

Rating	Performance Measure Compared to 2019 Quality Compass National Medicaid Benchmarks	
★★★★★	Highest Performance	The performance measure was above the 90th percentile.
★★★★	High Performance	The performance measure was between the 75th and 89th percentiles.
★★★	Average Performance	The performance measure was between the 50th and 74th percentiles.
★★	Low Performance	The performance measure was between the 25th and 49th percentiles.
★	Lowest Performance	The performance measure was below the 25th percentile.

6 Key Performance Areas



2019 Cook County HCIL Plan Scores & Ratings

Plan	Doctors' Communication	Change	Access to Care	Change	Women's Health	Change	Living With Illness	Change	Behavioral Health	Change	Keeping Kids Healthy	Change
Aetna Better Health*	★★★	—	★★★	—	★	—	★★★	—	★★★★★	—	★	—
Blue Cross Community Health Plans	★★★★	—	★★★	—	★★	—	★★★	—	★★★★	—	★	—
CountyCare Health Plan	★★★	—	★★★	—	★★★★★	—	★★	—	★★★	—	★★★★★	—
MeridianHealth	★★★	—	★★★	—	★★★★	—	★★★	—	★★★	—	★★★	—
Molina Healthcare	★★★	—	★★★	—	★★	—	★★★	—	★	—	★★★★	—

*Formerly known as IlliniCare

RESULTS

- ✓ CountyCare received **5 Stars** in 2 categories Women's Health and Keeping Kids Healthy
 - Only one other Plan received 5 Stars
- ✓ CountyCare received a total of 21 Stars in the 6 categories, higher than the other four plans



NCQA



CountyCare – 3 Year Accreditation



NCQA Health Plan Accreditation

- Demonstrate commitment to quality
 - NCQA is the most widely-recognized accreditation program in the United States
- NCQA is required to maintain a contract with HFS
 - Section 5.39 *“Contractor must achieve and maintain a status of...accredited (NCQA health plan accreditation)”*
- Improves operational efficiencies
 - NCQA provide a framework for implementing best practices to apply QI process to improve key operational areas
 - NCQA provide a framework for improving key impacted areas: care coordination, access and member connections- availability of health resources such as wellness services and self-management tools

2020 CountyCare NCQA Summary Score

Scoring Category	NCQA possible points	Current Score 2020	Previous Score 2017
HP ACCREDITATION STANDARDS <i>(updated triennially)</i>	50.00	50.00 (Renewal) 100%	45.74 (Initial) 91.48%
HEDIS + CAHPS <i>(updated annually)</i>	37.00 + 13.00	27.99 (2019)	NA
TOTAL SCORE		77.99	45.74
POSSIBLE	100.00	100.00	50.00

Cook County Health and Hospitals System
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ATTACHMENT #4

HRO Dashboard

Quality and Patient Safety Committee

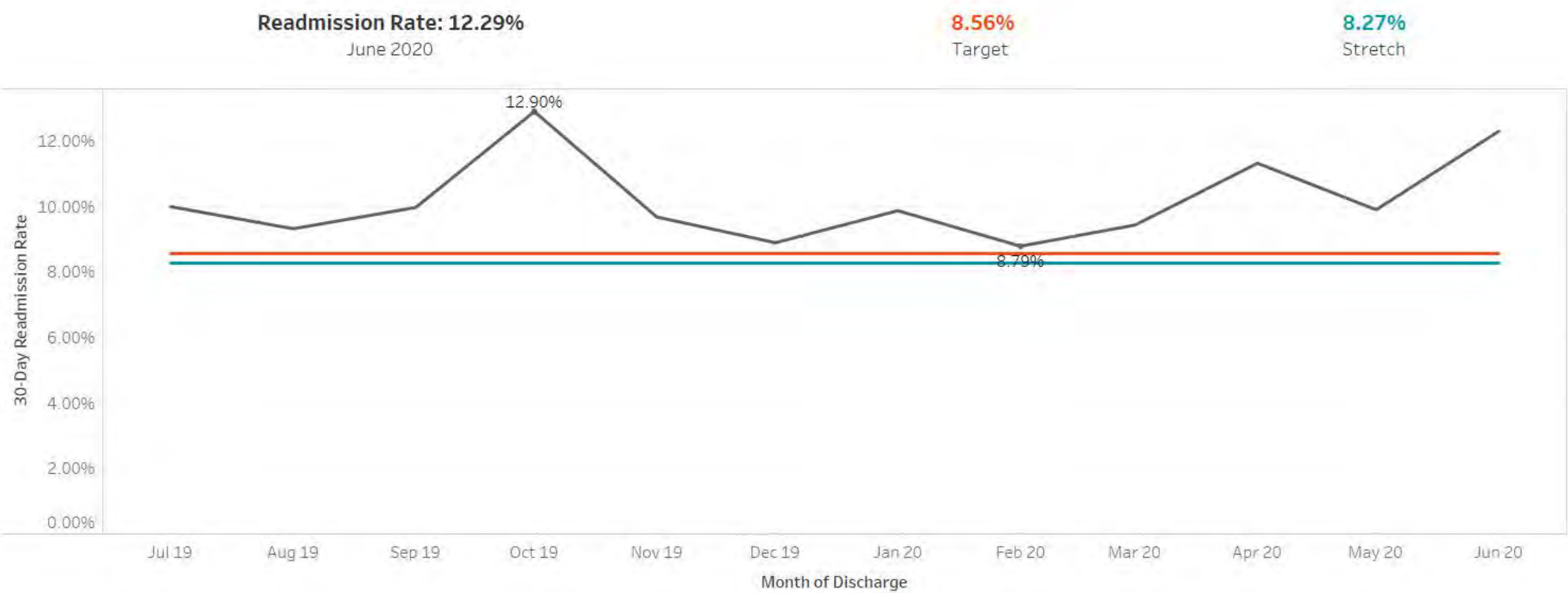
October 2020



COOK COUNTY
HEALTH

30-Day Readmission Rate (Stroger Hospital)

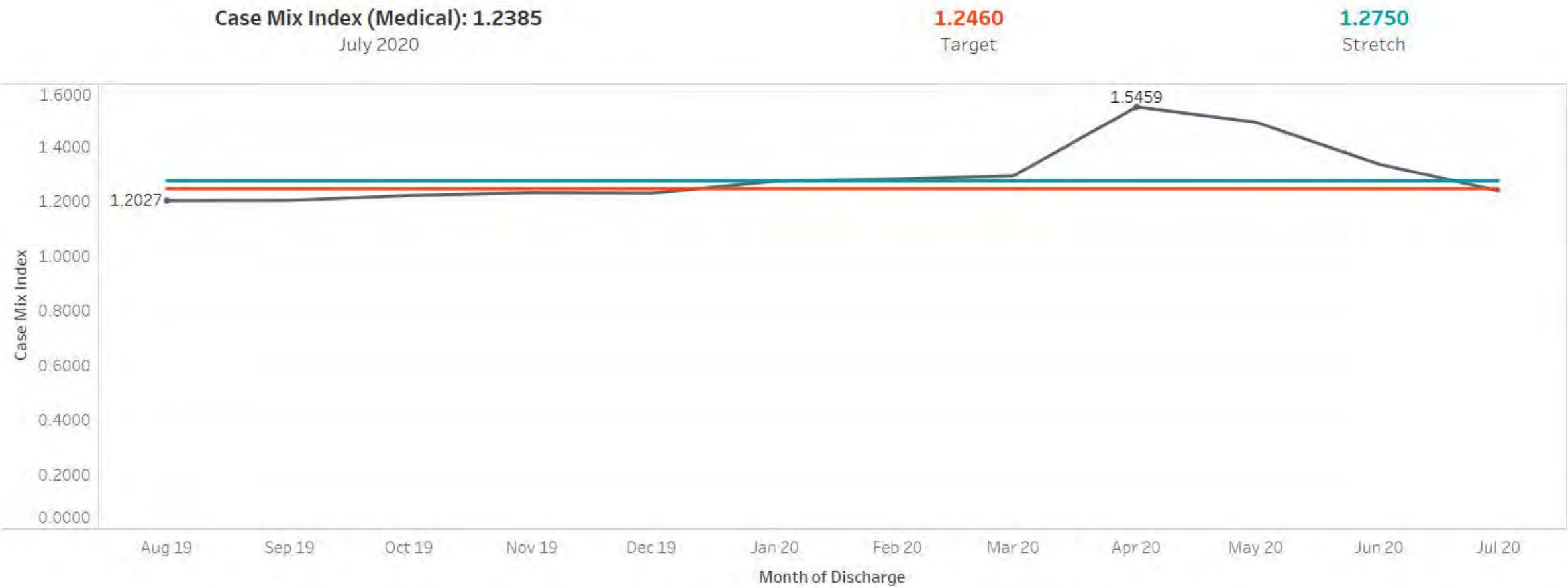
HRO Domain: Readmissions



*Lower readmission rate is favorable

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

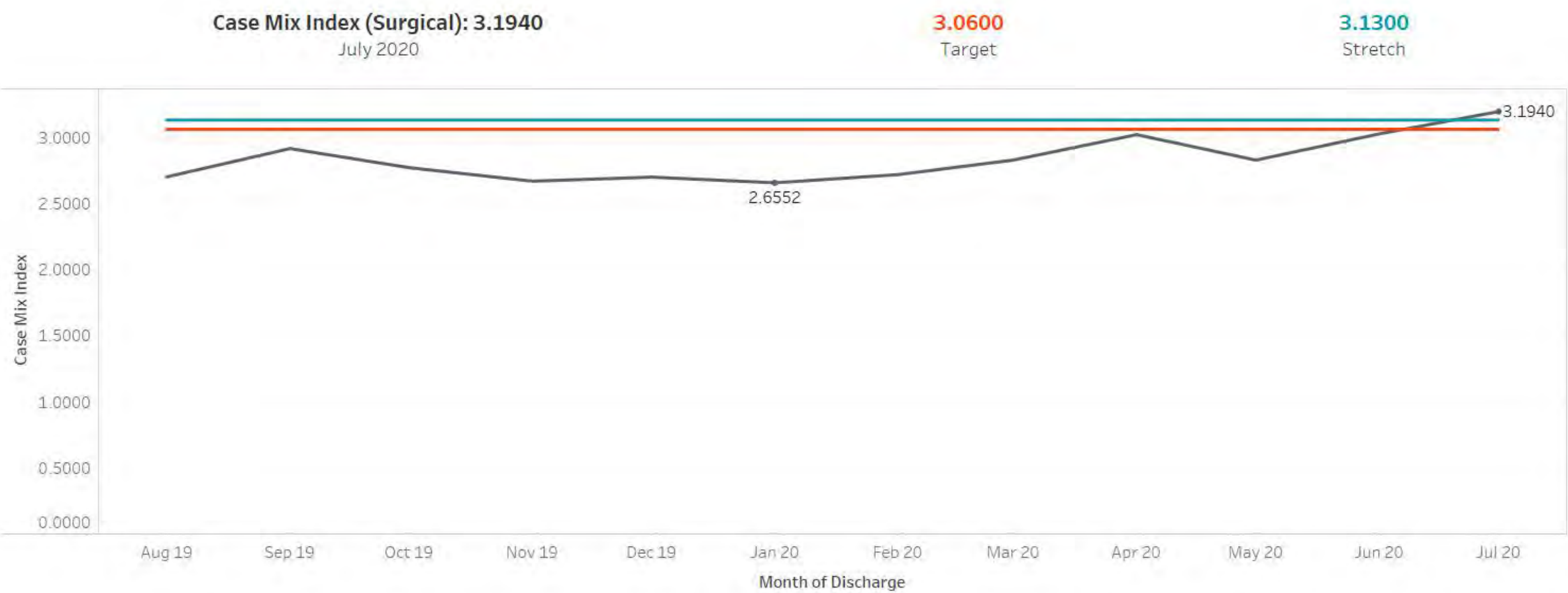
HRO Domain: Clinical Documentation



*Higher case mix index is favorable

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

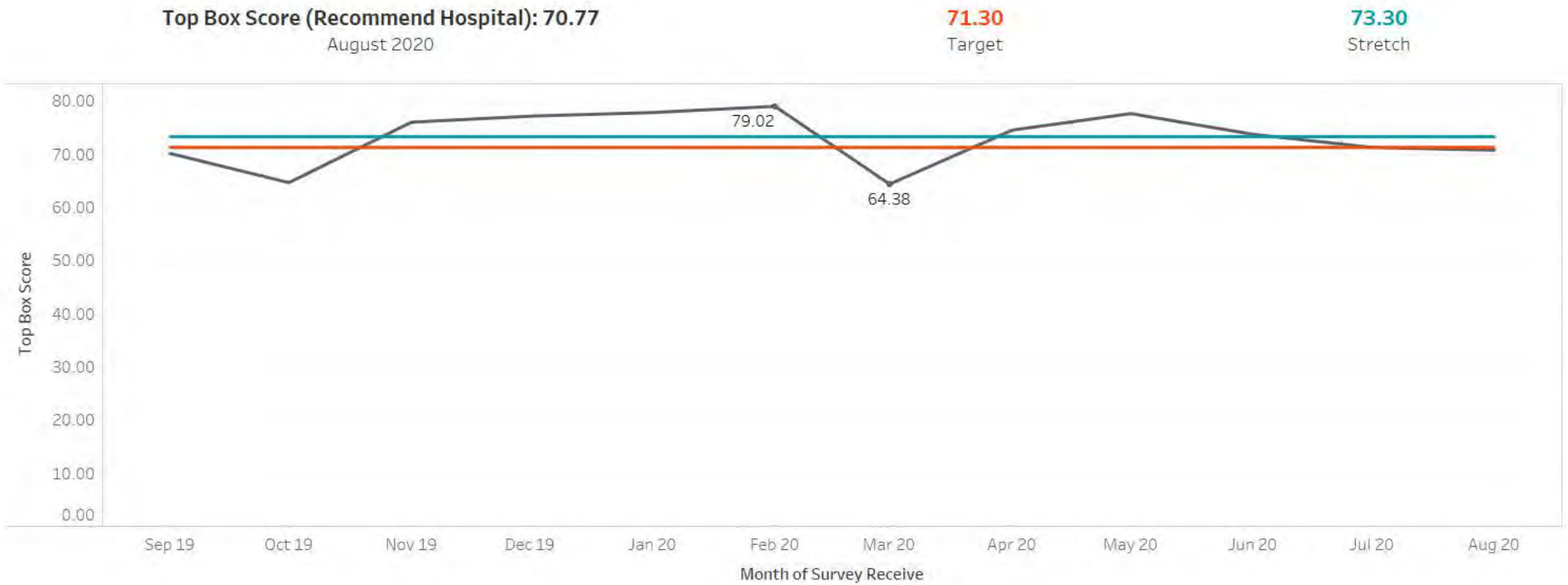
HRO Domain: Clinical Documentation



*Higher case mix index is favorable

Top Box Score, Recommend the Hospital (Stroger Hospital)

