

FY23-FY25 Strategic Plan

Israel Rocha, Chief Executive Officer

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COOK COUNTY
HEALTH

Stakeholder Feedback



COOK COUNTY
HEALTH

An Assessment of Our Current State

Mapping Out The Road Ahead...

STRENGTHS

- Strengths describe what an organization excels at and what separates it from others: a strong brand, loyal patient base, a strong balance sheet, assets, unique technology, etc.



OPPORTUNITIES

- Opportunities refer to favorable external factors that could give an organization a competitive advantage.

WEAKNESSES

- Weaknesses stop an organization from performing at its optimum level. They are areas where the business needs to improve to remain competitive: a weak brand, higher-than-average turnover, high levels of debt, an inadequate supply chain, or lack of capital.

THREATS

- Threats refer to factors that have the potential to harm an organization. For example, overturning ACA is a threat to our Medicaid Patients as it may reduce their eligibility for health care coverage.



Stakeholder Feedback: Community Townhalls

140 Registrants



Strengths:

- Providing services to all
- Medical care
- Health equity

Weaknesses:

- Wait times for services
- Limitations of CareLink program
- Availability of patient transportation

Opportunities:

- Behavioral health investment
- Expand usage of Community Health Workers/Peer Counselors
- Additional services/clinics

Threats:

- External transportation systems
- Redeterminations for CountyCare
- Housing issues

Stakeholder Feedback: Community Survey

100 Respondents*

Strengths:

- Commitment to serve everyone, regardless of ability to pay
- Medical care
- Community engagement

Weaknesses:

- Administrative processes
- Customer service
- Accessing specialty services
- Staffing

Opportunities:

- Expanding partnerships/Integrating with other providers
- Providing additional mental health services
- Addressing housing and food insecurity

Threats:

- Financial resources/impact of economy
- Healthcare recruiting
- Pace of implementation of alternatives to traditional care settings (telehealth, in home care, etc.)



Stakeholder Feedback: Employee Townhalls

450 Participants



Strengths:

- Provide services needed
- Medical staff and care provided

Weaknesses:

- Recruitment/retention
- Process improvement
- Accountability/responsiveness

Opportunities:

- Community partnerships (e.g. FQHCs)
- Expand telehealth
- Extend hours/establish urgent care

Threats:

- National trends in healthcare recruiting
- Aging facilities

Stakeholder Feedback: Employee Survey

380 Respondents*

Strengths:

- Dedication to the underserved
- Quality of care/Clinical expertise/Medical staff
- Ability to mobilize for new circumstances (e.g. Mass Vaccine Sites)

Weaknesses:

- Patient experience
- Bureaucracy/lack of flexibility in internal processes
- Staffing – Retention/Recruitment
- Role definition/accountability

Opportunities:

- Leveraging federal dollars for investments
- Service line development/specialty services
- Capital planning and investment in facilities/equipment

Threats:

- Future pandemic surges
- Processes that put CCH at a competitive disadvantage
- Patient choice

Stakeholder Feedback: Labor

Strengths:

- Pandemic response
- Working for an historic institution
- Ability to serve the community
- Unionized workforce; decent wages

Weaknesses:

- Recruiting
- Lack of part time options/flexibility
- Training/cross training availability
- Promotion opportunities

Opportunities:

- Preventive care
- Succession planning
- Bi-lingual service expansion
- Patient appointment scheduling

Stakeholder Feedback: Board of Commissioners



Strengths:

- Providing services to all
- Improving internal processes
- Community engagement

Weaknesses:

- Access to specialty care
- Extended hours
- Facility condition

Opportunities:

- Increased marketing
- Telehealth/mobile health care
- Alignment across public health agencies
- Workforce pipeline development
- Expansion of services

Threats:

- Cook County population decline
- Redeterminations for CountyCare

Common Themes of Stakeholder Feedback

Strengths, Weaknesses, Opportunities, and Threats

Strengths

- Commitment to serve everyone, regardless of ability to pay
- Quality of medical care

Weaknesses

- Staffing/retention/recruiting
- Administrative processes
- Condition of facilities
- Access to services (wait times, transportation, scheduling)

Opportunities

- Expansion of mental health
- Addressing housing and food insecurity
- Partnerships with other organizations
- Expansion of new approaches to care (e.g. telehealth)
- Expand specialty access

Threats

- Recruiting in health care
- Redetermination for CountyCare members

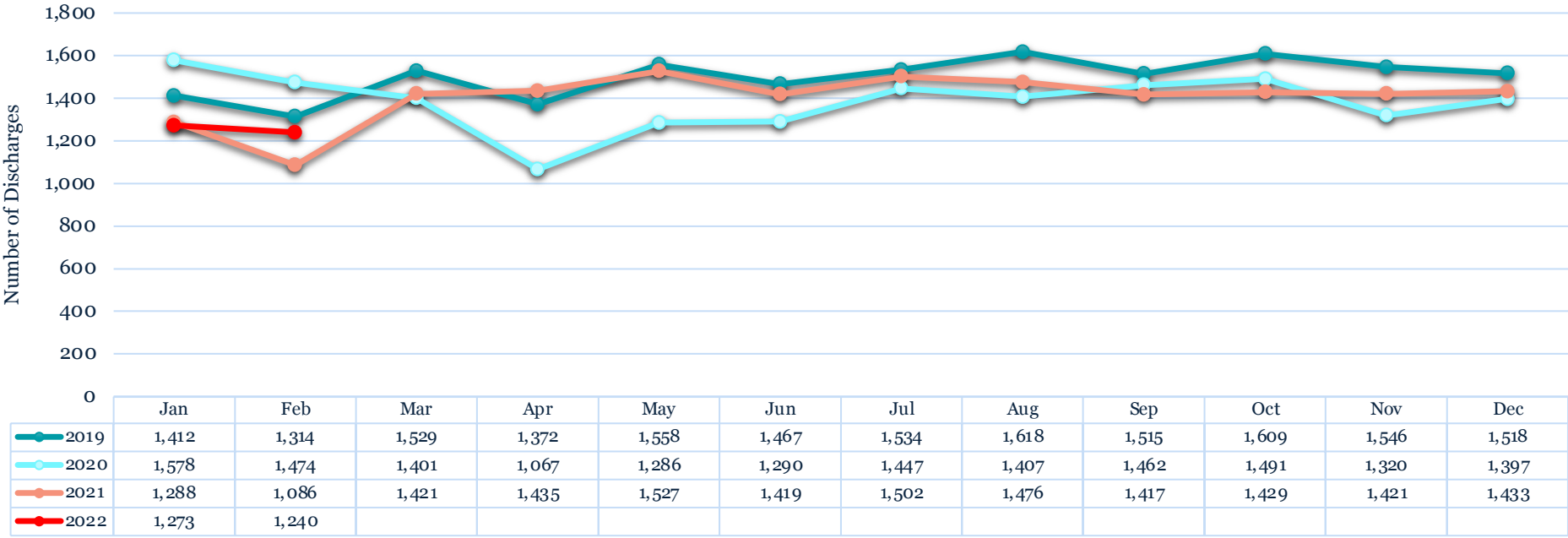
CCH Utilization



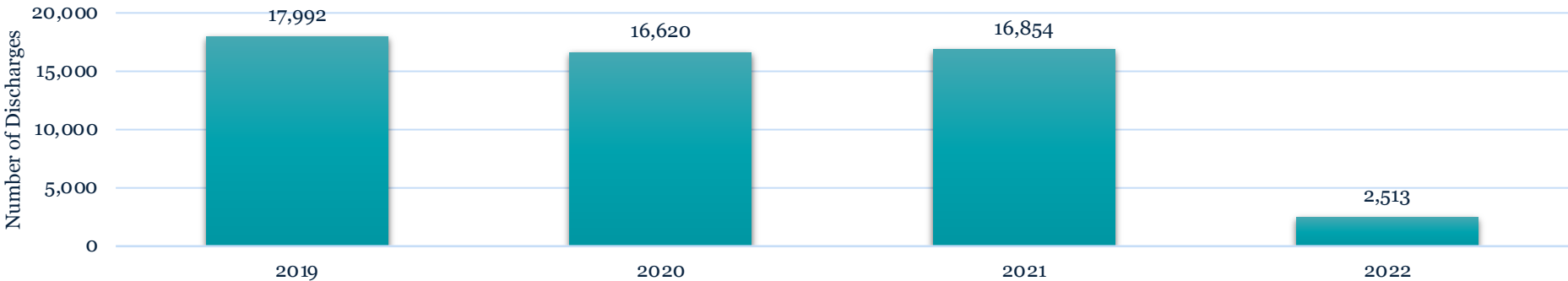
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Inpatient Discharges Trend

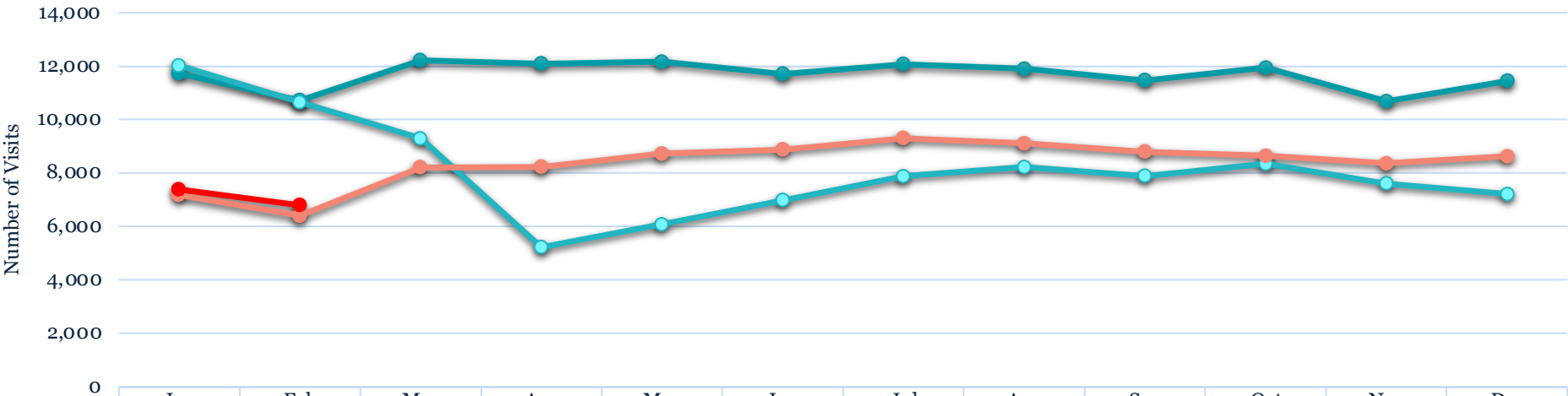


Inpatient Discharges



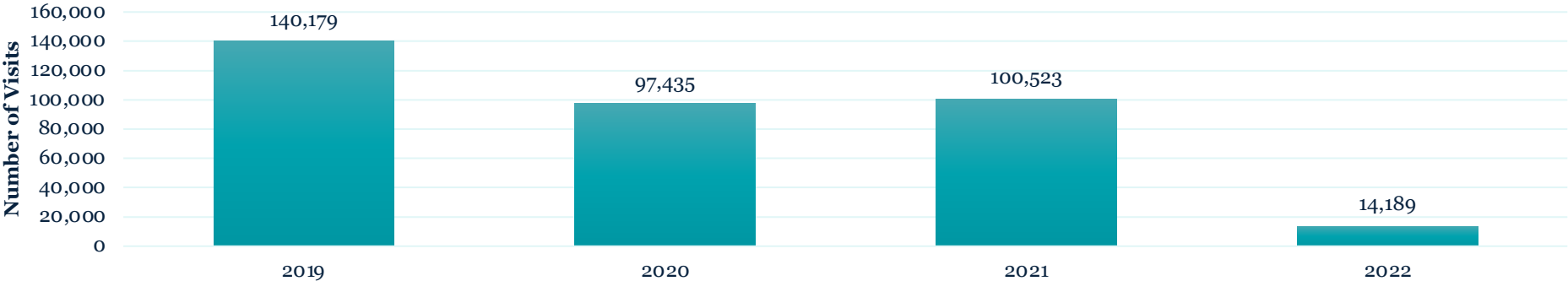


Emergency Services Visit Trend (All)



