DRAFT

IMPACT 2020

CCHHS STRATEGIC PLAN
2017-2019

COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS

ABOUT THE COOK COUNTY HEALTH & HOSPITALS SYSTEM

The Cook County Health & Hospitals System (CCHHS) is one of the largest public health care systems in the United States, providing a range of health care services regardless of a patient's ability to pay. CCHHS serves approximately 300,000 unique patients annually through more than 1 million outpatient visits and more than 20,000 inpatient hospital admissions. The System operates:

- John H. Stroger, Jr. Hospital of Cook County, a 450-bed tertiary, acute care hospital;
- Provident Hospital of Cook County, an 85-bed community acute care hospital on the south side;
- A network of 15 community health centers, which offers primary and specialty care, along with limited diagnostic services;
- Four Regional Outpatient Centers (ROCs) providing primary and specialty care as well as outpatient diagnostic and therapeutic services: Oak Forest Health Center, Sengstacke Health Center at Provident Hospital, Fantus Health Center and the Specialty Care Center on the central campus and the Ruth M. Rothstein CORE Center, a comprehensive care center for patients with HIV and other infectious diseases. The CORE Center is the largest provider of HIV care in the Midwest and one of the largest in the nation;
- Cook County Department of Public Health (CCDPH), a state and nationally certified public health department serving suburban Cook County;
- Cermak Health Services, which provides health care services to 50,000+ detainees at the Cook County Jail and residents of the Juvenile Temporary Detention Center every year; and
- CountyCare, one of the largest Medicaid managed care plans in Cook County.

The System's hospitals and ambulatory network are Joint Commission accredited. Stroger Hospital also holds certifications in stroke, burn, perinatal and oncology care. CCHHS' Primary Care Medical Home model is also Joint Commission accredited.

The Cook County Department of Public Health (CCDPH) serves 2.5 million residents in 124 municipalities and serves the public health needs of its jurisdiction through effective and efficient disease prevention and health promotion programs. CCDPH's approach to protecting and promoting health brings residents, partners and resources together to address issues facing the communities it serves. The department is responsible for the prevention of the spread of nearly 70 reportable communicable diseases and the enforcement of Cook County and Illinois public health laws, rules and regulations.

In fall 2012, CCHHS launched the CountyCare Health Plan as a demonstration project through a Centers for Medicare and Medicaid Services (CMS) 1115 Waiver granted to the state of Illinois Medicaid agency to early-enroll eligible low-income Cook County adults (ACA adults) into a Medicaid managed care program. Many of CountyCare's 150,000+ members are long-standing CCHHS patients who previously received care in keeping with CCHHS' mission to care for all regardless of their ability to pay.

CountyCare is a Managed Care Organization operated by CCHHS. Through CCHHS, CountyCare receives a capitated per-member per-month payment and pays for services rendered to members within the network. CountyCare's provider network includes all CCHHS facilities, every Federally Qualified Health Center in Cook County, community mental health centers and drug treatment centers, and more than 30 hospitals.

CountyCare also covers approved home- and community-based services, vision and dental services, and allows members to fill prescriptions at local pharmacies or use CCHHS pharmacy services, including a mail-order system.

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Note to the reader: *Impact 2020* provides strategic concepts and initiatives to guide CCHHS through the next three years recognizing that the System is operating in an extremely dynamic local, state and federal environment that may result in adjustments and reprioritizations to ensure success for the organization. The organization of the plan should not be seen as a prioritization of initiatives and objectives; rather, it is intended to describe how CCHHS will adapt and respond to the new health care landscape.

Once adopted, progress toward attainment of the objectives in *Impact 2020* will be monitored by the CCHHS Board of Directors. Tactics, measurements and milestones will be incorporated into the budget approval process over the next three years.

Please see the glossary for definitions of select health care terms used in this report. Underlined terms are hyperlinked in the electronic PDF.

For more information, please visit www.cookcountyhhs.org.

LETTER FROM THE CEO

Public health systems are important community assets that play a critical role in the larger health care delivery system and the overall health of the communities they serve. Cook County's system is a shining example of public health at its best. The core mission of the Cook County Health & Hospitals System (CCHHS) is to care for those most vulnerable – a mission that is as important today as it was when the System first opened its 'doors' in 1835.

Among the first patients we served were a German girl with an abscessed hand and a Danish immigrant afflicted with cholera. Our early experiences led to breakthroughs that would advance medicine across the globe, benefitting generations to come. The first blood bank in the United States was established at Cook County Hospital in 1937 by Dr. Bernard Fantus. The first comprehensive trauma center in the nation was developed at Cook County Hospital in 1966 and today, 50 years later, it is the busiest in Illinois and one of the most respected in the world.

While patient care has always been our primary mission, our contributions to medical research and education over the years further exemplify our local, national and even international impact.

In the 1890s, we were talking about new procedures related to germ theory. A century later, we pioneered daily antiseptic bathing of Intensive Care Unit (ICU) patients. Today, nearly one-third of the hospitals in the United States use our approach for infection control in their ICUs.

Working with the U.S. Centers for Disease Control and Prevention (CDC), we pioneered the use of rapid HIV testing wherein results are available for the patient during the same visit. Our findings, coupled with confirmatory studies elsewhere, led to major changes in the CDC's national recommendations on HIV testing.

CCHHS is in its 14th year as a National Cancer Institute research program site that brings clinical trials and studies to diverse communities across the county. Since our first grant in 2002, more than 1,100 patients have participated in clinical trials ultimately designed to improve patient outcomes and reduce well-known cancer disparities along racial, ethnic and socioeconomic lines.

Known internationally for exceptional medical training, CCHHS is where nurses, medical students, residents and fellows want to train. We are home to the only toxicology fellowship in Chicago and Stroger Hospital has the only dedicated trauma training program in the city. In 2014, we partnered with the United States Navy to embed their doctors, nurses and corpsmen in our trauma unit working alongside our experts to better prepare them for future deployments – only the second time the Navy has turned to a civilian hospital for such training.

We also train resident physicians in dozens of other specialties who go on to work in health systems across the country. But I am most proud that our graduates are more likely to work in settings serving vulnerable populations than their peers who train at other institutions.

While research and training are essential elements of our System, our core mission remains the delivery of high-quality, safe health care. Our two hospitals provide a broad spectrum of acute care, from delivering babies to the most sophisticated cancer care. Our outpatient services have grown to include more than 1 million annual visits reflecting advancements in medicine that mitigate unnecessary hospitalization. Our correctional health team delivers top-notch, compassionate care to a very complex patient population and our public health department continues to promote disease prevention strategies to keep our communities healthy.

A lot has changed since CCHHS cared for its first patients more than 180 years ago: advancements in medicine, the population of Cook County, the diseases we treat, emerging threats, clinical standards of care, technology, therapies, training – but our mission has not.

The strategic decisions we make today will further the promise of our 180-year-old mission. *Impact 2020* is a living document that reflects our goals in a rapidly changing health care environment. It reflects our commitment to work with our patients and communities to develop strategies and partnerships that can have a real impact on reducing health disparities. It reflects the need to take careful inventory of the services we can provide at an exceptional level and balance those with the needs of our patients and communities. It reflects our intention to stay on top of emerging diseases and trends such as Hepatitis C, Zika, gun violence and the growing opioid epidemic. It reflects a commitment to our employees who are the backbone of the organization. It reflects a commitment to training and research that benefits our patient population first and foremost. It reflects the input of hundreds of doctors, nurses, employees and community stakeholders. But most importantly, it reflects our pledge that the care we deliver to our patients must meet the highest of standards.

Impact 2020 presents an ambitious vision for the future of the Cook County Health & Hospitals System. It defines strategic opportunities that establish a platform for the System's continued success and respects our unwavering commitment to the communities and patients we serve. On behalf of our Board of Directors and our 6,700 employees, we are proud to serve the residents of Cook County and excited about the impact this plan promises.

Sincerely,

John Jay Shannon, MD

ABOUT *IMPACT 2020*

The 2017-2019 strategic planning process began in early 2016 with an analysis of *Vision 2015*, the five-year strategic plan that was adopted by the Cook County Health & Hospitals System (CCHHS) Board of Directors in 2010. CCHHS has made significant progress in the last five years toward the achievement of the goals detailed in *Vision 2015*. These achievements can be found in the Appendix.

The following mission and vision statements were adopted in *Vision 2015* and continue to reflect CCHHS' philosophy today.

MISSION

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

VISION

In support of its public health mission, CCHHS will be recognized locally, regionally and nationally – and by patients and employees – as progressively evolving model for an accessible, integrated, patient-centered and fiscally-responsible health care system focused on assuring high-quality care and improving the health of the residents of Cook County.

PRINCIPLES

At the outset of *Impact 2020*, the System offered the following goal for its three-year strategic plan based on CCHHS' vision and developed five principles that would guide the creation and execution of the plan: to build a high-quality safe, reliable, patient-centered, integrated health system that maximizes resources to ensure the greatest benefit for the patients and communities we serve.

These five principles, outlined below, challenge CCHHS to step out of its historical role to transform into a modern, integrated health system leveraging all of its component parts to lead in the provision of high-quality health care and the elimination of health disparities throughout Cook County.

Improve health equity

Health equity is achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.[1]

Provide high quality, safe, reliable care

The quality of patient care is determined by the quality of infrastructure, training, competence of personnel and efficiency of operational systems.[2] The fundamental requirement is the adoption of a system that is 'patient centered' and the implementation of highly reliable processes.

Maximize financial sustainability and demonstrate value

Transformation requires significant focus on financial management to ensure that limited resources are expended in accord with the strategic priorities. Ensuring and measuring the value of CCHHS programs and services against appropriate industry standards will be critical for CCHHS to thrive in a competitive environment.

Develop the workforce

CCHHS' 6,700+ employees are its biggest asset. Building employees' skills through education and development opportunities focused on improving efficiency and quality of care, as well as staff and patient satisfaction will serve as the basis for all of its work.

Lead in medical education, clinical investigation and research relevant to vulnerable populations

Cook County has a rich history of medical training and top-notch clinical research, particularly for vulnerable populations. This legacy is an important component to maintain the System's workforce pipeline and develop effective innovations in care.

These five principles reflect the System's unique market position as a public safety net system with a rich history of providing quality patient care to vulnerable populations as well as significant contributions to medical training and clinical investigation. *Impact 2020* recognizes that CCHHS must work closely with the larger community, including but not limited to health care, social services, government and community groups to develop solutions to address the social determinants that disproportionately impact the populations CCHHS serves.

[1] *"Health Equity." Chronic Disease Prevention and Health Promotion. The Centers for Disease Control and Prevention, 10 Feb. 2015.*
[2] *Rao GN, ed. How Can We Improve Patient Care? Community Eye Health. 2002;15(41):1-3.*

INTRODUCTION

Staying true to its historic mission to 'serve all without regard for their ability to pay' remains Cook County Health & Hospitals System's (CCHHS) highest strategic priority.

Continuing to deliver on its 180-year-old mission in the new health care environment requires CCHHS to think, act and deliver care in a new way.

CCHHS has been on a transformative journey over the past several years that has provided the foundation – financially and structurally – to both deliver on that promise and to become a provider of choice. The health care market is moving at a pace never before seen, particularly in the Chicago market where mergers and acquisitions lagged behind activity experienced across the national landscape. In recent years, dozens of once independent and even safety-net hospitals merged or created strategic partnerships with local or national systems and the number of Federally Qualified Health Centers (FQHCs) increased and they too entered into strategic alignments. These consolidations and alignments have saved some institutions that were on the brink of closure and better positioned others for growth as health care reform took hold.

The new funding model under the Affordable Care Act (ACA) and the Illinois Medicaid managed care strategy requires the provider team to manage the health of its members and to maximize the health of those members for a fixed amount of dollars. The model places an increased focus on primary care and care coordination to manage a patient's illness before it leads to a more complex condition requiring expensive emergency room or inpatient care. Over time, this managed care model promises to improve health outcomes and lower overall health care costs. CCHHS is making significant investments in its community-based services to improve the delivery of outpatient primary and specialty care throughout Cook County.

CCHHS continues to make investments in community-based care, including:

- Recognizing that its aging facilities are the front door to the System for many patients, CCHHS made a commitment in 2016 to renovate, rebuild or relocate each of its community health centers in the coming years.
- Creating a women and children's center on the fourth floor of Stroger Hospital intended to provide comprehensive inpatient and outpatient care and recently announced plans for significant family-focused service expansions in upgraded facilities to serve the Cicero, Logan Square and Palatine catchment areas. In addition to increased primary care services, CCHHS intends to offer expanded specialty care, dental and behavioral health services at more sites.
- Working closely with the Cook County Bureau of Asset Management, embarked on plans to construct a $118M health center on the System's central campus. This health center, when complete in 2018, will provide state-of-the-art outpatient care and administrative space allowing for the demolition of the outdated Fantus clinic and the Hektoen building and the decommissioning of the current administration building.
- Planning the construction of new Regional Outpatient Centers (ROCs) in the Provident community and in the south suburbs are also well underway. New ROCs will enable CCHHS to provide enhanced primary, specialty, diagnostic and therapeutic services in more convenient locations for patients.

The System has also committed significant resources to new and expanded behavioral health services. Historically, CCHHS has played a limited role in the provision of behavioral health services, yet the downstream impact of significant funding cuts to social service agencies has disproportionately impacted CCHHS at the jail and in its emergency rooms where care is costly and not as effective as other more therapeutic settings. CCHHS' planned expansion of its behavioral health portfolio will assist in filling in gaps left by funding cuts. In July 2016, CCHHS is opening its first Community Triage Center (CTC). The CTC will provide walk-in and police drop-off services for individuals needing mental health or substance abuse services.

The Community Triage Center is expected to reduce the jail population, decrease avoidable emergency rooms visits, and markedly improve the opportunity for better health status of the individuals served.

With the advent of the ACA, CCHHS leveraged its nearly two-century-old commitment to the community and launched CountyCare, a Medicaid managed care plan serving Cook County residents. As a provider-led and non-profit Medicaid health plan, patients – not profits – are the driving force behind the plan. For example, CountyCare works with its members to complete the state's redetermination paperwork in an effort to ensure continuity of care and coverage whereas other plans may allow their members to lose coverage.

Today, CountyCare stands as the third largest Medicaid managed care plan in Cook County serving more than 150,000 individuals.

Between July and November 2015, the latest period for which data is available, CountyCare was the number one chosen plan in Cook County, a testament to the high level of service and the 74% satisfaction level of its members.

CountyCare competes with eight other Medicaid health plans, down from 18 just a year ago due to consolidations and departures of plans from the Illinois or Cook County market.

As all Medicaid health plans are required to provide the same basic coverage and services, CountyCare continues to differentiate itself in the market through enhanced benefits such as additional covered dental visits, provider-led care management and the development of the Behavioral Health Consortium designed to provide 24 hour mental health and substance abuse assistance. Utilizing the health risk assessment, CountyCare is working with partners to develop solutions around supportive housing, food insecurity and job training for its members. CountyCare also supplements the state's redetermination efforts through mailings, phone calls and outreach as well as by hosting 'redetermination' events throughout the county to assist members with the process.

The ACA has created competition for many of CCHHS' patients, requiring additional investments and initiatives by CCHHS. Improving the patient experience is imperative for CCHHS. As a majority of CCHHS' patients now have choice in where to seek care in today's post-ACA environment, CCHHS must provide many of the same services, conveniences and amenities available at competing health systems.

The System has recently made great strides to enhance the delivery of care and patient experience, such as:

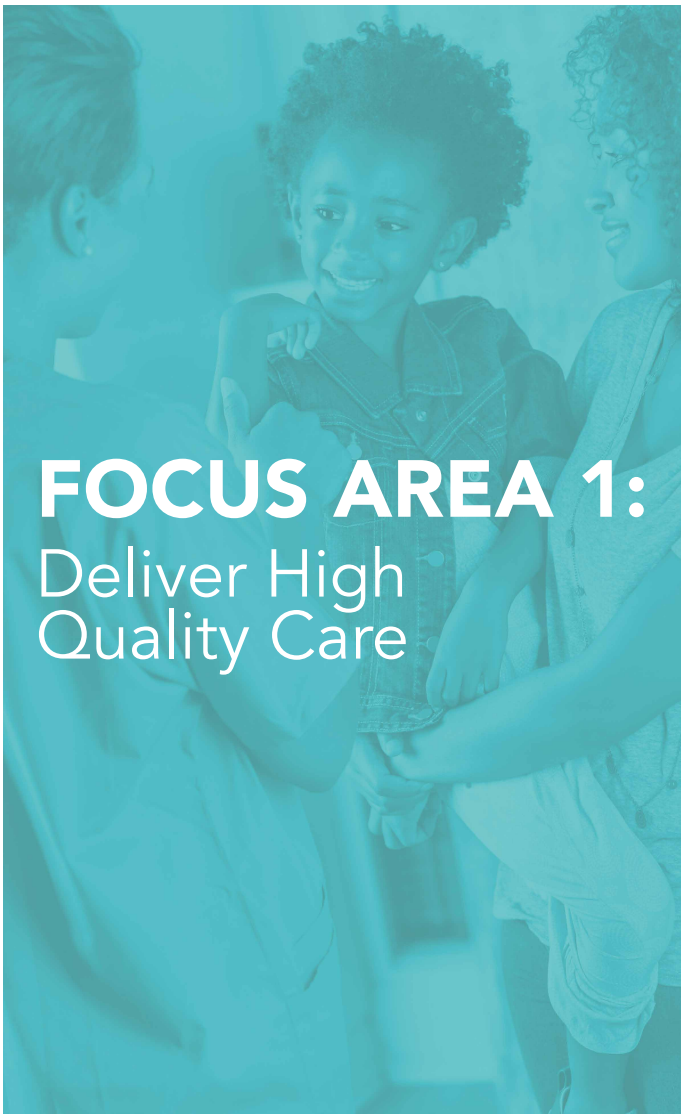
- Opening the new Patient Support Center (PSC) in 2016 to provide patients with a single point of contact to coordinate appointments and work with their care coordinator. The center takes calls 24 hours Monday-Friday and expects to expand to 24-7 by the end of 2016. On average, the PSC receives more than 2,000 calls per day.
- Investing more than $30 million on two new linear accelerators to provide state-of-the-art radiation treatment as part of multi-disciplinary cancer care; two new cardiac catheterization labs, new digital mammography machines at Provident Hospital and new patient and staff furniture and exam tables throughout the System.
- Adding Saturday hours in health centers, improving timeliness in emergency services, introducing electronic consult or 'e-consult' to provide easier access to specialty consultation and establishing new central registration capabilities to improve patient experience and streamline flow.

Building on these patient-centered initiatives, CCHHS has the opportunity to increase access and capacity through expanded services, hours and language capabilities and improve overall quality and efficiency – all factors contributing to an excellent patient experience.