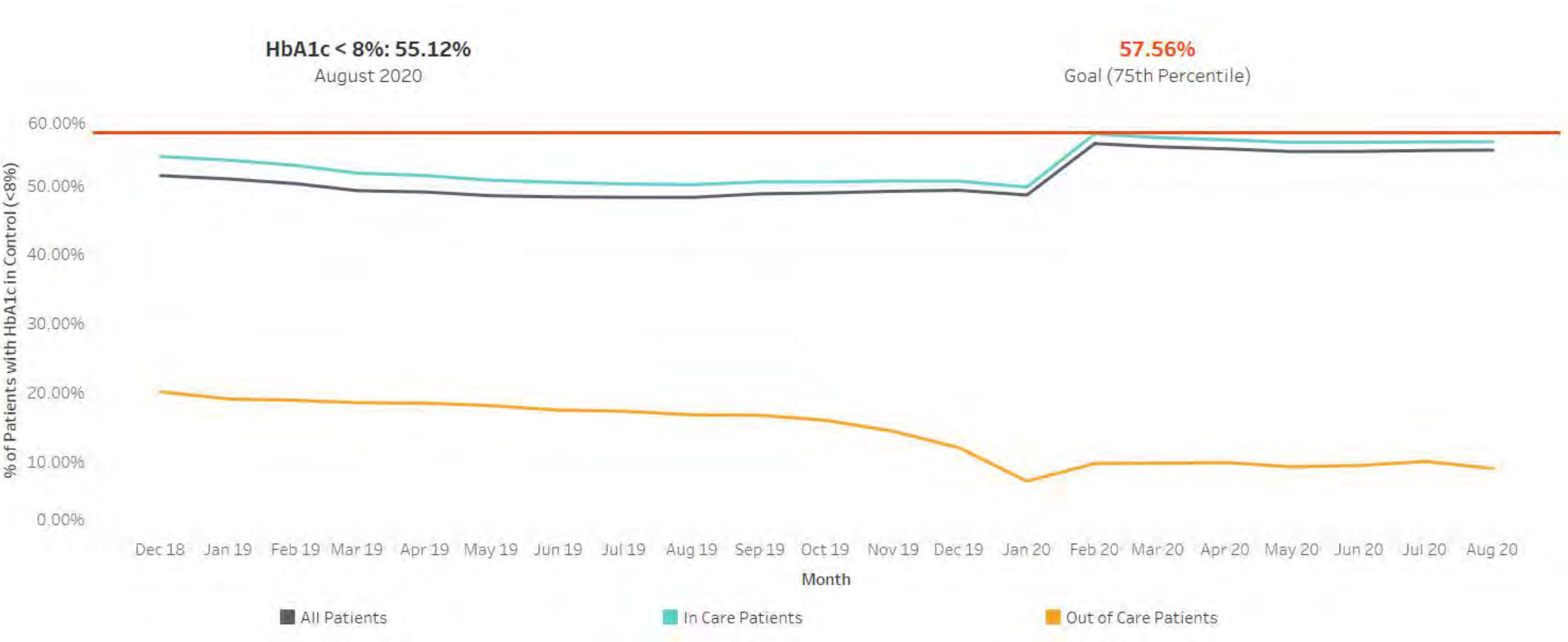
HRO Domain: Patient Experience



*Higher top box score is favorable

HbA1c <8%

HRO Domain: HEDIS



*Higher percent of patients with HbA1c in control (<8%) is favorable

Metric	Definition
30-Day Readmission Rate	<ul style="list-style-type: none"> • <i>Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger</i> • Calculation: Raw unplanned readmission rate (# of readmissions / total # of eligible discharges) • Population included: all inpatient discharges from <u>Stroger</u> • Cohort inclusions: any payer; any age; alive at discharge • Cohort exclusions: Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth • Reporting timeframe: reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge • Data source: Vizient Clinical Data Base
Case Mix Index	<ul style="list-style-type: none"> • <i>Average relative DRG weight of a hospital's inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing by the total number of discharges</i> • Population included: all inpatient discharges from <u>Stroger</u> • Cohort inclusions: any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (<i>Surgical: an OR procedure is performed</i>) • Cohort exclusions: none • Reporting timeframe: reported monthly by most current month available; reported by month of patient discharge • Data source: Vizient Clinical Data Base
Recommend the Hospital	<ul style="list-style-type: none"> • <i>Percent of patient responses with "Definitely Yes" (top box response) for Recommend the Hospital item in HCAHPS survey</i> • Calculation: Percent of patient responses with "Definitely Yes" (top box) / total survey responses • Population included: Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; >1 overnight stay in hospital as inpatient • Cohort exclusions: discharged to hospice care; discharged to nursing homes or SNFs; court/law enforcement patients; patients with a foreign home address; "no-publicity" patients"; patients who are excluded because of rules and regulates of state in which hospital is located • Reporting timeframe: reported monthly by most current month available; reported by month of survey received date • Data source: Press Ganey
HbA1c <8%	<ul style="list-style-type: none"> • <i>Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is in control (<8.0%)</i> • Calculation: Percent of diabetic patients with HbA1c in control / total diabetic patients • Population included: (Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year) <i>OR</i> (One diabetic Inpatient visit in the current year or previous year) <i>OR</i> (Prescribed insulin or hypoglycemic or anti-hyperglycemics in the current year or previous year) • Cohort exclusions: none • Reporting timeframe: reported monthly by most current month available; reported by month of patient visit • Data source: NCQA, HEDIS

Cook County Health and Hospitals System
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ATTACHMENT #5

CCH Financial Update – August 31, 2020 FYTD



Andrea Gibson

Interim Chief Business Officer

October, 2020



**COOK COUNTY
HEALTH**

Executive Summary

- Cook County Health (CCH) financial results for the eight months ended August 31, 2020 are ahead of budget by \$80M.
- Primary negative variances are expense overages, partly driven by COVID-19 pandemic response costs, and the loss of revenue due to reduced volumes during the pandemic. Enhanced FMAP in jeopardy.
- Government support payments have supplemented the loss of “reimbursable” patient activity – \$153.4M fiscal year to date from the CARES Act. Recent guidelines on how to calculate revenue loss have changed.
- Charges related to patient activity began to decline in March due to COVID-19 pandemic, but have improved to be only 22% lower than normal in August.

Financial Results – August 31, 2020 FYTD

Dollars in 000s	FY2020 Actual	FY2020 Budget	Variance	%	FY19 Actual
Revenue					
Net Patient Service Revenue (1)	\$327,934	\$517,921	(\$189,987)	-36.68%	\$374,623
Government Support (2)	\$446,724	\$216,750	\$229,974	106.10%	\$294,074
CountyCare Capitation Revenue	\$1,449,390	\$1,311,922	\$137,467	10.48%	\$1,303,021
Other	\$4,042	\$9,375	(\$5,333)	-56.88%	\$12,709
CountyCare Directed Payments	\$90,563	\$0	\$90,563	0.00%	\$0
CountyCare Elimination (1)	(\$74,922)	(\$129,587)	\$54,665	-42.18%	(\$111,107)
Total Revenue	\$2,243,730	\$1,926,381	\$317,348	16.47%	\$1,873,319
Operating Expenses					
Salaries & Benefits	\$507,497	\$493,282	(\$14,216)	-2.88%	\$501,034
Overtime	\$34,545	\$22,869	(\$11,676)	-51.06%	\$35,319
Supplies & Pharmaceuticals	\$108,387	\$98,303	(\$10,084)	-10.26%	\$99,248
Purchased Services & Other	\$239,522	\$200,786	(\$38,737)	-19.29%	\$233,133
Medical Claims Expense (1)	\$1,379,716	\$1,265,192	(\$114,524)	-9.05%	\$1,230,642
Insurance	\$23,898	\$27,584	\$3,686	13.36%	\$20,011
Utilities	\$9,532	\$9,981	\$449	4.50%	\$7,385
CountyCare Elimination (1)	(\$74,922)	(\$129,587)	(\$54,665)	42.18%	(\$111,107)
Total Operating Expenses	\$2,228,177	\$1,988,410	(\$239,767)	-12.06%	\$2,015,665
Operating Margin	\$15,553	(\$62,029)	\$77,581	125.07%	(\$142,347)
Non-Operating Revenue	\$64,913	\$62,029	\$2,884	0.00%	\$65,916
Net Income (Loss) (3)	\$80,466	\$0	\$80,466	0.00%	(\$76,431)

Commentary

- Net Patient Service Revenue is below budget as “reimbursable patient activity” is below budget due primarily to the slowdown in patient activity caused by the COVID-19 pandemic.
- FY20 Government Support Revenue includes \$153.4M in CARES support received through July to help compensate for the decline in patient activity.
 - Enhanced FMAP in jeopardy.
 - CARES Act Revised Revenue Loss Calculation could mean payback.
- Delay in CARES Act/FEMA expense reimbursement.
- Delay in Medicare advance payback to start in April, 2021.

Notes:

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

CCH Health Providers Revenue – August 31, 2020 FYTD

Revenue Operating Indicators

Month

Patient Activity	FY2020 Actual	FY2020 Budget	Variance	%
Admissions	1,421	1,530	(109)	-7.10%
Patient Days	7,426	8,160	(734)	-9.00%
Average Daily Census	240	263	(23)	-8.70%
Adjusted Patient Days	17,831	22,099	(4,268)	-19.30%
Adjusted Patient Days	FY2020 Actual	FY2020 Budget	Variance	%
Medicare	3,007	2,943	64	2.20%
Medicaid	4,988	6,670	(1,682)	-25.20%
CountyCare	2,498	2,117	381	18.00%
Commercial	784	1,166	(400)	-34.30%
Sub-Total	11,277	12,896	(1,619)	-12.60%
Uncompensated Care	6,534	9,203	(2,669)	-29.00%
Total	17,811	22,099	(4,288)	-19.40%

FYTD

Patient Activity	FY2020 Actual	FY2020 Budget	Variance	%
Admissions	12,099	12,360	(261)	-2.10%
Patient Days	66,693	69,437	(2,744)	-4.00%
Average Daily Census	243	252	(9)	-3.60%
Adjusted Patient Days	169,982	186,316	(16,334)	-8.80%
Adjusted Patient Days	FY2020 Actual	FY2020 Budget	Variance	%
Medicare	27,030	30,191	(3,161)	-10.50%
Medicaid	41,517	47,728	(6,211)	-13.00%
CountyCare	23,525	21,713	1,812	8.30%
Commercial	8,473	9,527	(1,355)	-14.20%
Sub-Total	100,545	109,159	(8,614)	-7.90%
Uncompensated Care	69,417	77,157	(7,740)	-10.00%
Total	169,962	186,316	(16,354)	-8.80%

Commentary

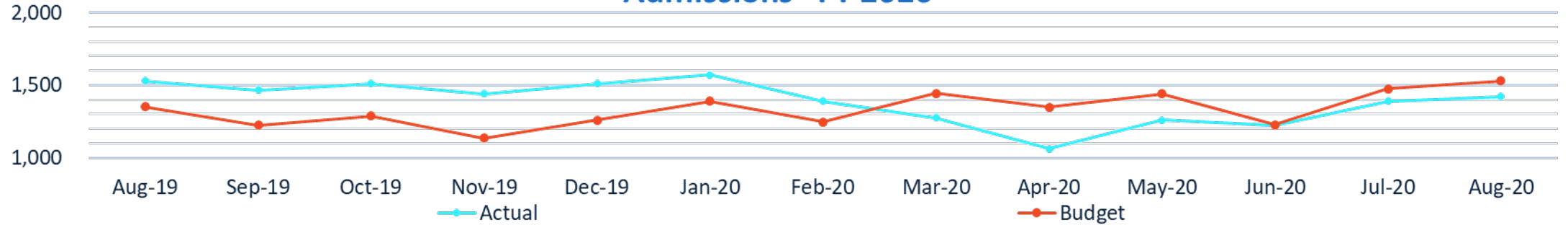
- “Reimbursable Patient” volumes (Medicare, Medicaid, CountyCare and Commercial), as measured by Adjusted Patient Days, started the year above budget and are now -7.9% below plan through Aug-2020 FYTD (with Aug-2020 -22.6% below the peak in Jan-2020).
- Uncompensated Care patient activity levels are -10% below plan through Jul-2020.
- Admissions are close to budget (only 2.1% below) but Adjusted Patient Days are much further below budget (8.8% below budget) – this is consistent with national trends which support that the return in ambulatory/outpatient and ER activity has been more adversely impacted than inpatient care.

Note:

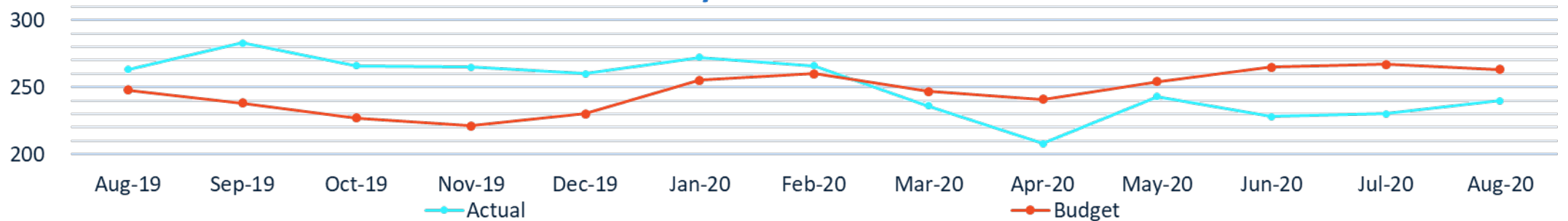
(1) Source: CCH August 2020 Utilization report

CCH Prior 13 Month Patient Activity Levels

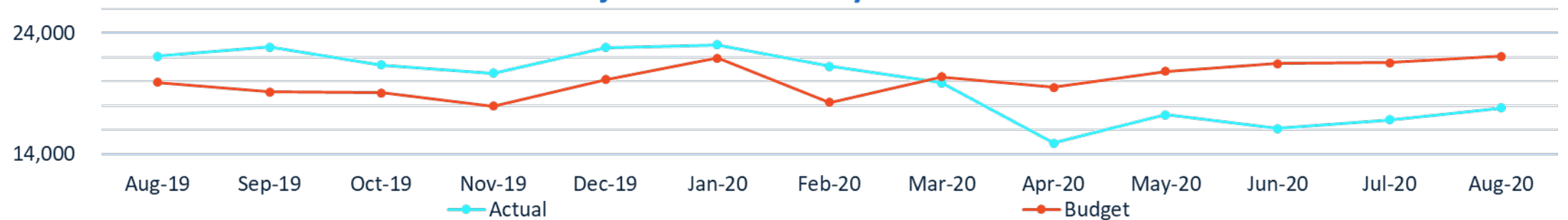
Admissions - FY 2020



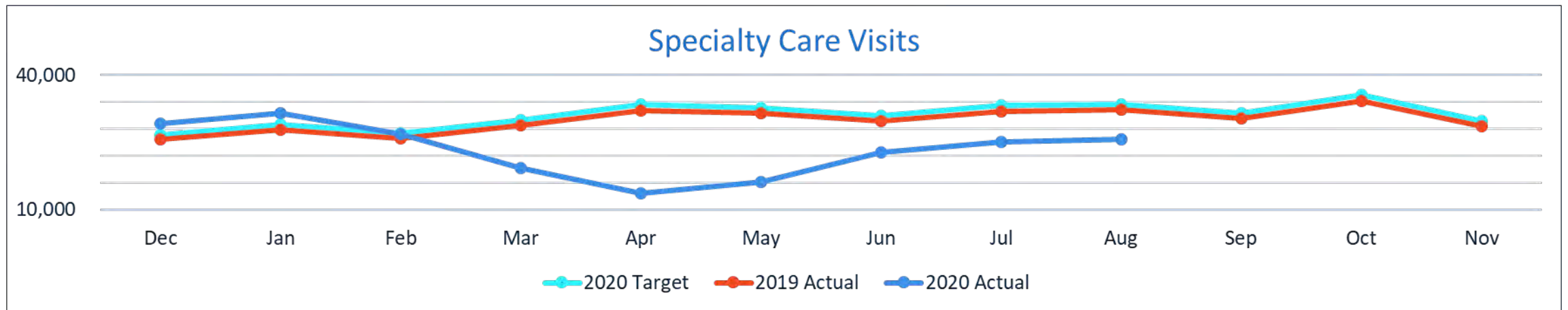
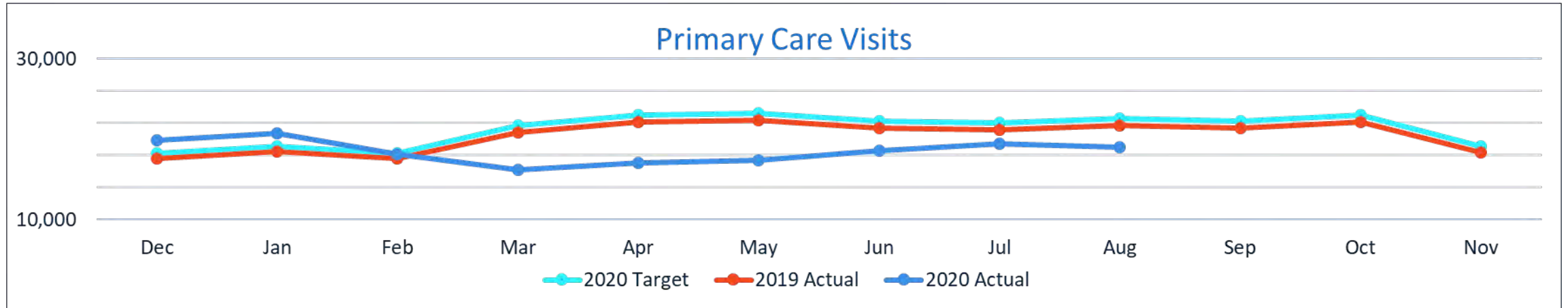
Ave. Daily Census - FY 2020