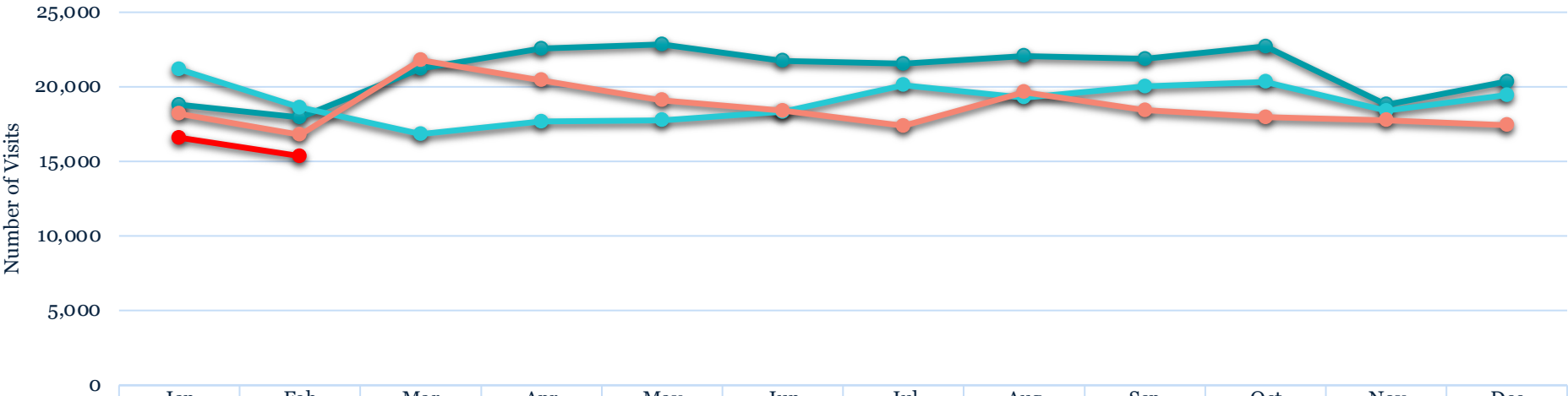
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	11,728	10,720	12,220	12,101	12,164	11,712	12,079	11,903	11,473	11,940	10,690	11,449
2020	12,024	10,651	9,298	5,226	6,078	6,980	7,880	8,230	7,894	8,347	7,608	7,219
2021	7,185	6,409	8,220	8,235	8,730	8,882	9,302	9,111	8,805	8,645	8,370	8,629
2022	7,390	6,799										

Emergency Services Visits



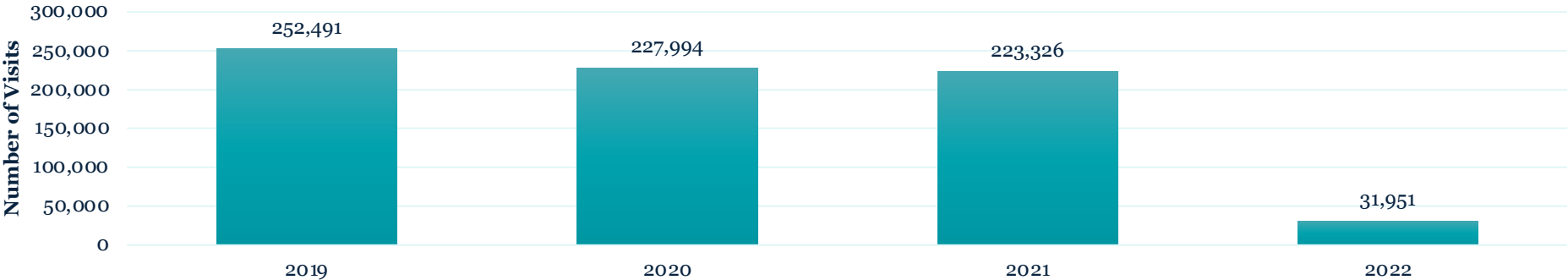


Outpatient Primary Care Provider Visit Trend



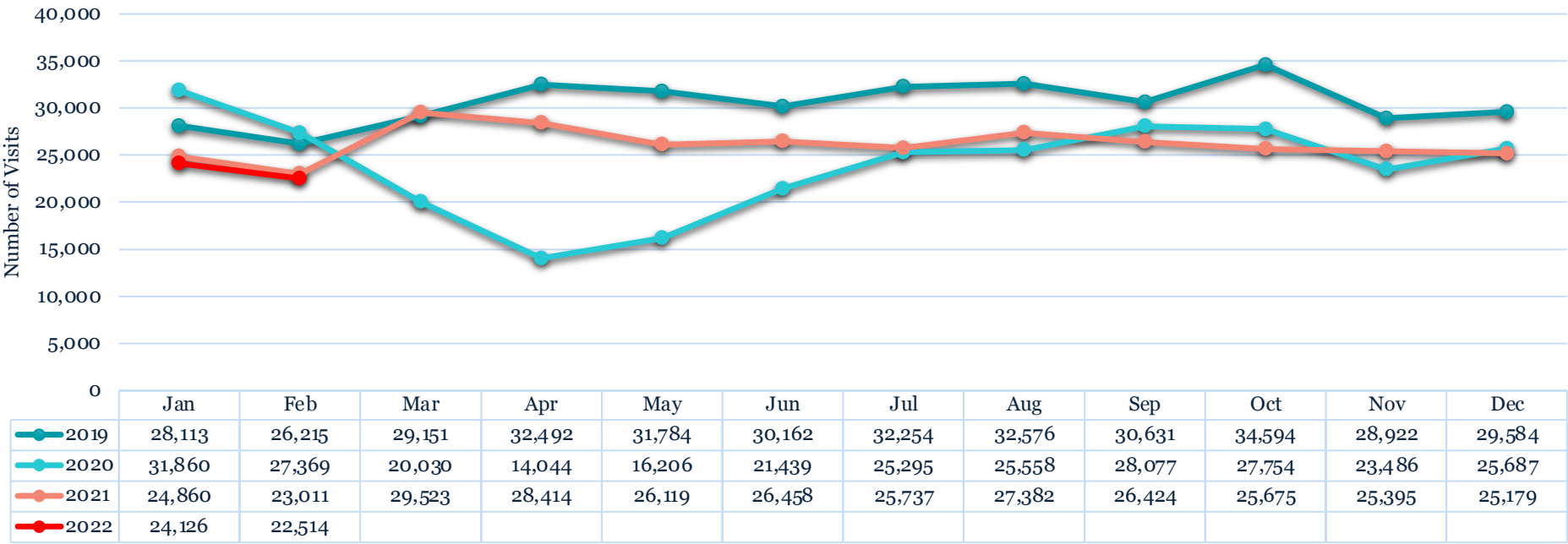
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	18,797	17,948	21,225	22,559	22,846	21,739	21,554	22,081	21,877	22,704	18,804	20,357
2020	21,173	18,617	16,835	17,672	17,761	18,317	20,111	19,286	20,022	20,343	18,401	19,456
2021	18,196	16,785	21,787	20,446	19,104	18,403	17,377	19,651	18,428	17,961	17,758	17,430
2022	16,592	15,359										

Outpatient Primary Provider Care Visits

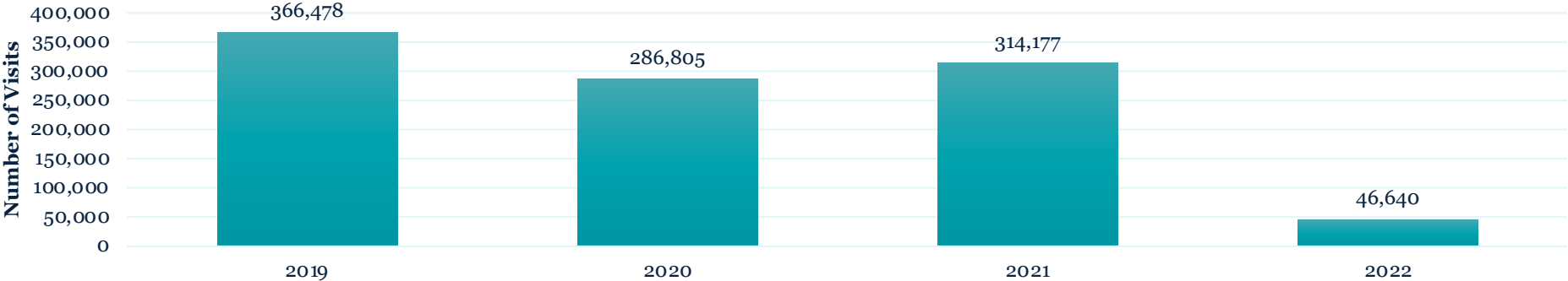


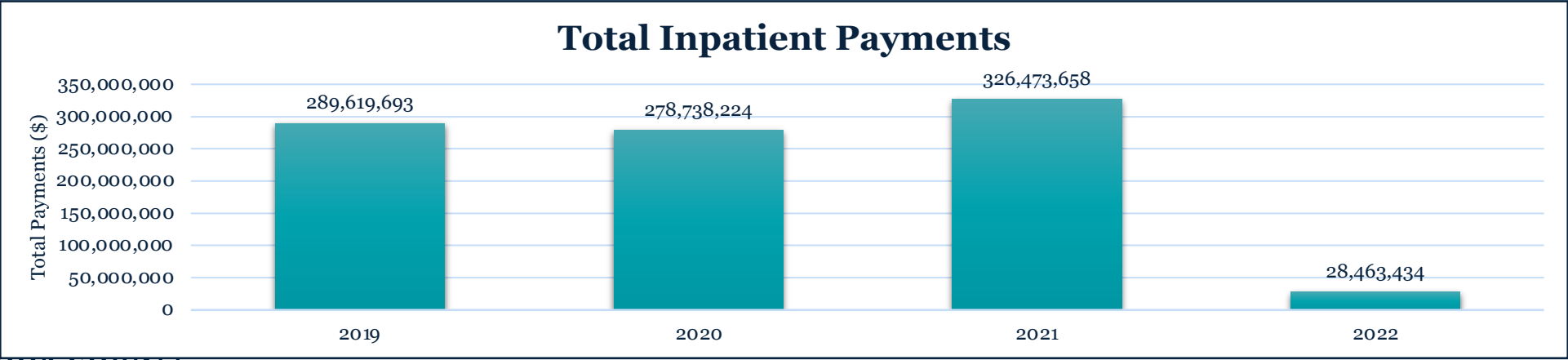
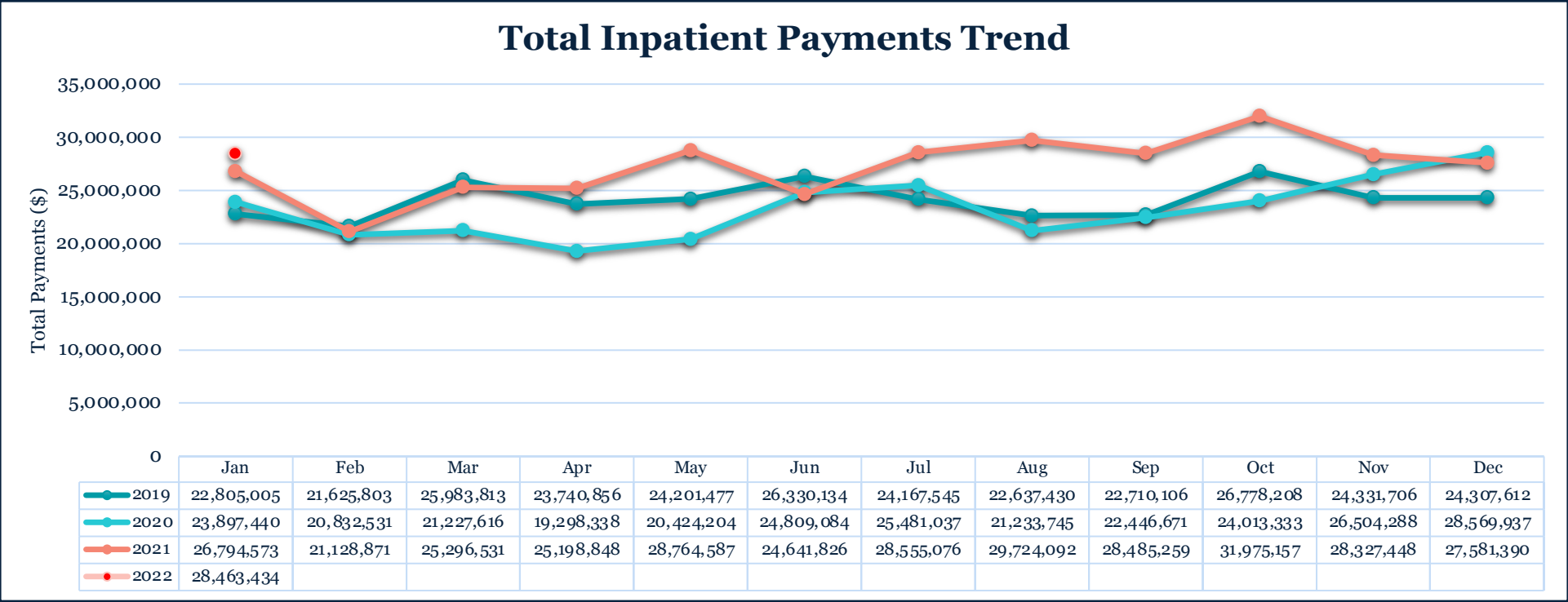