With further consolidation expected in the health care delivery and insurance sectors, national elections looming and a state in fiscal crisis, external forces will require CCHHS to remain nimble to achieve its ambitious goals. While data does not yet exist, estimates suggest and logic dictates that the ACA and Medicaid expansion will reduce uncompensated care provided by private hospitals. And while CCHHS saw an initial decline, uncompensated care is on the rise in 2016 - the result of either increased referrals of uninsured patients from other hospitals or the reality that many who hold marketplace plans simply cannot afford them.

CCHHS is one of the few health systems in the country that has all of the component parts for success under one umbrella. The opportunity this presents for strategic integration and impact is immense and should be capitalized on for the benefit of the communities and patients CCHHS serves. Leveraging and integrating all of CCHHS' assets in an intentional manner will generate meaningful and actionable plans and position CCHHS as a health care leader both locally and nationally. It will also help enable CCHHS to achieve the Institute of Healthcare Improvement's Triple Aim to improve the patient experience and the health of populations, while also reducing the cost of health care.

> With a careful eye on the external environment, CCHHS is implementing thoughtful strategies to develop its services, facilities and workforce to realize a fully integrated, modern health care system positioned for success.



FOCUS AREA 1:
Deliver High Quality Care

While CCHHS has long focused its attention on providing excellent acute care in hospitals, the new health care environment provides immense opportunity for CCHHS to strengthen delivery of its outpatient services – primary care, specialty care, diagnostics, therapeutic, dental, behavioral health and pharmacy – to prevent unnecessary hospitalizations and reserving inpatient services when only medically indicated. As CCHHS moves toward a fully integrated system, greater standardization of evidence-based practices at every stage in the care continuum will result in highly reliable care and better outcomes for patients. The ability to measure practices and outcomes against national standards and other health systems will provide opportunities for CCHHS to implement process improvement strategies that will continuously raise the quality bar.

The game changer in patient care will come from the comprehensive implementation of care management across all of CCHHS' patient populations. The CCHHS care management model has explicit goals: improve patient outcomes, engage physicians and medical home teams and improve patient satisfaction.

CCHHS has built a care management infrastructure that is now managing more than 90,000 CountyCare members, connecting them with appropriate care. Care managers seek to assist patients in managing their health, navigating the delivery system, linking to social services and reducing barriers – all contributors to higher quality care. Risk screenings implemented reliably across the System will not only drive individual care plans but also allow CCHHS to analyze and develop strategies that can improve population health. CCHHS believes that care management at the provider-level differentiates CCHHS as a provider and CountyCare as a plan, from the competition and will go a long way toward achieving the objectives of the Triple Aim.

The System's Joint Commission certified Primary Care Medical Home (PCMH) model standardizes the delivery of primary care services within its community-based health centers. Each center now has the skills and resources to effectively manage its 'panel' of primary care patients using a team-based approach. The PCMH model coupled with planned capital investments in health facilities will ensure that CCHHS' health centers are providing patient- and family-centered care in a modern, environment akin to the Federally Qualified Health Centers (FQHCs) who have enjoyed access to significant federal funds to rebuild and/or renovate their facilities in recent years. Modernizing CCHHS facilities and providing access to a comprehensive portfolio of outpatient primary and specialty care as well as diagnostic and therapeutic services will also allow CCHHS to attract new patients and grow volumes.

CCHHS has a long, proud history of providing comprehensive inpatient care at Stroger and Provident hospitals. Few other hospitals provide the same depth of services found in these facilities, and others have scaled back inpatient services and specialties to focus on centers of excellence and market opportunities. CCHHS must take an objective look at the market needs, its clinical strengths, the strengths of its competitors and partners and the needs of its patients as it plans for the future.

CCHHS provides a comprehensive portfolio of health care services ranging from delivering babies to performing cataract and trauma surgeries, from administering chemotherapy to addressing substance abuse, and from helping patients walk again to providing passionate palliative care. Despite the availability of this continuum, it is not unusual for a patient to leave CCHHS' care at various stages in their life, e.g. transition into Medicare or immediately prior the birth of a baby. Strategies to better integrate care and market to patients in a life transition can improve retention.

Further, as health systems contemplate strategies to avoid things like readmissions, many are considering investments in additional services along the continuum rather than relying on external care providers (home health, behavioral health, nursing homes, etc.) so they may play a role in influencing care quality at all levels. Additionally, many patients also transition along a continuum of coverage from being unemployed and uninsured one day, to employed and insured the next. CCHHS aspires to continue to care for these patients.

While health center improvements and increased access and capacity will go a long way, CCHHS is committed to additional efforts to improve the patient experience. Rallying its workforce around a patient-centered approach that raises the bar on quality and customer service will require significant investment and effort across the organization. Ensuring that the System is continuing to meet national Culturally and Linguistically Appropriate Services (CLAS) standards will improve quality, drive patient satisfaction and increase volumes. Recognizing that the System's best ambassadors will always be patients and staff, the System will create internal and external reputation building campaigns.

Delivering health care in a correctional setting requires professionals committed to a highly-complex patient population. The total cost of caring for detainees at Cook County Jail is nearly $100 million annually with no reimbursement available due to federal rules. The System's expertise in treating this complex patient population, which often suffers from multifaceted and untreated physical and behavioral health conditions, is unique. CCHHS has successfully assisted more than 15,000 detainees at the Cook County Jail in obtaining Medicaid coverage post-discharge and is committed to investing in additional strategies that treat behavioral health in the community, ensure access to appropriate community-based treatments and provide continuity of care. To accomplish the latter, CCHHS is working on programs to automatically enroll detainees into CountyCare upon discharge and enhance discharge planning through comprehensive care management.

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FOCUS AREA 1: Deliver High Quality Care®

PRINCIPLE(S) IMPACTED	OBJECTIVES	HIGHLIGHTED TACTICS	MEASUREMENTS/MILESTONES
High Quality Care 	1.1 Standardize clinical operations, practices and procedures across the System to improve quality, reliability, and efficiency.	Leverage the Quality Council to implement standard measures.	2017-2019: Continuous improvement in quality measures year-over-year.
		Pursue Magnet® status and adopt related standard metrics.	
		Integrate continuous process improvement in care delivery (e.g. Six Sigma methodology) and maintain improvements.	
		Invest in equipment, capital improvements and information technology.	
		Develop a system-wide professional practice model for the delivery of high-quality, safe, patient-centered, evidence-based nursing care.	
		Standardize and modernize outpatient clinic models with data and operational support to optimize operational practice.	
		Implement Cerner CareConnect to provide clinicians with the ability to communicate, take clinical images, and receive clinical information in a Health Insurance Portability and Accountability Act (HIPAA) compliant fashion.	
		Leverage other information technology initiatives such as Vizient data, and Clairvia (nursing management).	
		Maintain high-quality, appropriate network for CountyCare.	
		Screen patients using evidence-based care management techniques.	2017: Screen at least 70% of the assigned CountyCare population, approximately 56,000.
		Structure Primary Care Medical Home (PCMH) practices to achieve Healthcare Effectiveness Data and Information Set (HEDIS) and Pay for Performance (P4P) targets.	2018-2019: Achieve HEDIS and P4P targets related to PCMH practices.
		Implement CommonWell Electronic Health Record interoperability function to enable users to exchange and view patient data from different connected sources via a web-based portal allowing the aggregation and exchange of clinical health data.	2017: Implement CommonWell. 2018-2019: Pursue Health Information and Management Systems Society (HIMSS) Level 7 designation.

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FOCUS AREA 1: Deliver High Quality Care

PRINCIPLE(S) IMPACTED	OBJECTIVES	HIGHLIGHTED TACTICS	MEASUREMENTS/MILESTONES
Health Equity  High Quality Care  Finances & Value 	1.2 Improve the availability of and access to health care, especially preventive care, for Cook County residents.	Make investments in outpatient facilities, leveraging CCDPH data on population health and changes in the local health care environment impacting availability of primary care or specialty services.	2017: Open replacement Logan Square, Cicero and Vista Health Centers and make substantial progress on the new central campus building. Identify and announce three additional renovations or relocations. 2017: Obtain land and design Provident-community regional outpatient center. New Regional Outpatient Centers (ROCs) in Provident community and south suburbs by 2020.
		Integrate and expand additional services, especially in outpatient health centers, including behavioral health (mental health and substance abuse) dental, specialty care, HIV care, e-Consult, pediatric services, naloxone access, and early detection screening services where demographics and analytics support optimal utilization. Establish an integrated continuum of behavioral health services throughout CCHHS, including CountyCare. Integrate behavioral health practice management tools within the electronic medical record.	2017: Integrate behavioral health into all outpatient health centers and ROCs and expand specialty behavioral health.
		Implement operational improvements to improve access: expand evening and weekend hours at health centers and specialty care sites, adopt open access appointment model, provide timely follow up appointments from Emergency Department (ED), and optimize times, locations and spectrum of specialty services available at CCHHS health centers.	2017-2019: Attain year-over-year increases in primary care patients empaneled at community health centers and patient satisfaction scores; The Stroger and Provident Emergency Departments will see decreases in volume for ambulatory sensitive conditions.
		Continued focus on strengthening PCMH.	2017-2019: Increase year-over-year of patients assigned to a PCMH.
		Increase utilization of Provident Hospital operating rooms.	2017: Increase utilization of operating room at Provident Hospital by 10%, using 2,160 as the baseline.
		Implement a connectivity HUB in Cerner to facilitate transmission of orders and results between different electronic medical record systems.	2017: Implement connectivity HUB.

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FOCUS AREA 1: Deliver High Quality Care

PRINCIPLE(S) IMPACTED	OBJECTIVES	HIGHLIGHTED TACTICS	MEASUREMENTS/MILESTONES
High Quality Care  Finances & Value 	1.3 Ensure there is a continuum of services to meet evolving needs to ensure continuity of care and meet patient needs at all stages of their lives.	Conduct analysis of services and identify gaps in the continuum of care and add services (e.g. nursing homes, rehabilitation facilities, home care, home infusion, Meals-on-Wheels).	2017: Complete analysis on gaps in service and action plan complete to address the needs. 2018-2019: Add services on continuum, leading to better outcomes, reductions in readmissions.
		Market CCHHS as the provider of a continuum of care with special focus on those transitioning to Medicare.	2017-2019: Increase volume of Medicare patients year-over-year.
		Deploy or enhance care coordination throughout the System and CountyCare, including community health workers.	2017-2019: Provide ongoing care coordination to at least 3,200 CountyCare members and launch ongoing care coordination to at least 1,000 of CCHHS primary care patients. 2017-2019: Realize cost savings and increase Patient Satisfaction scores.
		CCHHS Department of Psychiatry to resume consulting services in the Emergency Rooms.	2017: Implement resumption of Department of Psychiatry services in Emergency Rooms.
		Strengthen pediatric services, by increasing overall activity and making it more available in the community by developing pediatric care partnerships, retaining pediatric patients and identifying kids at risk through care management.	2017: Optimize quality and safety by consolidating a single pediatric inpatient unit with partners. 2017: Enter into one Memorandum of Understanding (MOU) with a pediatric partner.
Health Equity  High Quality Care  Finances & Value  Develop Workforce 	1.4 Develop systems that meet or exceed expectations and enhance the patient experience.	Contract with a patient experience consultant to complement and enhance current efforts. Identify areas for concentrated focus.	2017: Increase patient satisfaction numbers across the System with results in concentrated areas such as new health centers moving into top decile. 2017: Target the 50th percentile for "willingness to recommend the hospital".
		Reduce scheduling wait times for diagnostic and Evaluation and Management (E&M) visits.	2017-2019: Reduce wait times year-over-year.
		Decrease ambulatory dwell time through process improvements.	
		Launch internal and external campaigns focused on customer service, patient conveniences and reputation building.	2017: Facilitate customer service and safety training for 75% of staff.
		Initiate employee service excellence program to increase patient satisfaction.	
		Implement training in safety culture and high reliability throughout the institution.	2017-2019: Increase Culture of Safety (COS) scores annually. 2018-2019: Complete manager training. 2017-2019: Complete Safety and High Reliability training.
		Implement leader rounding, safety huddles, standard training, unit-based problem solving.	2017: Ensure all units perform safety huddles.

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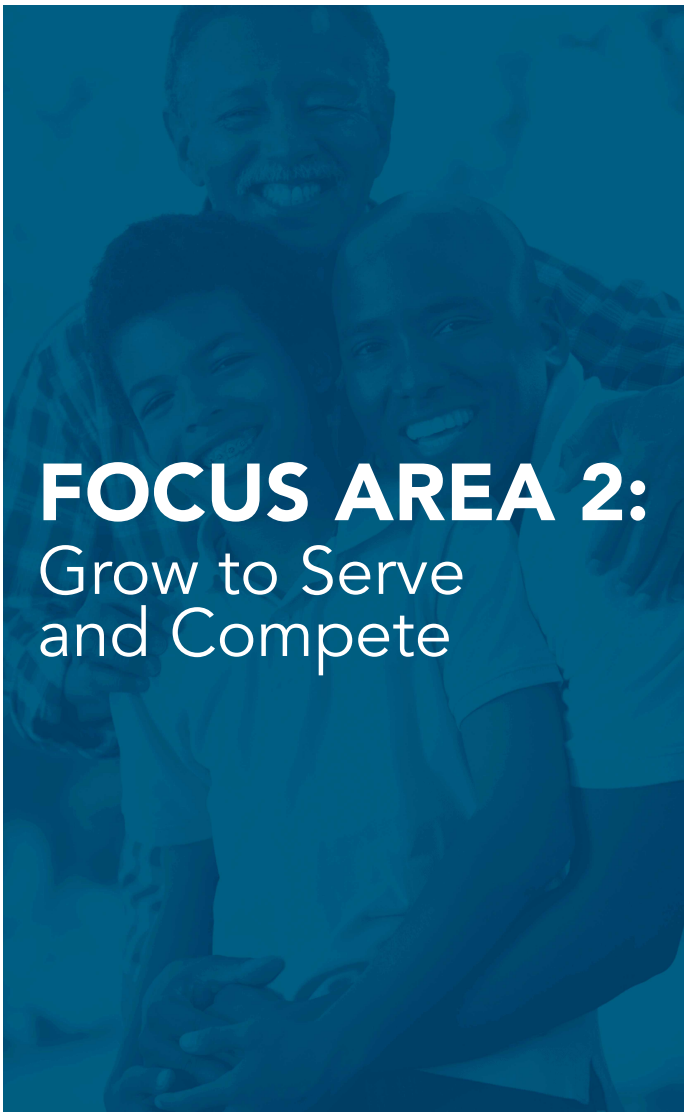
FOCUS AREA 1: Deliver High Quality Care

PRINCIPLE(S) IMPACTED	OBJECTIVES	HIGHLIGHTED TACTICS	MEASUREMENTS/MILESTONES
Health Equity  High Quality Care  Develop Workforce 	1.5 CCHHS will work to ensure that patients receive Culturally and Linguistically Appropriate Services (CLAS) through effective, understandable, and respectful care, provided in a manner compatible with cultural health beliefs and practices and preferred language.	CCHHS will work to hire more bilingual employees.	2017: Assess current state and develop a strategy to recruit bilingual staff.
		Assess patient satisfaction surveys with a focus on responses addressing CLAS standards.	2017: Add CLAS Cultural Competence Item Set to patient satisfaction surveys by mid-2017; Monitor results afterwards to ensure improvement. 2017-2019: Continue to meet CLAS standards.
		CountyCare will develop mechanisms to ensure communications occur in members' preferred language.	
		Develop cultural competency of workforce.	2017: Conduct annual employee training. 2017-2019: Increase communication with doctors metric to the 70th percentile for all Press Ganey databases (currently 64% for all databases and 99% for government teaching hospitals).
Health Equity  High Quality Care 	1.6 Integrate services with correctional health, both by focusing on early interventions to prevent arrests and reduce the jail population and by ensuring continuation of care when detainees are released from correctional facilities and reside in Cook County.	Open Community Triage Center and evaluate expansion of Community Triage Centers.	2016: Open Community Triage Center in Roseland. 2017-2019: Reduce the number of people in the jail with behavioral health issues.
		Enroll detainees in Medicaid.	2017: Determine explicit approach for continuity of care for justice-involved populations.
		Work with CMS to reduce gaps in care through enhanced discharge planning.	2017: Obtain ability to reduce gaps in care for detainees at the jail.
		Pursue substantial compliance with DOJ order.	2017: Achieve substantial compliance with DOJ.
		Create specialty support at Cermak.	
		Implement naloxone program at the jail.	2016: Implement naloxone program at the jail.
		Apply for National Commission on Correctional Health Care (NCCHC) accreditation.	
		Explore additional opportunities to reduce jail population.	



FOCUS AREA 2:
Grow to Serve and Compete

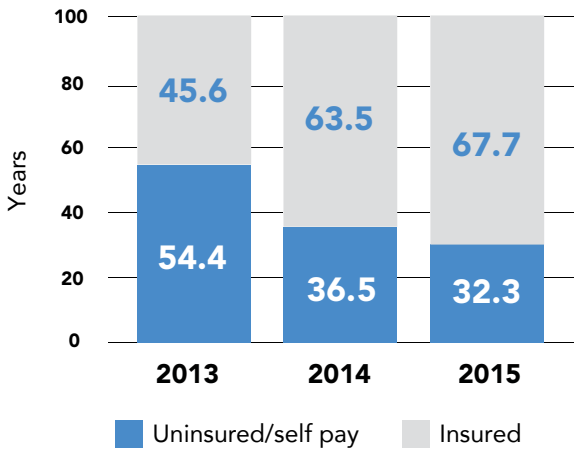
CCHHS' growth strategy began in 2012 with the Federal 1115 Waiver that created CountyCare, CCHHS' Medicaid managed care plan that currently serves more than 160,000 Cook County residents.

As a direct result of the ACA and CountyCare, in just two years, CCHHS' patient profile changed from majority uninsured to majority insured. With nearly 70% of CCHHS patients insured today, CCHHS' patients now have access to comprehensive health care services through almost any provider and for many, within the very community they live.

At the same time CCHHS faces unprecedented competition for newly-insured patients. Capturing a larger share of the Medicaid market is vital to its success regardless of the plan in which a patient is enrolled. Like other health systems, CCHHS continues to build its internal capacities and infrastructure to succeed in the complex managed care environment, from pre-authorizations to billing. CCHHS entered into contracts with six Managed Care Organizations (MCOs) in 2016 with revenues expected to exceed $200 million annually from services CCHHS provides to non-CountyCare Medicaid MCO members.

As the System continues to improve facilities, increase access and capacity, improve customer service and more, a parallel strategy must include additional investments in reputation building and branding around service lines, staff expertise and centers of excellence. Many have noted in recent years positive changes, from the creation of the Patient Support Center to improvements in patient parking. It is incumbent upon CCHHS to capitalize on the positive and build a new brand identity for the System. Significant investment and buy-in from all staff and stakeholders will be required for CCHHS to transform into an easily- recognized and valued provider of choice.

Insurance Status
of CCHHS Patients



Today, CountyCare stands as one of the largest Medicaid health plans serving residents of Cook County, a position that without continued growth is certain to be lost as consolidation in Illinois' Medicaid health plan market is occurring rapidly.