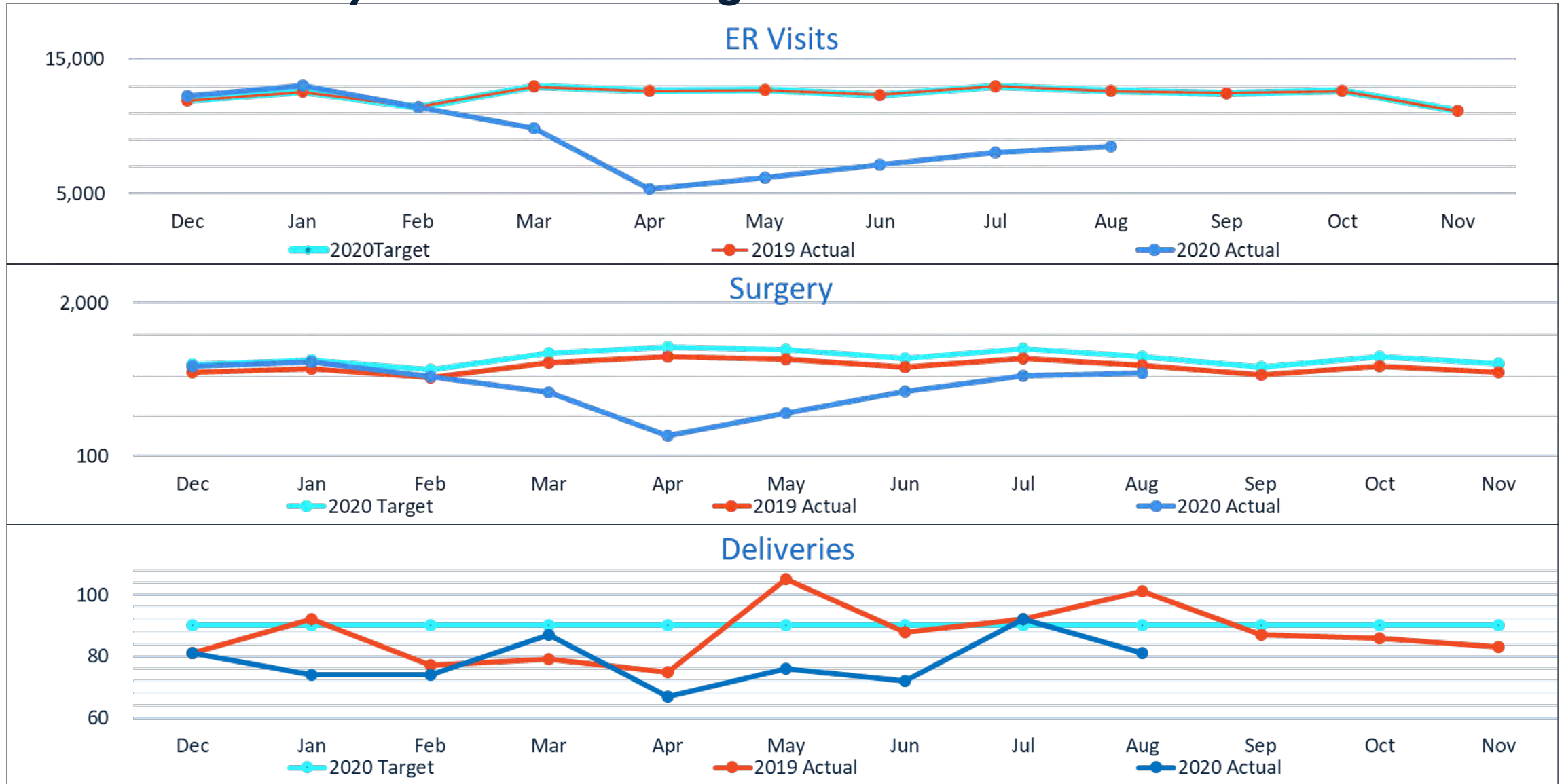
Adjusted Patient Days - FY 2020



Patient Activity Indicators – August 2020

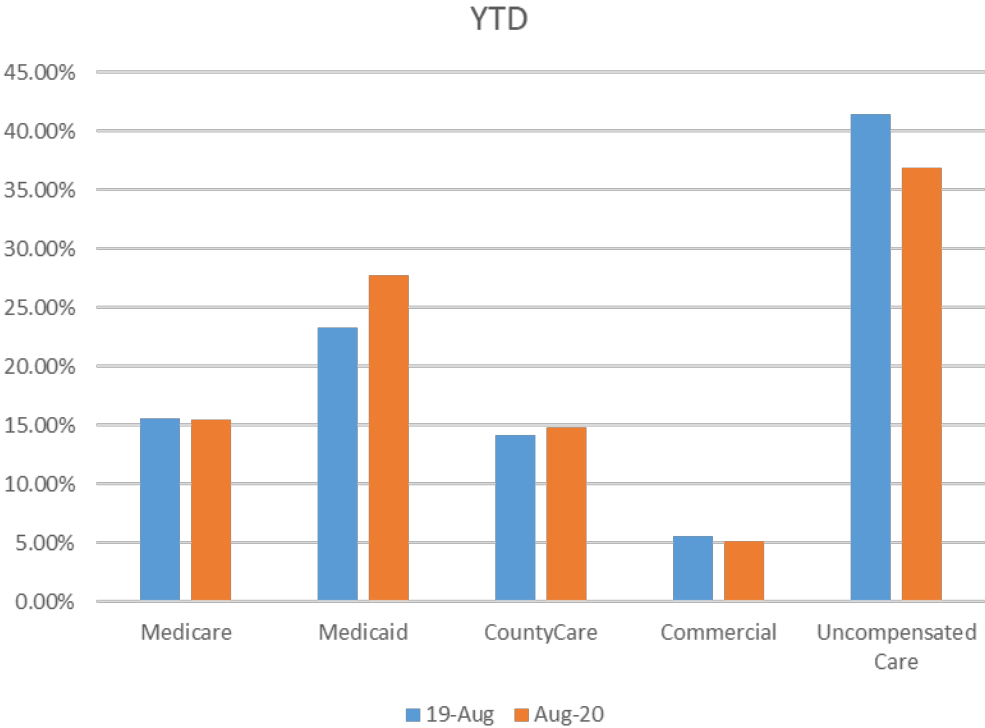
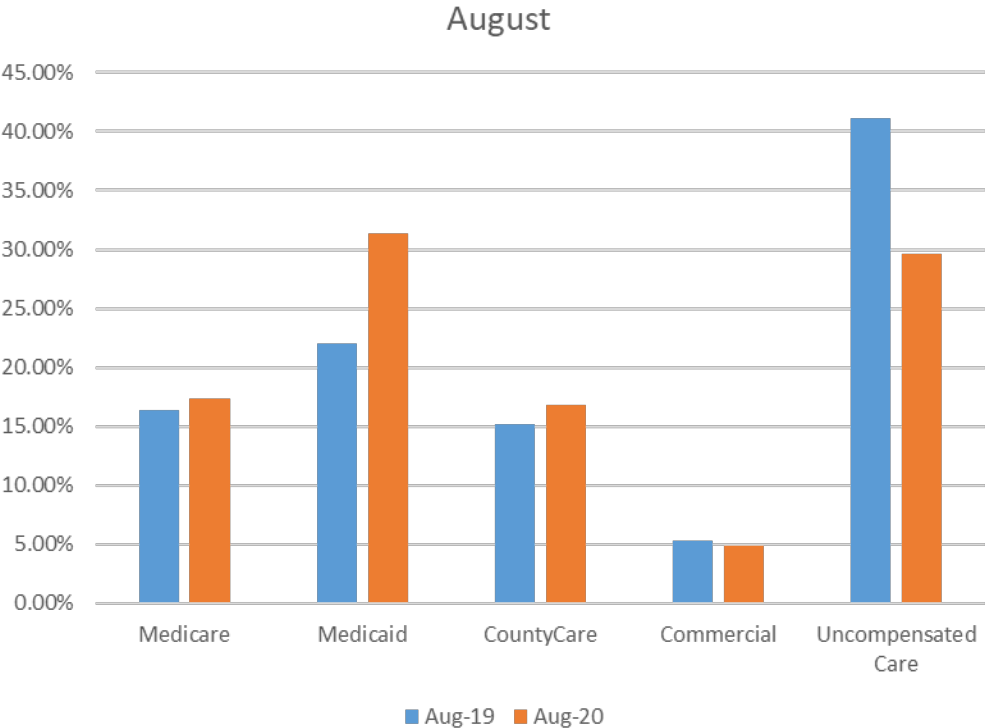


Patient Activity Indicators – August 2020



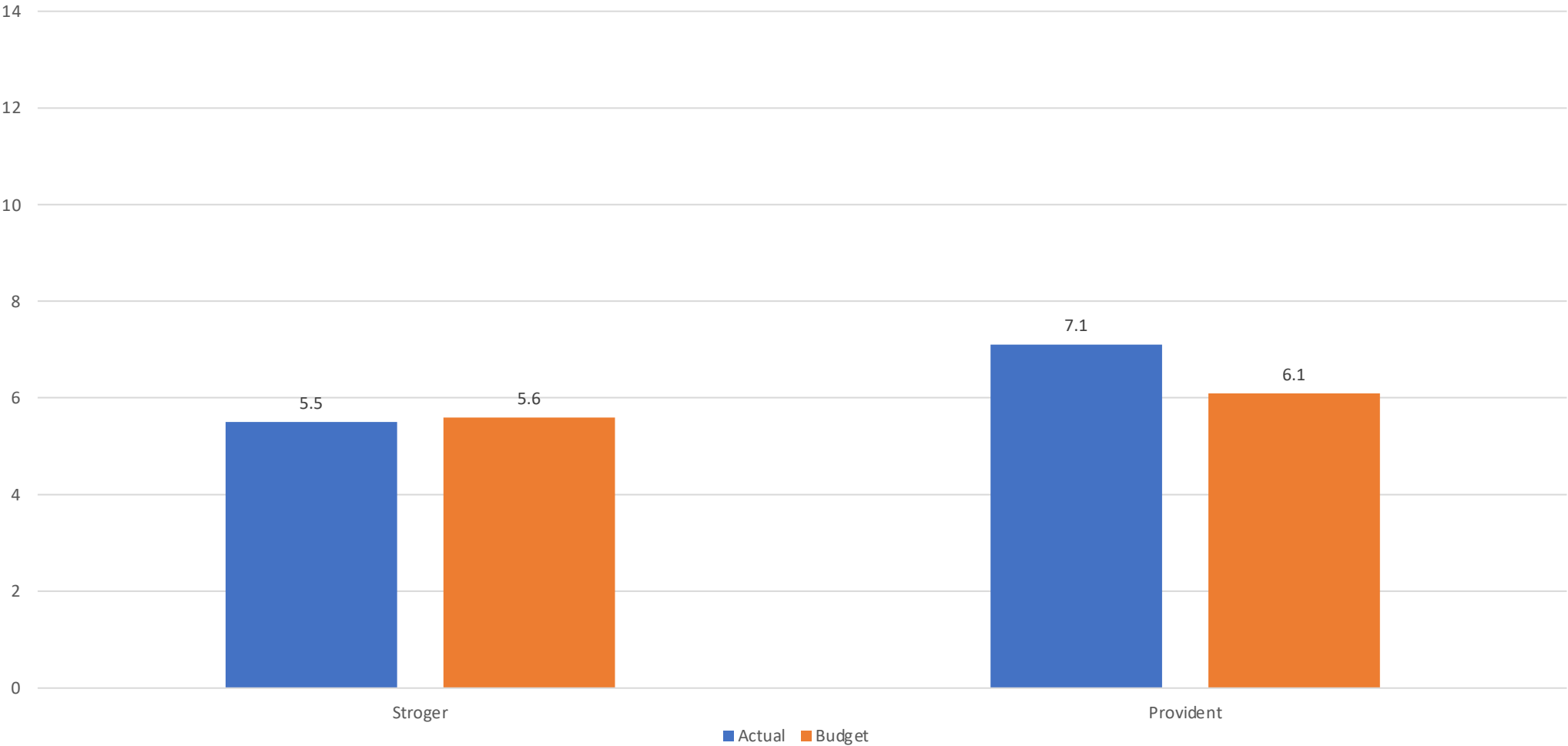
CCH Health Providers Revenue – August 31, 2020 FYTD

Payer Mix Analysis (by Charges)







Average Length of Stay

Cumulative Through August 2020



Financial Key Performance Indicators – Aug 31 vs. Sept 30 FYTD

HFMS Group	HFMA Key	Metric Names	August 31	September 30	HFMA Benchmark
Financial Management	FM-1	AR Days	85 Days 	80 Days (307M) 	<40 Days
Pre Billing	PB-1	Unbilled DNFB Days	8 Days 	7 Days (29M) 	4-6 Days

Definitions:

- **Average Days in Accounts Receivable:** Total accounts receivable divided by average daily revenue.
- **Discharged Not Final Billed Days (DNFB):** Average number of days after discharge before claim is submitted.
- **Denial Rate:** Percentage of claims denied by payers.

Source: HFMA Key Hospital Statistics and Ratio Margins from Cerner.

Denials

	Month	YTD
Soft Denials*	10.0%	12.0%
Hard Denials**	26.0%	7.0%

* Claim is denied soon after submission, but there is an opportunity to mitigate.

** Claim is denied and needs to be written off.

Note: Numbers are gross charges.

	Month	YTD
Soft Denials*	\$ 11,012,336	\$ 125,389,087
Hard Denials**	\$ 30,063,203	\$ 74,715,129

Commentary:

- Continued work to reduce Accounts Receivable.
- AR write offs impacting Hard Denial Metric, 96% of the accounts over 100 days old.
- Majority of dollars are over one year and fully reserved.

CountyCare Financial Results – August 31, 2020 FYTD

Dollars in 000s except PMPM amounts	FY2020 Actual	FY2020 Budget	Variance	%	FY19 Actual
Capitation Revenue	\$1,449,390	\$1,311,922	\$137,467	10.48%	\$1,303,021
CCH Directed Payments	\$90,563				
CCH Directed Payments	(\$90,563)				
Operating Expenses					
Clinical - CCH	\$74,922	\$129,587	(\$54,665)	-42.18%	\$111,107
Clinical - External	\$1,304,794	\$1,135,605	\$169,189	14.90%	\$1,141,001
Administrative	\$74,514	\$62,016	\$12,498	20.15%	\$64,235
Total Expenses	\$1,454,230	\$1,327,208	\$127,022	9.57%	\$1,316,344
Operating Gain (Loss)	(\$4,840)	(\$15,285)	(\$10,445)	68.34%	(\$13,323)
Activity Levels					
Member Months	3,012,461	2,934,306	78,155	0	2,879,322
CCH CountyCare Member Months	319,690	N/A	N/A	N/A	367,133
CCH % CountyCare Member Months	11%	N/A	N/A	N/A	13%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$481	\$447	\$34	7.61%	\$453
Clinical Cost PMPM	\$458	\$431	(\$27)	-6.22%	\$435
Medical Loss Ratio (1)	92.2%	93.5%	1.26%	1.35%	95.4%
Administrative Cost Ratio (2)	4.60%	4.10%	-0.48%	-11.59%	3.50%

Notes:

- (1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.
- (2) Excludes amortization related to intangible asset that was recorded in connection with the acquisition of the Family Health Network membership.

Commentary

- Total member months and Capitation Revenue are above budget due to increasing Medicaid enrollment as a result of the COVID-19 induced growth in unemployment, and no state redetermination of Medicaid eligibility.
- COVID decrease in utilization is being partially offset by higher than expected cost per claim, as severity of admissions increased during COVID period.
- CountyCare's reimbursement to CCH is budgeted at \$129M and is currently above budget at \$165M, when including directed payments and domestic spend (\$90.5M).
- Administrative expenses are currently above budget, reflecting increased membership and the addition of the Special Needs Children population.
- Operating Gain (Loss) consists of CountyCare gain of \$8M offset by Medicare loss of \$(12.8M) due to upfront investments in the initial year of the Medicare plan.
- Revenue Initiatives:
 - On-going discussions with HFS regarding revenue reconciliation and 2020 rates.
 - SSI/SSDI initiatives to move members to higher rate cells.
- Expenditure Initiatives:
 - Provider contract adjustments.
 - Pharmacy quantity limits and pharmacy coordination of benefits.
 - Additional shared risk agreements.
 - In September increased appropriation \$266M.



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
October 30, 2020

ATTACHMENT #6

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
ITEM IV(A)
OCTOBER 30, 2020 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 and Increase Contract							
1	Hektoen Institute for Medical Research	Service - staffing / IDPH Covid-19 Contact Tracing Grant	\$2,748,065.00 (grant funded)	n/a	n/a	CCDPH	2
Negotiate and Execute Contract							
2	Access Community Health Network	Service - care management	\$12,931,802.00	Sole Source	n/a	Managed Care	3

Cook County Health

BOARD APPROVAL REQUEST

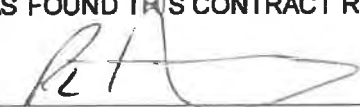
SPONSOR: Jennifer Koehler, Senior Director of COVID-19 Contact Tracing Initiative		EXECUTIVE SPONSOR: Kiran Joshi, MD, MPH and Rachel Rubin, MD MPH, Senior Medical Officers, Co-Leads	
DATE: 10/30/2020	PRODUCT / SERVICE: Service-Staffing/IDPH COVID-19 Contact Tracing Grant		
TYPE OF REQUEST: Amend and Increase Contract	VENDOR / SUPPLIER: Hektoen Institute for Medical Research, Chicago IL		
ACCOUNT:	FISCAL IMPACT NOT TO EXCEED: FY2021 \$2,748,065.00 (Grant Funded)	GRANT FUNDED / RENEWAL AMOUNT:	
CONTRACT PERIOD: 06/01/2020 thru 5/31/2021		CONTRACT NUMBER: H20-25-094	
COMPETITIVE SELECTION METHODOLOGY: N/A			
NON-COMPETITIVE SELECTION METHODOLOGY: N/A			

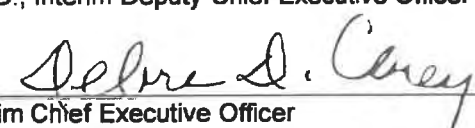
PRIOR CONTRACT HISTORY:
On 07/23/2020 the Cook County Health Board of Directors approved Contract # H20-25-094 in the not-to-exceed amount \$3,473,185.00 for a twelve (12) month period from 06/01/2020 thru 05/31/2021. This contract provided sixty (60) individuals for temporary staffing as follows: (8) case investigators, (2) case investigator supervisors and (50) contact tracers.

NEW PROPOSAL JUSTIFICATION:
The IDPH COVID-19 Contact Tracing Grant provides funding to support a team of case investigators, case investigation supervisors, contact tracers and other staff in order to communicate with COVID-19 positive patients and their close contacts. This request to amend and increase the contract will provide for up to fifty-eight (58) additional individuals to assist the current temporary start-up team. This is a request to hire up to fifty (50) additional case investigators, up to five (5) additional case investigator supervisors, one (1) case investigator manager and up to two (2) project coordinators to assist with this initiative and reach additional COVID-19 positive patients throughout suburban Cook County. This request also includes funding for overtime hours in the event it is needed.