Outpatient non-Primary Care Provider Visit Trend



Outpatient non-Primary Care Provider Visits





CCH Top Diagnosis Outpatient

FY2018 Top 10 Diagnosis Codes

Type 2 diabetes mellitus without complications
Essential (primary) hypertension
Encounter for immunization
General adult medical exam w/o abnormal findings
Human immunodeficiency virus [HIV] disease
Dental caries, unspecified
Routine child health exam w/o abnormal findings
Encounter for antineoplastic chemotherapy
Unspecified cataract
Malignant neoplasm - female breast

FY2021 Top 10 Diagnosis Codes

Encounter for immunization
Type 2 diabetes mellitus without complications
Essential (primary) hypertension
Human immunodeficiency virus [HIV] disease
General adult medical exam w/o abnormal findings
Encounter for antineoplastic chemotherapy
Routine child health exam w/o abnormal findings
Major depressive disorder, single episode, unspecified
Dental caries, unspecified
Anxiety disorder, unspecified

Key Observations:

- COVID-19 vaccinations driving immunization ranking FY21
- Depression and anxiety present in FY21 top diagnosis, but not in FY2018

CCH Top Diagnosis Inpatient/Observation

FY2018 Top 10 Diagnosis Codes

Single liveborn infant
Chest pain (Coronary artery disease)
Hypertensive heart disease with heart failure
Other chest pain
Chronic obstructive pulmonary disease w (acute) exacerbation
Hypertensive heart disease with chronic kidney disease
Encounter for antineoplastic chemotherapy
Intracranial injury
Pneumonia
Sepsis

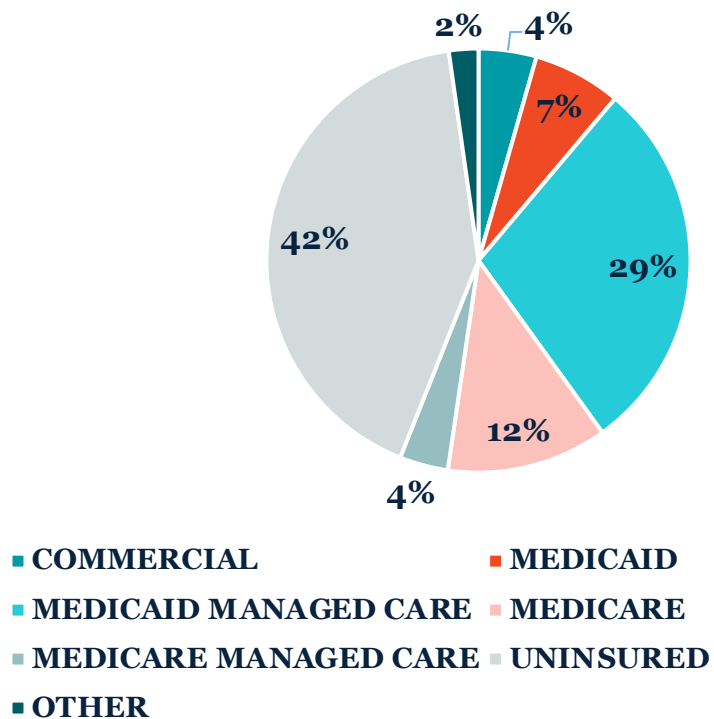
FY2021 Top 10 Diagnosis Codes

COVID-19
Sepsis
Single liveborn infant
Hypertensive heart disease with heart failure
Hypertensive heart disease with chronic kidney disease
Other chest pain
Encounter for antineoplastic chemotherapy
Intracranial injury
Chest pain (Coronary artery disease)
Acute kidney failure

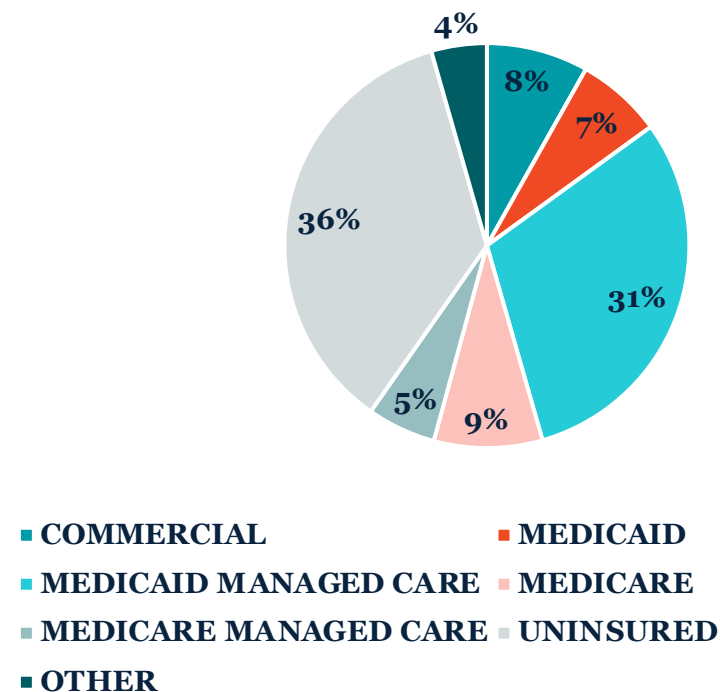
Key Observations:

- COVID-19 in FY2021
- Other diagnoses were similar between FY2018 and FY2021

Payer Mix by Total Visits, FY2018



Payer Mix by Total Visits, FY2021



*'OTHER' includes visits to CDPH sites and employee health for FY2021 not present in FY2018

Market Opportunities



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Hospital Admissions/Market Share

Hospital	2020	% of Total	2008	% of Total
Northwestern Memorial Hospital	42,957	7%	48,431	6%
Advocate Christ Medical Center	38,912	7%	41,829	5%
The University of Chicago Medical Center	32,179	6%	26,224	3%
Rush University Medical Center	30,020	5%	30,507	4%
Advocate Lutheran General Hospital	28,760	5%	27,795	3%
Northwest Community Hospital	20,975	4%	25,052	3%
Foster G. McGaw Hospital - Loyola Univ Med Ctr	20,290	4%	31,008	4%
Evanston Hospital	17,874	3%	16,174	2%
Palos Community Hospital	16,241	3%	20,567	3%
University of Illinois Hospital & Clinics	15,672	3%	19,823	2%
AMITA Health Alexian Brothers Medical Center	15,645	3%	20,130	2%
John H Stroger Jr. Hospital of Cook County	15,551	3%	23,196	3%
AMITA Health St. Alexius Medical Center	14,656	3%	17,486	2%
Ingalls Memorial Hospital	12,697	2%	19,865	2%
MacNeal Hospital	12,541	2%	17,422	2%
Advocate Illinois Masonic Medical Center	12,105	2%	18,566	2%
AMITA Health Saint Mary of Nazareth Medical Center	12,026	2%	18,027	2%
Mount Sinai Hospital	11,610	2%	19,020	2%
AMITA Health Resurrection Medical Center Chicago	11,543	2%	17,856	2%
Swedish Hospital	11,200	2%	16,135	2%
Franciscan Health - Olympia Fields	10,050	2%	11,617	1%
OSF Little Company of Mary Medical Center	9,854	2%		0%
Advocate South Suburban Hospital	9,541	2%	13,427	2%
Ann & Robert H. Lurie Children's Hosp of Chicago/Child.MemHosp	9,435	2%	9,712	1%
AMITA Health Saint Joseph Hospital Chicago	8,821	2%	13,874	2%
Mercy Hospital & Medical Center	8,641	1%	16,592	2%
Provident Hospital of Cook County	424	0%	5,234	1%



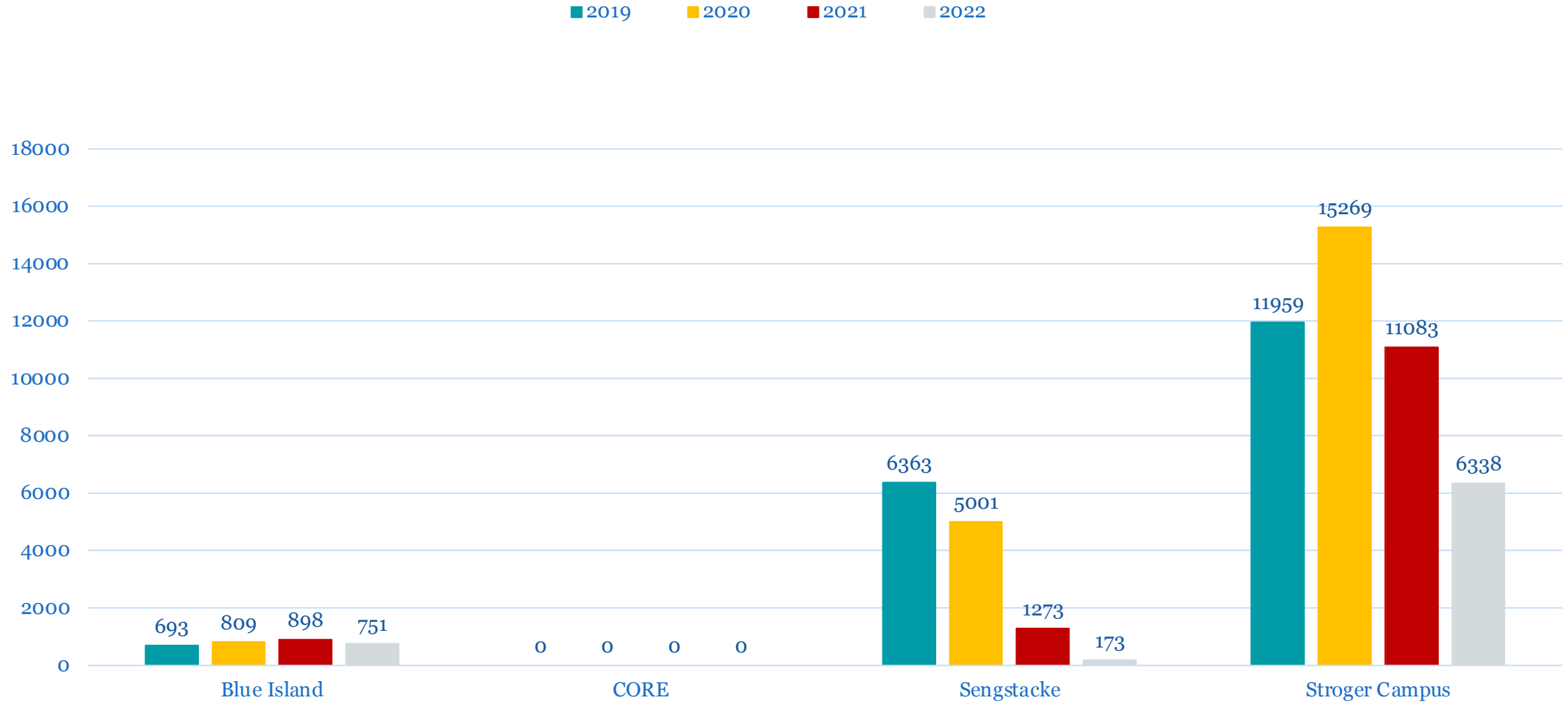
CCH Patients in Specialty Queues

Internal referral demand for specialty services, continue capacity building

CCH Backlog, March 2022	
Resource/Service	Patients in Wait Queue
Occupational and Physical Therapy	3,465
Diabetes/Endocrine	673
Urology	547
Ear, Nose, and Throat (ENT)	509
Hematology/Medical Oncology	240
Pulmonary/Sleep	230
Pain	221
Dermatology	220
Eye	173
Orthopedics	168
Psychiatry	165
Breast Clinic/Breast Oncology Surgery/Cancer Genetics	93



Backlog Progress by Facility: January 2019-2022



Referrals – Out from CCH

Opportunity to keep referrals at CCH

Top 20 Referrals Out, 1/1/2021-12/31/2021	
Service Line	Count of External Referrals
Physical Therapy	733
Mammogram	524
Orthopedics	519
Ultrasound	336
Eye - Ophthalmology	285
XRAY	282
Orthopedics - Foot	277
MRI/MRA	249
Gastroenterology (GI)	222
Occupational Therapy	165
Pediatrics - Specialty	152
Dermatology	144
ENT	122
Cardiology	115
Neurology	113
Pediatrics – Early Intervention	101
CT/PET	92
Pediatrics - Dermatology	78
Colonoscopy - Screening	67
General Surgery	67