Unlike marketplace enrollment, Medicaid does not have an annual 'open-enrollment' period requiring marketing efforts to be year-round, a costly proposition for a government-run health plan. To date, CountyCare has spent a majority of its paid advertising budget to build brand awareness in zip codes with a high density of Medicaid beneficiaries. CountyCare will be supplementing these efforts with digital, micro-marketing strategies targeting specific segments of the Medicaid population.

Operating as a truly provider-led health plan, CountyCare prides itself on going the extra mile for its members. CountyCare intends to add new benefits for its members to address several social determinants of health that disproportionately impact its members. Value-added benefits such as linkages to healthy foods and supportive housing are expected to improve the health of CountyCare members and attract new members.

According to the Illinois Medicaid office, CountyCare is the only plan that consistently reaches out to its members and network providers to encourage the completion of redetermination paperwork. From mailings, phone calls, educational materials in health centers and events designed solely to assist CountyCare members and CCHHS' patients who are Medicaid beneficiaries, CCHHS and CountyCare expend considerable resources supplementing the state process.

Organic growth opportunities for CountyCare are limited and the yield is minimal. To remain an influential player in the Medicaid managed care space, the acquisition of an established managed care plan is an attractive growth strategy for the health plan.

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FOCUS AREA 2: Grow to Serve and Compete

PRINCIPLE(S) IMPACTED	OBJECTIVES	HIGHLIGHTED TACTICS	MEASUREMENTS/ MILESTONES
Finances & Value 	2.1 Grow primary care base.	Expand outpatient services available and improve scheduling and efficiency at outpatient sites.	2017: Increase in empaneled primary care patients by 10%, from baseline of 87,900. Growth of primary care base to 150,000 by 2020.
Health Equity  Finances & Value 	2.2 Retain and grow CountyCare membership through marketing, acquisition and State policy changes on redetermination and jail detainee coverage.	Develop and implement strategies to retain and attract members. Explore options in acquiring additional members through changes in the marketplace. Work with local, state and federal stakeholders to streamline the care transition process for justice-involved populations to prevent gaps in care. Advocate for state policy changes that result in a simpler redetermination process.	2017: In 1st quarter of 2017, provide CCHHS Board of Directors with retention and acquisition strategy. 2017-2019: Increase membership. 2017-2019: Stabilize CountyCare membership through improved support and processes around redeterminations. 2017-2019: Improve the number of and success rate of redeterminations.
Finances & Value 	2.3 Capture more CountyCare members as referrals by increasing internal referrals for CCHHS specialty and inpatient care.	Expand services available at CCHHS outpatient health centers. Facilitate timely access to CCHHS specialists, including deploying e-Consult to all CCHHS sites.	2017: Achieve higher percentage of CountyCare referrals to specialty and inpatient care year-over-year. Increase the total dollar value of CountyCare claims for CCHHS health centers paid from 28% to 40% by 2018.

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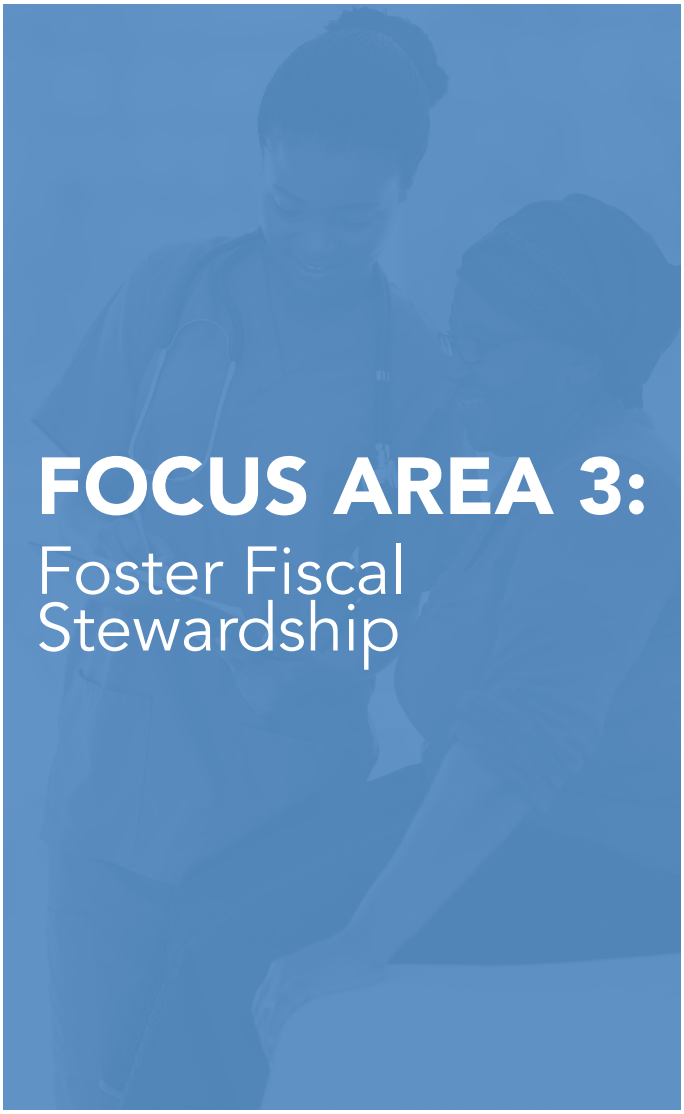
FOCUS AREA 2: Grow to Serve and Compete

PRINCIPLE(S) IMPACTED	OBJECTIVES	HIGHLIGHTED TACTICS	MEASUREMENTS/ MILESTONES
Health Equity  High Quality Care  Finances & Value 	2.4 Leverage CountyCare data to provide value- added benefits to assist in addressing social determinants of health and serve as a motivator to remain in care, preferably with CountyCare.	Explore connections with food benefits, supportive housing, transportation and job training.	2017-2019: Improve retention and recruitment of members.
High Quality Care  Finances & Value 	2.5 Identify existing centers of excellence and invest in the development of additional centers based on community need, system expertise and available resources.	Analyze current clinical operations to identify centers of excellence. Raise awareness of centers of excellence to increase volumes. Develop multi-disciplinary quality assurance process (Trauma/Burn). Identify services for which advanced accreditation is appropriate and pursue additional accreditations.	2017: Identify two centers of excellence. Increase volumes for 2017 centers of excellence increased year-over-year. 2017: Attain American College of Surgeons (ACS) Level 1 Trauma certification.



FOCUS AREA 3:
Foster Fiscal Stewardship

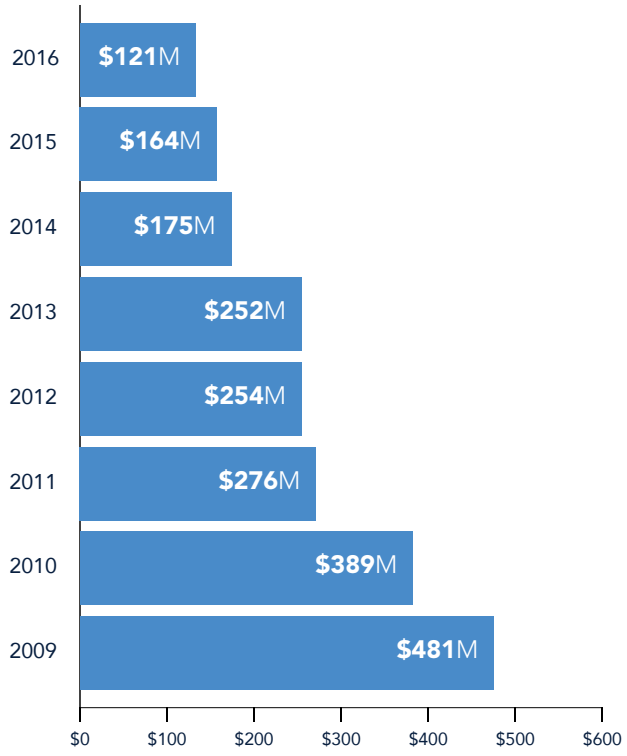
Fulfilling CCHHS' mission has a direct and substantial impact on its financial performance. An organization that provides hundreds of millions of dollars in uncompensated care every year – more than most of its regional neighbors combined – is not expected to have a year-end operating surplus. Yet, in order to succeed in today's health care environment, CCHHS has placed significant attention on its finances in recent years and produced a much-improved financial position in both 2014 and 2015 - the direct result of leveraging opportunities created by the ACA, establishing and growing CountyCare and increased attention on operational efficiencies.

While CCHHS' budget grew from $967 million in 2009 to more than $1.6 billion in 2016, the Cook County Health Fund Allocation (i.e. local taxpayer support for operations) decreased by 75% from $481 to $121 million.

As CCHHS moves towards greater financial strength, the System will begin to assume costs that Cook County Government traditionally funded including, capital, debt service and pension expenses.

To support this and additional growth strategies, CCHHS must diversify its revenue stream. Additional Medicaid dollars through MCO contracts, coupled with strategies to grow the share of CountyCare members CCHHS is serving, will be significant drivers of CCHHS' financial success. Continued efforts to improve clinical documentation and billing and increased marketing efforts will yield additional revenues as well.

Cook County Health Fund Allocation
Local Tax Dollars Supporting CCHHS Operations



Note: Pension and debt service not included in calculations

Additional untapped opportunity exists for CCHHS to raise extramural funds to support important programs and priorities. For example, a recent grant from the Otho S. A. Sprague Memorial Institute provided critical funding to develop CCHHS' new Community Triage Center. As CCHHS successfully demonstrates fiscal stewardship, considerable opportunity exists to compete for extramural funds to underwrite strategically aligned initiatives.

Despite these new opportunities, CCHHS must maintain significant focus on external factors such as the State budget, national elections and pressure in Washington to reduce total Medicaid spending and the 340B drug pricing program. Continued advocacy efforts to protect these critical resources are required.

The mergers and consolidations of health systems in the Chicago market have lowered costs, increased efficiencies and improved market positions for some hospitals and health systems. As CCHHS' future success is tied to its ability to compete with these organizations, CCHHS must seize every opportunity to operate more efficiently and more effectively. Initiatives related to staffing, supply chain management, information technology and marketing will bolster CCHHS in this competitive environment.

Participation in national benchmarking databases will allow CCHHS to hone in on opportunities, both short- and long-term that can have the greatest impact on lowering operating expenses, while new nurse staffing software will result in clinically appropriate staffing models that assure safe care and are responsive to fluctuations in census and severity of illness. Further, utilization management in the health plan can provide opportunities to improve care and reduce costs.

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FOCUS AREA 3: Foster Fiscal Stewardship

PRINCIPLE(S) IMPACTED	OBJECTIVES	HIGHLIGHTED TACTICS	MEASUREMENTS/ MILESTONES
Finances & Value 	3.1 Maximize reimbursements from Managed Care Organizations (MCOs) and private insurance and compete on value, grow membership and influence MCO strategy.	Expand outpatient services available. Continue outreach to MCOs to increase the number of contracts. Develop approach to review contracts to determine cost/benefit. Continue to review and improve operations and processes to maximize reimbursement from MCOs. Conduct utilization management, claims payment and reporting to support MCOs contracts. Improve billing by reconciliation of clinical registrations and billing system output.	2017: Increase in primary care patients by 10% year-over-year. 2017: Increase MCO revenue by 25%.
Finances & Value 	3.2 Optimize CCHHS revenue by balancing the portfolio of funding sources and pursuing various legislative solutions.	Implement full billing for oral and behavioral health. Maximize extramural grant sources to support CCHHS patients and vulnerable populations; capture related indirect cost. Advocate for local government financial support of unfunded mandates. Advocate for adequate level of Medicaid spending in state appropriations. Work with external partners, including other large urban public health systems, on shared policy priorities and targeted advocacy efforts. Oppose efforts to diminish the benefits of the 340B Drug Discount Pricing Program. Educate legislative staff and appropriators on CCHHS operations and community value. Explore Disproportionate Share (DSH), and supplemental payment programs designed to assist providers treating specific populations. Advocate for state Medicaid Graduate Medical Education payments. Advocate for policies to provide Medicaid reimbursement for detainees while in County jails.	2017: Increase revenue for oral and behavioral health services. 2017: Increase indirect cost dollars from grants. 2017-2019: Maintain local government financial support for unfunded mandates, such as funding for correctional health and public health. 2017-2019: Work with legislators to draft, introduce, pass, support and/ or oppose legislation impacting CCHHS. 2017-2019: Conduct issue-oriented educational sessions for legislators and staff twice a year. 2017-2019: Advocate for State financial support for Medicaid-based Graduate Medical Education payments.

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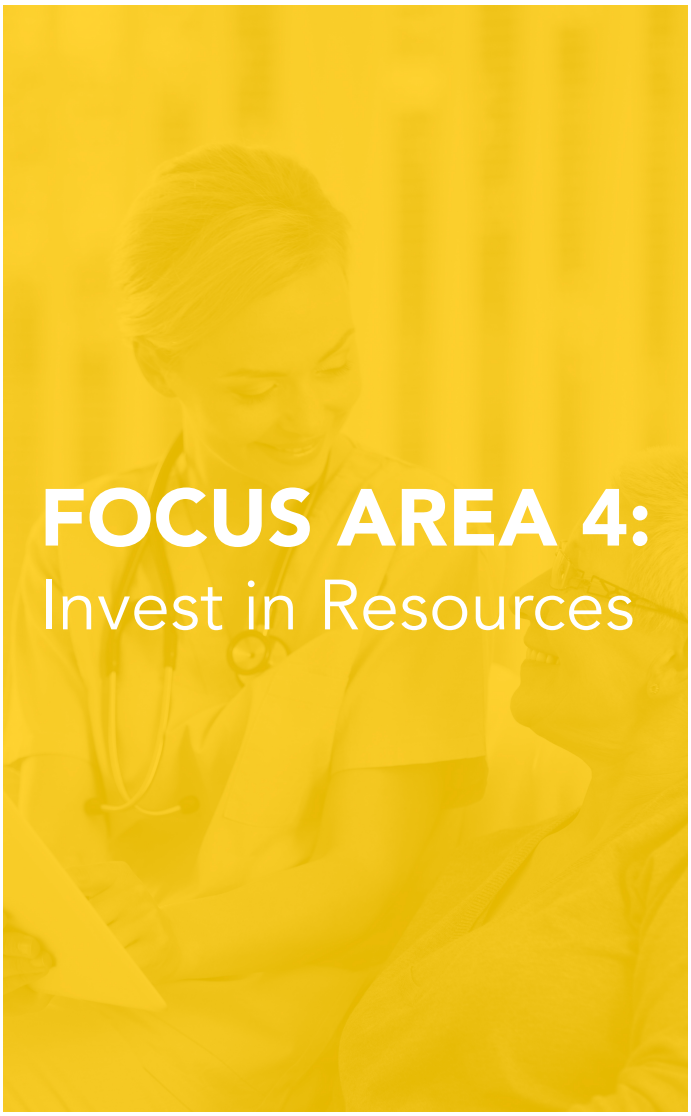
FOCUS AREA 3: Foster Fiscal Stewardship

PRINCIPLE(S) IMPACTED	OBJECTIVES	HIGHLIGHTED TACTICS	MEASUREMENTS/MILESTONES
Finances & Value 	3.3 Demonstrate fiscal responsibility with limited resources by controlling costs and maximizing efficiency.	Streamline administrative processes (hiring supply chain, purple form badging and optimize use of electronic medical record). Leverage other information technology initiatives such as Countywide Enterprise Resource Planning (ERP) implementation, Vizient data and Clairvia (nursing management). Explore partnerships for lab automation. Utilize volume, unit costs and other data to routinely ensure staffing is in-line with appropriate industry standards. Maintain high quality, appropriate network for CountyCare.	2017: Reduced time to hire, procure, badging. 2017: Implement ERP core finance, budget preparation; 2018: Human Resources/Payroll and Supply Chain. 2017: Achieve ability to fund capital equipment and improvements from operating budget. 2017-2019: Improve management of staffing, overtime.
Finances & Value  High Quality Care 	3.4 Improve provider documentation to support coding and billing to reflect the level of service provided and the complexity of illness of the patients.	Provide tools for providers to collaborate with Health Information Management (HIM) to achieve chart completion and coding queries to support timely billing. Provide coding support to providers (training and software).	2017: 95% of History & Physical (H&P) complete by discharge, up from 88% completion rate. 2017: 95% of Discharge Summary complete in seven days, up from current 60% rate. 2018: 95% of providers trained in coding. 2017-2018: Establish Relative Value Units (RVUs) for each physician.
Finances & Value 	3.5 Deploy efforts to increase patient safety, documentation and communication to limit financial exposure to litigation claims and minimize information and data security risks.	Foster patient safety program. Provide education regarding risk-reduction including documentation and communication. Mitigate claims expenses through employee training. Identify information technology risks and develop mitigation plan.	2017: Conduct event review for all litigation and implement and communicate lessons learned. 2017: Facilitate education for all providers in risk reduction. 2017: Set up remote hosting for IT systems.
Finances & Value 	3.6 Ensure patients and members receive the right care, at the right time in the right place.	Conduct utilization management review of claims.	2017: Increase utilization management year-over-year. 2017: Initiate one focused project on medication management to decrease unnecessary encounters.
Finances & Value 	3.7 Expand marketing and branding strategy to raise the profile of CCHHS and CountyCare.	Execute marketing and branding strategy. Develop marketing strategies for specific service lines.	2017: Increase patient and member volume. 2017: Increase babies delivered at Stroger by 10%, an additional 20% in 2018 and an additional 30% in 2019, up for a baseline of 900.



FOCUS AREA 4:
Invest in Resources

Recognizing that its workforce is the primary driver of success, CCHHS will make significant investments in employee engagement, professional development and training of all its workforce members. CCHHS will continue to recruit top-flight medical staff and work closely with its labor partners who represent nearly 90% of the System's employees to advance strategies that allow transformation with minimal disruption to patient care. CCHHS is committed to a comprehensive strategy that fosters improved communications, front-line staff involvement and job satisfaction. That strategy starts with a staffing plan that reflects a modern health care system and ensures the right complement of staffing at all levels to deliver high-quality health care. Working closely with its labor partners, CCHHS envisions a modern staffing model that cross-trains individuals for both effectiveness and efficiency.

Importantly, CCHHS has reduced the 'time to hire' significantly in the past two years and continues to streamline where possible. CCHHS continues to work towards 'substantial compliance' in the federal Shakman Decree. Training sessions and compliance monitoring are ongoing to ensure the integrity of the processes in place. The efficiencies that have been gained as a result of changes reflecting CCHHS' competition for health care providers are noticeable across the organization.

Leadership hosts a monthly labor management meeting that brings together system and union leadership to discuss common issues and to develop common solutions. These efforts have enabled leadership to vet operational changes and strategic plans with labor to improve communications and reduce disruptions that can result from change.

At the center of CCHHS' employee strategy is employee engagement. The sheer size, geography and diversity of CCHHS' employees requires a comprehensive effort to better engage employees in moving the organization forward. The System will conduct an employee engagement survey and use the results to develop a comprehensive strategy with metrics to engage employees at all levels of the organization.