TERMS OF REQUEST:
This is a request to amend and increase contract number H20-25-094 in an amount not to exceed \$2,748,065.00, as needed, for the remainder of contract period through 05/31/2021.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: YES

CCH INTERIM DEPUTY CEO: 
Robert L. Sumter, PhD., Interim Deputy Chief Executive Officer Operations

CCH INTERIM CEO: 
Debra D. Carey, Interim Chief Executive Officer

Request #1

APPROVED

OCT 30 2020

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

• 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

BOARD APPROVAL REQUEST

SPONSOR: Esther Macchione, Chief Operations Officer, Health Plan Services		EXECUTIVE SPONSOR: Aaron Galeener, Interim Chief Executive Officer, Health Plan Services, CountyCare	
DATE: 10/15/2020		PRODUCT / SERVICE: Service – Care Management	
TYPE OF REQUEST: Negotiate and Execute Contract		VENDOR / SUPPLIER: Access Community Health Network, Chicago, IL	
ACCOUNT: 521155	FISCAL IMPACT NOT TO EXCEED:		GRANT FUNDED / RENEWAL AMOUNT:
	FY2020 \$359,216.00		
	FY2021 \$4,310,601.00		
	FY2022 \$4,310,601.00		
	FY2023 \$3,951,384.00		
	Total \$12,931,802.00		
CONTRACT PERIOD: 11/01/2020 thru 10/31/2023		CONTRACT NUMBER: H20-25-130	
COMPETITIVE SELECTION METHODOLOGY:			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source			

PRIOR CONTRACT HISTORY:
Access Community Health Network has provided care coordination services to CountyCare members since March 2019 as a provider in CountyCare's network.

NEW PROPOSAL JUSTIFICATION:
This request is to negotiate and execute a contract with the vendor to provide care management services to CountyCare members. CountyCare is required to provide care management and care coordination services to members that have complex health, behavioral health, and social health needs. To ensure timely and effective health care services and coordination of benefits CountyCare delegates care management services to medical homes that have demonstrated the capabilities and abilities to meet the Healthcare and Family Services (HFS) Managed Care Community Network (MCCN) Contract requirements.

This request is sole source because the vendor will provide care management to members empaneled to their clinics that they provide Primary Care Physician (PCP) services.

TERMS OF REQUEST:
This is a request to negotiate and execute contract number H20-25-130 in an amount not to exceed \$12,931,802.00 for a thirty-six (36) month period from 11/01/2020 thru 10/31/2023.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

Request #2

CCH INTERIM DEPUTY CEO: 
Robert L. Sumter, PhD, Interim Deputy Chief Executive Officer, Operations

CCH INTERIM CEO: 
Debra D. Carey, Interim Chief Executive Officer

APPROVED

OCT 15 2020

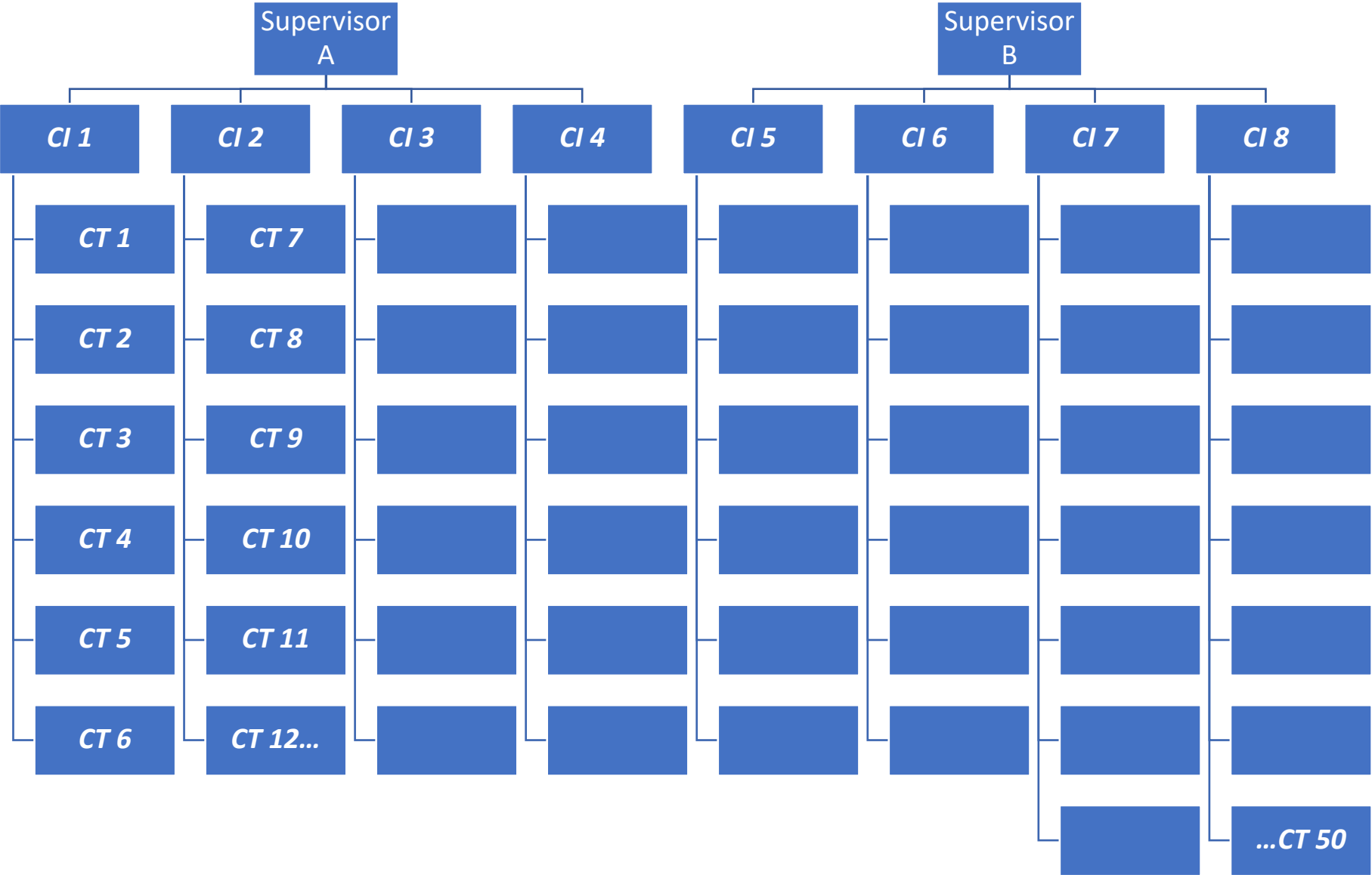
BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
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We Bring Health CARE to Your Community

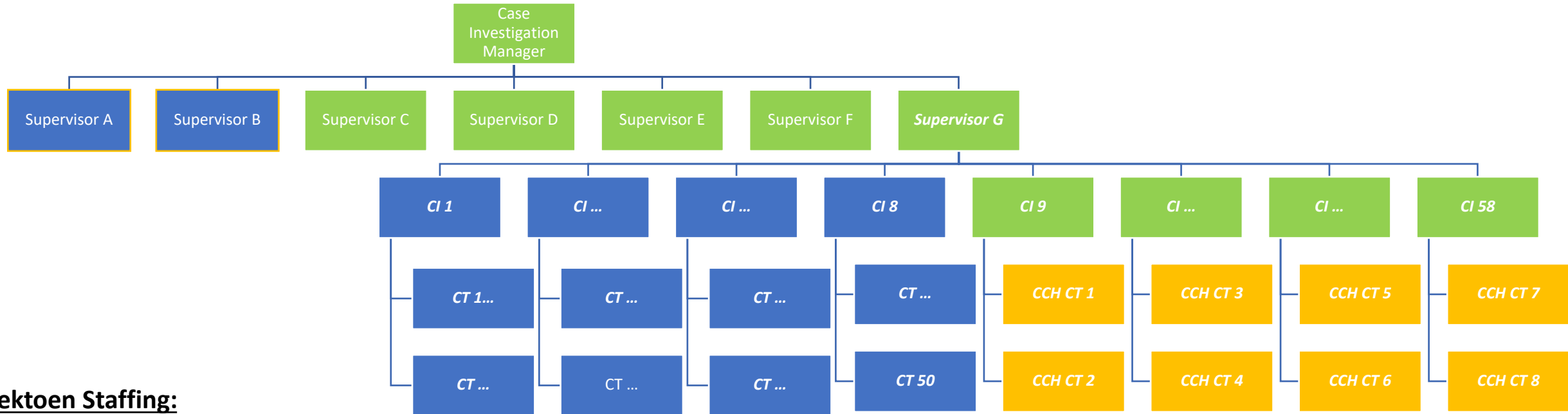
Revised 03/01/2011

Hektoen Contact Tracing Structure - Current



- ✓ **2** Case Investigation Supervisors
- ✓ **8** Case Investigators
- ✓ **50** Contact Tracers

Hektoen Contact Tracing Structure - Future



Hektoen Staffing:

- Additional Hektoen staffing:
 - **1** Case Investigation Manager
 - **5** Case Investigation Supervisors
 - **50** Case Investigators
- Total Hektoen staffing:
 - **7** Case Investigation Supervisors
 - **58** Case Investigators
 - **50** Contact Tracers

KEY:

Blue- Current Hektoen Team

Green- Additional Hektoen Hires

Orange- CCH Contact Tracer Slots

CCDPH Contact Tracing Initiative – Augmented Staffing Plan

	Case Investigator Manager	Case Investigator Supervisor	Case Investigator	Contact Tracer	Project Coordinator
Current / Planned CCH	0 / 2	0 / 8	0 / 42	0 / 300 (475 interviewed, 162 in process)	0 / 0
Current / Planned Hektoen	0 / 0	2 / 2 (temporary)	8 / 8 (temporary)	50 / 50 (temporary)	0 / 0
Total planned	2	8 (excludes temp. Hektoen)	42 (excludes temp. Hektoen)	300 (excludes temp. Hektoen)	0
Additional Hektoen	1	5	50	0	2
Total planned + additional Hektoen	3	13	92	300	2

CountyCare Update

Care Management & Care Coordination Model

Prepared for: CCH Board of Directors

Yvonne Collins, MD
Chief Medical Officer, CountyCare
October 30, 2020



Provider Case Management vs. Delegated MCO Care Management

Service Category	Goals	Payment
MCO Complex Care Management	<p>Intensive, enrollment-based, personalized program for members with high risks or high needs, to stabilize complex health conditions, reduce risks, and utilize the appropriate level of care and benefits.</p> <p><i>Requires advanced capabilities by delegated provider organizations.</i></p>	MCO contract responsibility or delegation payment
MCO Care Coordination	Intermittent, task-focused services available to all members of a MCO to maximize use of covered benefits and achieve population health quality targets.	MCO contract responsibility or delegation payment
Medical Home Primary Care Case Management	Coordination of health services for patients under the primary care of the medical home.	Provider responsibility - claims/encounters*

*Primary care reimbursement covers basic medical home responsibilities e.g. referral coordination with specialists for patient in care; does not cover coordination of full set managed care benefits

Complex Care Management & Care Coordination Services and Member Populations

Services

- Assigned to licensed care coordinator (nurse, social worker, counselor)
 - Caseload ratios set by HFS by risk level
- Program begins with comprehensive assessment
- Assessment guides individual plan of care with goals, actions, monthly review, quarterly updates
- Plan of care shared with interdisciplinary care team members; care conferencing
- Scheduled contacts, including face-to-face
- Medication reconciliation

- Health risk screens for new and all enrollees
- Resources and referrals for identified risks
- Support to make/attend health and social service appointments, especially to close care gaps (HEDIS)
- Support when discharging from hospital (transition of care)
- Problem-solving support (e.g. finding a specific service, utilizing a covered benefit)
 - Caseload ratios at discretion of MCO to achieve goals

Complex Care Management

Care Coordination

Members

- <15% of total membership
- Recipients of Home and Community Based Services (required participation)
- Residents in Long-Term Care
- High and Moderate risk members
- Pregnant women
- Any member may request CCM

- Majority of membership
- Members listed above who decline to enroll/participate in the program
- Low risk members

HFS Contractual Requirements

Complex Care Management & Care Coordination

Services

- High and moderate risk members & (M)LTSS members
 - Assessment and care plan within 90 days of stratification to high or moderate risk
 - Care plan review every 30 days (high risk) or 90 days (moderate risk)
 - Member contact with care coordinator every 90 days; face-to-face every six months
 - Increased contact and service plan requirements for (M)LTSS members, varies by program
- All members
 - Initial health risk screen/assessment within 60 days of enrollment
 - Ongoing monitoring for changes in condition for referral to complex care management
 - Problem solving support, care gap closures, and other contracted care coordination services as requested and as need identified

Risk Stratification

- FHP & ACA 2% high risk
- ICP 5% high risk, 20% high plus moderate risk
- SNC 20% high risk, 40% high plus moderate risk
- (M)LTSS 20% high risk, 90% high plus moderate risk

Staffing ratios for members in Complex Care Management program

- HIV/TBI waiver members 1:30
- High risk 1:75
- Moderate risk 1:150
- Low risk 1:600







Delegation of MCO Requirements

Complex Care Management & Care Coordination

- CountyCare's philosophy is that Complex Care Management and Care Coordination are most effective when provided closer to clinicians and members in their communities.
- Therefore, CountyCare delegates MCO contractual responsibilities to provider organizations that demonstrate the capacity to provide these services to their patients. Delegates must meet criteria including, but not limited to:
 - Adequate size/scale of membership
 - Willingness to contract under a shared-risk agreement
 - IT infrastructure to exchange data files, testing of security and accuracy standards
 - Adequate staffing/composition to comply with contract requirements & staffing ratios
 - Operational infrastructure & training to support managed care and delegation oversight
 - Successful completion of readiness assessment for all requirements



Delegated Care Management Entities

Entity	Members	Population Served & Model	Population
Health Plan			
	153,000	Field based team for (M)LTSS and non-(M)LTSS members	HealthChoice: FHP, ACA, ICP, SNC (M)LTSS, DCFS, (2021 NB Consent)
Delegated Provider CMEs			
	37,000	Field & medical-home based team for non-(M)LTSS members at CCH Med Homes	HealthChoice: FHP, ACA, ICP, SNC
	146,000	Medical-home based team for non-(M)LTSS members at MHN ACO Med Homes	HealthChoice: FHP, ACA, ICP, SNC
	35,000	Medical-home based team for non-(M)LTSS members at Access Med Homes	HealthChoice: FHP, ACA, ICP, SNC

Note: Excludes <2500 members assigned to ILS and DSCC, specialized CMEs for (M)LTSS and legacy DSCC participants

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
October 30, 2020

ATTACHMENT #7

Cook County Department of Public Health

Third Quarter Report 2020

October 2020



COOK COUNTY
HEALTH

Cook County Department of Public Health



COVID-19 Response: Workplace Violations and Enforcement



Cook County DEPT.
of
Public Health



COOK COUNTY
HEALTH

CCDPH's COVID-19 Response

- Surveillance
- Infection Control
- Contact Tracing
- Workplace Safety
- Alternative Housing
- Community Engagement
- Communications

Investigated over 5,500 cases of COVID-19, providing guidance regarding quarantine, isolation, and prevention measures

Provided more than 200 congregate settings with ongoing technical assistance and guidance

Investigated over 150 schools with a case or close contact of a case

Responded to over 10,000 inquiries via hotline, and provided 1,700 individualized public health recommendations



Why Workplaces

- Workplaces play an integral role in minimizing or increasing the spread of COVID-19
- Addressing workplace violations is part of CCDPH's overall approach in controlling the spread and mitigating the health and social impacts of COVID-19
- CCDPH has power to exercise its authority as a local health department to contain the spread of dangerous infectious diseases such as COVID-19



COOK COUNTY
HEALTH



Cook County DEPT
Public Health
Promoting health. Preventing disease. Advancing life.

Who Addresses Workplace Violations

- CCDPH Environmental Health Services Unit, which serves as regulatory arm of agency
- Extensive relationships with municipalities, retail food establishments & other sites
 - License and inspect all retail food facilities in unincorporated Cook County
 - Intergovernmental Agreements with 29 suburban municipalities to inspect their retail food facilities
 - Responsible for inspecting other workplaces and facilities such as swimming pools, tattoo parlors, tanning salons and other venues.
- Expertise and experience with investigating complaints including outbreaks of foodborne illnesses and “nuisance” complaints and providing technical assistance and enforcement



Violations of CDC and IDPH Covid-19 Workplace Safety Requirements



CCDPH www.cookcountypublichealth.org



COOK COUNTY
HEALTH



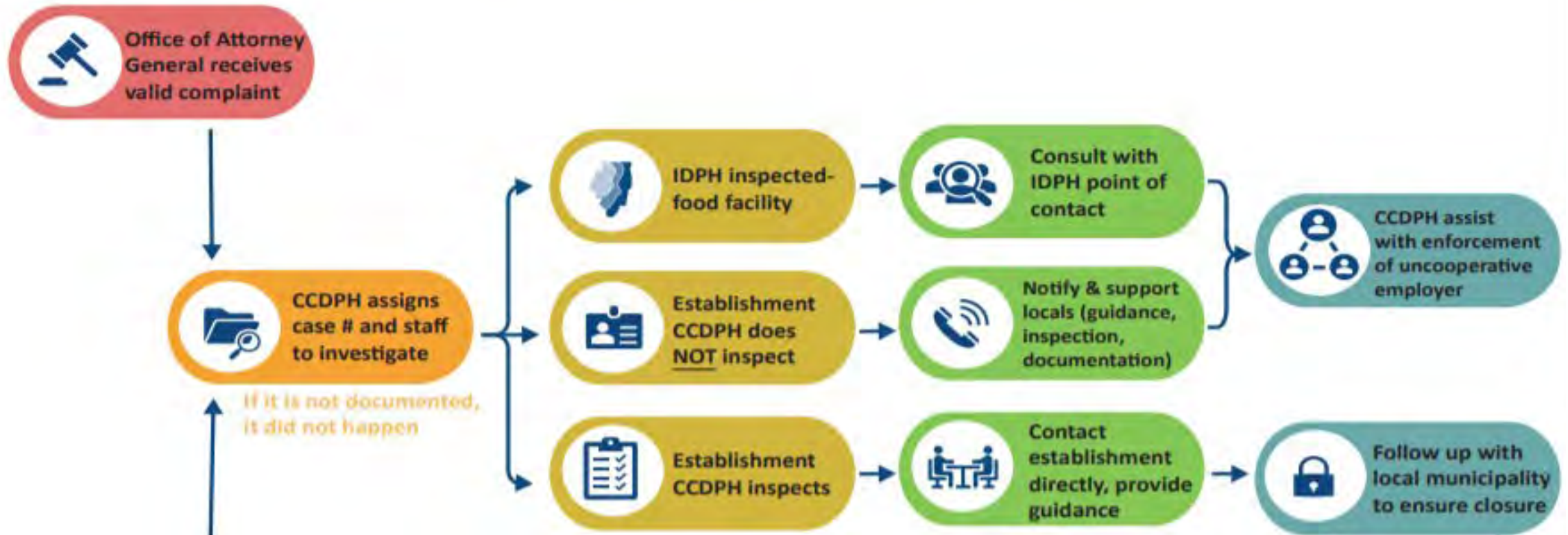
Cook County
Public Health
Promoting health. Preventing disease. Protecting lives.