Projection in Local Market by Service - Inpatient

Advisory Board Inpatient Service Line Analysis					
Service Line	2020 Volume Estimate	2025 Volume Forecast	2030 Volume Forecast	5 Yr Growth	10 Yr Growth
Neurosurgery	1,904	2,156	2,275	13.3%	19.5%
Neurology	11,582	11,707	12,234	1.1%	5.6%
General Medicine	97,423	96,641	97,157	-0.8%	-0.3%
Urology	3,358	3,206	3,222	-4.5%	-4.0%
Other Trauma	2,279	2,170	2,218	-4.8%	-2.7%
Thoracic Surgery	1,408	1,340	1,331	-4.8%	-5.5%
Oncology/Hematology (Medical)	7,745	7,257	7,292	-6.3%	-5.8%
General Surgery	20,005	18,713	18,627	-6.5%	-6.9%
Orthopedics	16,937	15,379	15,485	-9.2%	-8.6%
Neonatology	32,535	29,297	28,431	-10.0%	-12.6%
Cardiac Services	25,712	22,991	23,688	-10.6%	-7.9%
Spine	5,454	4,729	4,721	-13.3%	-13.4%
Obstetrics	40,393	34,934	32,974	-13.5%	-18.4%
Ophthalmology	313	268	275	-14.4%	-12.2%
Gynecology	3,071	2,534	2,442	-17.5%	-20.5%
Vascular Services	4,134	3,285	3,176	-20.5%	-23.2%
ENT	2,806	2,222	2,152	-20.8%	-23.3%
Rehabilitation (Acute Care)	196	147	123	-25.0%	-37.2%



Projection in Local Market by Service - Outpatient

Advisory Board Outpatient Service Line Analysis					
Service Line	2020 Volume	2025 Volume	2030 Volume	5 Yr Growth	10 Yr Growth
Pain Management	79,178	101,104	113,608	27.7%	43.5%
Thoracic Surgery	3,790	4,830	5,225	27.4%	37.9%
Physical Therapy/Rehabilitation	1,900,927	2,418,787	2,639,020	27.2%	38.8%
Spine	14,066	17,803	19,078	26.6%	35.6%
Orthopedics	210,470	263,678	291,113	25.3%	38.3%
Neurosurgery	6,932	8,469	9,157	22.2%	32.1%
Podiatry	109,938	131,973	153,057	20.0%	39.2%
Neurology	128,838	151,582	164,871	17.7%	28.0%
Vascular	113,692	132,768	146,781	16.8%	29.1%
Ophthalmology	608,947	708,236	775,604	16.3%	27.4%
Endocrinology	15,342	17,773	18,487	15.8%	20.5%
Pulmonology	105,739	120,674	126,716	14.1%	19.8%
Dermatology	328,466	374,484	404,252	14.0%	23.1%
Miscellaneous Services	1,562,419	1,762,796	1,743,827	12.8%	11.6%
ENT	242,398	272,026	274,524	12.2%	13.3%
Cosmetic Procedures	61,849	68,952	76,415	11.5%	23.6%
Nephrology	37,924	41,840	46,713	10.3%	23.2%
Lab	3,278,310	3,566,582	3,764,194	8.8%	14.8%
Cardiology	688,795	739,134	769,350	7.3%	11.7%
Psychiatry	1,039,695	1,111,526	1,195,243	6.9%	15.0%



Disproportionate Impact Requiring CCH Focus

Cancer

- Black men have the highest rate of prostate cancer deaths, more than twice as high as any other group.¹
- Hispanic men and women are almost twice as likely to have, and to die from, liver cancer.²
- Hispanic women are 40 percent more likely to be diagnosed with cervical cancer, and 30 percent are more likely to die, compared to non-Hispanic women.³

Diabetes

- In 2017, black men and women were nearly two and a half times more likely to be hospitalized for lower limb amputations related to diabetes compared to non-Hispanic whites.⁴

Heart Disease/Stroke

- In 2018, African Americans were 30 percent more likely to die from heart disease than non-Hispanic whites.⁵
- African American women are nearly 60 percent more likely to have high blood pressure compared to non-Hispanic white women.⁶
- Of African American women ages 20 and older, 49 percent have heart disease.⁷
- Black men are 70 percent more likely to die from a stroke compared to non-Hispanic whites.⁸

¹. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-cancer-outcomes-screening-and-treatment/>

². <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=61>

³. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=61>

⁴. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18#:~:text=In%202017%2C%20non%2DHispanic%20blacks,compared%20to%20non%2DHispanic%20whites>

⁵. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=19>

⁶. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=19>

⁷. <https://www.goredforwomen.org/en/about-heart-disease-in-women/facts/heart-disease-in-african-american-women>

⁸. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=28>





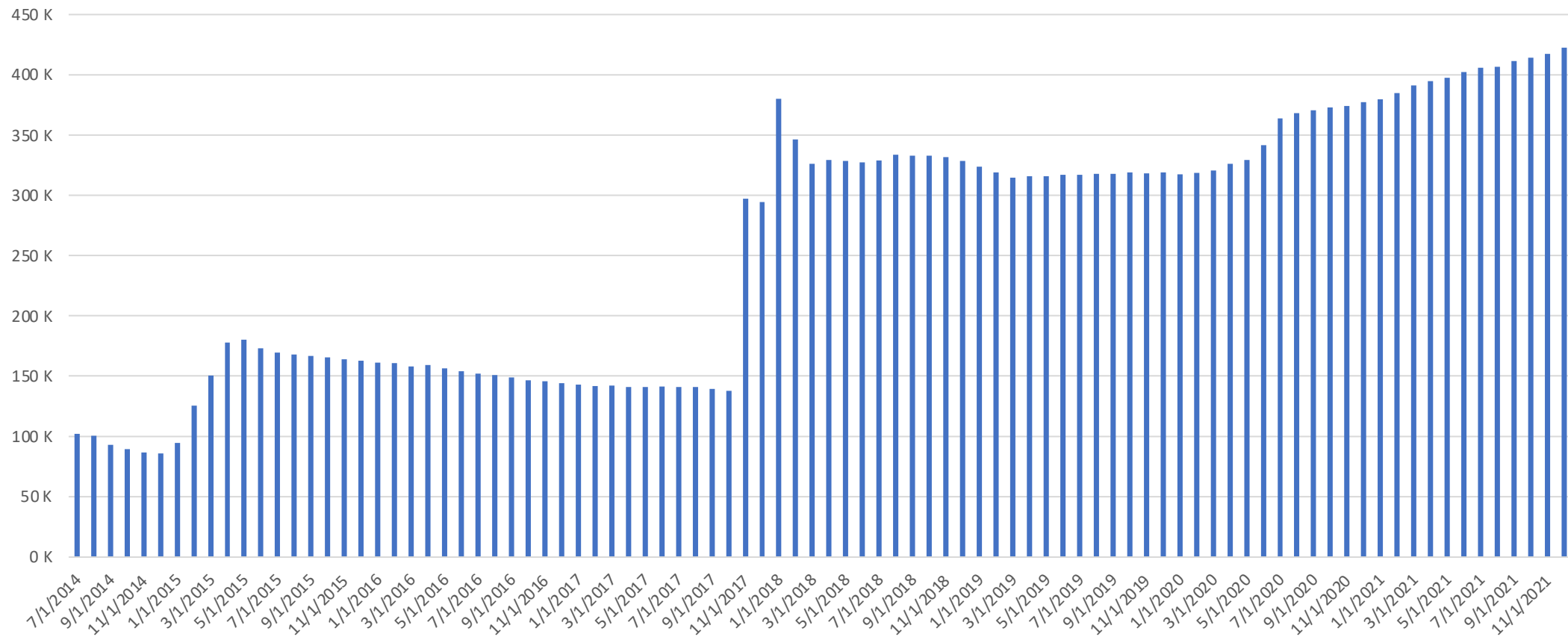
CountyCare

Aaron Galeener, Interim CEO, CountyCare



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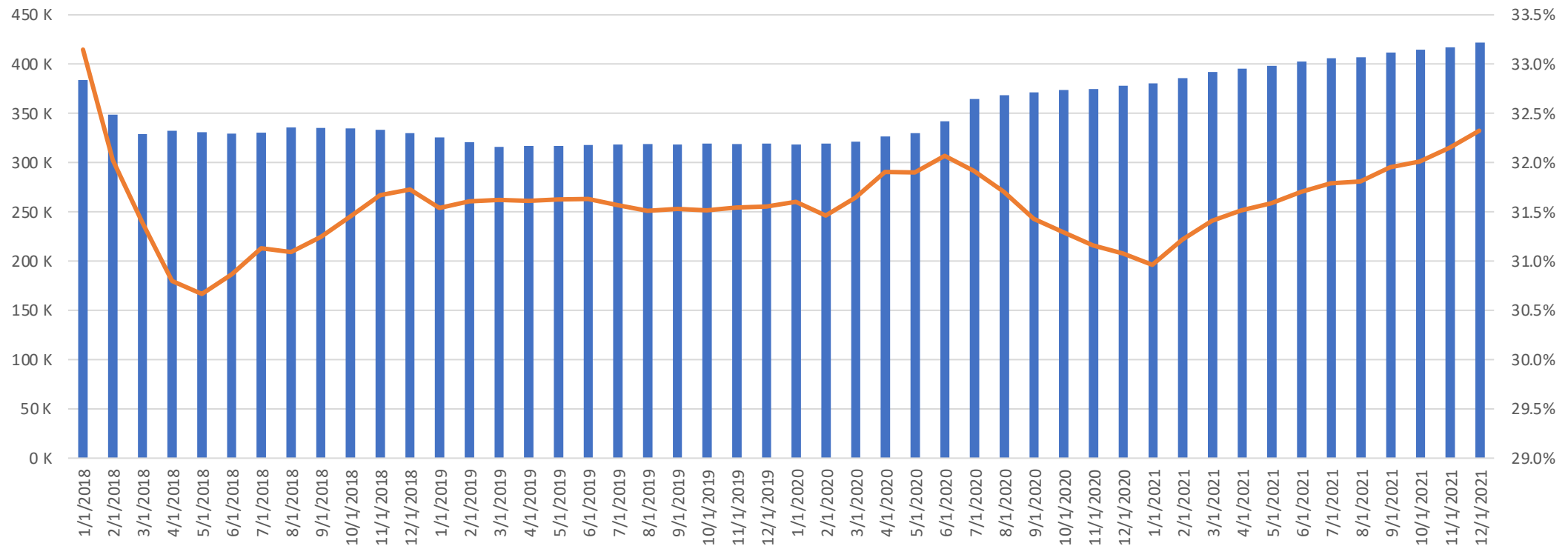
CountyCare Historical Membership



CountyCare Market Share

CountyCare Market Share

- Bar = CountyCare Membership
- Line = CountyCare Cook County MCO Market Share



Current Membership

Monthly membership as of March 7th, 2022

Category	Total Members	ACHN Members	% ACHN
FHP	264,152	20,311	7.7%
ACA	118,576	18,367	15.5%
ICP	30,349	5,193	17.1%
MLTSS	8,407	0	N/A
SNC	7,772	809	10.4%
Total	429,256	44,580	10.4%

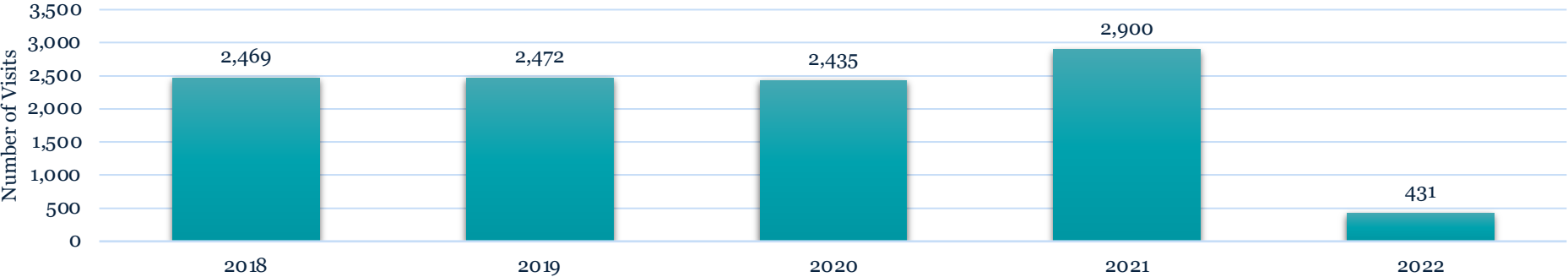
ACA: Affordable Care Act
FHP: Family Health Plan

ICP: Integrated Care Program
MLTSS: Managed LongTerm Service and Support (Dual Eligible)
SNC: Special Needs Children