Professional development and training are critical imperatives in a modern health system. CCHHS is committed to the creation of a comprehensive professional development strategy that touches all employees and includes continuing education opportunities, assisting, encouraging and incentivizing employees to earn advanced degrees and helping all employees better understand the impact of the external market on the operations of CCHHS.

Continued investments in CCHHS' technology infrastructure will result in improved patient care. CCHHS' hospitals have earned Health Information and Management Systems Society (HIMSS) Level 6 recognition, a milestone achieved by only 27% of hospitals in the U.S. CCHHS is hard at work to join the 4% of hospitals that have achieved Stage 7. The creation and security of a strong information technology system remains a critical operational strategy for the organization.

Despite averaging $25 - 30 million in depreciation annually, CCHHS has had limited focus on the replacement of capital equipment. However, recent investments in new capital equipment are beginning to show results. Two new linear accelerators at Stroger Hospital are the busiest in the state, delivering precise and advanced radiation treatment to cancer patients with less damage to the surrounding tissue. Expansions to cardiac catheterization and interventional radiology suites have increase capacity and a new advanced MRI is serving more than 7,000 inpatient and outpatient visits each year. While these investments are impressive, CCHHS is faced with a significant backlog of deferred capital and maintenance costs that must be addressed in the coming years.

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FOCUS AREA 4: Invest in Resources

PRINCIPLE(S) IMPACTED	OBJECTIVES	HIGHLIGHTED TACTICS	MEASUREMENTS/MILESTONES
High Quality Care  Develop Workforce 	4.1 Partner with labor to provide a health care experience that is convenient to patients.	Provide a health care experience that is patient-centered and convenient, including extended weekend and evening hours, patient support center, pre-registration, parking.	2017: Establish extended hours at all health centers.
Develop Workforce 	4.2 Recruit, hire and retain the best employees, who are committed to the CCHHS mission.	Conduct an Employee Engagement Survey. Measure workforce engagement using validated tool with benchmarks. Promote employee feedback email address. Perform annual performance evaluations. Strengthen management and leadership training. Streamline hiring process. Implement aligned strategies regarding Graduate Medical Education to attract and retain superior clinical faculty. Enhance collaboration with labor management to further employee engagement.	2017: Develop action plan based on top-drivers upon completion of employee engagement survey and other employee feedback 2017: Implement online annual performance evaluations. 2017: Reduce time to hire by 15% for non-credentialed positions. 2017: Achieve substantial compliance on the employment plan.
Health Equity  Develop Workforce  High Quality Care 	4.3 Strengthen CCHHS Workforce.	Expanding diversity of recruiting advertising. Conduct an analysis of organizational leadership needs. Analyze span of control for managers. Review of competency-based, "top of license" model of care across the System.	2017: Increase number and type of advertising outlets for recruitment. 2017: Conduct an analysis of bench strength by area to determine future areas of risk. 2018-2019: Amend employment plan to allow for succession planning. 2017: Complete action plan on span of accountability. 2017-2019: Review job titles for "top of license" model of care and make recommendations on changes in care delivery roles in primary, specialty and diagnostic services.

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FOCUS AREA 4: Invest in Resources

PRINCIPLE(S) IMPACTED	OBJECTIVES	HIGHLIGHTED TACTICS	MEASUREMENTS/MILESTONES
Education & Research  High Quality Care 	4.4 Enhance medical education by further development of safety culture and reporting.	Implement Clinical Learning Environment (CLER) Pathways to Excellence.	2017: Increase Culture of Safety Survey response rate from under 10% to 30%. 2017: Provide ongoing teamwork coaching to at least 50% of leadership by end of year. 2018-2019: Increase safety event reporting from around 350 per year to 800. 2018-2019: Reach or exceed the national mean in creating an environment that "residents can raise issues without fear of retaliation."
		Pursue academic partnership with one college of nursing to foster and grow nursing research at CCHHS. Enter falls into a national database for benchmark comparisons.	2017: Dialogues with local partners regarding nursing education affiliations. 2018-2019: Set unit-based fall goal.
High Quality Care 	4.5 Strengthen quality of care by systematic assessment of capital equipment, development of multiyear replacement strategy.	Develop capital equipment assessment and replacement plan. Invest dollars in capital equipment greater than annual depreciation.	2017: Complete capital equipment replacement plan.

FOCUS AREA 5: Leverage Valuable Assets

CCHHS relies on a variety of resources to deliver its work ranging from its medical staff, nurses, technicians and other employees, to its research and education, to its health department. CCHHS has immense opportunity to leverage these strengths for the benefit of the population CCHHS serves.

An organization has no greater resource than its workforce, and CCHHS is no exception. The System's 6,700 nurses, doctors and employees are mission-driven, compassionate, experienced and innovative. Leveraging the talents of its workforce provides significant opportunity for CCHHS' 2017-2019 strategy.

CCHHS has an employed medical staff of more than 600 physicians across dozens of specialties and locations. Harnessing the power of this great talent is central to CCHHS' efforts. Working closely with physicians and labor partners, CCHHS will build a medical staff practice to develop medical strategies, ensure seamless coordination with managed care and increase volumes, as well as develop evaluative criteria to measure, incentivize and reward success. A unified Cook County medical group would be able to drive patient satisfaction and to generate and distribute revenue toward research, professional development and innovations in clinical practice.

Nurses are at the center of patient care. Their role in ensuring effective, compassionate and high-quality patient care is significant. After careful analysis of multiple models in the health care industry, CCHHS is committed to embarking on a quality journey to obtain Magnet Recognition Program® status. Systems with Magnet® recognition report outcomes above national benchmarks in clinical quality, patient satisfaction and nurse satisfaction. Patients, health plans and nurses seeking career opportunities rely on Magnet® designation as the leading credential defining high-quality nursing care. The cost of pursuing Magnet® status is high, but a recent study found that it often pays for itself by generating higher patient revenues over time, compared to non-Magnet hospitals.[3] Pursuing this designation can enhance the reputation of CCHHS as a provider of choice. Currently, 22 hospitals in CCHHS' region have Magnet® designation and several more are on the journey.

With more than 27 medical residencies, the impact CCHHS has on medical training is immense despite the System not having an explicit goal to attract or encourage mission-driven trainees to its work. An explicit goal to this end has the ability to truly impact health inequities, by exposing trainees and all employees, for that matter, to health disparities early in their careers, creating a lifelong passion for mission-based work.

[3] *Jayawardhana, Welton & Lindrooth, 2014*

For any health care system, research is critical to attracting residents and physicians and CCHHS is well-respected in the clinical investigation community. Research conducted at CCHHS is regularly published in medical journals and investigators are invited to speak more often than their schedules allow. Current research in the area of pre-exposure HIV prophylaxis, hepatitis C and oncology have the ability to change disease prevention, diagnosis and treatment for vulnerable patients around the world. Careful analysis of CCHHS training and research efforts should occur to ensure mission-alignment.

CCDPH is the public health authority for most of suburban Cook County providing critical disease prevention and health promotion services. CCDPH investigates outbreaks, inspects restaurants and public swimming pools and provides considerable services in the areas of lead poisoning, child development and chronic disease management. CCDPH epidemiologists have extensive knowledge and understanding of the social determinants of health that exist in its jurisdiction and vast data that can be used to guide system-wide approaches to care and prevention. Greater collaboration and perhaps even consolidation with the multiple state- certified health departments in Cook County has the potential to further reduce health inequities, improve population health and save substantial dollars.

With a data warehouse that includes 13 years of electronic medical records, three years of Medicaid claims data from CountyCare, decades of disease and health disparity data from public health and years of research findings, CCHHS plans to consolidate, analyze and capitalize on its data to make strategic decisions in areas ranging from staffing to services to where a health center should be located. The creation of the CCHHS Business Intelligence Unit in 2013 has transformed CCHHS' data into actionable information allowing CCHHS leadership to make informed decisions around strategy and daily operations.

Moving toward 2020, the next step for CCHHS is to create service line, site-specific and system-wide dashboards that managers can use to measure and manage local performance and to assist them in detailing the System's operations to all employees.

Currently, training and research, business intelligence and public health are enormous contributors to the System, but greater integration could yield remarkable results in developing new care strategies to address health disparities and social determinants of health. To that end, through *Impact 2020*, CCHHS envisions an Innovations Center to serve as the System's 'think tank'. The CCHHS Innovations Center will investigate and create scalable approaches to solving the real problems faced by vulnerable populations in the communities served by CCHHS, including advocating for public policies.

It will serve as the incubator and repository of quality data, research and clinical investigation projects, a resource library available to all employees as well as the catalyst to convene important conversations, workgroups and collaborations outside the traditional 'walls' of CCHHS. The Innovations Center will broaden CCHHS' impact beyond the patients and communities it serves to a state and national level.

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FOCUS AREA 5: Leverage Valuable Assets

PRINCIPLE(S) IMPACTED	OBJECTIVES	HIGHLIGHTED TACTICS	MEASUREMENTS/MILESTONES
High Quality Care  Finances & Value 	5.1 Implement a unified medical staff practice plan.	Issue RFP for external consultant to assist in building a practice plan. Develop clinical leadership understanding and support for practice plan.	2017: Establish practice plan governance and management structure.
High Quality Care  Finances & Value 	5.2 Promote interdisciplinary engagement to address complex medical conditions.	Identify areas for formalized interdisciplinary services for clinical conditions.	2017: Develop interdisciplinary and interdepartmental services for three clinical areas.
High Quality Care  Finances & Value  Education & Research 	5.3 Exploit relevant sources for monitoring quality, cost, utilization and patient outcomes.	Collaborate in bringing advanced analytics to promote use of evidence to the bedside to create best practices and institutional guidelines. Implement Cerner HealtheIntent to enable doctors to better manage patients with chronic disease conditions and maximize the efficiency of day of care plans. Explore establishing an innovation center at CCHHS. Benchmark nurse-driven quality indicators to regional and national standards.	2017: Implement CommonWell. 2017: Complete one advanced analysis project by the Collaborative Research Unit (CRU) from the CountyCare claims data. 2017: Implement HealtheIntent. 2017: Establish reliable reporting to the National Database of Nursing Quality Indicators (NDNQI) data reporting system.
Health Equity  High Quality Care 	5.4 Utilize CCDPH data and experience to address health inequities to conceptualize and plan robust interventions to improve population health.	Expand use of population and epidemiologic data to identify upstream drivers of chronic diseases and conditions, improve birth outcomes and enhance childhood development. Maximize local health collaboration, partnership and alignment in Cook County to inform services, with local health departments such as City of Chicago Department of Public Health and local resources such as the University of Illinois School of Public Health. Identify opportunities to align with and support strategies outlined in CCDPH's community health improvement plan (WePLAN 2020). Integrate CCDPH data to support appropriate care management. Leverage CCDPH in the focus on opioid epidemic.	2017: Leverage information from CCDPH childhood lead poisoning prevention surveillance to improve health outcomes. 2017: Utilize information from CCDPH's Adverse Pregnancy Outcomes Reporting System (APORS) to improve outcomes. 2017: Review annual updates of health status and data reports to inform CCHHS initiatives.

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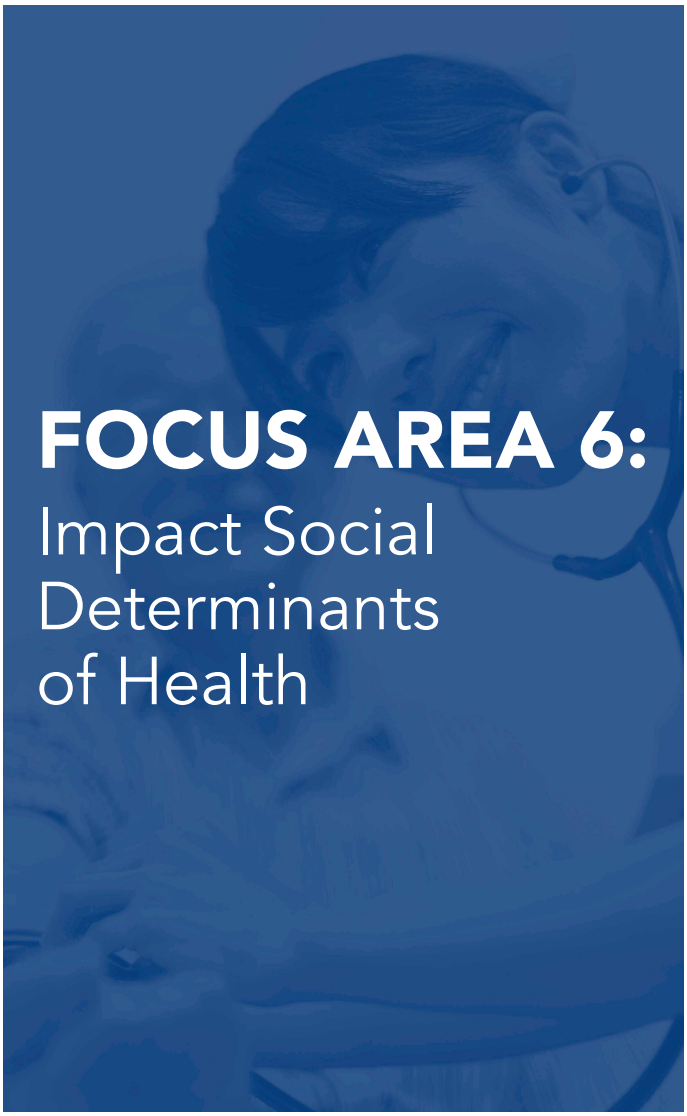
FOCUS AREA 5: Leverage Valuable Assets

PRINCIPLE(S) IMPACTED	OBJECTIVES	HIGHLIGHTED TACTICS	MEASUREMENTS/MILESTONES
High Quality Care  Education & Research 	5.5 Evaluate clinical effectiveness by specialty and forecast health needs with robust analytics and benchmarking.	Establish Clinical Effort Agreements. Develop specialty-specific Clinical, Administrative, Research and Teaching (CART) inventory. Distribute physician-specific dashboards to benchmark performance.	2017: Have ambulatory clinical effort agreements for each department. 2017: Mature Relative Value Unit model at physician and department level.
High Quality Care  Education & Research 	5.6 Produce knowledge (using internal and external sources) about how best to provide care to CCHHS' patients.	Strengthen clinical impact of research to benefit CCHHS patients prioritized informed by clinical leadership or quality council.	2017: Identify two clinical conditions for analysis and complete the analyses. 2018-2019: Implement recommendations identified in analyses.
High Quality Care  Develop Workforce  Education & Research 	5.7 Invest in continuous learning and development, including training around domain-specific best practices.	Pursue a Magnet® culture. Establish nursing leadership academy for direct care managers. Create process to evaluate implementation of initiatives.	2017: Complete nursing leadership academy for managers by June 2017. 2017: Create improvement review process.
High Quality Care  Develop Workforce  Education & Research 	5.8 Demonstrate value of undergraduate and graduate medical education and academic affiliations to the organization by analysis of costs, returns, pipeline to workforce and facilitation of CCHHS mission.	Develop a training-to-employee pipeline through graduate medical education. Engage with local health career institutions to enhance diversity and retention of workforce. Develop an interface between health system leadership and education leaders to assure alignment and shared strategies for success. Conduct an assessment of each clinical training program to determine value such as cost/benefit, strategic alignment and workforce pipeline. Conduct parallel assessment to determine appropriate support structure for each program. Conduct an analysis to evaluate the cost/benefit, strategic alignment and workforce pipeline of academic affiliations.	2017: Complete assessment framework to review residency programs. 2017: Complete four residency assessments. 2017: Make recommendations to the Board on academic affiliations. 2017: Transition Family Practice Residency to CCHHS.



FOCUS AREA 6:
Impact Social Determinants of Health

Social determinants of health are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. They are well-documented as factors that can impact health and well-being. CCHHS has enormous opportunity to address social determinants in its patient population and the wider Cook County community.

Health Risk Assessments or HRAs are becoming more widely used in the health care industry to better understand the needs of patients. The HRAs used by CCHHS and CountyCare also identify non-health-related concerns or issues that contribute to overall health status. These social determinants of health disproportionally impact those served by the System. The data collected by HRAs identify opportunities for CCHHS to develop partnerships with community and service organizations, ensure that services meet the greatest need and ultimately improve health equity.

Lack of access to healthy food is a social determinant that negatively impacts an individual's health, especially a child or an adult with diabetes or heart disease and contributes to the growing problem of obesity. In 2015, CCHHS launched a partnership with the Greater Chicago Food Depository (GCFD) to begin screening patients in its health centers for food insecurity. Initial results revealed that more than 30% of screened patients do not have consistent access to food, let alone healthy food options. Today, four of CCHHS' sites are proud to be a regular stop for the GCFD Fresh Truck which supplies fresh fruits and vegetables to these patients. In its first 8 visits, more than 1,050 individuals, shopping for nearly 3,700 people in their households, were served. Expansion of this program to all sites is a critical goal for *Impact 2020*.

Reliable housing is a problem for many people that leads to poor health outcomes, particularly for those recently released from the hospital, needing to convalesce to ensure recovery. Early screening of CountyCare members showed 20% reporting a concern about having a stable place to sleep that night or in the near future. CountyCare is working on partnerships that will provide supportive housing for its members. Additional partnerships related to legal aid, education and job training are under consideration and will have a powerful impact on the health of the individuals CCHHS and CountyCare serve.

Lack of access to health care services is a social determinant that often leads to avoidable and costly visits to an emergency room. According to the Kaiser Family Foundation, in 2014, just over a quarter (27%) of uninsured individuals reported a preventive visit with a physician in the last year, compared with 47% of insured adults who gained coverage in 2014 and 65% of adults who had coverage before 2014.[4] CCHHS spends upwards of $400 million annually in uncompensated care for those who cannot pay, and predominately in acute care rather than primary care settings. CCHHS provides care to more than 39,000 uninsured or underinsured individuals annually through its CareLink program. Plans are underway to ensure access to primary and specialty care for these individuals to keep them healthy and less-reliant on acute-care settings. Over time, CCHHS will seek external, private funding to support and grow the plan.

According to the Agency for Healthcare Research and Quality (AHRQ), men are 24% less likely than women to have visited a doctor within the past year and 22% more likely to have neglected their cholesterol tests.[5] One in four male deaths is due to heart disease according to the CDC. CCHHS has had a few small, successful programs over the years to better engage men in their health care but with a more concentrated effort CCHHS intends to impact avoidable health care costs and improve health outcomes for men by 2020.

And while access to health care in general is a social determinant, it becomes a larger hurdle when an individual does not have access to culturally competent health care beyond basic translation services. CCHHS serves thousands of individuals who come from different cultures and have different beliefs about care. From more bilingual staff to offering appropriate foods and treatment regimens and staff education and training, CCHHS has an opportunity to impact care and provide a better patient experience for many.