Response to COVID-19-related Complaints

- CCDPH will:
 - Respond
 - Investigate
 - Educate
 - Enforce
- Responded to or investigated **155** food facilities with COVID-positive cases and **355** workplaces with complaints of workplace violations throughout suburban Cook County through September 30, 2020



What happens when a workplace COVID-19 violation report is made?



As per [Restore Illinois Guidelines](#)



Internal/
external
complaint

Phone: 708.633.3319

Email: ccdph.covid19@cookcounty.hhs.org

Monday-Friday 0900hrs -1600hrs

Law Enforcement

Partnering for compliance

- COVID Exec Order (EO) 2020-41 and COVID-19 Emergency Rule
- Public Health requirements for businesses and individuals
- Grants enforcement authority to state and local law enforcement and LHDs
- CCDPH hosted a series of webinars for law enforcement to support them in:
 - Understanding their role as defined in EO
 - Implementing enforcement actions
 - Collaborating with CCDPH for public health education and compliance assistance



Next Steps

- Continue to respond to workplace violations
- Establish and implement the Worker Protection Program as part of the COVID-19 Contact Tracing Initiative
 - Collaborate with worker-centered organizations
 - Conduct pro-active education and outreach to workplaces and workers
 - Co-design systems between CCDPH, worker-centered organizations and workers for education, reporting and compliance



Thank you.



Cook County DEPT. of
Public Health



COOK COUNTY
HEALTH

Cook County Department of Public Health

Fourth Quarter Report 2020

October 2020



COOK COUNTY
HEALTH

Cook County Department of Public Health



COVID-19 Response:
Flu Vaccine Coordination and COVID-19 Vaccine
Planning for Suburban Cook County



Cook County DEPT. of
Public Health



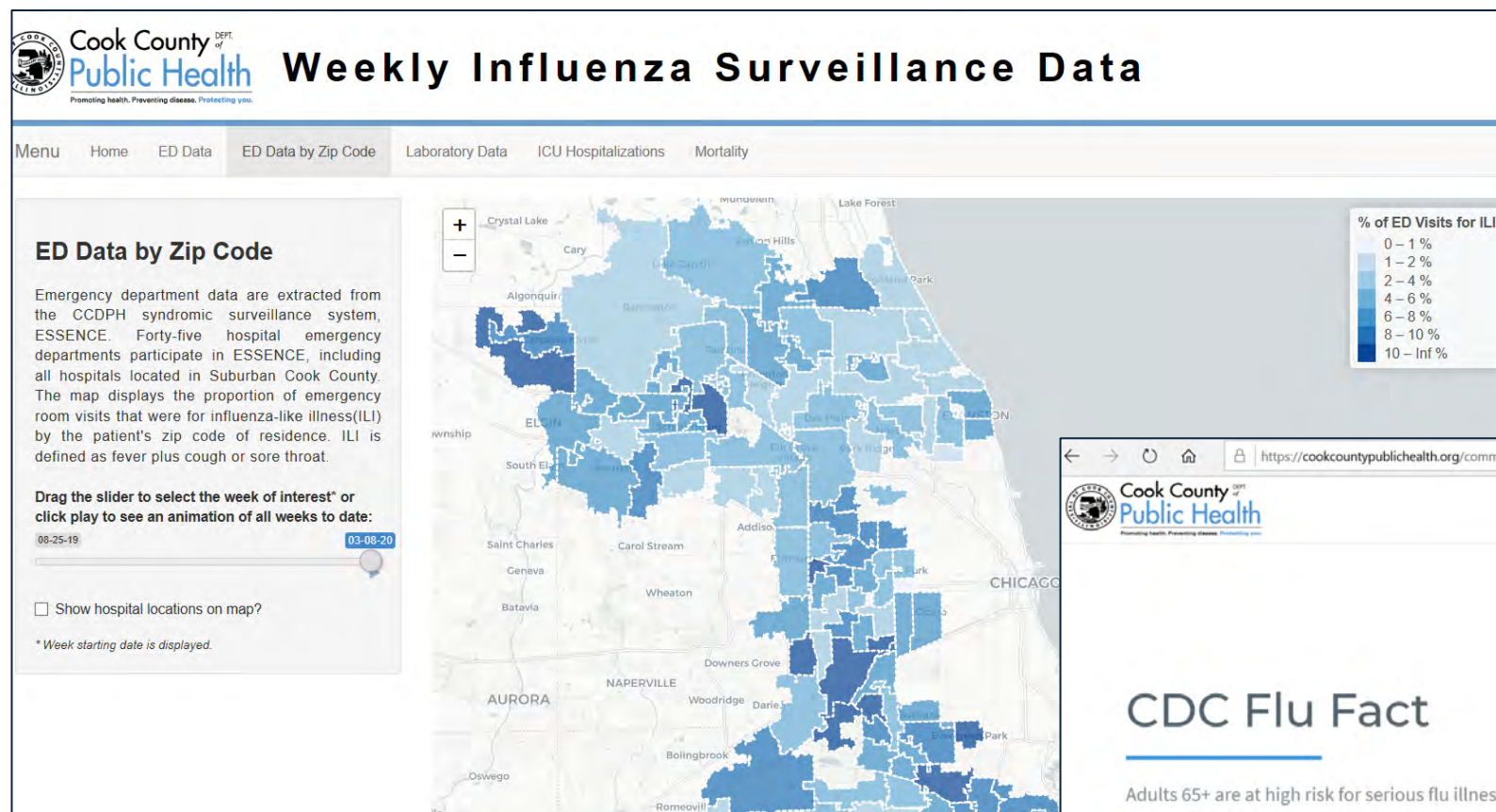
COOK COUNTY
HEALTH

2020-2021 Flu Season Planning Considerations

- Co-circulation of COVID-19 and seasonal flu
- CDC recommendations for seasonal flu and assumption that increasing flu vaccination uptake will likely mitigate stress on the healthcare system
- Illinois flu vaccine coverage was <50% (2018-2019 flu season) and disparities exist among African American and Hispanic populations
- Immunizations have been impacted by efforts to reduce the spread of COVID-19
- How and where people get a flu vaccine may need to change due to COVID-19



CCDPH Flu-Related Activities



<https://ccdphcd.shinyapps.io/influenza/>

Cook County DEPT of Public Health
Promoting health. Preventing disease. Protecting you.

Home About CCDPH Programs & Services How Do I? Hot Topics Media Events

CDC Flu Fact

Adults 65+ are at high risk for serious flu illness. Get your flu shot and encourage your loved ones to get vaccinated.

[Learn More](#)

<https://cookcountypublichealth.org/communicable-diseases/flu/>



COOK COUNTY
HEALTH

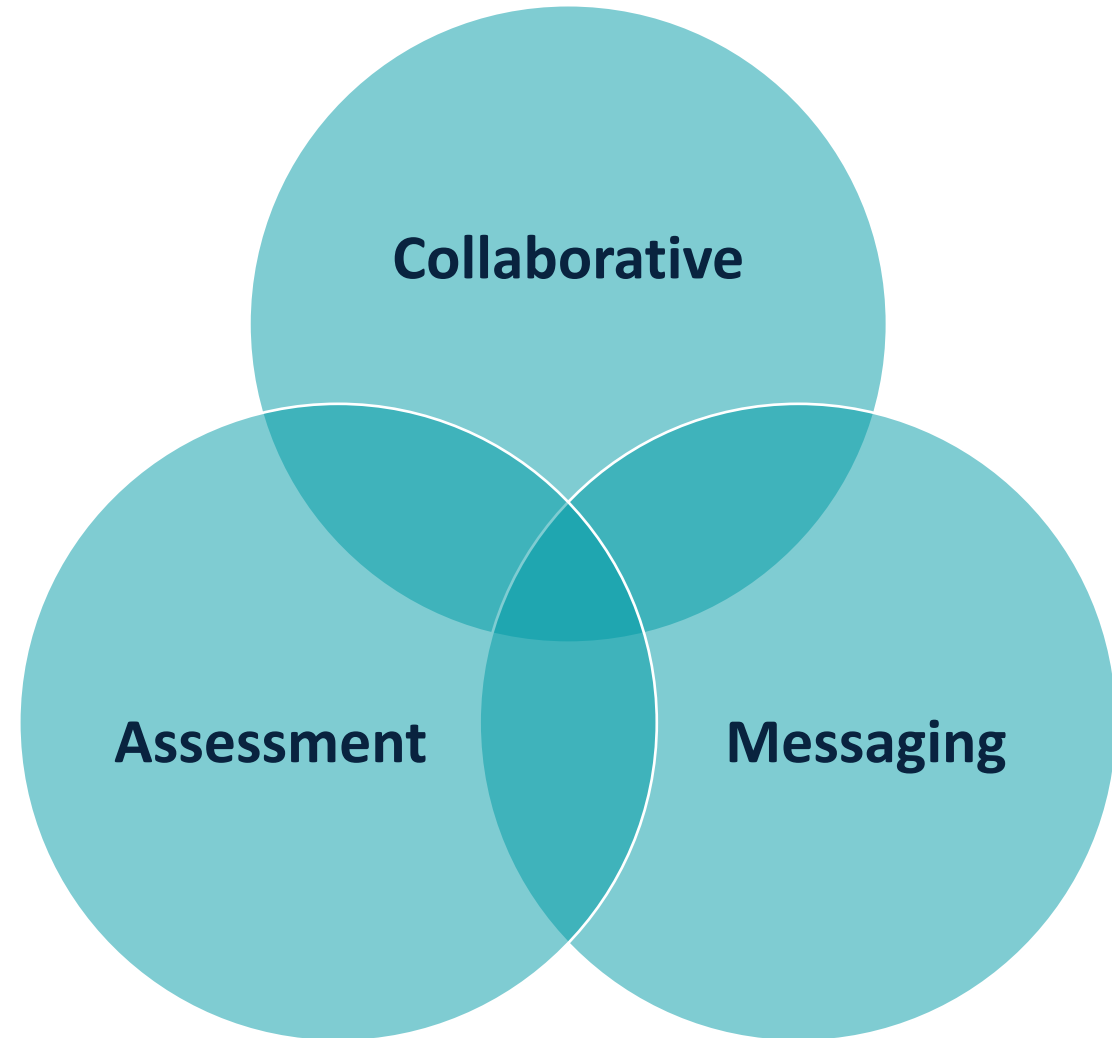


Cook County DEPT of Public Health
Promoting health. Preventing disease. Protecting you.

Healthcare System Collaborative Vision and Overview

GOAL:

Increase 2020 influenza vaccine uptake, especially in people at higher risk for serious flu and COVID-19 outcomes.



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HEALTH



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Collaborative Partners

Alliance for Health Equity

ACCESS Health

Advocate-Aurora Health

AgeOptions

AHS Family Health Center (AHSFHC)]

American Lung Association in Illinois

Beloved Community Family Wellness Center

Christian Community Health Center

Cook County Health

EverThrive Illinois

Family Christian Health Center



COOK COUNTY
HEALTH



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Greater Elgin Family Care Center

IDPH Immunization Section

Illinois Association of Free and Charitable Clinics

Illinois Chapter, American Academy of Pediatrics

Illinois Primary Health Care Association

Lurie Children's

Midwest Asian Health Coalition

OSF Healthcare

PCC Community Wellness Center

Respiratory Health Association

Rush University Medical Center

Trinity Health Loyola Medicine

Vaccine Planning Assessment

- Establish flu vaccine coverage baseline for suburban Cook County (based on 2019-2020 flu vaccination estimates)
- Estimate 2020-2021 vaccine coverage and gaps in suburban Cook County
- Understand 2020-2021 flu vaccination plans and needs in suburban Cook County
- Collect key information to support COVID-19 testing and vaccine planning



Flu + COVID-19 Communications Plan



- Continue to promote vaccination and other prevention messages through earned media
- Update CCDPH website with 2020-2021 flu messages/resources
- Launch bilingual marketing campaign to reach general and priority populations in suburban Cook:
November 1, 2020- December 31, 2020



COOK COUNTY
HEALTH



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Preventing Health, Preventing Disease, Promoting Life

Why COVID-19 Vaccination Planning Matters

“It’s not a vaccine that will save us. It’s vaccination.”

~ Dr. Anthony Fauci, White House Health Advisor ~



Cook County DEPT. of
Public Health



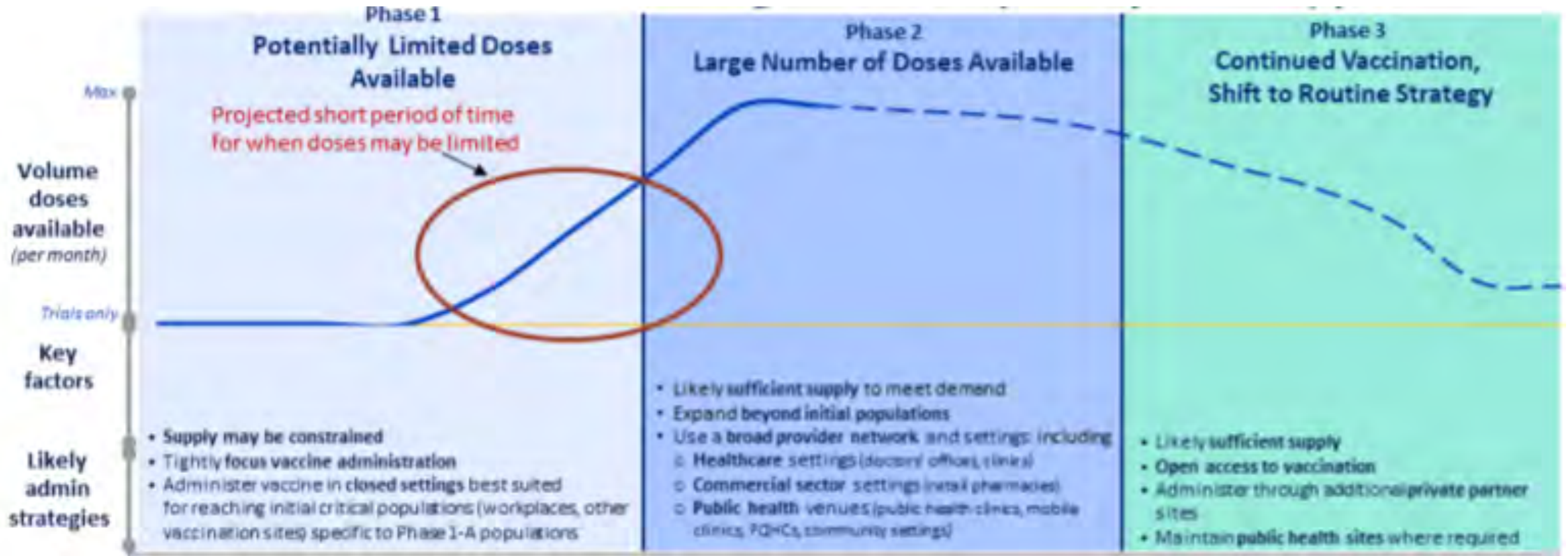
COOK COUNTY
HEALTH

Key Assumptions

- COVID-19 vaccine supply will be limited at the beginning with supply increasing substantially in 2021
- Two doses of COVID-19 vaccine will be needed
- Doses need to be same type from same manufacturer, requiring **stringent** tracking of vaccine administered and patient reminders
- Vaccination will take place over many months in a phased approach



Phased Approach



Phase 1: Critical Populations

- Critical workforce members who provide health care
- Staff and residents in long term care facilities
- Critical workforce members who provide essential functions of society

Reference: IDPH COVID-19 Mass Vaccination Planning Guide, Sept 2020



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Key Components of Pandemic Vaccination

- Strategy development
- Training
- Vaccine ordering and receipt
- Vaccine allocation
 - Prioritization of allocation and administration
- Logistics – Receipt, storage and distribution
- Vaccine administration tracking and monitoring
- Communications



Challenges We Face

- Unknowns and short-period of time for planning
- Potential limited resources (healthcare workers, PPE, vaccine)
- Defined critical populations when supply is limited
- Myths, distrust and lack of demand for vaccine
- Fiscal implications, lack of sufficient funding
- Unclear support from State (e.g., tracking and monitoring system)



Additional mitigations effective Wednesday 10/28/2020

- Increasing case positivity and slowly increasing hospitalizations reflective of regional and national pattern
- Entered IDPH “Orange” designation on Sunday 10/25/2020
- IDPH instituted additional, “Tier 1,” mitigation measures effective Wednesday 10/28/2020; significant changes:
 - All bars and restaurants close at 11pm and may reopen no earlier than 6am the following day
 - No indoor service (for bars OR restaurants)



Thank you.