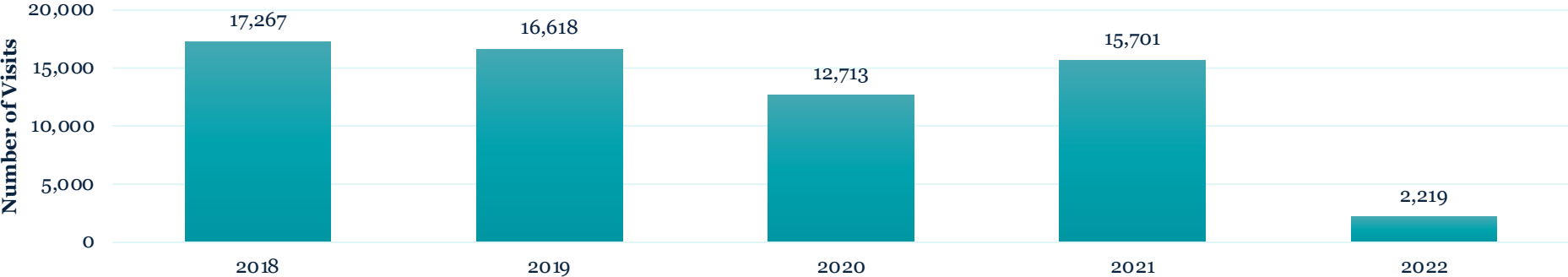




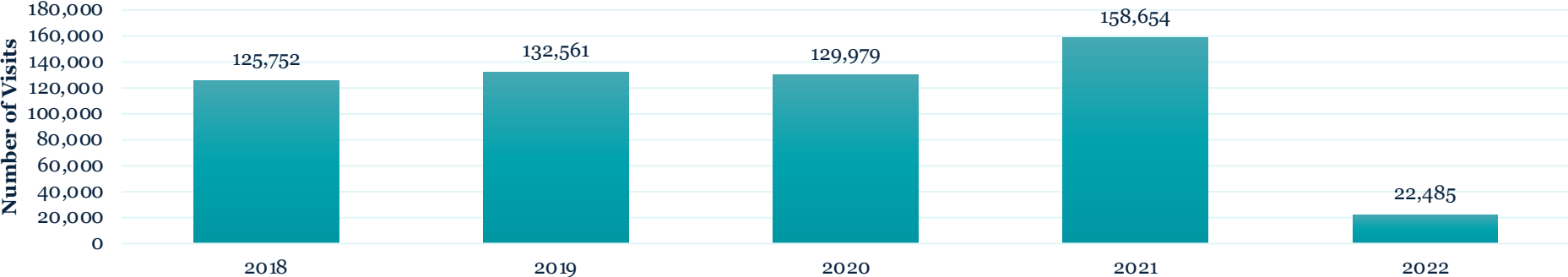
CountyCare Utilization Inpatient



CountyCare Utilization Emergency



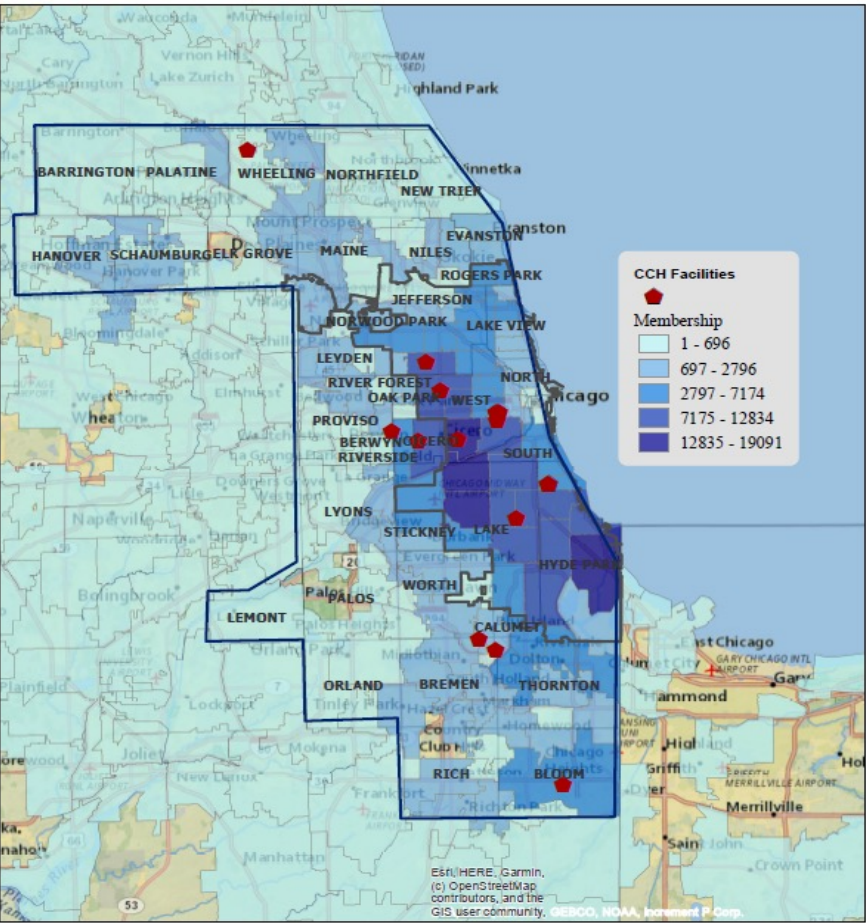
CountyCare Utilization Outpatient



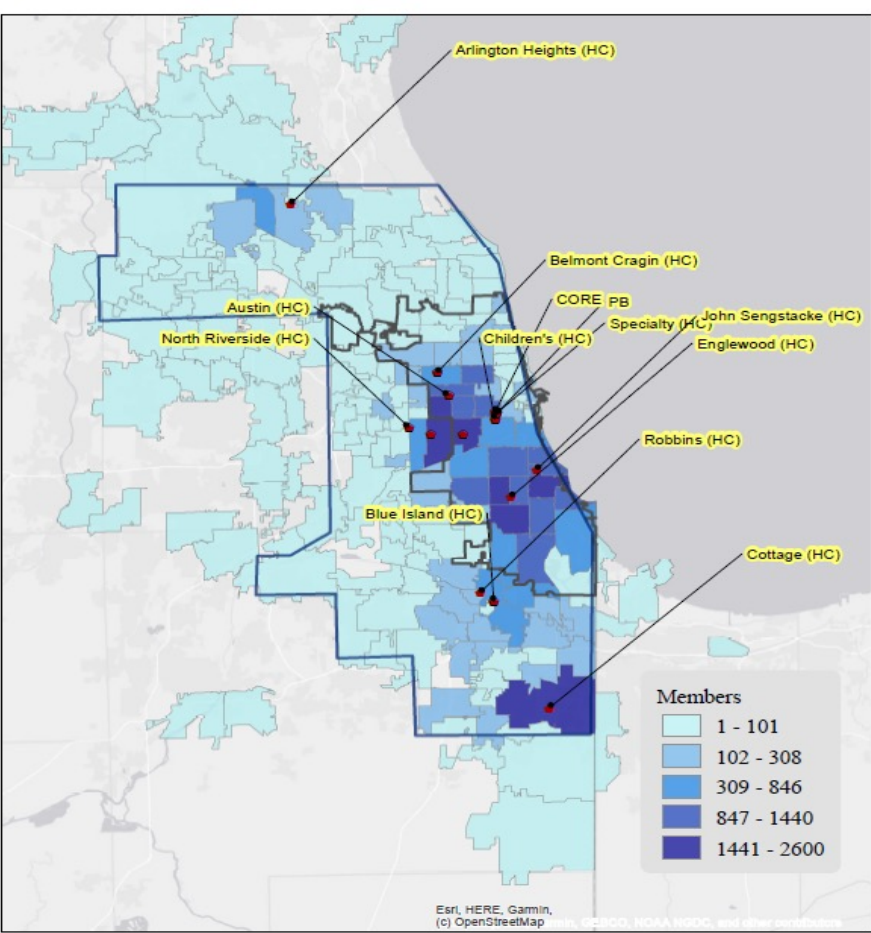
Population Heat Map



CountyCare Membership
As of March 2022



PCP Membership by Zip Code with CCH Clinics
As of March 2022



Key Statistics for Top 15 Hospitals

Top General Acute Care Hospitals by Volume

Hospital	Admissions	Adjusted Paid/Admission	ALOS	Geo Mean LOS	Emergent Admission %	Readmit Rate (Observed)	Readmit Index
CountyCare	39,892	\$6,735.62	4.73	3.87	51.1%	11.1%	1.0
THE UNIVERSITY OF CHICAGO MEDICAL CENTER	5,157	\$8,997.65	5.30	3.91	50.3%	13.1%	1.1
RUSH UNIVERSITY MEDICAL CENTER	3,378	\$5,857.72	4.53	3.89	38.0%	13.4%	1.1
NORTHWESTERN MEMORIAL HOSPITAL	3,298	\$6,962.71	4.79	3.72	28.4%	7.3%	1.0
JOHN H STROGER JR HOSPITAL OF COOK COUNTY	2,933	\$9,156.73	5.08	3.84	45.5%	12.7%	1.1
UNIVERSITY OF ILLINOIS MEDICAL CENTER AT CHICAGO	2,093	\$11,922.21	5.66	3.84	48.4%	10.9%	1.0
MOUNT SINAI HOSPITAL MEDICAL CENTER	1,824	\$7,171.29	4.52	3.65	67.6%	10.2%	1.0
PRESENCE SAINTS MARY AND ELIZABETH MEDICAL CENTER	1,478	\$5,566.12	5.38	4.59	60.5%	11.2%	1.1
SWEDISH COVENANT HOSPITAL	1,139	\$5,009.21	3.34	3.22	33.5%	5.1%	0.8
ST ANTHONY HOSPITAL	1,021	\$5,161.31	2.86	3.13	32.0%	4.2%	0.8
HUMBOLDT PARK HEALTH	927	\$7,144.31	5.86	4.27	41.4%	11.1%	1.0
THE INGALLS MEMORIAL HOSPITAL	909	\$4,579.93	4.38	3.67	54.9%	11.9%	1.0
MACNEAL HOSPITAL	864	\$4,176.33	3.35	3.50	55.6%	9.2%	1.0
ADVOCATE TRINITY HOSPITAL	847	\$4,774.90	3.45	3.50	52.2%	7.6%	0.7
OSF LITTLE COMPANY OF MARY MEDICAL CENTER	838	\$3,905.48	4.48	3.79	58.2%	10.8%	0.9
PIPELINE WEST SUBURBAN MEDICAL CENTER LLC	828	\$5,429.49	4.27	3.69	69.9%	8.5%	0.8

- U of C has the highest admission volume and one of the highest opportunities for cost savings from an adjusted cost/admission perspective.
- Mt. Sinai & Humboldt Park also have opportunity for intervention from an adjusted cost perspective

Inpatient Experience by Major Diagnostic Category

Overall CountyCare Utilization, By Admits

Overall CountyCare Plan - Inpatient by Major Diagnostic Category	Admits	% of Admits	Paid	% of Paid
PREGNANCY, CHILDBIRTH & THE PUERPERIUM	8,162	15.4%	\$ 33,363,306.84	5.6%
MENTAL DISEASES & DISORDERS	7,883	14.9%	\$ 52,710,867.83	8.8%
NEWBORNS & OTHER NEONATES WITH CONDTN ORIG IN PERINATAL PERIOD	6,684	12.6%	\$ 67,583,341.59	11.3%
DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	3,654	6.9%	\$ 49,350,344.38	8.2%
DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	3,083	5.8%	\$ 40,884,939.68	6.8%
DISEASES & DISORDERS OF THE NERVOUS SYSTEM	2,843	5.4%	\$ 47,144,422.19	7.9%
DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	2,315	4.4%	\$ 22,708,151.24	3.8%
INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES	2,284	4.3%	\$ 40,205,238.09	6.7%
DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONN TISSUE	2,212	4.2%	\$ 34,253,838.23	5.7%
All Other	13,832	26.1%	\$ 210,736,101.71	35.2%
Grand Total	52,952	100.0%	\$ 598,940,551.78	100.0%

- MLTSS and N/A excluded from summary above
- Maternity and newborn services remain to account for most admissions at 28% and 17% of spend. This is consistent with trends observed for previous years.
- Leading behind also remains to be mental health and substance abuse accounting for about 15% of admissions and 9% of spend

Line of Business Highlights

- About 2/3 of FHP admits are accounted for by maternity and newborn services.
- Mental diseases and disorders account for majority of admissions for ACA, ICP and SNC at about 21%, 19%, 24%, respectively.