As CCHHS challenges itself in this new environment, it recognizes that it cannot accomplish its ambitious agenda alone. Considerable efforts to partner with community organizations, other health care providers and the FQHCs are underway, particularly around food insecurity, access to care, behavioral health and justice-involved populations. CCHHS has started to pursue grant opportunities to collaborate with like-minded organizations to address and mitigate social determinants in new and innovative ways.

[4] "Key Facts about the Uninsured Population." The Henry J. Kaiser Family Foundation, 5 Oct. 2015.
[5] "Healthy Men; Learn the Facts." Agency for Healthcare Research & Quality, U.S. Department of Health and Human Services, Dec. 2010.

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FOCUS AREA 6: Impact Social Determinants of Health

PRINCIPLE(S) IMPACTED	OBJECTIVES	HIGHLIGHTED TACTICS	MEASUREMENTS/MILESTONES
Health Equity  Quality Care 	6.1 Ensure continued access to care for uninsured patients.	Develop an uninsured plan to increase access to health care, avoid preventable acute care needs and improve outcomes. Collaborate with local government and community stakeholders to provide greater access to health care services at CCHHS for the uninsured.	2017: Expand and optimize structure of health plan for the uninsured.
Health Equity  High Quality Care 	6.2 Utilize CCDPH data and experience to address health inequities to conceptualize and plan robust interventions to improve population health.	Determine if evidence supports a program to address medical needs for children who have experienced "toxic stress" through multiple adverse childhood experiences (ACEs) and are thus more likely to develop chronic health conditions. Expand the use of population and epidemiologic data to identify upstream drivers of chronic diseases and conditions, improve birth outcomes and enhance childhood development. Identify opportunities for CCDPH to address and partner with CDPH for response in Chicago, such as gun violence, opiod abuse, and sexually transmitted infections.	2017: Develop a proposed program to address medical needs of children who have experienced ACEs. 2017: Pilot a project to connect high-utilizers of CCHHS services with housing and employment, based on recommendations from a Cook County intra-agency workgroup.
Health Equity  High Quality Care 	6.3 Partner with other organizations to address population health care needs outside of the health care system, including those related to social determinants of health.	Expand "Food as Medicine" program. Expand Women, Infants and Children (WIC) services. Continue to expand care coordination infrastructure. Screen for other social determinants of health including housing, exercise, clothing, drug and alcohol abuse, transportation and utilities. Explore violence prevention partnerships and programs. Develop a focused program on populations that would benefit from better engagement in health care, such as young men, who are less likely to engage in appropriate preventive care. Explore grant opportunities to address social determinants.	2017: Expand "Food as Medicine" program to all outpatient sites. 2018-2019: Create new food access and distribution programs for CountyCare members and CCHHS patients. 2017-2019: Support community opportunities to bring fresh food into communities, including urban farms and food co-ops. 2017: Provide WIC services at all health centers. 2017-2019: Support community and partnering opportunities to increase availability of fair, affordable, permanent housing. 2017: Pilot intervention aimed at improving health status of African American men at select health centers.

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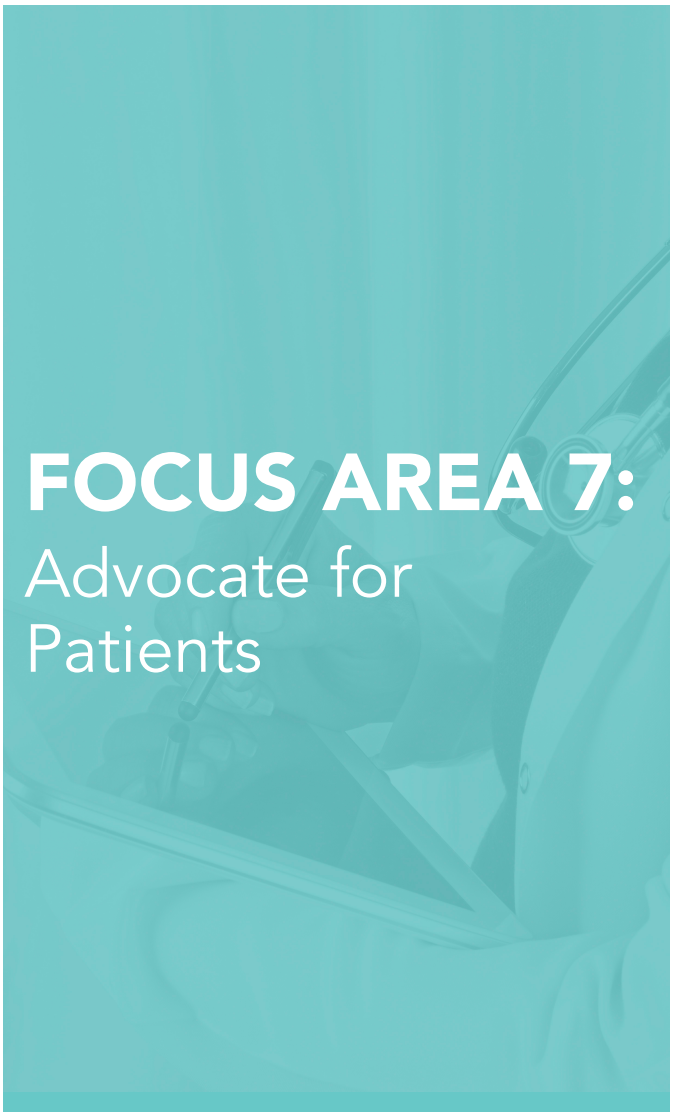
FOCUS AREA 6: Impact Social Determinants of Health

PRINCIPLE(S) IMPACTED	OBJECTIVES	HIGHLIGHTED TACTICS	MEASUREMENTS/MILESTONES
Health Equity  High Quality Care 	6.4 Further develop care coordination services across the CCHHS continuum of care to address social determinants of health to improve population health.	Screen patients for needs outside the clinical delivery setting to connect with community resources. Utilize web-based community resource tool (i.e. purple binder) across clinical settings. Increase health screenings and partnerships. Ensure interfaces for ACHN sites and care coordination understood and function effectively. Develop a role for non-licensed clinical personnel to support care coordination. Hire community health workers to assist in care coordination.	2017: Continue to expand care coordination to support the use of appropriate resources, e.g. outpatient workups. 2017: Establish delegation from MCOs for care coordination. 2017: Achieve NCQA accreditation for care management. 2018-2019: Extend provider-based care coordination to additional CountyCare providers.
Health Equity  High Quality Care 	6.5 Assess organizational contributions to disparities.	Assess contribution of Race, Ethnicity, and Language (REaL) factors to adverse events and develop mitigation strategies. Assess the contribution of disparities to health outcomes and adverse events. Determine if a patient's cultural or racial factors contribute to adverse outcomes and evaluate the causes of these outcomes. Ensure consistent capture of demographic information and SE data into the Electronic Medical Record (EMR). Focus quality efforts in areas that are directly impacted by disparities.	2017: Identify one clinical area for review and analysis, stratified by race, ethnicity and language preference Capture accurate REaL data – 95% by 2018.



FOCUS AREA 7: Advocate for Patients

While the ACA has expanded health insurance coverage for more than 350,000 people in Cook County, it is estimated that more than 300,000 individuals remain uninsured. This includes a significant population of undocumented immigrants who do not qualify for Medicaid or marketplace benefits. Even with the ACA, many others remain under-insured as a result of high deductibles and other out of pocket costs.

CCHHS relies heavily on federal funding to help offset the costs of serving the uninsured and underinsured. Medicaid, Disproportionate Share (DSH) dollars and Intergovernmental Transfers (IGTs) have been critical revenue sources for CCHHS. Scheduled cuts to DSH dollars, the proposed 'block granting' of Medicaid dollars to states and implementation of per capita caps on Medicaid spending would have a significant impact on the System's ability to fulfill its mission

Similarly, any changes to the 340B drug pricing program have the potential to adversely affect CCHHS' ability to continue to serve its patient population. Section 340B of the Public Health Service Act allows select health care providers, including public health systems, to participate in a discounted prescription drug discount pricing program "to stretch scarce federal resources as far as possible, reach more eligible patients and provide more comprehensive services."[6] The 340B program has enabled CCHHS to assist patients with the high cost of medications so they are not forced to choose between basic needs and their health because they cannot afford their prescribed medications.

Additionally, preliminary analysis of the Centers for Medicare and Medicaid Services' (CMS) recently released massive Medicaid managed care rule reveals the potential to disrupt the local health care safety net. With recommendations to eliminate supplemental funding, the proposed rules have potential to reverse progress recently made that afforded safety-net providers the ability to address the needs of the remaining uninsured and under-insured populations.

[6] *H.R. REP. No. 102-384(II), at 12 (1992)*

Justice Involved Populations

Correctional health is a cornerstone of CCHHS' work. However, federal statute prohibits Medicaid coverage for incarcerated populations, including pre-trial detainees who cannot afford bail. This means that CCHHS is not able to receive compensation for the nearly $100 million it spends every year on correctional health, other than through local tax support. Recently, CMS issued guidance encouraging those eligible for Medicaid to enroll while incarcerated to ensure continuity of care upon discharge. By doing so, it is expected that individuals will have the ability to access services that may have otherwise been unavailable to them post-release.

County jails reveal a multitude of social determinants, least of which are poverty, racism and mental health. Because of this, the care provided by CCHHS within the Cook County Jail may be one of the most important aspects of CCHHS' work. Most detainees are released in less than 30 days and return to their communities; if they return in good or better health and with the ability to continue to receive health care services as they did while detained, the health of their community is also positively impacted. If care is disrupted, or not readily accessible, there will be decreased continuity of care, recidivism will remain high, outcomes will worsen and overall public health will suffer. Studying the impact of CCHHS' efforts has enormous potential beyond Cook County.

National Health Service Corps (NHSC)

National Health Service Corps (NHSC), established in 1970, provides for scholarship and loan repayment to help people living in under- served communities across the nation receive medical care. Current law, however, excludes county jails from being designated as health professional shortage areas and, as such, the providers that work there are not eligible for the NHSC Loan Repayment Program. CCHHS' inability to participate in the program has negatively impacted Cermak Health Services' recruitment efforts. CCHHS believes that reinstating the NHSC Loan Repayment Program to cover county jails would go a long way toward providing adequate staffing and services within the Cook County Jail.

Lead Poisoning Threshold Ordinance in Cook County

According to the CDC, there is no safe blood lead level for children. Lead exposure can affect nearly every system in the body and even small amounts of lead can cause changes in a child's brain that makes it difficult to learn, pay attention, or control moods and behaviors. The CDC recommends that children receive interventions when an elevated blood level of 5 micrograms per deciliter (mcg/ dL) or more of lead is identified.[7] However, CCDPH uses the same threshold applied by the Illinois Department of Public Health of 10 mcg/ dL or more of lead to trigger an intervention. As a result, CCDPH is not able to routinely conduct interventions at lower lead poisoning levels, including public health nursing case management, inspection for lead-based paint hazards or mitigation orders for remediation by property owners. In order for CCDPH to apply the lower blood level to trigger an intervention, additional funding for added staff such as public health nurses and lead risk assessors, as well as lead abatement services, would need to be identified to handle the increased volume.

[7] *"What Do Parents Need to Know to Protect Their Children?" Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 15 Mar. 2016.*

Partnership to Improve Community Health (PICH)

In 2014, CCDPH received a three-year CDC grant to reduce the prevalence of chronic diseases by creating and strengthening healthy places in suburban Cook County to make healthy living easier for residents. CCHHS, through CCDPH and its partners, will work to sustain implementation of policies, systems and environmental improvements, such as smoke-free multi-unit housing, healthy corner store conversions, enhanced physical education in schools, active transportation plans and policies and increased availability of physical activity opportunities through the Forest Preserves of Cook County. Efforts to increase awareness about the link between place and health will continue through social marketing and other communication techniques as part of the Healthy HotSpot campaign.

Adverse Childhood Experiences

Chronic stress can cause significant negative health implications. This is referred to as "toxic stress", which is the prolonged activation of stress response systems in the absence of protective relationships. In recent years, researchers have started to look at the short- and long-term impact such stress can have on children. Increasing medical information has shown that children who experience toxic stress through multiple adverse childhood experiences (ACEs) in their lives are more likely, when they become adults, to have heart disease, hypertension, depression and substance abuse among other health problems. In children, toxic stress can lead to poor concentration, impaired learning, and unhealthy social behaviors.

While entirely protecting children from ACEs may be difficult or unrealistic, there is evidence to suggest that helping children respond to ACEs may, in fact, lower their risk for negative health outcomes. By creating mechanisms to help parents, caregivers, and other trusted adults foster a protective relationship with their children and build resiliency, CCHHS believes it can help mitigate the negative health consequences of ACEs and better safeguard the health of children in Cook County. Some of this work has already commenced in South Suburban Cook County through a partnership with a CCHHS health center and a local school district. CCHHS will continue to explore possible roles in this work, including educating staff about ACEs and determining best practices to identify ACEs and connect parents with appropriate resources in an effort to mitigate long-term effects.

Flu Vaccines

The CDC recommends that all health care workers get an annual influenza vaccine to provide optimal protection for patients, family members and co-workers. CCHHS currently has a mandatory influenza vaccination policy in place for employees, contractors, students and volunteers. Requiring flu vaccines for health care workers in all Illinois hospitals and clinics can further support CCHHS' efforts to prevent the spread of the flu.

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FOCUS AREA 7: Advocate for Patients

PRINCIPLE(S) IMPACTED	OBJECTIVES	HIGHLIGHTED TACTICS	MEASUREMENTS/MILESTONES
High Quality Care  Finances & Value 	7.1 Advocate for improved health care for the uninsured population, including justice-involved populations.	Collaborate with Cook County's Justice Advisory Council and public safety offices. Partner with large urban public health systems to advocate for policy changes to the inmate exclusion. Participate in national efforts, e.g. Integrated Data Driven Justice Initiative and Stepping Up Initiative.	2017: Determine explicit approach for continuity of care for justice-involved populations. 2017-2019: Implement county-based programs to provide health care services to justice-involved populations.
High Quality Care  Finances & Value 	7.2 Advocate for behavioral health funding and legislation.	Support legislation for increased funding for state and local governments for education and treatment alternatives for opioid users. Support legislation to provide relief from liability to providers who administer opioid relief drugs.	2017-2019: Support adoption of legislation to make opioid relief drugs more readily available.
Develop Workforce 	7.3 Advocate for National Health Service Corps (NHSC) Loan Repayment Program eligibility to be expanded.	Collaborate nationally with county government stakeholders to garner congressional support to expand the definition to allow participation.	2017-2019: Realize adoption of S.1051 by Congress to expand the NHSC Loan Repayment Program to allow participation by local governments.
High Quality Care 	7.4 Leverage outpatient health centers as community anchors by partnering with community organizations.	Establish community advisory boards for outpatient health centers. Offer community programming at health centers.	2017: Establish at least two community advisory boards for community health centers. 2017: Expand community programming in four health center locations.

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FOCUS AREA 7: Advocate for Patients

PRINCIPLE(S) IMPACTED	OBJECTIVES	HIGHLIGHTED TACTICS	MEASUREMENTS/MILESTONES
High Quality Care	7.5 Advocate for influenza vaccine requirement for all health care workers in Illinois.	Support legislation that requires all health care workers to be vaccinated for influenza in Illinois.	2017: Support legislation or administrative code changes to support this change by developing language and an approach as well as collaborating to create constituency group backing.
High Quality Care	7.6 Advocate for improvements in identifying and addressing blood lead levels in children in suburban Cook county.	Pursue necessary policy changes to lower the threshold from 10 mcg/dL to 5 mcg/dL to trigger an intervention by the Cook County Department of Public Health (CCDPH). Seek grant funding to pay for additional resources to conduct more lead interventions. Seek additional funding for public health staff and lead abatement services to provide services to children with high lead levels.	2017: Implement policy to intervene when a child has a blood lead level of 5 mcg/dL or more.
High Quality Care	7.7 Assess effect of CDC grant "Partnerships to Improve Community Health" (PICH) to identify effective public health practices and promote relevant policies.	Develop plan to implement best practices and promote policies identified during the grant period after the non-renewable grant expires in 2017.	2017: Finalize plan to sustain practices identified in the grant period.

APPENDICES

GLOSSARY

Federal 1115 Waiver – A demonstration waiver approved by the US. Centers for Medicare and Medicaid Services (CMS) to expand Medicaid coverage to adults in Cook County whose income was at or below 133% of the federal poverty level (FPL). This waiver allowed CCHHS to begin enrolling these individuals in CountyCare before Medicaid expansion in Illinois took effect.

Accredited Public Health Department – A public health department that has had its performance measured against a set of nationally recognized, practice-focused and evidence-based standards that include an issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity as well as the continual development, revision, and distribution of public health standards. The Cook County Department of Public Health is accredited by the Public Health Accreditation Board (PHAB).

Adverse Childhood Experiences (ACEs) – A traumatic experience in a person's life occurring before the age of 18 that the person remembers as an adult.

Adverse Pregnancy Outcomes Reporting System (APORS) – This reporting system collects information on Illinois infants born with birth defects or other abnormal conditions. The purpose of APORS is to conduct surveillance on birth defects, to guide public health policy in the reduction of adverse pregnancy outcomes, and to identify and refer children who require special services to correct and prevent developmental problems and other disabling conditions.

Behavioral Health – Includes both mental health and substance use-related issues and describes the connection between behaviors and health and well-being.

CareLink – CCHHS' charity care program that extends financial assistance based on income.

Cerner – CCHHS' electronic medical record that enables physicians, nurses and other authorized users to securely share patient data electronically across an organization. An online "digital chart" displays up-to-date patient information in real time, complete with decision-support tools for physicians and nurses.

Certified Public Health Department – A local health department that has received certification from the Illinois Department of Public Health (IDPH) after meeting its requirements for employing a qualified executive officer and achieving public health practice standards (including, completion of an internal organizational capacity assessment and a community health needs assessment, development of a community health plan and compliance with required activities).

Clairvia™ – An information technology program that focuses on nurse scheduling management.

CLAS – The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards) are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services. Adoption of these standards are intended to help advance better health and health care in the United States.

Clinical Trials – Research using participants (human volunteers) to advance medical knowledge

Community Acute Care Hospital – An acute care hospital where patients receive active, but short-term care for a condition and are discharged once they are healthy.

Data Warehouse – A combination of many different databases across an entire enterprise. It serves as a centralized repository of data generated by all units within an enterprise optimized for and dedicated to analytics.

Disproportionate Share Hospital (DSH) – Disproportionate Share Hospitals serve a significantly disproportionate number of low-income patients and receive payments from the Centers for Medicare and Medicaid Services to cover the costs of providing care to uninsured patients. Disproportionate share hospitals are defined in Section 1886(d)(1)(B) of the Social Security Act.

Electronic Medical Records (EMR) – A digital version of the traditional paper-based medical record for patients that resides in a system specifically designed to support users by providing access to medical history, diagnoses, medications, allergies, alerts, reminders, decision support systems, links to medical knowledge, and other aids. CCHHS uses Cerner's EMR.