Cook County DEPT. of
Public Health



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
October 30, 2020

ATTACHMENT #8

CEO Report

Debra D. Carey, Interim CEO

October 30, 2020



COOK COUNTY
HEALTH

COVID-19 Update



COOK COUNTY
HEALTH

Latest Numbers

As of October 27, 2020

	Confirmed Cases	Deaths	Total Tests Performed
Cook County (IDPH link)	178,832	5,439	2,776,009
Illinois (IDPH link)	382,985	9,568	7,388,290
U.S. (CDC link)	8,680,611	225,084	142,809,748
World (WHO link)	43,540,739	1,160,650	N/A



CCH COVID Testing

All CCH Testing* as of 10/26/20

Test Result	Test Count	Percent
Negative	53,731	92%
Positive	4,271	7%
Undetermined	529	1%
Grand Total	58,522	100%

**This slide represents all tests conducted at CCH. If a patient was tested multiple times, each test is counted.*

Patient Testing

All Testing as of 10/26/20

Gender	%
Female	32%
Male	68%

Age Group	%
0-20	10%
21-40	43%
41-64	38%
65 +	10%

Positives Only

Gender	%
Female	37%
Male	63%

Age Group	%
0-20	6%
21-40	35%
41-64	49%
65 +	10%

Due to rounding, totals may not equal 100.

Patient Testing

All Testing as of 10/26/20

Race	%
African/American	58%
American Indian/Alaska Native	2%
Asian	2%
Other/Multiple/Unknown	9%
White	29%

Ethnicity	%
Hispanic/Latino/Spanish Origin	21%
Non-Hispanic/Latino/Spanish Origin	79%

Positives Only

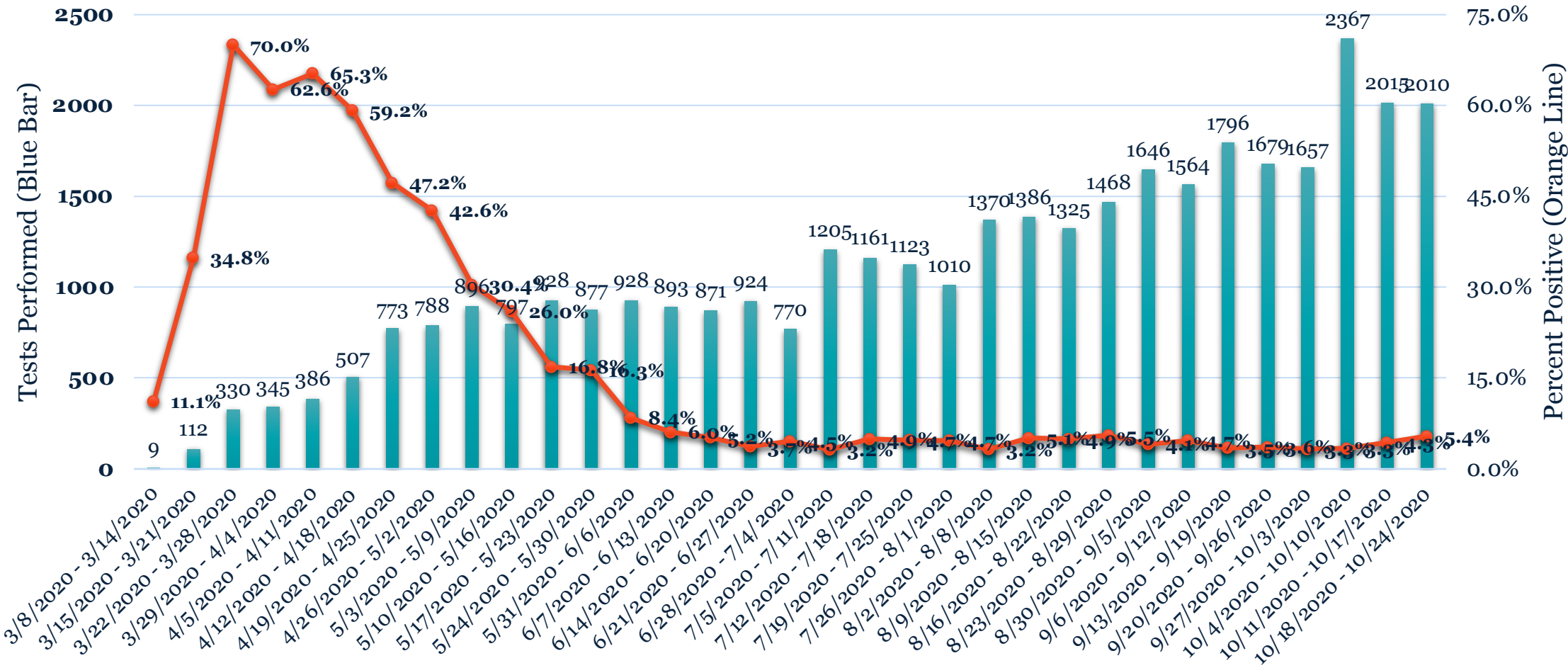
Race	%
African/American	41%
American Indian/Alaska Native	6%
Asian	2%
Other/Multiple/Unknown	15%
White	35%

Ethnicity	%
Hispanic/Latino/Spanish Origin	46%
Non-Hispanic/Latino/Spanish Origin	54%

COVID-19 Patient Testing Conducted across all CCH locations

12,320 patients have have been tested for COVID-19 through CCH

CCH All Patients Tested vs. Positive Rate



Inpatient COVID-19 Data Stroger Hospital

Bed Inventory Available for COVID-19 Patients*	
Total General medical/surgical beds	254**
Total ICU Beds	58**
Total Ventilators	58
<p><i>*As of 10.29.20, CCH had one general medical-surgical unit and one medical intensive care unit designated for COVID-19. Additional COVID units can be opened when needed. CCH intends to continue as much non-COVID care as possible during this current surge.</i></p> <p><i>**Licensed beds. Surge beyond current staffing levels would require additional resources.</i></p>	
Total COVID-19 Inpatients to Date	
Unique COVID-19 Patients Hospitalized to date	886
Unique COVID-19 Patients ICU to date	119
Percent of COVID-19 ICU patients vented	33%

Resurgence is here

Situational Awareness

- New mitigation restrictions in place in Chicago and Suburban Cook County because of rising case numbers.
- Positivity rate is increasing at Cook County Health.
- Inpatient volumes rising at Stroger.
- Resurgence Committee meeting regularly.
- Public Health contact tracing underway.
- Continued containment at Cermak.

New Normal

Operational Updates

- Reinforcing/adding mitigation strategies for staff, patients and visitors
 - Signage
 - Universal masking
 - Reconfigured spaces to accommodate social distancing
 - Temperature checks for patients and visitors
 - Staff attestation that they are symptom free and have not had close contact to a confirmed case
- Ongoing monitoring and building of PPE stock.
- Maturing Telehealth platform. Physicians now have access to tele-video.
- Encouraging early influenza vaccination to reduce chances of a ‘twindemic’

Leadership monitoring situation. At this time, Cook County Health intends to continue to provide all services to our patients.

Recent CCH COVID-19 Media

570+ COVID stories to since March



Behind-the-scenes of the COVID-19 vaccine approval process



'COVID fatigue' blamed for second surge in coronavirus cases; Chicago health experts warn people not to let their guard down



Cook County Health Seeks Participants for COVID-19 Experimental Drug Clinical Trial



Suburban Cook County placed under tougher coronavirus restrictions starting Wednesday that will prohibit indoor dining and bar service



COOK COUNTY HEALTH



Remdesivir hailed for helping treat coronavirus patients following FDA approval



Is it safe to trick or treat?



Trump at Walter Reed: President receives experimental drug Regeneron; Cook County Health also testing the possible coronavirus treatment



The vial antibody cocktail Trump took is being studied in Chicago r



COVID-19 Discussion with Dr. Gregory Huhn

Cermak Update

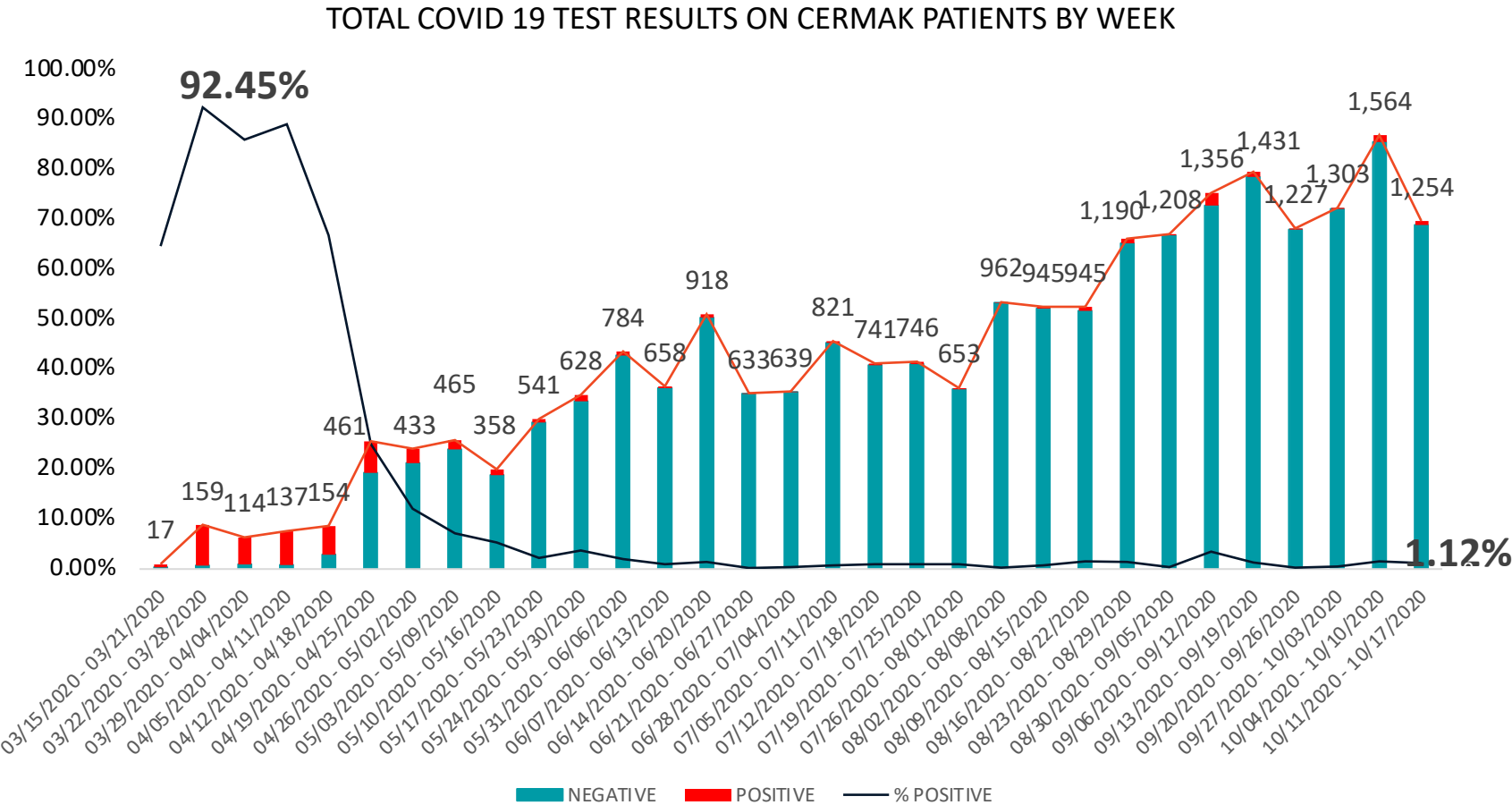


COOK COUNTY
HEALTH

Cermak Update

The Importance of Testing

This graph illustrates the impact of testing availability. As was true in the community, our initial testing was constrained exclusively to symptomatic patients. The availability expanded eventually to include patients without overt signs of infection and then to surveillance. Testing continues to inform care and housing and plays a critical role in focused interventions and ongoing containment.

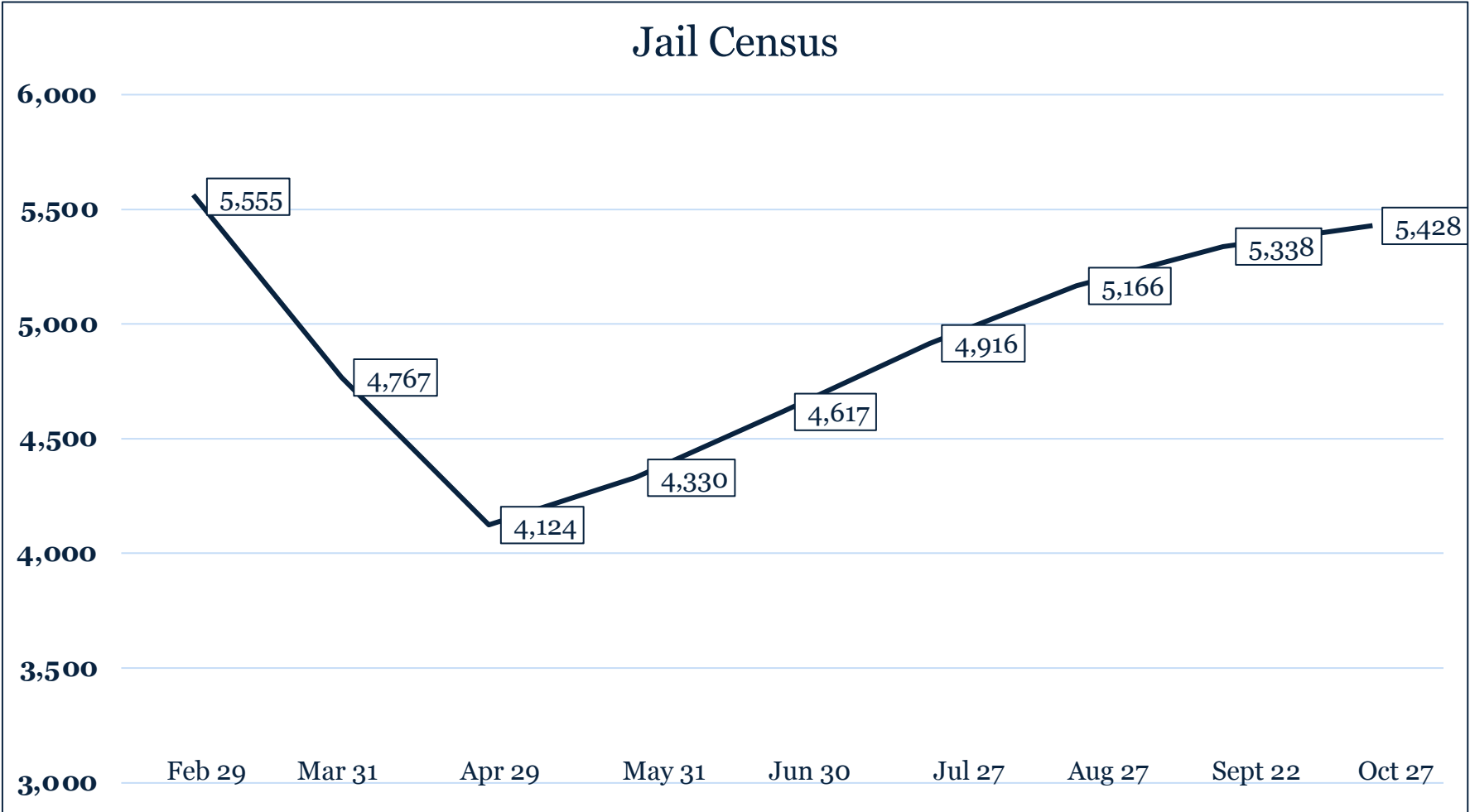


Positivity Rate as of 10/28/20 = 1.1%

Cermak Update

- Cermak remains our highest priority.
- Population continues to rise compressing space to accommodate social distancing. There are 350-400 detainees awaiting transfer to the Illinois Department of Corrections on any given day.
- Lower census allowed for single celling, distancing and other mitigation strategies that have led to containment.

	Feb 29	March 31	April 29	May 31	June 30	July 27	Aug 27	Sept 22	Oct 27
Census	5,555	4,767	4,124	4,330	4,617	4,916	5,166	5,338	5,428



Cook County Jail Housing:

Expanded footprint to achieve social distancing



COOK COUNTY
HEALTH

➤ = pre-COVID ➤ = post-COVID

CDPH Grant



Chicago Department of Public Health Grant:

Epidemiology & Laboratory Capacity for Infectious Diseases (ELC)



COOK COUNTY
HEALTH

Epidemiology & Laboratory Capacity for Infectious Diseases (ELC)

Total Budget: \$1,446,106

Grantor: Chicago Department of Public Health (CDPH)

Purpose: Grant funds are to protect the public health and safety of the American people by enhancing the capacity of the public health agencies to effectively detect, respond, prevent and control unknown and emerging (or reemerging) infectious diseases.

Components:

- 1) COVID Testing in which nurses and medical assistants will be carrying out the tactics of providing COVID tests at our mobile units as well as the Stroger and Provident testing tents
- 2) COVID Contact Tracing in which case Investigators and contact tracers will be complete the investigations.