Hospital Outpatient

Top 10 Primary Diagnosis By Network Status, By Spend

Top 10 Primary Diags	Total Paid	INN Paid	OON Paid	Total Patients	INN Patients	OON Patients
N18-Chronic kidney disease (CKD)	\$19,866,112.99	\$19,582,835.40	\$283,277.59	1,892	1,859	33
Z51-Encounter for other aftercare and medical care	\$11,877,223.13	\$11,839,243.92	\$37,979.21	1,867	1,848	19
R07-Pain in throat and chest	\$6,333,698.34	\$5,988,091.01	\$345,607.33	9,289	8,539	750
R10-Abdominal and pelvic pain	\$5,944,464.30	\$5,664,890.40	\$279,573.90	11,891	11,195	696
M25-Other joint disorder, not elsewhere classified	\$5,502,515.10	\$5,447,361.30	\$55,153.80	10,812	10,473	339
G35-Multiple sclerosis	\$5,336,990.06	\$5,335,664.23	\$1,325.83	269	267	2
M54-Dorsalgia	\$4,948,081.19	\$4,880,774.20	\$67,306.99	9,341	8,968	373
F11-Opioid related disorders	\$4,528,281.44	\$4,483,666.67	\$44,614.77	2,188	2,127	61
C50-Malignant neoplasm of breast	\$4,332,334.41	\$4,326,971.79	\$5,362.62	625	620	5
F10-Alcohol related disorders	\$3,969,597.53	\$3,768,198.42	\$201,399.11	2,565	2,338	227

- 98% of the spend for the top 10 primary diagnoses was in-network

ACHN Chronic Conditions

Hierarchical Condition Categories

- Data for Claims Incurred: SEP2020 - FEB2022, Claims Paid: Through FEB2022

Condition	Ave Mem / Month	Member Prevalence
Diabetes	4,282	7.8%
Asthma and COPD	2,803	5.1%
Newborns	1,528	2.8%
Drug Disorder	1,340	2.4%
Congestive Heart Failure	1,298	2.4%
Cancer	1,246	2.3%
Major Depressive and Bipolar Disorder	1,131	2.1%
HIV AIDS	1,103	2.0%
Respiratory Distress	1,013	1.8%
Schizophrenia	827	1.5%
Pregnant	815	1.5%
Seizure Disorder and Convulsions	688	1.3%
Septicemia Sepsis	669	1.2%
Specified Heart Arrhythmias	666	1.2%
Coag Hemat and Hemophilia	339	0.6%
Chronic Hepatitis	282	0.5%
Aspiration and Specified Bacterial Pneumonia	232	0.4%
ESRD	211	0.4%
Respirator Dependence/Trach Status	157	0.3%
Transplants	85	0.2%
Paraplegic	78	0.1%

Social Risk Factors - Adults

Population Assessment

Social Risk Factors Identified by CMEs Among Adults 18+ years										
July 2020 - June 2021	Access		ACHN-CCC		HP		MHN		Combined	
Total screened	11,877		3,182		16,184		28,217		59,460	
Help with food, clothing, shelter	2,679	14.5%	601	18.9%	108	0.7%	2547	9.00%	5,935	10.0%
Lack of transportation	575	2.8%	471	14.8%	2,362	14.6%	2713	9.60%	6,121	10.3%
Difficulty paying for medication	NR		204	6.4%	5,242	32.4%	1052	3.70%	6,498	10.9%
Self-reported health of fair or poor	2,246	10.2%	971	30.5%	1,485	9.2%	5943	21.10%	10,645	17.9%
Physically or emotionally abused	NR		92	2.9%	NR		1239	4.40%	1,331	2.2%
BMI over 30	5,251	28.7%	NR	NR	7,871	48.6%	11,853	42.00%	24,975	42.0%
Depression	106	0.5%	431	13.5%	1,322	8.2%	3164	11.20%	5,023	8.4%
Homeless or in shelter	70	0.5%	63	2.0%	2,067	12.8%	256	0.90%	2,456	4.1%
Alcohol or drug abuse	NR		138	4.3%	98	0.6%	908	3.20%	1,144	1.9%
Refuses smoking cessation	NR		446	59.9%	2,225	13.7%	562	2.00%	3,233	5.4%

- BMI over 30 and Self-Reported Health of Fair or Poor are the most frequent responses among adults across all CMEs
 - Difficulty paying for medication is a top risk factor for HP managed members

Social Risk Factors - Children

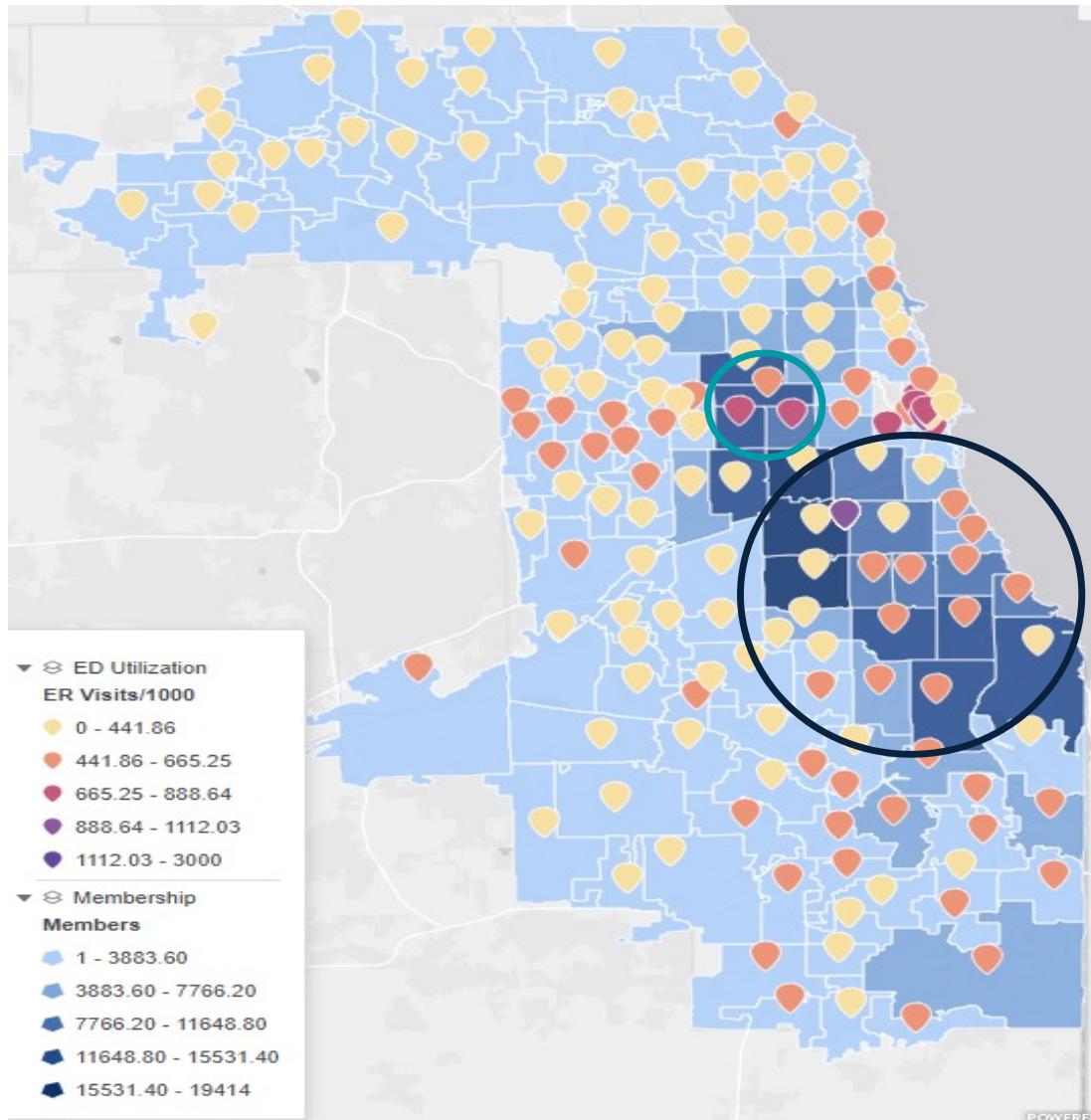
Population Assessment

Social Risk Factors Identified by CMEs Among Children 0 - 17 years										
July 2020 - June 2021	Access		ACHN-CCC		HP		MHN		Combined	
Total screened	10,058		759		3,149		18,371		32,337	
Help with food, clothing, shelter	509	5.1%	101	13.3%	1,896	60.2%	1359	7.4%	3,865	12.0%
Lack of transportation	39	0.4%	19	2.5%	684	21.7%	1239	6.7%	1,981	6.1%
Difficulty paying for medication	NR		4	0.5%	178	5.7%	572	3.1%	754	2.3%
Self-reported health of fair or poor	0	0.0%	32	4.2%	266	8.4%	723	3.9%	1,021	3.2%
Physically or emotionally abused	NR		5	0.7%	NR		392	2.1%	397	1.2%
BMI over 30	1,040	10.3%	NR		505	16.0%	NR		1,545	4.8%
Depression	8	0.1%	24	3.2%	123	3.9%	NR		155	0.5%
Homeless or in shelter	29	0.3%	0	0.0%	13	0.4%	10	0.1%	52	0.2%
Alcohol or drug abuse	NR		3	0.4%	6	0.2%	NR		9	0.0%
Refuses smoking cessation	NR		NR		2	0.1%	NR		2	0.0%

- Help with food, clothing, shelter and Lack of transportation are the top risk factors for Children
 - Help with food, clothing, shelter is particularly prevalent among HP managed members

ED Visits

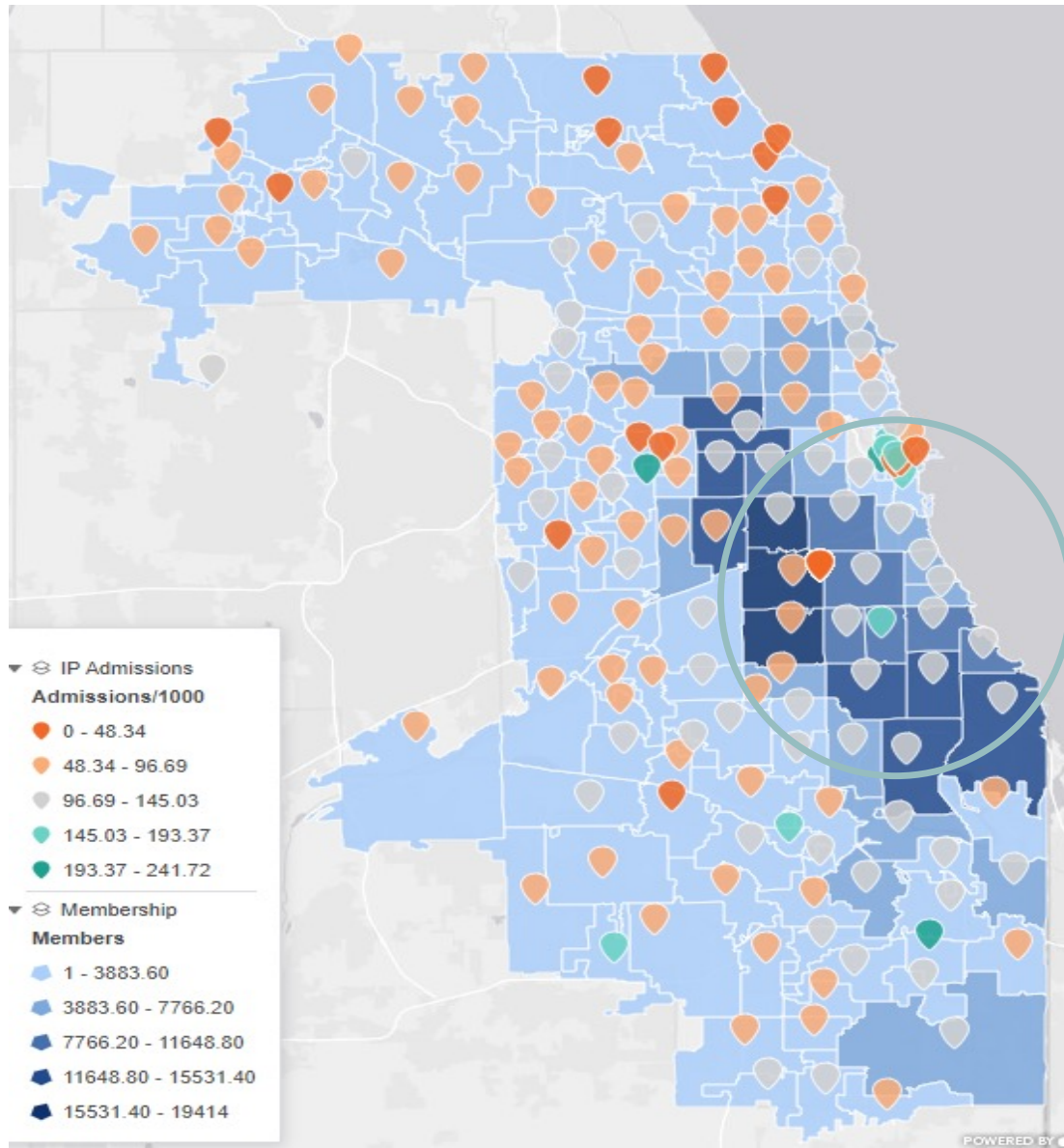
ED



- The average zip code-level ED utilization rate was 448.13 per 1000 people during the reporting period.
- When adjusted for membership population size (i.e. membership population ≥ 1000), ED utilization is highest in the Eastern part of the county relative to the average rate for the county.
- **Three areas** in West Chicago, which has a total membership of about 35K members, had very high ED utilization rates during the reporting period (**60644, 60624, 60651**). ED utilization rate in those areas ranged from 550.8 - 699.9 visits/K (23% - 56% higher than the expected ED visit rate),
- ED Utilization is also high in **South Side Chicago and South Suburbs**, which represent a majority of the CCH population and would be high opportunity areas

