



# STRATEGIC PLANNING UPDATE

Over the course of the next few months, there are a number of operational changes that will move forward as we continue the transformation of CCHHS into a modern, patient-centered organization.

These decisions have been made after thorough analysis of trends in patient volumes and patient needs, all within the context of the competitive environment CCHHS is operating in. We hope that all CCHHS employees will embrace these changes and take the time to understand the rationale behind each of them.

**Improvements to CountyCare** – CountyCare is currently the largest plan serving Medicaid beneficiaries who reside in Cook County. As a result of its success, size and complexity, leadership has decided to rebid the third party administrator contract as well as several benefits management functions such as dental, optical and pharmaceutical services. We believe this will save CCHHS money and allow us to incorporate new member benefits which should increase satisfaction with the plan. The new services will not go into effect until April of 2016 and should be relatively invisible to members. Members will receive a new CountyCare card but their benefits will not change.

**ASC** – When the Ambulatory Screening Clinic at Fantus was first opened, it sat in the middle of a busy neighborhood with limited outpatient services, particularly on weekends. Significant neighborhood changes coupled with the number of newly insured individuals able to access care closer to their home have caused a rapid decline in weekend utilization. Patients now have access to care closer to their home through their primary care medical home, whether a CCHHS primary care home or a Federally Qualified Health Center. This is good news and a far better way to provide care. As a result, ASC will no longer offer weekend hours. Patients are being directed to contact their primary care provider for non-emergent care and patients with possibly life-threatening illness should always be directed to the nearest emergency room.

**Emergency Department Services at Stroger** - The typical model in a general hospital is to have a single emergency department. Currently, Stroger Hospital has two separate emergency departments: the main emergency department and one that serves patients from birth to age 21. With approximately 5% of all Stroger emergency room patients under the age of 18, the volume of pediatric cases is simply too low to justify a stand-alone unit. Working with Emergency Department, Nursing and Pediatric leadership, we will designate exam rooms in the main emergency room to accommodate pediatric patients in the coming months. No service reductions will occur as a result of this operational change.

**Inpatient Pediatrics** – Over recent decades, pediatric admissions to acute care hospitals nationally have declined due to the success of advancements like immunizations and antibiotics. Additionally, in Illinois, the All Kids program introduced in 2005 provided coverage to virtually every child in Illinois. In 2013, approximately 55 percent of children had coverage through private/commercial insurance plans and 40 percent were covered by state health programs. These events should be viewed as public health victories. Fewer kids need hospitalization, including those we have traditionally served. CCHHS will continue to provide inpatient pediatric services co-located with our pediatric intensive care unit. All inpatient services will be staffed to patient volumes. Additionally, patients 18 and over which represent 25% of our current pediatric inpatient volumes will be cared for on adult floors, irrespective of the treating service.

Should you have any questions, please contact your executive leader.

Sincerely,

*Dr. Jay Shannon*  
*Chief Executive Officer*