Program Scope of Services

- CCH will offer rapid turn-around, high sensitivity lab-based COVID testing at Chicago ambulatory sites, while also integrating mobile unit-based testing in Chicago community areas most impacted by COVID-19.
- CCH will expand drive-up and walk up testing at our Chicago ambulatory sites located in or near the community areas with the highest COVID test positivity rates and newly reports cases.
- With the assistance of the CCH mobile unit, testing stations will be set-up at designated locations with on-site registration, which will allow for walk-up testing.
- Those tested at the mobile unit will be notified of their results and, if found to be positive, will be linked to care with a CCH provider.
- Mobile unit testing will allow CCH to host multiple testing events every week and has the capacity to travel throughout the Chicagoland area.
- CCH ambulatory sites will engage in comprehensive case investigation and contract tracing for each new COVID-19 infection identified via testing at CCH's Chicago-based ambulatory sites.

Clinical Trials & Studies



COOK COUNTY
HEALTH

COVID-19 Clinical Trials and Studies at CCH

Clinical Trial of Monoclonal Antibodies for the Prevention of COVID-19

Cook County Health is evaluating a potential experimental antibody therapy for the prevention of SARS-CoV-2 infection among household members of those with diagnosed COVID-19 as part of a clinical trial led by Regeneron Pharmaceuticals. Infectious disease researchers are examining the efficacy, safety and tolerability of a combination of two monoclonal antibodies known as REGN-COV2 (REGN10933 and REGN10987), developed by Regeneron. Monoclonal antibody therapies have been successfully used to treat many kinds of cancer as well as autoimmune disorders. They have been shown to decrease mortality from Ebola virus disease and are currently being studied for HIV prevention. Cook County Health is one of several major medical centers across the U.S. and the second site in Illinois to begin enrollment into the Phase III, randomized, placebo-controlled, double blind clinical trial.

One of only two sites in Illinois to Lead Landmark Trial to Recruit Adults Who Recently Tested Positive for COVID-19

Cook County Health is one of only 24 hospitals in the U.S. and one of only two sites in Illinois to test the safety and efficacy of a possible antibody treatment drug that may help patients with mild to moderate COVID-19. The initial results of the study was recently published in the *New England Journal of Medicine*, which was co-authored by Cook County Health infectious disease expert Dr. Gregory Huhn. Called the BLAZE-1 study, the trial is evaluating the antibody known as LY-CoV555, which was derived from one of the first U.S. patients to survive COVID-19.

COVID-19 Clinical Trials and Studies at CCH

Cook County Health Study Indicates Rapid and Disproportionate Increase in COVID-19 Hospitalizations Among Hispanics

New research led by medical experts from Cook County Health indicates outreach to Hispanic populations during the early days of the COVID-19 pandemic may not have been effective at reaching those most at risk. In comparison to hospitalizations during the 2019-2020 influenza season, Hispanics were 40% more likely to be hospitalized due to a COVID-19 infection in comparison to non-Hispanic Blacks and whites. Halfway through the duration of the two-month study, 75% of all hospitalized COVID-19 infected patients at Cook County Health were Hispanic. The study looked at multiple variables and characteristics and found several common threads among Hispanic patients who had to be hospitalized due to COVID-19.

Cook County Health Leads AstraZeneca Phase III COVID-19 Vaccine Trial

Cook County Health is participating in a Phase III, randomized, double-blinded, placebo-controlled trial for a COVID-19 vaccine known as AZD1222. Cook County Health is one of three centers in the Chicago area participating in the study. Cook County Health is part of the NIAID-supported COVID-19 Prevention Network (CoVPN), which is composed of composed of existing NIAID-supported clinical research networks with infectious disease expertise and is designed for rapid and thorough evaluation of vaccine candidates and monoclonal antibodies for the prevention of COVID-19. Unlike the Phase I and II trials that primarily looked at the safety data of the vaccine and documented the antibody response on test subjects, the Phase III trial will evaluate if the vaccine will actually prevent symptomatic COVID-19.

COVID-19 Clinical Trials and Studies at CCH

North American COVID-19 ST-Segment Elevation Myocardial Infarction Registry Where COVID-19 Patients or PUIs are Evaluated

Cook County Health is the first hospital in Illinois and one of 25 sites nationwide to participate in a study to understand the effects of COVID-19 on acute myocardial infarction patients. The Society for Cardiovascular Angiography and Interventions and the Canadian Association of Interventional Cardiology in conjunction with the American College of Cardiology Interventional Council has created a multicenter observational registry called the North American COVID-19 ST-Segment Elevation Myocardial Infarction. The goal is to have 100-150 hospitals in the U.S. and Canada register COVID-19 positive patients or persons under investigation with evidence of heart blockages on an electrocardiogram. The data collected from the North American registry will be compared to an age and gender-matched control population from the existing Midwest STEMI Consortium, which is a large, prospective multicenter registry of consecutive STEMI patients of more than 15,000. The registry will compare outcomes in patients who presented from January 1, 2020 to December 31, 2021, or the end of the pandemic allowing centers to identify eligible patients retrospectively and/or prospectively as long as the determination of COVID-19 status has been made.

COVID-19 Clinical Trials and Studies at CCH

Convalescent Plasma Therapy to Treat COVID-19 Patients

While no drug treatment for COVID-19 has been approved by the Food and Drug Administration, the U.S. Government is supporting a national Expanded Access Program to provide convalescent plasma to patients in need. Cook County Health began using the therapy in early May. John H. Stroger, Jr. Hospital joins more than 2,000 sites nationwide that are using convalescent plasma on COVID-19 patients. Plasma in recovered COVID-19 patients contains antibodies that may help fight the disease in those currently battling. Transfusing plasma containing these antibodies to severely sick patients could give their immune system additional resources to fight off the infection.

Post COVID-19 Study

Infectious disease experts from the Ruth M. Rothstein CORE Center at Cook County Health has launched a new trial called the ACCELERATED study to try to find new breakthrough therapies for COVID-19 treatment and prevention. Individuals who have recovered from COVID-19 are a vital resource in this effort. Medical experts from Cook County Health are collaborating with an international group of researchers to identify staff who have recovered from COVID-19 to take part in this study, which involves a one-time blood draw and brief online survey done eight to 10 weeks after illness onset.

COVID-19 Clinical Trials and Studies at CCH

CCH Simulation Center Testing Portable, Low-Cost Ventilator to Fight COVID-19

Medical experts from the Simulation Center at Cook County Health has partnered with a team of physicists and engineers from Fermilab to help test a newly developed ventilator, which is in the final stages of emergency FDA approval. Cook County Health is one of only two medical institutions in the U.S. and one of only a handful in the world to help test the technology. The MVM is being tested at CCH utilizing the most advanced technology breathing simulator called the ASL 5000 Lung Solution. The ASL 5000 lung simulator can receive a ventilator in any mode at almost any range and can transmit real life feedback to the ventilator. This allows for accuracy in testing ventilators prior to patient use. The ASL 5000 can simulate almost any type of lung disease and help medical providers with the best ways to treat it.

North American COVID-19 ST-Segment Elevation Myocardial Infarction Registry (NACMI)

Any COVID-19 positive patients or persons under investigation (PUI) with ST-Segment Elevation or new-onset left bundle branch block with a clinical correlate of myocardial ischemia (chest pain, dyspnea, cardiac arrest, hemodynamic instability) will be enrolled. The data will be compared to an age and gender-matched control population from the existing Midwest STEMI Consortium, which is a large (>15,000), prospective multi-center registry of consecutive STEMI patients. CCH believes this registry has the potential to provide critically important time-sensitive data to inform the management and treatment guidelines applicable to COVID-19 patients.

COVID-19 Clinical Trials and Studies at CCH

First in Illinois and One of Six in the U.S. to Investigate Hydroxychloroquine in Conjunction with and without Azithromycin in Non-Hospitalized Patients

Cook County Health is one of six sites participating in a clinical trial investigating whether hydroxychloroquine, a commonly used antimalarial and autoimmune drug, can prevent disease progression among mildly symptomatic patients with COVID-19. Along with the University of Washington, Boston Medical Center, NYU Langone Health, SUNY Upstate Medical University and Tulane University, Cook County Health infectious disease experts will look at the effectiveness of the widely discussed drug hydroxychloroquine in conjunction with and without azithromycin to prevent hospitalizations in less severe COVID-19 patients, as well as decrease lung infections, in a randomized placebo-controlled trial. The study is funded by the Bill & Melinda Gates Foundation through the University of Washington.

Cook County Health Leads First Studies for COVID-19 Drug Treatment in Illinois

Cook County Health is one of only three medical centers in Chicago and one of 50 major medical centers worldwide leading two different studies. Both are phase III, randomized trials looking at the safety and efficacy of a potential drug treatment for patients diagnosed with either moderate or severe COVID-19. The antiviral drug known as remdesivir has been used to treat patients diagnosed with Ebola, as well as animals with the Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS) – categorized as other coronaviruses. The moderate COVID-19 study will look at three treatment groups. One treatment group will be given remdesivir for five days and the other will be given the drug for a 10-day period. The third group will serve as a control group. All treatment groups will receive standard of care therapy. The second study focuses on patients with severe COVID-19. Patients will receive remdesivir for a 10-day period, and some may receive a five-day course of the drug. The study is funded by Gilead Sciences Inc., the drug maker of remdesivir.

Recognition



COOK COUNTY
HEALTH

Cardiology Wins Gold from American Heart Association



Congratulations to the Cook County Health
Cardiology Team on achieving the

**2020 Mission: Lifeline® STEMI Receiving
Center Gold Recognition Award**

This puts CCH in an elite group of hospitals
recognized by the American Heart Association,
signifying our commitment to quality
improvement for heart attack patients

Vizient Executive Savings Award

4th Consecutive Year

Vizient, Inc. announced the recognition of 269 member health care organizations for demonstrating excellence in lowering costs in the supply chain. Through the Impact Standardization Program, these hospitals streamlined their purchasing practices in designated product categories, earning rebates and in many cases attaining lower pricing from manufacturers. CCH was awarded this honor for the 4th consecutive year.

**The award is for hospitals that receive rebates between \$250K - \$500K annually
Executive Level Award – Executive Savings 250-500 – received between \$250K and
\$500K in Rebates in 2019 for CCH**

2019 Rebates - \$287,226

2017 Rebates – @ \$250,000 *

Total for 4 years in rebates over \$1,092,875

2018 Rebates – \$305,649

2016 Rebates – @ \$250,000 *

* Estimate

HealthChoice IL Plan Report Card

Annual HealthChoice Illinois Report Card

- Report card is for individuals in the HealthChoice Illinois Managed Care Program in **Cook County**
- Compares managed care plans to one another in key performance areas
- Posted <https://www.illinois.gov> to help Medicaid members choose the plan that best meets their health care needs
- Star ratings show how managed care plans statewide compare to national Medicaid ratings

Rating	Performance Measure Compared to 2019 Quality Compass National Medicaid Benchmarks	
★★★★★	Highest Performance	The performance measure was above the 90th percentile.
★★★★	High Performance	The performance measure was between the 75th and 89th percentiles.
★★★	Average Performance	The performance measure was between the 50th and 74th percentiles.
★★	Low Performance	The performance measure was between the 25th and 49th percentiles.
★	Lowest Performance	The performance measure was below the 25th percentile.

2019 Cook County HCIL Plan Scores & Ratings

Plan	Doctors' Communication	Change	Access to Care	Change	Women's Health	Change	Living With Illness	Change	Behavioral Health	Change	Keeping Kids Healthy	Change
Aetna Better Health*	★★★	—	★★★	—	★	—	★★★	—	★★★★★	—	★	—
Blue Cross Community Health Plans	★★★★	—	★★★	—	★★	—	★★★	—	★★★★	—	★	—
CountyCare Health Plan	★★★	—	★★★	—	★★★★★	—	★★	—	★★★	—	★★★★★	—
MeridianHealth	★★★	—	★★★	—	★★★★	—	★★★	—	★★★	—	★★★	—
Molina Healthcare	★★★	—	★★★	—	★★	—	★★★	—	★	—	★★★★	—

*Formerly known as IlliniCare

CountyCare – 3 Year NCQA Accreditation



2020 CountyCare NCQA Summary Score

Scoring Category	NCQA possible points	Current Score 2020	Previous Score 2017
HP ACCREDITATION STANDARDS <i>(updated triennially)</i>	50.00	50.00 (Renewal) 100%	45.74 (Initial) 91.48%
HEDIS + CAHPS <i>(updated annually)</i>	37.00 + 13.00	27.99 (2019)	NA
TOTAL SCORE		77.99	45.74
POSSIBLE	100.00	100.00	50.00

Monthly Media Report



COOK COUNTY
HEALTH

Media Dashboard: September 21 – October 23, 2020

Total Number of Media Hits: 70

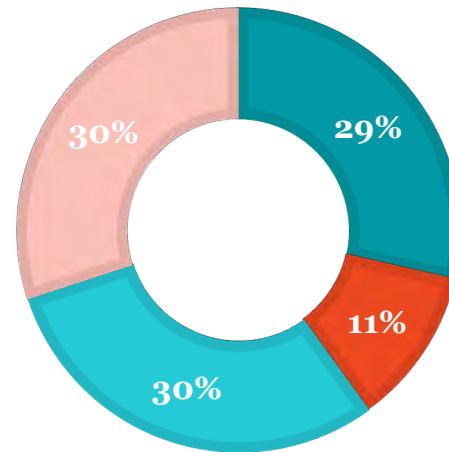
Top 5 Local Media Outlets

1. *Chicago Tribune*
2. *NBC-5*
3. *ABC-7*
4. *Chicago Sun-Times*
5. *WBEZ-FM*

Top 4 National Media Outlets

1. *Becker's Hospital Review*
2. *Modern Healthcare*
3. *Yahoo! News*
4. *Kaiser Health News*

Media Outlet Type

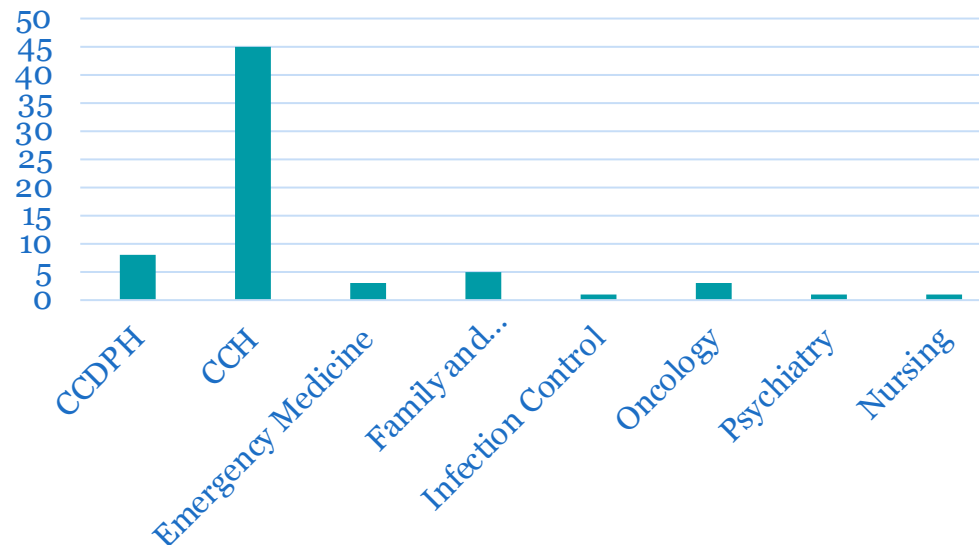


■ Print ■ Radio ■ TV ■ Web

Most Common Topics

1. New CEO
2. COVID-19 news stories: COVID-19 fatigue, Halloween safety, Masking, Flu and COVID-19, etc.
3. ACA Repeal
4. Cook County Budget
5. Cook County Health Budget
6. Voter
7. Breast Cancer Awareness Month

Media Mentions by Department



Social Media Insights

As of October 26

Twitter (28-Day Summary)

- Impressions: **23.9K**
- Profile visits: **458**
- Mentions: **123**
- Followers: **3,150** (up **54**)

LinkedIn (30-Day Summary)

- Impressions: **12,085**
- Unique visitors: **446**
- Followers: **5,598** (up 135)

Facebook (28-Day Summary)

- Post reach: **8.9K**
- Post engagement: **3,356**
- Page views: **1,213**
- Page likes: **4,651** (up **57**)
- Page followers: **5,846** (up **61**)

Instagram (7-Day Summary)

- Impressions: **2,297**
- Reach: **650**
- Profile visits: **167**
- Followers: **1,967** (up **83**)



COOK COUNTY HEALTH

DEBRA D. CAREY
INTERIM CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS (Addendum to slide deck)
October 30, 2020

Activities and Announcements

Recent Events

- On October 1, 2020, Debra Carey, Interim CEO, participated in a roundtable discussion through the Michael Reese Health Trust focused on health and housing systems change efforts occurring through the Flexible Housing Pool.
- On October 7, 2020, CCH hosted a press conference to discuss the potential impact should the Affordable Care Act be repealed by the US Supreme Court. Cook County Board President Toni Preckwinkle, Congressman Bobby Rush (IL-1), Congresswoman Robin Kelly (IL-2), Congressman Sean Casten, (IL-6), Congressman Danny Davis (IL-7), Congressman Raja Krishnamoorthi (IL-8), Congresswoman Jan Schakowsky (IL-9). See attachment.
- On October 28, 2020, Debra Carey, Interim CEO, moderated a panel discussion hosted by the Cook County Health Foundation Associate Board titled Prioritizing Health in All Policies (HiAP). The panel participants included Laticia Reyes-Nash, Director of Programmatic Services & Innovation at CCH; Steve Brown, Director of Preventive Emergency Medicine at UI Health and McKinley Nelson, Founder of ProjectsWish.