Inpatient Admissions

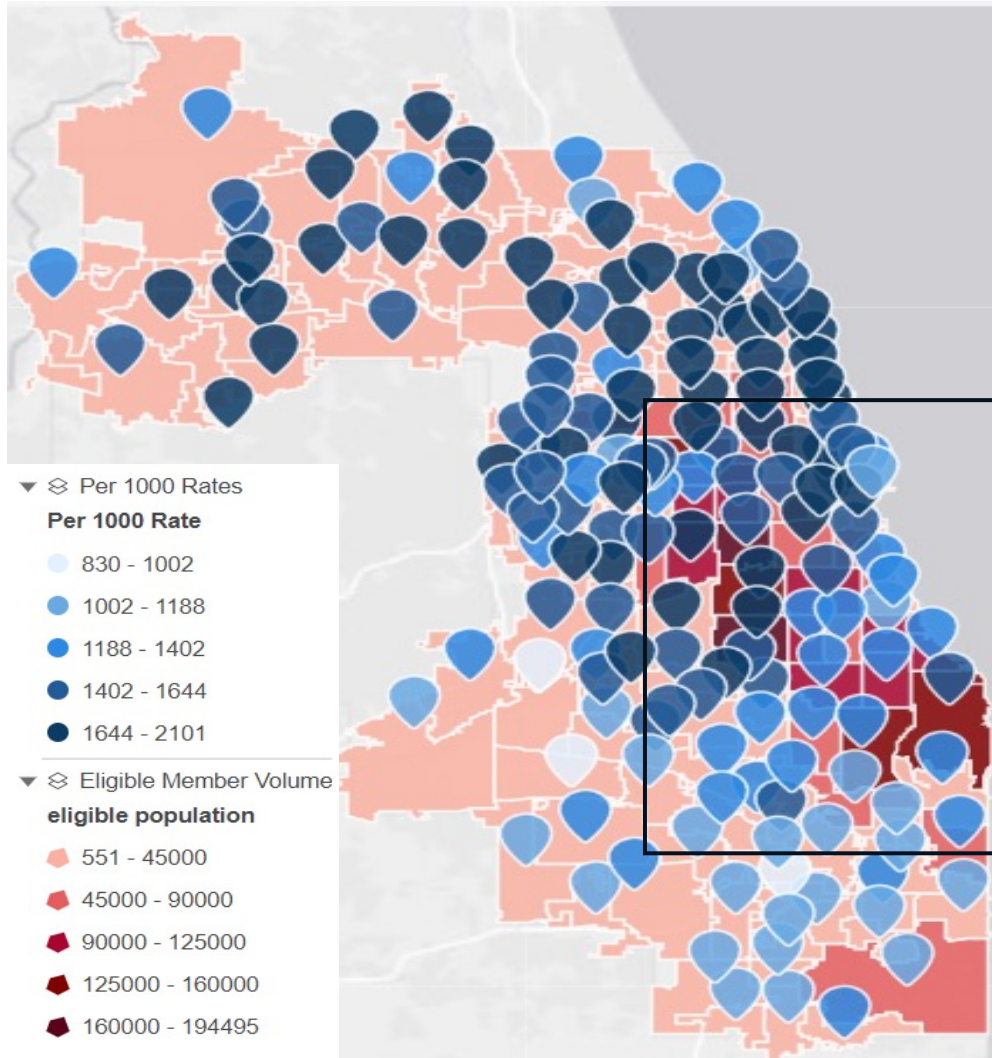
Inpatient



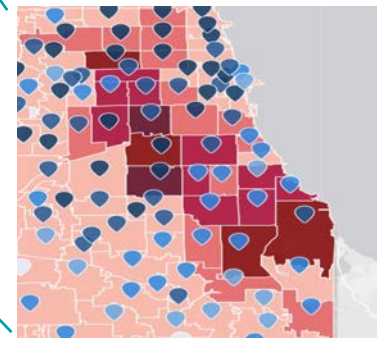
Inpatient Admissions

- The average zip code-level hospitalization rate was 104.9 per 1000 people during the reporting period.
- When we account for membership size (i.e. membership population ≥ 1000), we observed a higher rate of hospitalization in the **Eastern part of the county** relative to the average rate for the county.
- The highest IP admission rate was in the **Eastern part of the county**, where 10 zip code areas comprising over 100K members during the reporting period had IP admissions ranging from 119 - 149 admits/K (14 - 42% higher than the expected admission rate)

PCP Visits

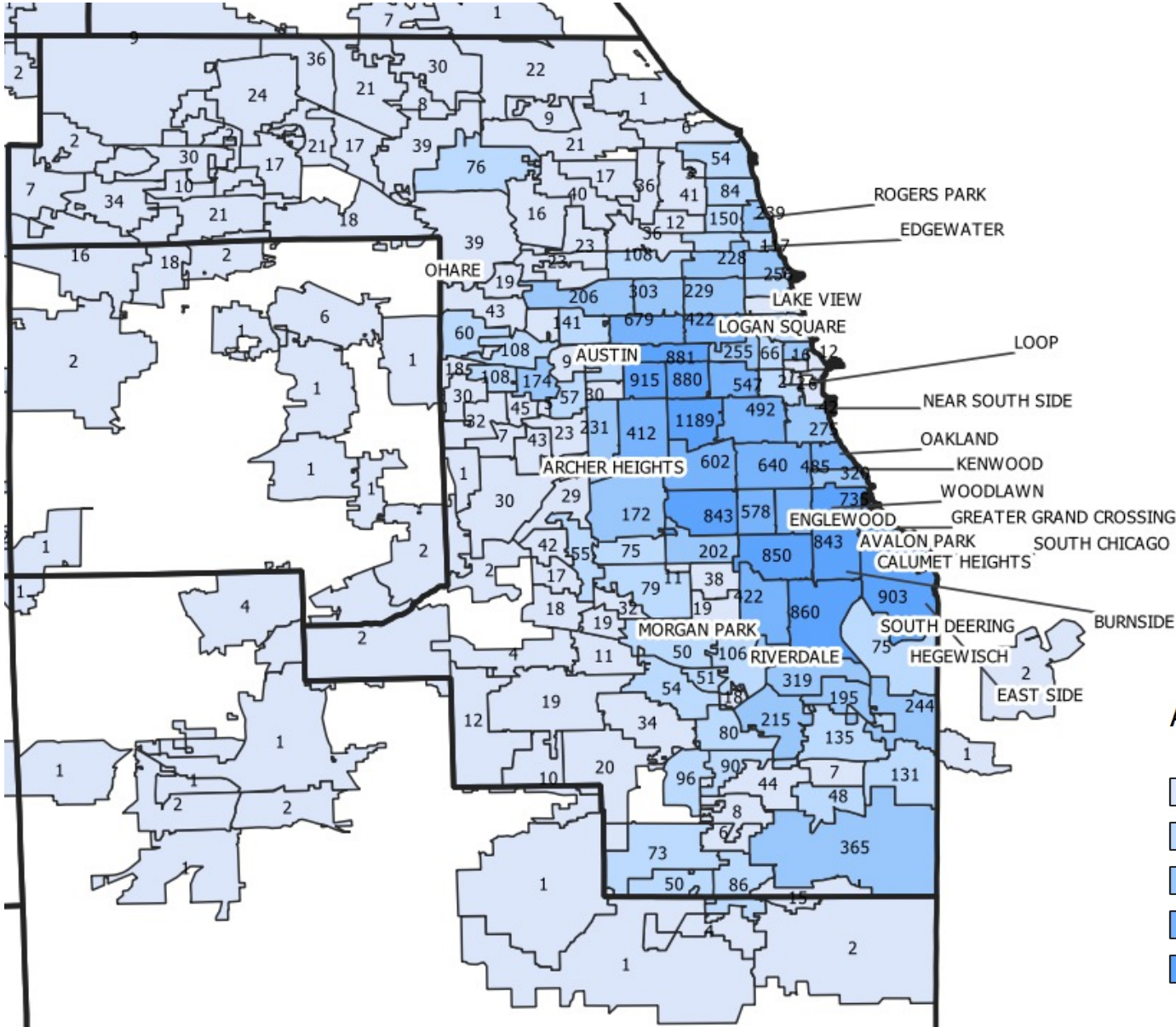


- The map shows per 1000 PCP Visit rates for zip codes where eligible member population is greater than 500 member months during 202004-202103.
- The greatest opportunity for improvement is in the **Southern part of Cook County**. This impacts 209,464 member months.
 - Average per 1000 PCP Visit rate is 1114.
 - Zip Code (60411) in Southern Cook County comprises of 68,262 member months and has an average per 1000 PCP Visit rate of 1100.
- The highest number of PCP visits per eligible member population was in the NE part of Cook County.
 - Average per 1000 PCP Visit rate is 1527.



