



# STRATEGIC PLANNING UPDATE



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CCHHS**

On Friday, August 21, 2015, CCHHS leadership presented its Proposed FY16 Preliminary Budget to the Finance Committee of the health system board. This week, a series of public hearings will take place culminating with the CCHHS Board of Directors meeting on Friday. Once approved by the CCHHS Board, the proposed preliminary budget will be incorporated into the larger Cook County budget which is typically approved in November ahead of the beginning of the fiscal year on December 1<sup>st</sup>.

There are a number of strategic initiatives contained in the budget that I want to share with you. All of them contribute to our continued desire to provide the right care, at the right time and in the right place.

**Behavioral Health** – The need for additional community-based behavioral health services is well documented. Funding cuts in both the private and public sectors in recent years are disproportionately impacting CCHHS. Individuals with behavioral health issues are finding themselves with fewer resources and in many cases land at Cook County Jail or in our emergency rooms simply because they are out of their medications or do not have access to substance abuse services.

In the past several years, we have assisted more than 12,000 detainees in enrolling in Medicaid gaining them access to critical services to avoid jail and emergency care. Some 4,500 of these individuals chose CountyCare as their Medicaid health plan which provides access to comprehensive behavioral health services.

In 2016, we will take our efforts to the next level. You will recall that back in May of this year, we entered into an agreement with the Community Counseling Centers of Chicago (C4) to serve certain CountyCare members in need of behavioral health services. In the coming weeks, we intend to expand that relationship as well as augment our current portfolio of staff and services to provide additional services at the Cook County Jail and in our ambulatory clinics.

Additionally, we are most excited about plans to develop a drop-in center to avoid unnecessary detention at Cook County Jail. The concept is simple. When an individual is picked up on a minor, non-violent offense exhibiting signs of a behavioral health condition, he or she will be transported to a 24-7 facility for clinical assessment, possible treatment or observation, and linkage to community-based providers instead of going to jail.

We expect that by expanding the CCHHS portfolio of behavioral health services that we will be able to reduce unnecessary and costly jail and emergency room visits while providing a higher level of care to the individuals we serve.

**Provident Hospital** – In 2010 and 2011, CCHHS leadership temporarily suspended obstetrics and intensive care services at Provident Hospital. The suspension of those services at the time required formal notification to the Illinois Health Facilities and Services Review Board (IHFSRB), the agency that regulates hospitals in Illinois.

The IHFSRB has asked us to make a final determination on those services. To that end, we will seek approval from our Board this week to initiate steps needed to reopen a modest number of Provident's intensive care beds. As the provider of 30,000 emergency room visits annually, we want to be able to care for and stabilize a critically ill patient at Provident when necessary. With regards to obstetrics, we have made the decision to not reopen the obstetric beds at Provident, but rather to maintain ambulatory obstetrics at Sengstacke Clinic while directing women we care for to deliver at Stroger Hospital.

**Oak Forest Health Center** – Much like the decision to build a state-of the art regional ambulatory center to serve the Provident Community, we will begin the process of identifying alternate locations for a new south suburban regional ambulatory center. The Oak Forest campus has served our patients well but we need to provide better facilities, better services and a better experience if we expect to retain and grow our outpatient services. The challenges of public



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transportation, parking, aged buildings and infrastructure at OFHC are far too big and frankly too expensive to maintain.

Also contained in the budget are plans to begin a multi-year renovation/relocation of our **community-based clinics**. We have been in many of our current locations for decades despite the movement of our patient population. Building size and condition, clinic volumes and market indicators, access to public transportation and parking are all significant factors that will come into play as we develop a plan to provide care in appropriate locations throughout Cook County.

Providing the right care, at the right time and in the right place will be key to improving the patient experience. In addition to improving our facilities, we will also be looking at expanded clinic hours and modern, staffing models designed to ensure that we are meeting our patients' needs with the optimal mix of staff. This may mean supplementing clinical teams with new talent or providing more services in the community for the convenience of our patients rather than asking them to travel to one of our regional hubs. We are certain the changes will positively impact the patient experience and look forward to your continued support.

Lastly, there is a palpable buzz around rumored changes coming to **employee parking on the central campus**. As we have discussed any number of times over the past year, we are turning away as many as 300 patients every day from the Stroger parking garage. Providing patients and their families with accessible parking is critical if we are to improve the patient experience. Think about your own experience as a patient or the family member of a patient. Would you want your sick mother to have to walk or be shuttled six blocks to her appointment? To ensure that our patients will have the necessary parking they deserve, we will be leasing space in an offsite parking lot in the very near future that will require our central campus weekday employees to park elsewhere. This new parking lot will be safe with good shuttle service and for many temporary as the second phase of the central campus redevelopment will provide

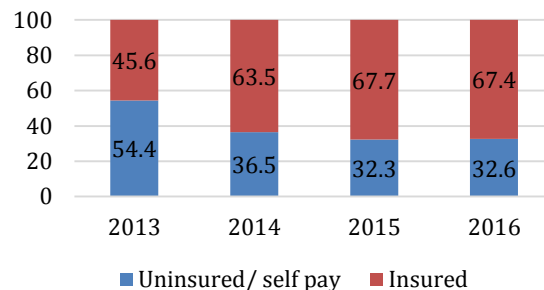
additional parking on campus. I fully understand that this is not a popular strategy among our employees but I am asking you to put our patients first and understand the importance of this in light of the new environment we are operating in. This is a very basic amenity that we must provide to our patients and visitors if we expect their loyalty. I thank you in advance for your cooperation.

The FY16 budget has ambitious plans as we continue the transformation of the system to compete in the new environment. I am grateful for the support from our board and our elected county officials for these efforts.

More information on these initiatives will be provided as they are developed. Should you have any questions, please talk with your executive leaders.

Sincerely,  
*Dr. Jay Shannon*  
*Chief Executive Officer*

### Insurance Status of CCHHS Patients (%)



**The insurance status of our patients should serve as a constant reminder that the majority of our patients can now choose their provider. Every interaction we have with them can influence their loyalty. Please do your part to improve the patient experience. And remember that the services we provide to the insured allow us to remain true to our mission to care for the uninsured.**