Supporting Patients Experiencing Homelessness

CCH Medical Respite Center (MRC): Together with Housing Forward and Cook County Economic Development, CCH is creating additional recuperative care capacity in Suburban Cook County. The MRC is the continuation of our COVID isolation facility for homeless patients at the South Side YMCA in the Spring. The MRC provides COVID isolation support to patients experiencing homelessness. The Center also supports patients in need of safe space to recover from post-acute care hospitalization. The MRC serves patients experiencing homelessness from Stroger and Provident Hospitals, homeless residents identified through the CCDPH Contact Tracing and residents exiting post-acute hospitalization in Suburban Cook County. CountyCare invested in the MRC as part of their HFS Pay for Performance community investment plan. The MRC will open in November in Oak Park.

Chicago Homeless and Health Response Group for Equity (CHHRGE): CCH is an active member of CHHRGE, a community coalition of hospitals (CCH, UIHealth, Rush), homeless service providers, FQHCs and the City of Chicago. CHHRGE serves as the command center for the homeless COVID response. CCH Departments of Emergency Medicine, Behavioral Health, Collaborative Research Unit and Housing participate actively in CHHRGE. The CCH Director of Housing was elected by CHHRGE membership to be the representative to the Leadership Team of the **Expedited Housing Initiative**, which will house 2000 Chicago homeless households over the next two years with CARES Act funding. CHHRGE was awarded the System Impact Award from the Chicago Continuum of Care at their Annual Breakfast in October.

Advancing Health Equity Learning Collaborative: Health Plan Services leads CCH's work in a national learning collaborative funded by the Robert Wood Johnson Foundation. The Advancing Health Equity Learning Collaborative seeks to advance health equity through innovations in Medicaid payment. The IL Team, led by Health Plan Services, includes membership from the IL Department of Healthcare and Family Services, ACCESS Community Health and

the CCH Housing Department and Collaborative Research Unit. Health Plan Services utilizes their investment of the Flexible Housing Pool as their payment innovation.

IMPACT 2023 Objective 5.1A, 5.1B, 5.1D

Food As Medicine

As access to healthy food remains a great need for our patients and communities, the Fresh Truck partnership between Cook County Health (CCH) and the Greater Chicago Food Depository (GCFD) continues. The onset of the COVID-19 pandemic required CCH and GCFD to develop and implement revised protocols for the Fresh Truck distributions that allow for appropriate screenings and social distancing to protect patients, as well as CCH and GCFD staff and volunteers. These revised protocols are in place until further notice.

Through October 6, CCH's Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 285 visits to 13 CCH health centers – Arlington Heights, Austin, Blue Island, the CORE Center, Cottage Grove, Englewood, Logan Square, Near South, North Riverside, Provident/Sengstacke, Prieto, Robbins, and Woodlawn.

Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to an estimated 36,061 individuals, representing 119,281 household members, totaling more than 750,000 pounds of food. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

GCFD Fresh Truck Distributions

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

- November 5 – **Prieto Health Center** – 2424 S. Pulaski Road, Chicago, IL 60623
- November 10 – **Provident Hospital/Sengstacke Health Center** – 500 W. 51st Street, Chicago, IL 60615
- November 17 – **Woodlawn Health Center** - 6337 S. Woodlawn Avenue, Chicago, IL 60634
- November 19 – **Arlington Heights** – 3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- November 20 – **CORE Center** - 2020 W. Harrison Street, Chicago, IL 60612
- November 24 – **Logan Square Health Center** - 2840 W. Fullerton Avenue, Chicago, IL 60647

IMPACT 2023 Objective 5.1C

Community Advisory Councils

Cook County Health Advisory Councils include patients, community and religious organizations and serve as a way to promote our services in the communities where our centers are located. The Councils provide feedback to our staff and help strengthen our health center's relationships in the community. The councils meet quarterly to provide current information on Cook County Health and as an avenue for members to share information about their organizations. This past month, we hosted our first North Riverside meeting.

Upcoming CAC meeting dates:

Englewood: Thursday at 1:00 PM: December 17
1135 W. 69th Street, Chicago, IL 60621

North Riverside: Thursday at 1:00 PM: December 16
1800 S. Harlem Avenue, Suite A, North Riverside, IL 60546

Arlington Heights: Tuesday at 1:00 PM: November 10
3520 N. Arlington Heights Road, Arlington Heights, IL 60004

Joint South Suburban: Thursday at 1:00 PM: November 19
Robbins: 13450 S. Kedzie Road, Robbins, IL 60472
Cottage Grove: 1645 S. Cottage Grove Avenue, Ford Heights, IL 60411

IMPACT 2023 Focus Area 5

Media, social media reports and other documents attached.

Legislative Update

Local

- On October 26, the Illinois Department of Public Health issued additional mitigation measures in suburban Cook County in response to increasing COVID-19 cases and hospitalizations in the region. The new restrictions impact restaurants, retail establishments and other congregate settings.
- The Cook County Legislation and Intergovernmental Affairs Committee met twice in October to consider CCH related appointments. On October 16, the committee considered and approved the appointment of Israel Rocha as Cook County Health CEO by a unanimous roll call vote. On October 21, the committee approved the appointment of Joseph Harrington to the Cook County Health & Hospitals System Board by a voice vote. Both appointments were ratified by the Cook County Board on October 22.

State

- The Illinois Health Facilities Planning and Review Board conducted a three-day public hearing October 28-30 for the public to provide comments on the proposed closure of Mercy Hospital. The IHFSRB has tentatively scheduled the Mercy application to be heard at the December 15, 2020 meeting.

The initial hearing included 22 speakers – 6 in support of the application and 16 opposed. The 6 who spoke in favor were all affiliated with Mercy Hospital. Two of the speakers referenced the Provident ED in their comments one representing labor and one from the Kenwood Oakland Community Organization (KOCO).

- Last spring a proposed merger of four 4 hospitals located on the south side fell through due to the lack of state financial support. In September, the South Side Health Transformation Project convened a listening session to hear from community leaders about concerns related to health care needs on the south side. A second meeting was convened in October to further discuss foundational priorities. Approximately 150 individuals participated in the sessions. Participants included elected officials and individuals representing faith-based, community-based and healthcare organizations including CCH.

Strategic Priorities

- Transformation will require a focus on the root causes or social determinants of health.
- The community is seeking tangible action.
- Healthcare equity is not just about outcomes but trust and partnership.
- Transformation must be vetted by south side residents.
- A transformative approach must be sustainable.

Tactical Priorities

- Focus on disease prevention through enhanced education.
- Integrate telemedicine to extend healthcare's reach.
- Enhance care coordination to close gaps between systems.
- Improve doctor-patient relationships.
- Integrate mental health services.
- Improve and enhance health facilities.
- Rethink emergency care
- Explore alternative funding options.

The South Side Health Transformation Project will continue to convene and is exploring funding opportunities including accessing state transformation funds allocated to address healthcare disparities.

- The Illinois General Assembly's Fall Session is scheduled for November 17-19 and December 1-3. No other session days are currently scheduled.
- Article 1 of [Public Act 101-0649](#), also referred to as the 2020 Medicaid Omnibus bill, requires the Illinois Department of Healthcare and Family Services and the Illinois Department of Insurance to produce a feasibility study that explores options to make health insurance more affordable to low- and middle-income Illinois residents. The report is due to the Illinois General Assembly and Governor by February 28, 2021.

A variety of subject matter experts in Illinois and nationwide are assisting with the study and financial modeling. A preliminary list of options that could be pursued individually or collectively include:

1. Off Marketplace, Medicaid buy-in, which would be available to undocumented individuals
2. Marketplace public option
3. Basic Health Plan (an option under the Affordable Care Act, in place in New York and Minnesota)
4. Providing state-funded premium subsidies to purchase Marketplace plans
5. Providing state-funded cost-sharing reductions to make services Marketplace plans more accessible
6. Extending premium tax credit above 400% FPL for purchase of Marketplace plans
7. Transitioning to a state-based Marketplace

HFS is collecting public input through the Medicaid Advisory Committee and its subcommittees. Another round of stakeholder meetings will take place before finalizing the study, in order to share initial findings and financial modeling.

- On October 15, the [Illinois Department of Healthcare and Family Services issued a provider notice](#) announcing a new set of community-based services for children with complex behavioral health needs, consistent with the requirements of the N.B. Consent Decree. These services are anticipated to start July 1, 2021.

The same provider notice also announced that Integrated Health Homes (IHHs) for children and adults are *not* anticipated to start *prior* to July 1, 2021. IHHs have been described as enhanced care coordination for individuals with complex physical and behavioral health needs. IHH implementation has been delayed several times since the effort was first announced in 2017.

- Last week, the [Georgetown Center for Children and Families](#) released a report that showed a significant increase in the number of uninsured children throughout the United States. In Illinois, an estimated 120,000 children were uninsured in 2019, compared to 82,000 in 2016. An estimated 54,000 children in Cook County were uninsured in 2019, or about 4.6% of children under 19 years of age.

Study authors attribute the increases to federal efforts to repeal the Affordable Care Act, administrative barriers to enrollment, little to no dedicated outreach/enrollment assistance, and reluctance among immigrant families to enroll/re-enroll.

Eligibility for Illinois' All Kids health insurance program remains at 300% of the Federal Poverty Level and undocumented children continue to be eligible. Children's enrollment data shared with the [Medicaid Advisory Committee's Public Education Subcommittee](#) showed a slight increase in All Kids enrollment starting March 2020.

- Open enrollment for the Health Insurance Marketplace, also known as Get Covered Illinois, is November 1 through December 15, 2020. Individuals seeking Medicaid coverage can apply anytime throughout the year.

Federal

- On October 26, the Senate confirmed the President's appointment of Judge Amy Coney Barrett for the U.S. Supreme Court seat previously held by the late Justice Ruth Bader Ginsburg.
- **Budget and Appropriations** – On September 22, the House approved a continuing resolution (CR) set to run through December 11. The Senate followed suit on September 30 sending the bill to the President to be signed in the early hours of October 1, just as the new fiscal year was beginning. The bill includes a delay of the statutory Medicaid DSH cuts from December 1, when they were set to expire, to December 12, the expiration of the CR. Congress will need to address the DSH cuts as well as a longer term spending bill or another CR when it returns in the lame duck session after the election.
- **Coronavirus Relief Legislation** – Negotiations between the White House and congressional leadership have continued into October. On October 1, the House passed an updated version of the Heroes Act, which Democratic leaders characterized as their latest proffer in negotiations with the White House. The Senate has refused to take up the bill.

The \$2.2 trillion measure includes a number of health provisions of interest to CCH.

- **Medicaid Disproportionate Share Hospital (DSH) Allotments** – Increases Medicaid DSH allotments to States by 2.5 percent for the duration of the public health emergency.
- **Public Health and Social Services Emergency Fund** – Provides \$125 billion, including \$50.0 billion for grants to hospital and health care providers for reimbursement for expenses and loss revenue as a result of COVID-19 and \$75.0 billion for testing, contract tracing, and other activities related to COVID-19.
- **Health Care Provider Relief Fund** – Authorizes \$50 billion to establish the health care provider relief fund for the purposes of reimbursing eligible health care providers for expenses related to preventing, preparing for, and responding to COVID-19, as well as lost revenues that have resulted from the COVID-19 pandemic.
- **U.S. Centers for Disease Control and Prevention (CDC)** – Provides \$13.7 billion including:
 - \$2 billion for state, local, tribal, and territorial public health departments;
 - \$7 billion for a COVID-19 vaccination campaign;
 - \$200 million for public health data modernization efforts; and
 - \$2.0 billion for grants to state, local, tribal, and territorial health departments to purchase personal protective equipment, among others.
- **Substance Abuse and Mental Health Services Administration (SAMHSA)** – Provides \$8.5 billion including:
 - \$3.5 billion for Substance Abuse and Prevention Treatment Block Grant;
 - \$4 billion for the Mental Health Services Block Grants;
 - \$240 million for emergency grants to states; and
- **Core Public Health Infrastructure for State, Local, Tribal, and Territorial Health Departments** – Authorizes \$6 billion for public health departments to expand workforce, improve laboratory systems, health information, disease surveillance, and contact tracing capacity.

Talks continue to date, but a deal on a substantial package of coronavirus relief continues to face stiff headwinds.

- **Medicaid Fiscal Accountability Regulation** – While the rule has not been formally withdrawn, there are reports that CMS intends to continue pushing it after the election.
- **Affordable Care Act** – Oral arguments in *California v. Texas* will be heard by the U.S. Supreme Court on November 10. The appointment of Amy Coney Barrett will likely shift the balance of the Court enough to put the ACA in jeopardy.

- **HHS Allocation of CARES Act Provider Relief Funds** – On October 1, HHS announced a third general distribution of \$20 billion. Provider relief recipients can apply for an add-on relief payment, and at the same time opening the allocation to previously ineligible providers.

So far, HHS has distributed more than \$100 billion of the \$175 billion provider relief fund to physicians, hospitals and other providers since Congress created the fund in the CARES Act.

For the add-on payment HHS will consider a provider's change in operating revenues and expenses from patient care in addition to other payments received from the provider relief fund.

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

Community Outreach

Outreach Events Participation in November

November 2	Cook County Health and CountyCare promotion at the Día de los Muertos 2020 Fall Health & Resource Fair (Walk Up) , which is hosted by Youth Crossroads, Inc. at their facility located at 6501 Stanley Avenue in Berwyn.
November 3	Cook County Health and CountyCare promotion at the Cook County Department of Public Health Covid-19 testing event which is being co-sponsored by Commissioner Stanley Moore and which will take place on the Walmart parking lot located at 17625 Torrance Avenue in Lansing. CCDPH expects about 300 attendees at the event.
November 4	Cook County Health and CountyCare promotion at the Cook County Southland Juvenile Justice Council's Quarterly Meeting , which will take place in virtual form. The CCH/CC presentation will focus on the new Blue Island Health Center and the service lines available at the new clinic. In addition, CountyCare will present on the Open Enrollment period and the CountyCare Rewards program.
November 5	Cook County Health and CountyCare promotion at Metropolitan Family Services' Covid-19 Testing & Resource Event , which is hosted, by Metropolitan Family Services, the Illinois Department of Public Health, Commissioner Luis Arroyo and other elected officials of the Belmont-Cragin community. The event will take place at MFS' office located at 3249 N. Central Avenue in Chicago.
November 12	Cook County Health and CountyCare promotion at the Cook County Department of Public Health Covid-19 testing event which is being co-sponsored by Commissioner Stanley Moore and which will take place on the River Oaks Shopping Center located at 96 River Oaks Drive in Calumet City. CCDPH expects about 300 attendees at the event.
November 13	Cook County Health and CountyCare promotion at Metropolitan Family Services' Covid-19 Testing & Resource Event , which is hosted, by Metropolitan Family Services, the Illinois Department of Public Health, Commissioner Luis Arroyo and other elected officials of the Belmont-Cragin community. The event will take place at MFS' office located at 3249 N. Central Avenue in Chicago.
November 19	Cook County Health and CountyCare promotion at Drive Up Turkey Distribution Sponsored by Meridian Health which will take place at the New Vision Community Church located at 2552 W. 21st Street in Chicago. There will be flu shots done by Jewel Osco Pharmacy along with other community organizations providing information on resources available to participants.
November 20	Cook County Health and CountyCare promotion at Metropolitan Family Services' Covid-19 Testing & Resource Event , which is hosted, by Metropolitan Family Services, the Illinois Department of Public Health, Commissioner Luis Arroyo and other elected officials of the Belmont-Cragin community. The event will take place at MFS' office located at 3249 N. Central Avenue in Chicago.

- November 20 Cook County Health and CountyCare promotion at the **Cicero Family Services Resource Fair & Turkey Distribution Sponsored by Meridian Health**, which will take place at the Cicero Family Services' Parking Lot of the Soccer Complex located at 1820 S. Laramie Avenue in Cicero.
- November 27 Cook County Health and CountyCare promotion at **Metropolitan Family Services' Covid-19 Testing & Resource Event**, which is hosted, by **Metropolitan Family Services, the Illinois Department of Public Health, Commissioner Luis Arroyo and other elected officials** of the Belmont-Cragin community. The event will take place at MFS' office located at 3249 N. Central Avenue in Chicago.

Additional October Events Attended not Previously Reported

- October 7 Cook County Health and CountyCare promotion at the **Cook County Department of Public Health Covid-19 testing event** which is being co-sponsored by Commissioner Stanley Moore and which will take place on the River oaks Shopping Center located at 96 River Oaks Drive in Calumet City. CCDPH expects about 300 attendees at the event.
- October 14 Cook County Health and CountyCare promotion at the **Malcolm X College Wellness Center Virtual Resource Fair**, which took place in virtual form. The Cook County Health and CountyCare presentation focused on the service lines available throughout the System. In addition, CountyCare presented on the Open Enrollment period and the CountyCare Rewards program.
- October 20 Cook County Health and CountyCare promotion at the **Justice Advisory Council Monthly Meeting**, which took place in virtual form. The Cook County Health and CountyCare presentation focused on the service lines available throughout the System. In addition, CountyCare presented on the Open Enrollment period and the CountyCare Rewards program.
- October 21 Cook County Health and CountyCare promotion at the **Southland Ministerial Health Network Presentation**, which took place in virtual form. The Cook County health and CountyCare presentation focused on the new Blue Island Health Center and the service lines available at the new clinic. In addition, CountyCare presented on the Open Enrollment period and the CountyCare Rewards program.