Federally Qualified Health Center (FQHC) – Health centers or clinics that serve medically-underserved areas and populations. Federally Qualified Health Centers provide primary care services on a sliding scale fee basis or regardless of one's ability to pay. FQHC is a reimbursement designation from the U.S. Department of Health and Human Services (HHS) Bureau of Primary Health Care and CMS. This designation is significant for several health programs funded under the Health Center Consolidation Act (Section 330 of the Public Health Service Act).

Food Insecurity – A set of circumstances where an individual lacks consistent access to enough food, affordable food, or healthy food.

Goal – An aspirational statement that combines an indicator with a desired level of achievement.

Health Equity – The opportunity for every person to attain his or her full health potential regardless of socioeconomic status and other factors.

HealtheIntent™ – A multi-purpose, programmable Cerner platform designed to scale at a population level while facilitating health and care at a person and provider level. This cloud-based platform enables health care systems to aggregate, transform and reconcile data across the continuum of care. A longitudinal record is established, through that process, for individual members of the population that the organization is held accountable for; helping to improve outcomes and lower costs for health and care. It enables organizations to identify, score and predict the risks of individual patients, allowing them to match the right care programs to the right individuals.

Health Risk Assessment (HRA) – A survey-based screening tool designed to evaluate patients' health attitudes, behaviors, risks, and quality of life.

Healthcare Information and Management Systems Society (HIMSS) – The entity that specifies a way to measure the progress of health care organizations towards achieving the ideal paperless patient record environment.

Health Maintenance Organization (HMO) – An organization interposed between providers and payers that attempts to "manage the care" on behalf of the health service consumer and payer. HMOs usually limit coverage to care from doctors who work for or contract with the HMO. It generally does not cover out-of-network care except in an emergency. An HMO may require a member to live or work in its service area to be eligible for coverage. HMOs often provide integrated care and focus on prevention and wellness.

Intensive Care Unit (ICU) – A unit that provides intensive/complex care to patients with critical injuries or illnesses.

Intergovernmental Transfers (IGTs) – Transfers of funds from one level of government to another. IGTs may be used to fund general government operations or for specific purposes.

Joint Commission – The Joint Commission is a national independent organization that accredits and certifies health care organizations.

Magnet Recognition Program® – A designation from the American Nurses Credentialing Center (ANCC) that represents nursing excellence and high-quality care delivery. Only 8% of US hospitals have earned this designation.

Medicaid – A state and federal program that provides health coverage for those with very low income.

Medicaid Managed Care – Services provided through an arrangement between a state Medicaid agency and managed care organizations (MCOs) that accept a set payment – "capitation" – for these services. The state pays the MCO a monthly premium to cover the services provided to a beneficiary. There are two main forms of Medicaid managed care, "risk-based MCOs" and "primary care case management (PCCM)." In a risk-based MCO system, the State pays a flat per-member-per-month rate and the MCO pays for health care services rendered to the member. In a PCCM system, the State pays for services on a fee-for-service basis as well as a monthly fee to a contracted primary care provider to coordinate care for the beneficiary.

Medicare – A federal health insurance program for people age 65 or older, people under age 65 with certain disabilities, and people of all ages with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant); coverage is regardless of income.

National Health Service Corps – A federal program that promotes improved access to primary care by providing scholarships and loan repayment for medical professionals who have committed to working in underserved urban, rural and frontier areas.

Network – The group of providers in a plan. A network may include physicians, physician groups, hospitals, clinics, etc.

Objective – Total or partial attainment of a goal within a specified time.

Outpatient Services – Medical services or procedures that do not require a patient to stay overnight in a health care facility.

Primary Care Medical Home (PCMH) – A care delivery model whereby patient treatment is coordinated through a primary care team to ensure the patient receives the necessary care when and where they need it, in a manner they can understand. Patients are 'empaneled' or part of a 'panel' with a specific provider.

Patient Protection and Affordable Care Act (ACA) – The comprehensive health care reform law enacted in March 2010. The law was enacted in two parts: The Patient Protection and Affordable Care Act was signed into law on March 23, 2010 and was amended by the Health Care and Education Reconciliation Act on March 30, 2010. The name "Affordable Care Act" is used to refer to the final, amended version of the law. The law seeks to decrease the number of uninsured, improve health outcomes and streamline the delivery of health care.

Payer Mix – The distribution of revenue across payer sources – e.g., Medicare, Medicaid, private, or commercial insurance.

Per-Member-Per-Month (PMPM) – One of the most common payment arrangements for managed care. A PMPM agreement is when a health care provider is paid a set amount for each individual enrolled or "empaneled" with them. The PMPM remains the same for an individual whether they receive no health care services in a month, or very intensive health care services.

Population Health – The health outcomes of an entire population or an approach that aims to improve the health of an entire population.

Relative Value Units (RVU) – An RVU is a dollar amount that is assigned to each encounter, procedure, or surgery. The value is standardized, but the way the value is used in the compensation formula may vary from employer to employer.

Shakman Decrees – A series of Federal court orders regarding government employment in Chicago, which were issued in 1972, 1979, and 1983, in response to a lawsuit filed by civic reformer Michael Shakman. The decrees barred the practice of political patronage, under which government jobs are given to supporters of a politician or party, and government employees may be fired for not supporting a favored candidate or party.

Six Sigma – A process-improvement methodology that relies on a collaborative team effort to improve performance by systematically removing waste.

Social Determinants of Health – According to the World Health Organization (WHO), the social determinants of health are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

Tertiary Care – Health care delivered by specialists. Patients are often referred to these specialists by their primary care physicians for consultations on advanced medical treatments.

Trauma Center – A hospital equipped and staffed to provide care for patients suffering from major traumatic injuries such as falls, motor vehicle collisions, or gunshot wounds. Trauma centers vary in their specific capabilities and are identified by the Illinois Department of Public Health by "Level" designation: Level-I (Level-1) being the highest, to Level-III (Level-3) being the lowest (some states have five designated levels, in which case Level-V (Level-5) is the lowest). Stroger Hospital is home to the busiest Level-I trauma center in Illinois and one of the busiest in the nation.

Triple Aim – The Institute for Healthcare Improvement's (IHI) Triple Aim is a framework that describes an approach to optimizing health system performance. It includes designs that must be developed to simultaneously pursue three dimensions to: 1) improve the patient's experience (including quality and satisfaction); 2) improve the population's health; and 3) reduce the per capita cost of health care.

Uncompensated Care – Health care or services provided by hospitals or health care providers that are not reimbursed from the patient or from third-party payers. Often uncompensated care arises when people are uninsured or underinsured and cannot afford to pay the cost of care. Some costs for these services may be covered through cost shifting.

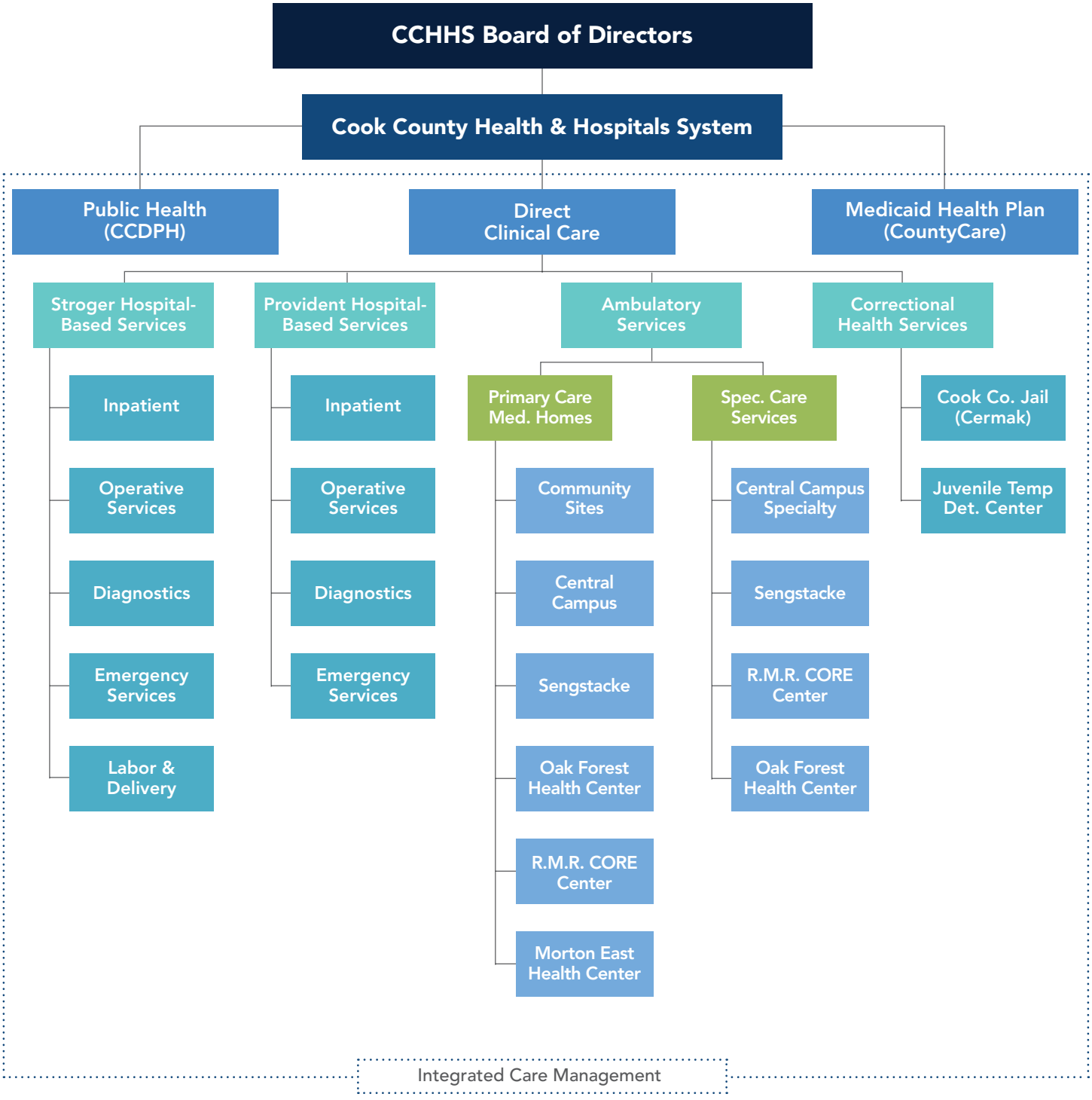
Underinsured – People with public or private insurance policies that do not cover all necessary health care services, resulting in out-of-pocket expenses that exceed their ability to pay.

Vizient™ – A company that focuses on health care data sharing to allow health care providers relevant benchmarking data.

WEPlan – A process mandated by the State of Illinois for local health department certification conducted every five years.

WIC – The Special Supplemental Nutrition Program for Women, Infants, and Children offers grants to States to provide pregnant and postpartum women and children up to age 5 at nutritional risk with supplemental foods, health care referrals and nutrition education.

COOK COUNTY HEALTH & HOSPITALS SYSTEM
ORGANIZATION STRUCTURE



2015
CCHHS Unique Patient Volume

Facility	Unique Patients by Facility
Ambulatory Community Health Network (ACHN)	158,525
Stroger	101,824
Provident	26,221
CORE	11,315
Public Health	3,278
Correctional Health	47,880

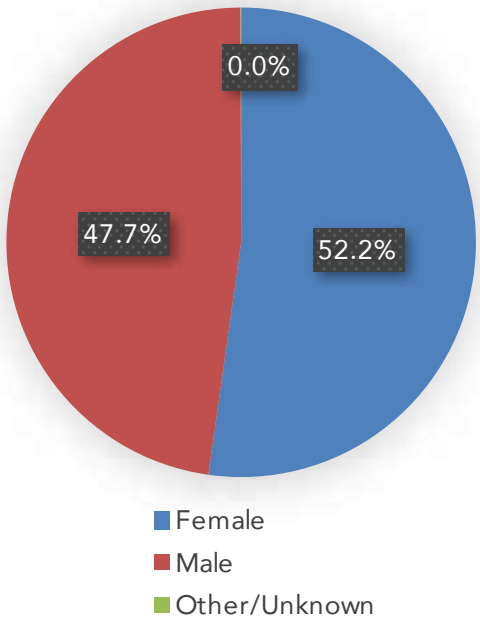
Source: CERNER
Stroger includes Emergency, Inpatient, Observation, Hospital based clinics, and Specialty Care clinics at Stroger facility.
Correctional Health includes Cermak Health Services (CHS) and Juvenile Detention Center (JTDC)

2015
CCHHS Patient Demographics

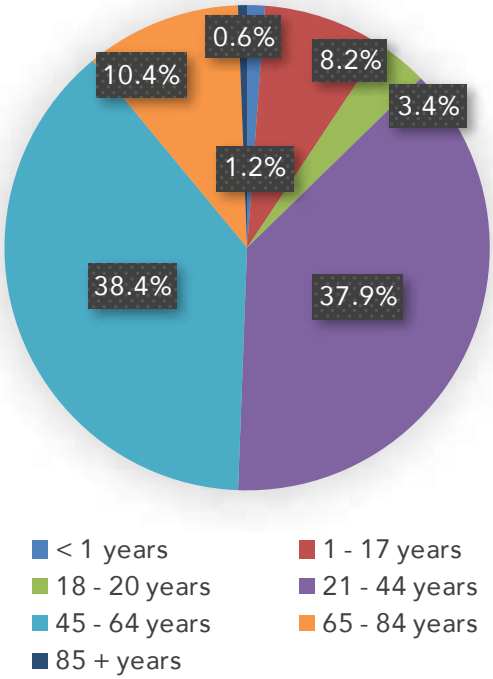
Gender	
Female	52.2%
Male	47.7%
Other/Unknown	0.05%

Age Groups	
< 1 years	1.2%
1 – 17 years	8.2%
18 - 20 years	3.4%
21 - 44 years	37.9%
45 - 64 years	38.4%
65 – 84 years	10.4%
85+ years	0.6%

Gender



Age Group



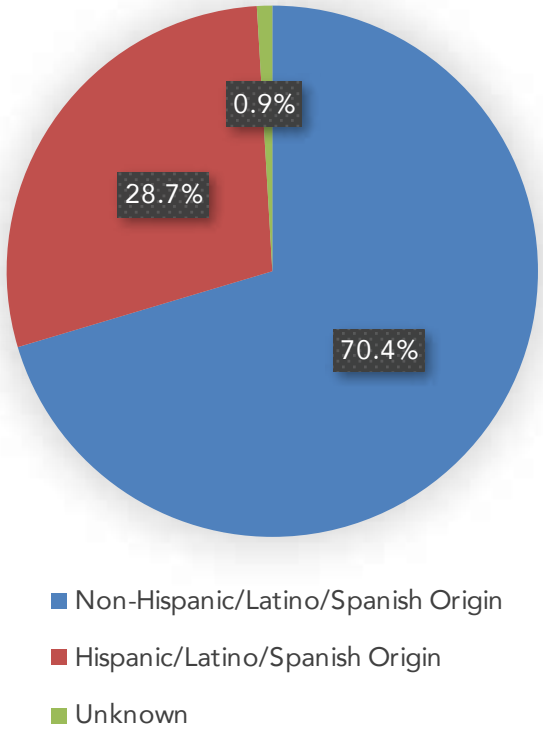
Source: CERNER
Excludes Correctional Health

2015
CCHHS Patient Demographics

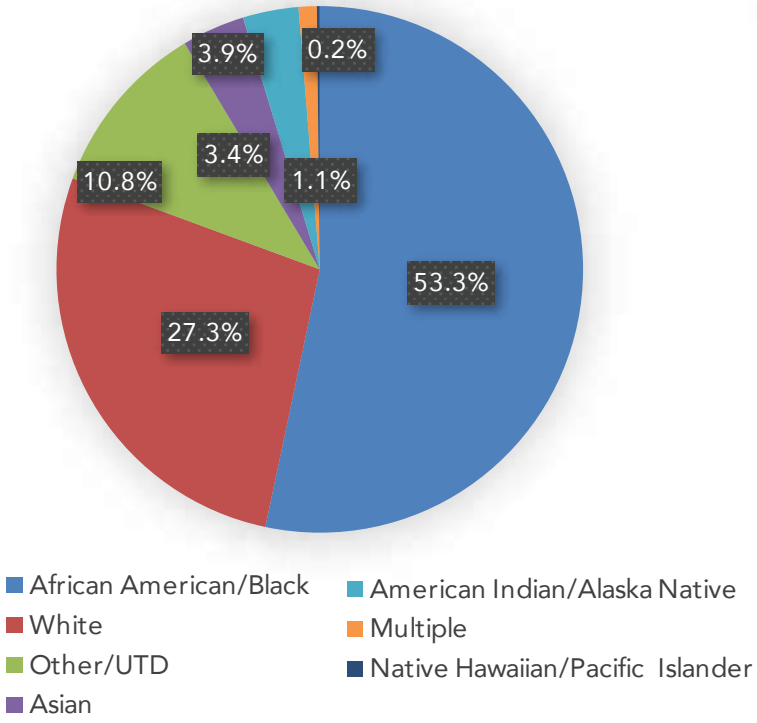
Race	
African American/Black	53.3%
White	27.3%
Other	10.8%
Asian	3.9%
American Indian	3.4%
Multiple	1.1%
Hawaiian/Pacific	0.2%

Ethnicity	
Hispanic/Latino/Spanish Origin	28.7%
Non-Hispanic/Latino/Spanish Origin	70.4%
Unknown	0.9%

Ethnicity



Race



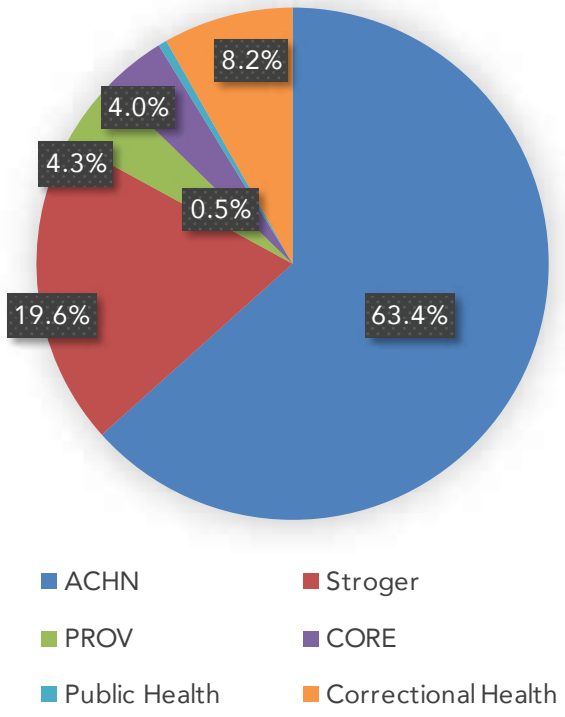
Source: CERNER
Excludes Correctional Health

2015
CCHHS Registration/Encounter Volume

Facility	Number of Registrations
Ambulatory Community Health Network (ACHN)	739,534
Stroger	228,605
Provident	50,586
CORE	46,189
Public Health	6,358
Correctional Health*	57,773

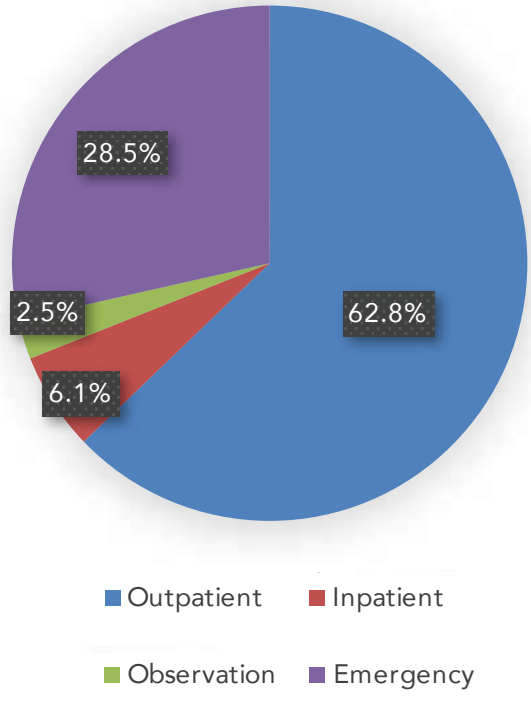
Encounter Type	Number of Encounters
Outpatient	914,891
Emergency**	149,164
Inpatient	22,800
Observation	7,746

Registrations By Facility



** Correctional Health registrations do not reflect total service volume. See page 52 for comprehensive Correctional Health Data.*

Volume By Encounter Type



*** Emergency encounters include all arrivals to Emergency Services (Adult, Peds, Trauma) and patients that were later admitted to inpatient/observation from E.D*

Source: CERNER

2015
Correctional Health Services Annual Volume

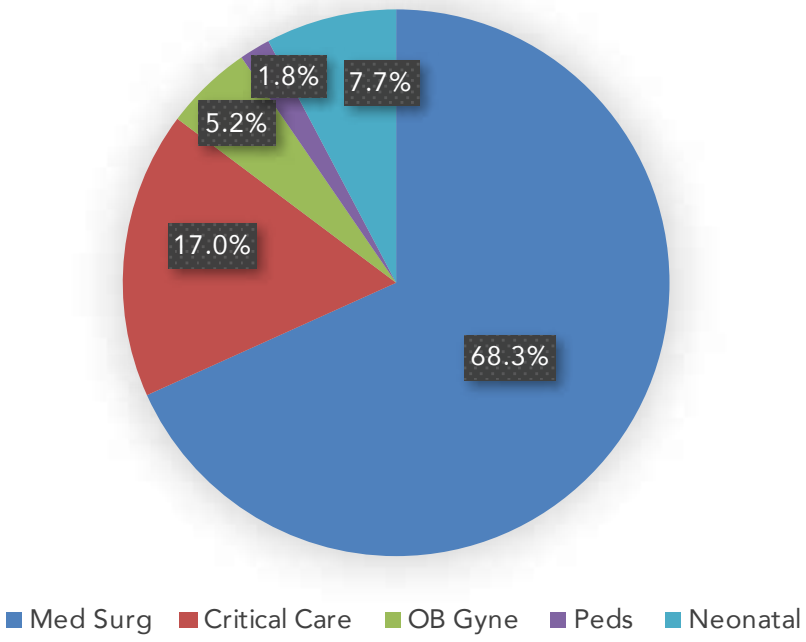
Services	Volume
Intake Screenings	54,719
Primary Care Visits	35,474
Psychiatry Visits	15,069
Dental Visits	14,848
Detox Patients	10,169
Medication Orders	3,123,660
Doses Dispensed	6,225,979
Methadone Doses Dispensed	8,400
Radiology/Diagnostics	64,103
Total Onsite Specialty Clinics	~16,000

Data reporting period May 2015 – April 2016

2015
CCHHS Patient Days

Service Category	Licensed Beds	Staffed Beds	Patient Days
Stroger Hospital			
Med / Surg	240	240	76,794
Critical Care	86	86	17,733
OB / Gyne	40	26	6,100
Peds	40	14	2,153
Neonatal ICU	58	52	9,096
Total	464	418	114,101
Provident Hospital			
Total	108	25	3,420

Hospital Patient Days by Service Category



Source: CERNER Excludes Correctional Health
Patient Days include total inpatient and observation days for inpatient and observation patients.
Based on midnight census. Pediatric Intensive Care Unit is included in Critical Care.

2015
Diagnostic, Therapeutic and Procedural Services

Computerized Tomography	52,780
Diagnostic Radiology	135,742
Interventional Radiology	2,777
Magnetic Resonance Imaging	10,089
Mammography	11,594
Nuclear Medicine	6,954
Ultrasound	34,500

Based on Diagnostic Orders placed and completed (excluding Correctional Health)

Lab Studies Performed	2,507,978
Cardiac Catheterization	941
Deliveries	902
Outpatient Dialysis	2,501
Outpatient Infusion Center	12,369
Laser Eye Treatments	1,514
Gastrointestinal Procedures	6,776

** Data from CY 2015, Labs performed includes labs under contract*

Source: CERNER
Excludes Correctional Health

2015
CCHHS Operating Room Procedures

Modality	Stroger	Provident
Cardiovascular	751	
General Surgery	3,404	413
Gastroenterology		338
Neurosurgery	418	
OB/Gynecology	962	299
Oral/Maxillofacial	206	
Ophthalmology	1,073	548
Orthopedic	1,725	267
Otolaryngology	673	
Plastic Surgery	244	
Podiatry	181	
Thoracic	226	
Urology	1,652	300
Total	11,515	2,165

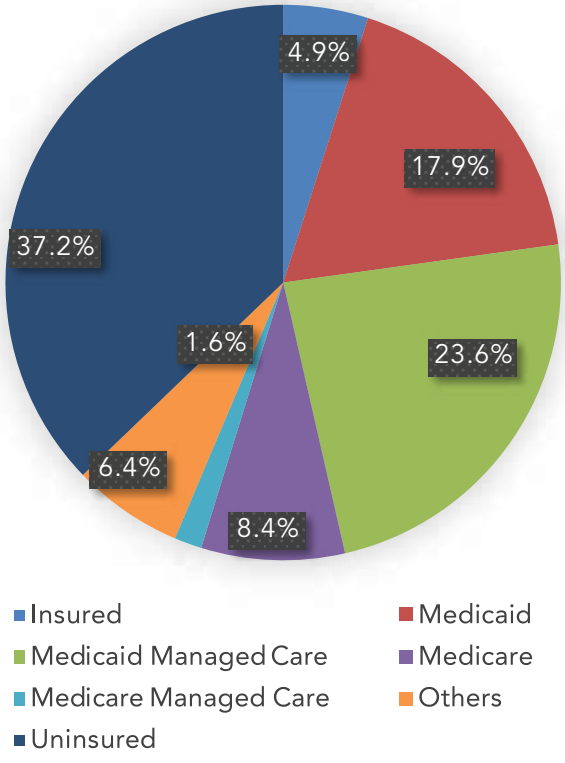
Data from CY 2015 IDPH survey

Source: CERNER
Excludes Correctional Health

2015
CCHHS Patients by Payer Group

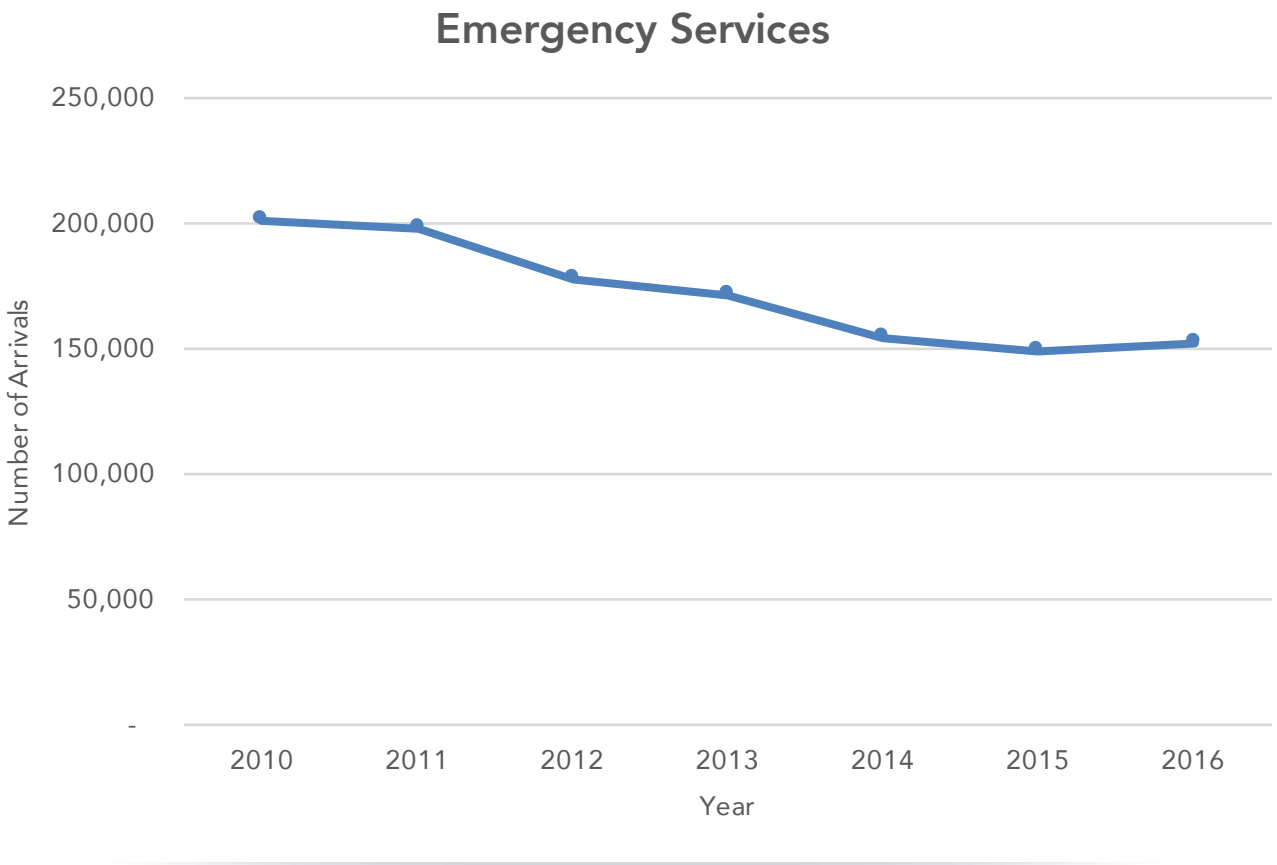
Uninsured	80,472	37.2%
Medicaid Managed Care	51,122	23.6%
Medicaid	38,666	17.9%
Medicare	18,081	8.4%
Others	13,958	6.4%
Commercial	10,690	4.9%
Medicare Managed Care	3,457	1.6%

Patients by Payer Group



Source: CERNER
Excludes Correctional Health

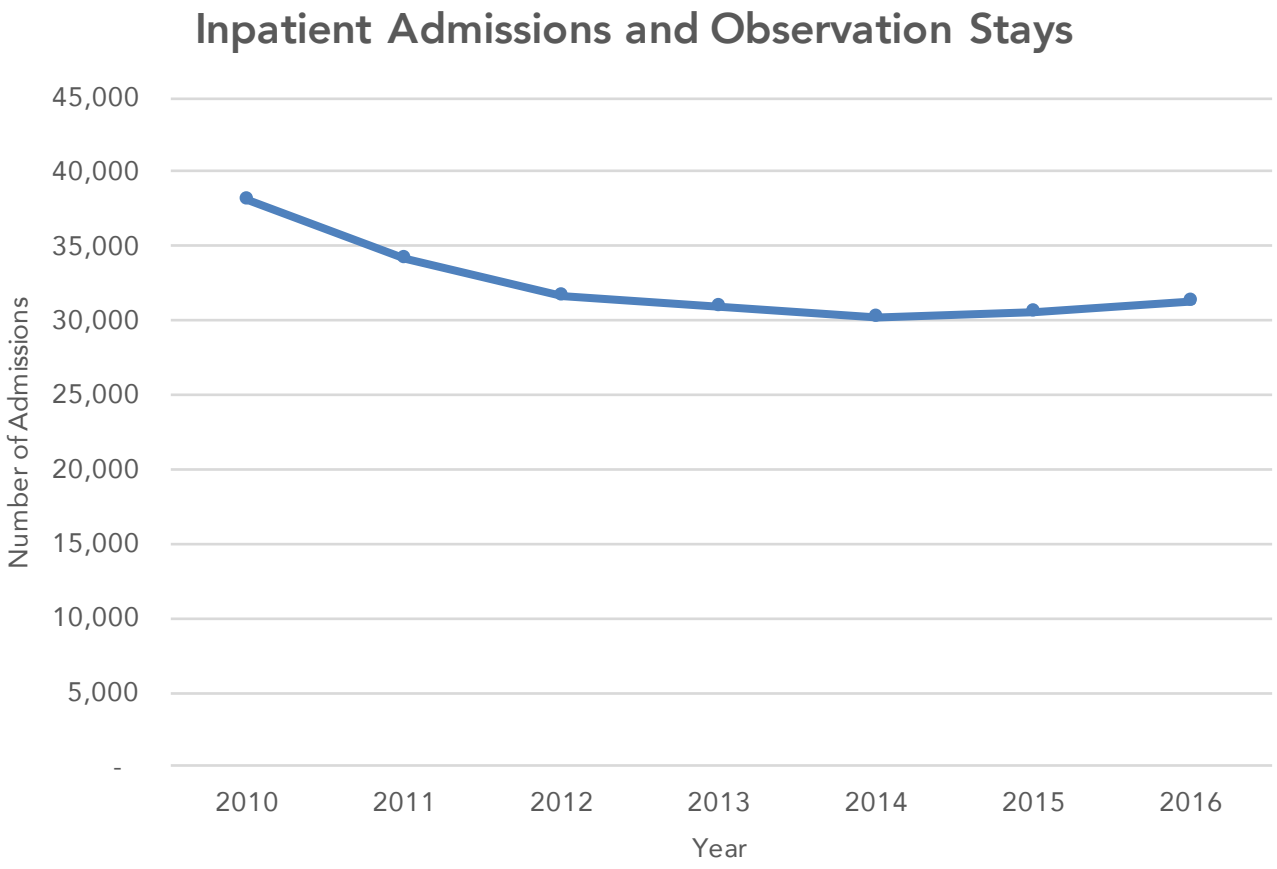
CCHHS Volume Yearly Trends



FY2016 Numbers are projections

Source: CERNER
Excludes Correctional Health

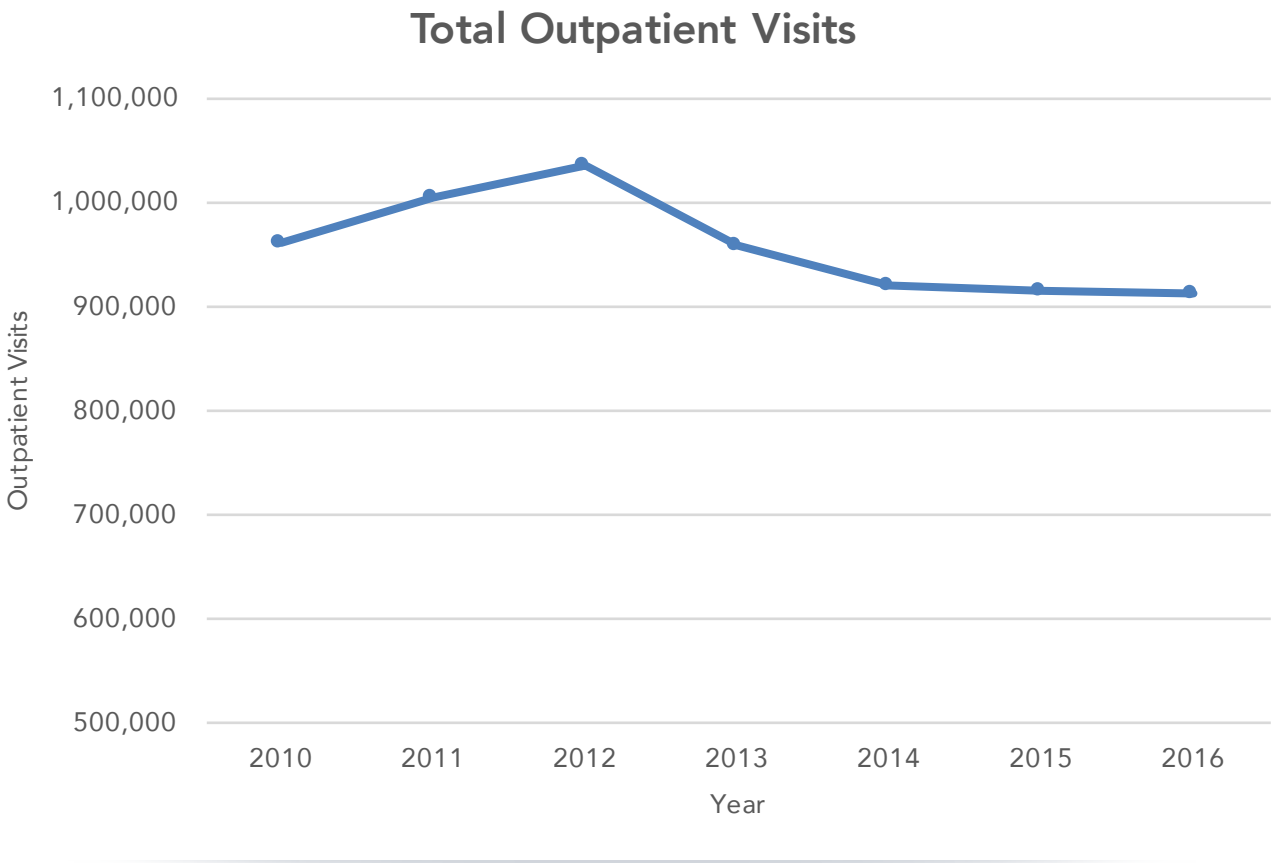
CCHHS Volume Yearly Trends



FY2016 Numbers are projections

Source: CERNER
Excludes Correctional Health

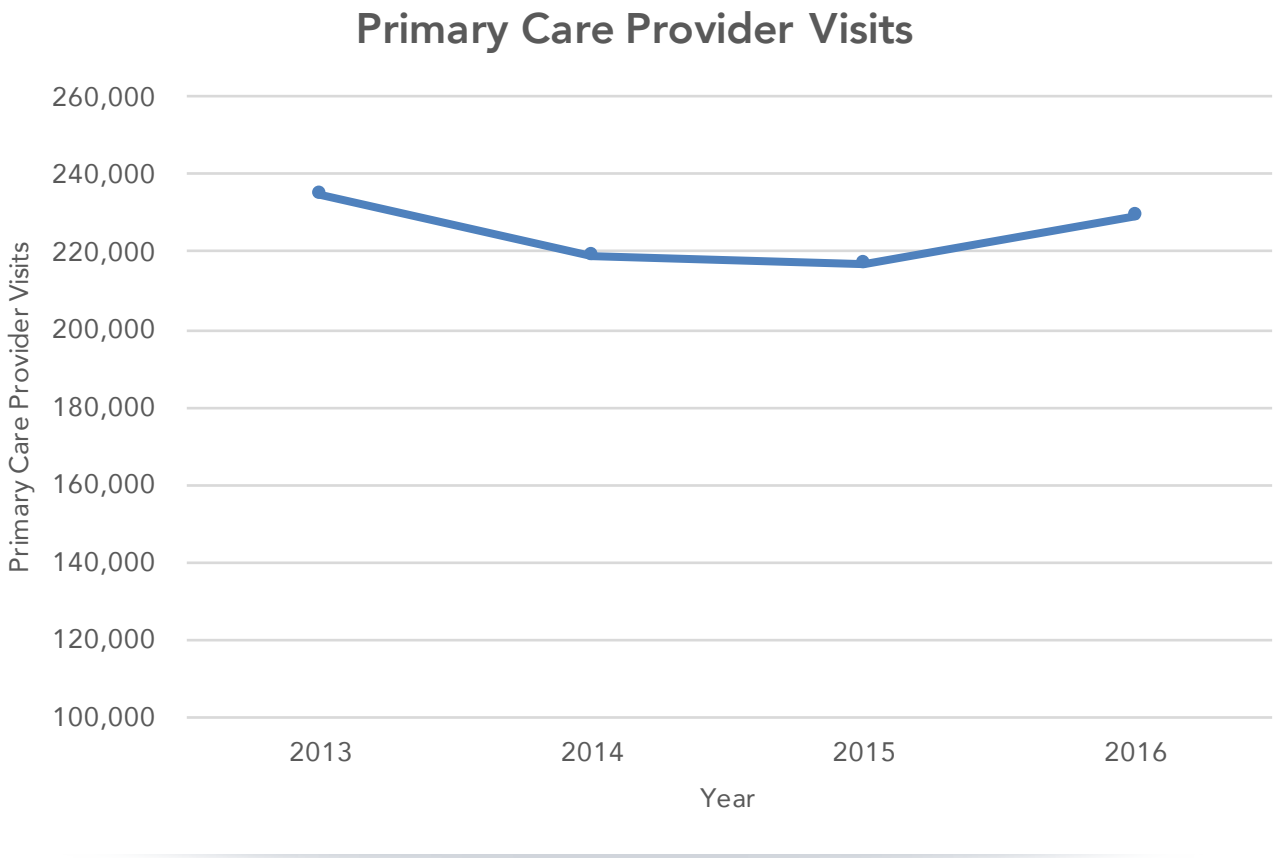
CCHHS Volume Yearly Trends



FY2016 Numbers are projections

Source: CERNER
Excludes Correctional Health

CCHHS Volume Yearly Trends



FY2016 Numbers are projections

Source: CERNER
Excludes Correctional Health

CCHHS Volume Yearly Trends

FY2016 Numbers are projections

Source: CERNER
Excludes Correctional Health

COMMUNITY TOWN HALL

SUMMARY

To receive community input during the strategic planning process, the Cook County Health & Hospitals System (CCHHS) hosted four community Town Hall meetings in advance of the drafting of *Impact 2020*. CCHHS sent out more than 4,000 email invitations to its community partners and stakeholders to encourage their participation at the meetings. The invitation was also promoted on CCHHS' website, social media pages and in its external community newsletter. Attendees at the Town Hall meetings included community members, patients, partner organizations and representatives from peer health care and insurance institutions. In total, 150 individuals attended the community Town Hall meetings:

- **Provident Hospital Town Hall:** May 2, 2016
  32 attendees
- **Oak Forest Health Center Town Hall:** May 4, 2016
  40 attendees
- **Cicero Community Center Town Hall:** May 16, 2016
  27 attendees
- **Stroger Hospital Town Hall:** May 17, 2016
  51 attendees

Attendees were given the opportunity to address the meeting to provide feedback on the System's vision and strategies for the future, as well as to ask questions. Attendees were asked to also provide input by filling out a comment form. Attendees who elected to fill out the comment form were able to select the principle objective they believed should be CCHHS' top priority. The comment form was also available online on CCHHS' website. Below are the principle objectives and the percentage of respondents who denoted the objective as the one that should be CCHHS' top priority:

- **Improve health equity** (59.5%)
- **Provide high-quality, safe and reliable care** (35.1%)
- **Develop human capital** (2.7%)
- **Lead in medical education and clinical investigation** (2.7%)
- **Demonstrate value, adopt performance benchmarking** (0%)

During Town Hall meetings and in written comments, community members advocated:

- increased access to behavioral health care, including expansions of psychiatric and substance abuse services
- continued focus on justice-involved populations
- partnerships with community-based health
- and social service organizations
- bilingual/culturally competent staffing
- caring for uninsured populations
- improving the patient experience
- maintaining the System's mission to care
- increasing preventive health programs and home health services
- collaborating with elected officials to address community needs and structural inequalities through policy.

EMPLOYEE SURVEY AND TOWN HALL MEETINGS

SUMMARY

To receive employee input during the strategic planning process, the Cook County Health and Hospitals System (CCHHS) hosted three employee Town Hall meetings in advance of drafting *Impact 2020* and conducted an employee survey to obtain valuable feedback. CCHHS emailed employees and advised them of the opportunity to participate in "System Briefs" and flyers distributed throughout the organization. In total, 126 individuals attended the employee Town Hall meetings:

- **Provident Hospital Town Hall:** May 2, 2016
  67 attendees
- **Oak Forest Health Center Town Hall:** May 4, 2016
  32 attendees
- **Stroger Hospital Town Hall:** May 17, 2016
  27 attendees

Employee Survey

There were a total of 133 employees who completed the Employee Strategic Planning Survey.

- Of these, only 36 or 27% had attended a Town Hall meeting where the five strategic priorities were discussed.
- Of these, 94 or 71% had seen or heard about the five strategic priorities prior to initiating the survey.
- More than 50% of these employees had learned of the five strategic priorities through newsletters via email (strategic updates, system briefs, community updates, etc.) and 22% had heard about it from a member of leadership.

With regard to the five priorities, employees were asked to rate each of them from 1 to 5.

PRIORITY	NUMBER/PERCENT WITH A SCORE OF 5	AVERAGE SCORE
Improve Health Equity	67%	4.3
Provide high-quality, safe, reliable care	79%	4.5
Demonstrate value & adopt performance benchmarking	45%	4.0
Develop Human Capital	57%	4.2
Lead in medical education and clinical investigation relevant to vulnerable populations	55%	4.1

- 41 or 31% of the employees who completed the survey are in a supervisory role.
  - Of these, 27% hold weekly meetings with staff and 37% hold monthly meetings.
- 91 or 69% of these employees who completed the survey are in a non-supervisory role.
  - Of these, 32% documented monthly staff meeting with supervisor and 14% had weekly meetings.
- 72 or 58% of employees that completed the survey work primarily at Stroger Hospital, 24% at community health centers, and 6% each from CCDPH, Cermak Health Services and Provident Hospital.
- 53% of employees were identified as clinical and 47% as non-clinical.
- For the clinical roles:
  - 20 or 29% are nurses
  - 2 or 3% are pharmacists
  - 21 or 30% are physicians
  - 2 or 3% are PA/CNPs
  - 10 or 14.5% are technicians/aides

The CCHHS employee survey follows on the next page.

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CCHHS Strategic Plan - Employee Feedback Survey

Please complete the survey below

Please fill out the brief survey below regarding the Strategic Plan for the Cook County Health and Hospitals System. We encourage all employees to participate and look forward to receiving your feedback.

CCHHS VISION
The goal of our strategic plan is to deliver high quality, patient-centered, integrated care that maximizes resources and provides the greatest benefit to both the patients and communities we serve.

STRATEGIC PLAN FOCUS
In order to achieve this vision, we need to focus on 5 strategic priorities:

1) Improve health equity;
2) Provide high quality, safe and reliable care;
3) Demonstrate value, adopt performance benchmarking;
4) Develop human capital;
5) Lead in medical education and clinical investigation relevant to vulnerable populations.

This survey should take no longer than 15 minutes and does not require any personal contact information. Your engagement and feedback are greatly appreciated. Please complete this survey by 5/31/2016.

[Attachment: "StrategicPlanningMemo_051616.pdf"]

Section 1

Have you attended a recent Town Hall meeting where the five CCHHS strategic priorities were discussed?
- ◯ Yes
- ◯ No

Before today, have you seen or heard about the five CCHHS strategic priorities?
- ◯ Yes
- ◯ No

How did you learn about the five CCHHS strategic priorities?
- ◯ From a member of leadership
- ◯ From your direct supervisor
- ◯ Newsletters via email (i.e. System Briefs, Community Updates, Strategic Plan Updates)
- ◯ Print publication
- ◯ CCHHS intranet
- ◯ Have not learned about the priorities

Please rate how important each of the five CCHHS strategic priorities are to you personally - - 1 being the least important, 5 being the most important.

	1	2	3	4	5
Improve Health Equity	◯	◯	◯	◯	◯
Provide High Quality and Safe Reliable Care	◯	◯	◯	◯	◯
Demonstrate Value Adopt Performance Benchmarking	◯	◯	◯	◯	◯
Develop Human Capital	◯	◯	◯	◯	◯

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Lead in Medical Education and Clinical Investigation relevant to vulnerable populations	○	○	○	○	○

Are you in a supervisory role?

- ○ Yes
- ○ No

Approximately, how often do you hold regular meetings with your team?

- ○ Daily
- ○ Weekly
- ○ Every other week
- ○ Monthly
- ○ Every other month
- ○ Quarterly
- ○ Twice a year
- ○ Once a year
- ○ As needed
- ○ Never

Approximately, how often does your supervisor hold regular meetings with your team?

- ○ Daily
- ○ Weekly
- ○ Every other week
- ○ Monthly
- ○ Every other month
- ○ Quarterly
- ○ Twice a year
- ○ Once a year
- ○ As needed
- ○ Never

Where do you primarily work?

- ○ Austin Health Center
- ○ Cermak Health Services
- ○ Central Campus
- ○ Central Campus Specialty Care Clinics
- ○ Children's Advocacy Center
- ○ Cicero Health Center
- ○ CORE Center
- ○ Cottage Grove Health Center
- ○ Englewood Health Center
- ○ Fantus Health Center
- ○ JTDC
- ○ Logan Square Health Center
- ○ Morton East
- ○ Near South Health Center
- ○ Prieto Health Center
- ○ Provident Hospital
- ○ Public Health
- ○ Robbins Health Center
- ○ Sengstacke Health Center
- ○ Stroger Hospital
- ○ Woodlawn Health Center

Do you consider your role as:

- ○ Clinical
- ○ Non-Clinical

Please choose your clinical role.

- ○ Nurse
- ○ Pharmacist
- ○ Physician
- ○ Physician Assistant/Nurse Practitioner
- ○ Technician/Aide
- ○ Other, please specify:

Other Clinical Role _____

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Please choose your clinical department.

- ◯ Anesthesiology
- ◯ Cermak
- ◯ Employee Health Services
- ◯ Emergency Medicine
- ◯ Family Medicine
- ◯ General Medicine
- ◯ Lab
- ◯ OBGYN
- ◯ Oral Health
- ◯ Pediatrics
- ◯ Pharmacy
- ◯ Psychiatry
- ◯ PT/OT/Speech
- ◯ Radiology
- ◯ Surgery
- ◯ Trauma
- ◯ Other, please specify:

Other Clinical Department _____

Please choose your non-clinical department.

- ◯ Administration- System
- ◯ Administration- CountyCare
- ◯ Care Coordination
- ◯ Facilities (B&G, environmental service, police, etc.)
- ◯ Finance
- ◯ Human Resources
- ◯ IT
- ◯ Support Services (transport, interpreters, dietary, etc.)
- ◯ Other, please specify

Other Non-Clinical Department _____

How long have you worked at the Cook County Health and Hospitals System?

- ◯ Less than 1 year
- ◯ 1-5 years
- ◯ 5-10 years
- ◯ 10-20 years
- ◯ More than 20 years

What one word comes to mind when you think about the strategic plan priorities? (Type in one word here) _____

Section 2 - Optional Section

The best ideas come from our people. Please take a few minutes to share how you and/or your department are contributing, or can contribute, to the five CCHHS Strategic Priorities.

We would like your input as we delve more into the specifics of attaining our vision.

Would you like to complete Section 2?

- ◯ Yes
- ◯ No

Strategic Priority 1: Health Equity How can you and/or your department contribute to this initiative? Please list any current projects related to this initiative. _____

Strategic Priority 2: Provide High Quality, Safe, Reliable Care How can you and/or your department contribute to this initiative? Please list any current projects related to this initiative. _____

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Strategic Priority 3: Demonstrate Value, Adopt Performance Benchmarking How can you and/or your department contribute to this initiative? Please list any current projects related to this initiative. _____

Strategic Initiative 4: Develop Human Capital How can you and/or your department contribute to this initiative? Please list any current projects related to this initiative. _____

Strategic Initiative 5: Lead in Medical Education and Clinical Investigation to Vulnerable Populations How can you and/or your department contribute to this initiative? Please list any current projects related to this initiative. _____

TIMELINE

2008

- Cook County Board of Commissioners adopt the enabling ordinance to create the Cook County Health & Hospitals System and its Independent Governance Board referred to as the CCHHS Board of Directors.
- Insular safety net provider with little to no competition.
- Majority of patients uninsured. Provision of more than $600 million in uncompensated care annually.
- Focus on sick care.
- Reliant on more than $500 million in local tax allocation supporting operations.

2009

- First budget created by independent CCHHS Board of Directors. Local tax allocation supporting operations was $480 million.

2010

- Adoption of *Vision 2015* with increased focus on ambulatory services.
- Affordable Care Act (ACA) passed by Congress and signed by President Obama.

2011

- Illinois General Assembly mandates that 50% of Illinois Medicaid beneficiaries move into managed care by 2015. To achieve this, nearly all Cook County Medicaid beneficiaries are required to enroll in a managed care health plan.

2012

- State of Illinois and Cook County granted a federal 1115 Waiver to create CountyCare to enroll those newly eligible for Medicaid prior to the full implementation of the ACA.
- CCHHS moves from provider role to provider and plan, expanding patient reach.

2014

- ACA takes full effect.
- 1115 Waiver ends and CountyCare transforms into a County Managed Care Community Network (MCCN) allowing traditional Medicaid populations to enroll in the plan.
- Majority of CCHHS patients insured.
- CCHHS and CountyCare competing with private health care providers and commercial insurance plans for CCHHS' traditional patients.
- State of Illinois changes rules for Accountable Care Entities and causes significant consolidation in the Medicaid market.

2015

- CountyCare membership stabilizes at approximately 160,000.
- Further consolidations in the Managed Care Organization market occur.

ANALYSIS OF *VISION 2015*

***Vision 2015* Contained Five Main Goals:** Access to Health Care; Quality, Service Excellence and Cultural Competencies; Service Line Strength; Staff Development and Leadership and Stewardship.

Since the adoption of *Vision 2015*, considerable progress toward these goals was made. A list of selected accomplishments is provided below.

ACCESS TO HEALTH CARE

Eliminate system barriers, strengthen Ambulatory and Community Health Network, and develop comprehensive outpatient centers at strategically located sites. Select accomplishments:

- Patient Support Center
- Partnerships with FQHCs
- Oak Forest Clinic as Regional Outpatient Center
- CountyCare Health Plan
- Medicaid enrollment at jail

QUALITY, SERVICE EXCELLENCE AND CULTURAL COMPETENCIES

Execute system-wide performance improvement initiatives and implement system-wide service excellence and cultural competencies initiatives. Select accomplishments:

- Creation of Chief Quality Office
- Routine monitoring of metrics with explicit targets
- Performance improvement Projects
- Employee flu vaccine compliance
- Comprehensive care coordination strategy
- Continued accreditation by The Joint Commission

SERVICE LINE STRENGTH

Continue to develop/strengthen key clinical services, develop the infrastructure to support clinical services. Select accomplishments:

- Ophthalmology as a new center of excellence
- American Burn Association accreditation
- Mail order pharmacy improvements
- Capital investments: linear accelerators, cardiac catheterization labs, interventional radiology, mammography

STAFF DEVELOPMENT

Improve staff recruitment, training, and development systems and processes, implement staff satisfaction initiatives. Select accomplishments:

- Leadership Development Program
- Increased FTE headcount
- Improved onboarding time

LEADERSHIP AND STEWARDSHIP

Develop CCHHS leadership, strengthen the stewardship responsibilities of the System's Board management. Select accomplishments:

- Lowered tax allocation by 80% since 2009
- Year-end financials 2014 & 2015 positive
- Physician billing significantly improved
- Contracts with Managed Care Organizations

CCHHS BOARD PRESENTATIONS

During the strategic planning process, background materials and presentations were provided to the CCHHS Board of Directors. For a full listing, see http://www.cookcountyhhs.org/about-cchhs/governance/strategic-planning/.

Summary of Presentations:

February 26, 2016	Strategic Planning Presentation	Dr. Jay Shannon
March 15, 2016	Quality and Reliability	Dr. Krishna Das
March 17, 2016	Ambulatory Strategy	Debra Carey
March 25, 2016	Strategic Planning Framework	Dr. Jay Shannon
March 25, 2016	Volume Trends and Revenue	Doug Elwell
April 19, 2016	Professional Education	Dr. John O'Brien
April 21, 2016	Nursing Management	Agnes Therady
April 22, 2016	Human Resources	Gladys Lopez
April 22, 2016	Community Health Planning	Dr. Terry Mason
April 29, 2016	Medical Staff	Dr. Claudia Fegan
May 5, 2016	State and Federal Landscape	Susan White, John Scheiner, John Kelly
May 5, 2016	Planning Process/Strategic Priorities	Richard Sewell
May 17, 2016	Clinical Research	Dr. William E. Trick
May 19, 2016	CountyCare Health Plan	Steven Glass
May 19, 2016	Medicaid Managed Care	Mary Sajdak
May 20, 2016	Health Information Systems	Donna Hart
May 20, 2016	Care Coordination	Mary Sajdak
May 23, 2016	Optimal Strategy Alternatives	Richard Sewell
May 23, 2016	Behavioral Health	Dr. Andrew Kulik and Debra Carey
May 23, 2016	Correctional Health	Dr. Connie Mennella and Chris Wurth
May 27, 2016	Health Equity	Dr. Terry Mason
May 27, 2016	External, Internal, Situational Analysis	Richard Sewell

THREE YEAR
FINANCIAL FORECAST

The three year financial forecast is being developed in concert with the 2017 budget which will be presented to the CCHHS Board of Directors in August, 2017.

The three year forecast will be posted at that time.

DRAFT

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