Volume of Current Membership with Asthma or COPD by Zip Code

March 2022
Membership



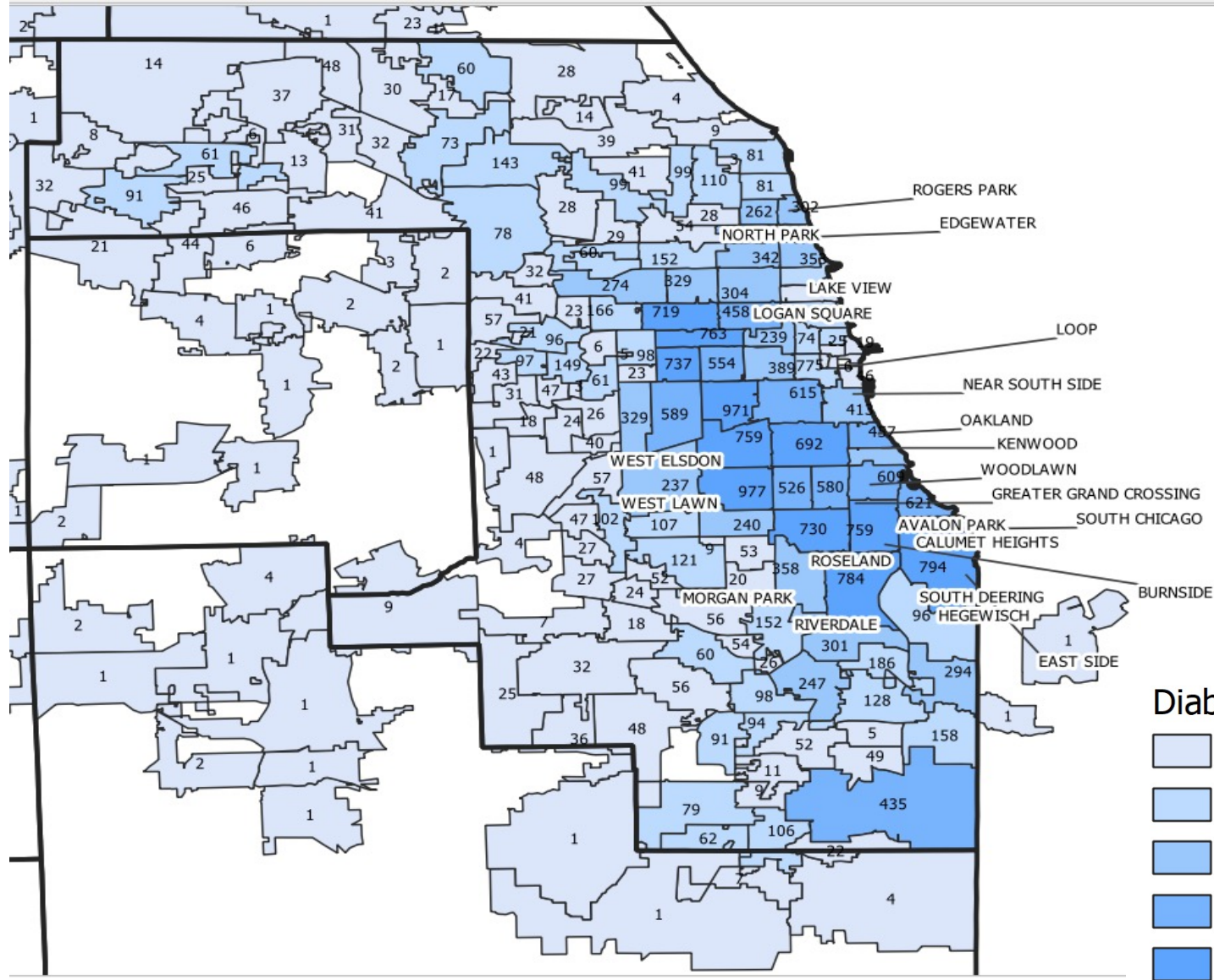
Asthma Or COPD Members

- 1 - 45
- 45 - 150
- 150 - 365
- 365 - 679
- 679 - 1189

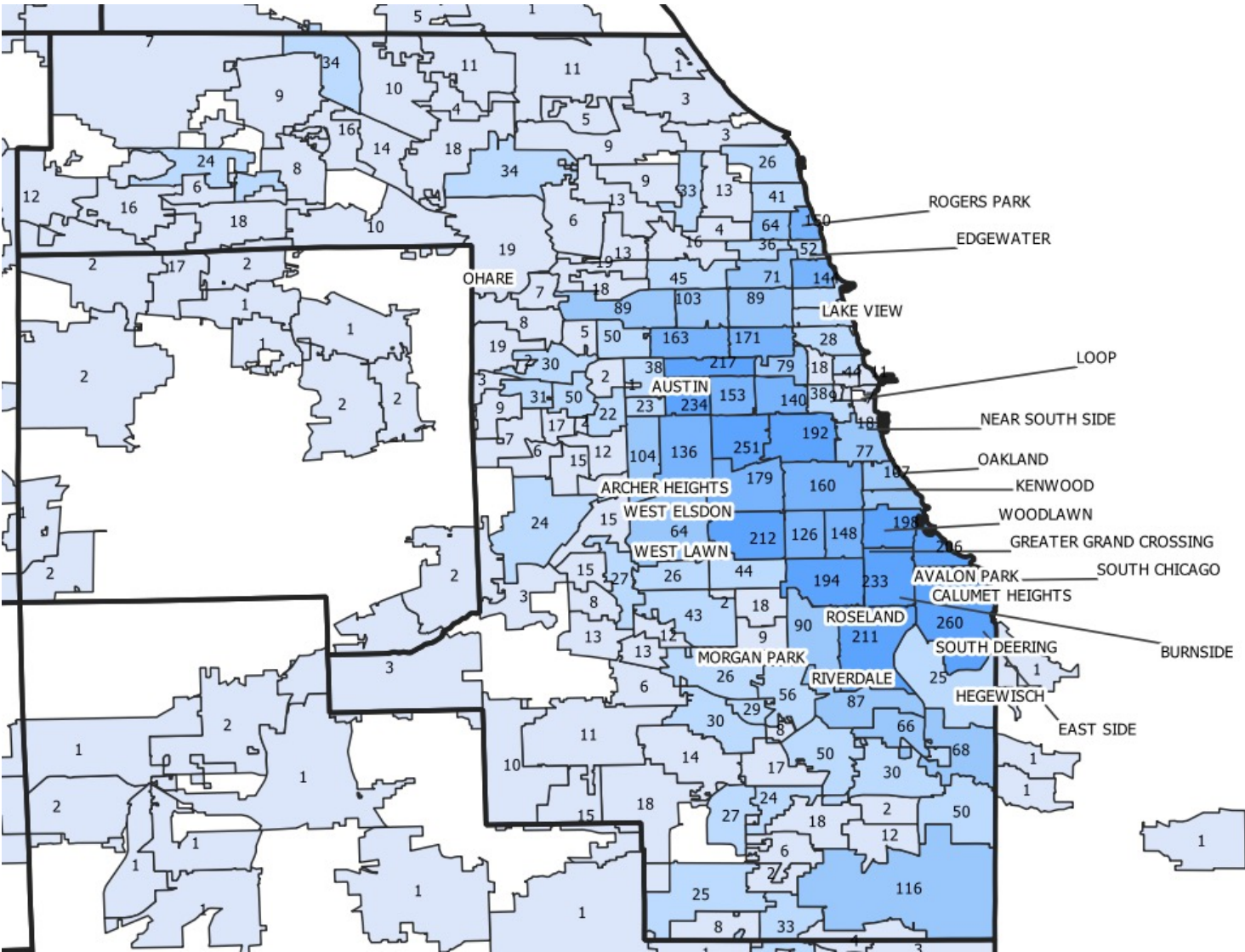


COOK COUNTY
HEALTH

Volume of Current Membership with Diabetes by Zip Code



Volume of Current Membership with Major Depressive and Bipolar Disorders by Zip Code



Major Depressive and Bipolar Disorders

- 1 - 19
- 19 - 56
- 56 - 116
- 116 - 179
- 179 - 260

FY2023-25 Focus Areas



COOK COUNTY
HEALTH

Focus of Prior Strategic Plans

Impact 2020:

Delivery High Quality Care

Grow to Serve and Compete

Foster Fiscal Stewardship

Invest in Resources

Leverage Valuable Assets

Impact Social Determinants of Health

Advocate for Patients

Impact 2023:

Deliver High Quality Care

Grow to Serve and Compete

Foster Fiscal Stewardship

Leverage and Invest in Assets

Impact Social Determinants/Advocate for Patients

What should our focus areas be going forward?

Patients – Employees – Facilities – Clinical Process –
Equity – Systems – Supplies – Innovation –
Integration – Access – Ease of Service – Efficiency –
Technology – Experience – Telehealth – Programs –
Revenue Cycle – Recruitment – Teamwork –
Community Health – Emergency Preparedness –
Growth/Expansion – Partnerships

Other?

Proposed Pillars

- Patient Safety, Clinical Excellence and Quality
- Patient Experience
- Workforce: Talent and Teamwork
- Fiscal Resilience
- Health Equity, Community Health & Integration
- Optimization, Systemization and Performance Improvement
- Growth, Innovation & Disruption

FY2023-25 Mission and Vision



COOK COUNTY
HEALTH

Cook County Enabling Ordinance or Cook County Code of Ordinances (Sec. 38-74. Mission of the CCHHS.)

- (a) The System Board shall have the responsibility to carry out and fulfill the mission of the CCHHS by:
- (1) Continuing to provide integrated health services with dignity and respect, regardless of a patient's ability to pay and working with the Office of the President to determine and establish uncompensated care policies; and
 - (2) Continuing to provide access to quality primary, preventive, acute, and chronic health care for all the People of the County;
 - (3) Continuing to provide high quality emergency medical services to all the People of the County;
 - (4) Continuing to provide health education for patients, and continuing to participate in the education of future generations of health care professionals;
 - (5) Continuing to engage in research which enhances the CCHHS' ability to meet the healthcare needs of the People of the County;
 - (6) Ensuring efficiency in service delivery and sound fiscal management of all aspects of the CCHHS, including the collection of all revenues from governmental and private third-party payers and other sources and working with the Office of the Cook County Board President, and the Cook County Bureau of Finance to ensure sound fiscal management and financial reporting;
 - (7) Except where otherwise permitted herein, ensuring that all operations of the CCHHS, especially contractual and personnel matters, are conducted free from any political interference and in accordance with the provisions of the CCHHS Employment Plan and Supplemental Policies established in the federal civil litigation filed in the Northern District of Illinois under Case No. 69 C 2145 and titled Shakman, et al. v. Democratic Organization, et al. that may be modified from time to time and all applicable laws; and
 - (8) Perform, through the Cook County Department of Public Health, essential services of a local public health authority as provided in the Cook County Board of Health Ordinance, Sections 38-26 through 38-40 of the Cook County Code, other Cook County Ordinances imposing duties upon the Cook County Department of Public Health, and the regulations of the Cook County Department of Public Health promulgated thereunder; the Department of Public Health Act, 20 ILCS 2305/1 et seq.; the Civil Administrative Code of Illinois, 20 ILCS 5/5-1 et seq.; and as further detailed in regulations promulgated by the Illinois Department of Public Health under the Certified Local Health Department Code, 77 Ill. Adm. Code 600.100 et seq.; provided, however, that the County Board shall continue to serve as the Board of Health of Cook County; and
 - (9) Work with the Office of the President to determine and establish, appropriate benchmarking and reporting (including, but not limited to, revenue and finance enhancements, operational and quality improvements and expenditure authority), strategic plans and the legislative policy agenda for CCHHS.
- (b) The System Board shall be responsible to the People of the County for the proper use of all funds appropriated to the CCHHS by the County Board.



CCH Mission and Vision

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, CCH 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.

Other Health Systems' Mission Statements

Inspiring hope and promoting health through integrated clinical practice, education and research.

Mayo Clinic

Caring for life, researching for health, educating those who serve. Cleveland Clinic

To build the health of the community by providing a single, high standard of quality care for the residents of Miami-Dade County.

To advance the health of our patients and our communities by providing extraordinary care. Los Angeles Healthcare

Our mission is to deliver high quality health services with compassion, dignity, and respect to all, regardless of income, gender identity, or immigration status. New York City Health and Hospitals

Advancing Health Worldwide. UC San Francisco

We will advance wellness, relieve suffering, develop and educate. Parkland

CCH Mission and Vision Discussion

Definitions:

Mission: A mission statement is a formal summary of values of an organization.

Vision: A vision statement is a declaration of an organization's overarching objective or goal.

Goals:

- Ensure continued alignment to the County Ordinance
- Honor and represent historic mission
- Mission should be easily understood and clear
- CCH employees should be able to remember and repeat the mission

CCH Mission and Vision Discussion

Current 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.

Options for Updated Mission:

- Provide universal access to the world's leading medicine and comprehensive services for all Cook County residents through service, education, discovery and innovation.
- Provide universal access to the world's leading medicine for all Cook County residents.

CCH Mission and Vision Discussion

Current Vision: In support of its public health mission, CCH 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.

Proposed Vision: To support healthcare as a human right by eliminating and disrupting barriers and inequities.

Appendix



COOK COUNTY
HEALTH

Provident

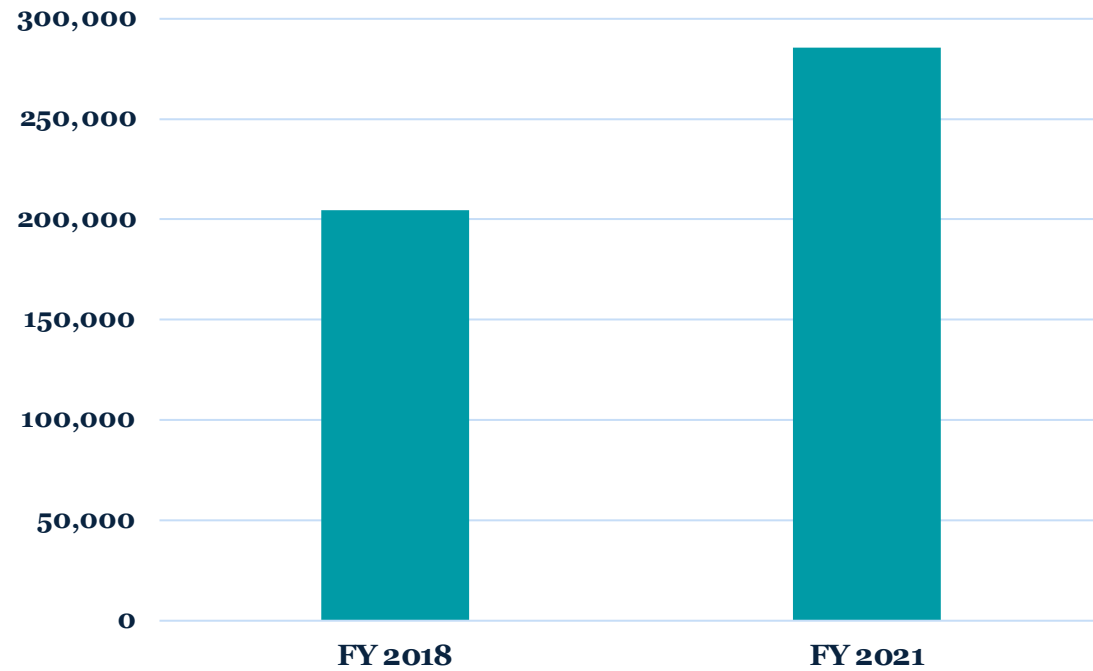
Hospital (IDPH --Hospital Profile CY2020)	Licensed Beds	Peak Census	Average Daily Census	Births	ED Visits	Total Charity Care Expenses (in Millions)
Provident Hospital of Cook County	85	21	11.2	0	18,569	\$ 12.0
Advocate Trinity Hospital	205	138	92.7	352	32,905	\$ 4.1
Jackson Park Hospital & Medical Center	239	144	79	-	18,485	\$ 1.9
Mercy Hospital & Medical Center	412	177	124.8	1,466	37,697	\$ 2.9
Roseland Community Hospital	134	n/a	42.8	246	18,698	\$ 0.4
St. Bernard Hospital	174	110	75.9	174	33,587	\$ 4.2
South Shore Hospital Corporation	137	63	49.8	-	10,025	\$ 0.5
The University of Chicago Medical Center	811	702	590.9	3,035	100,576	\$ 38.0

Stroger

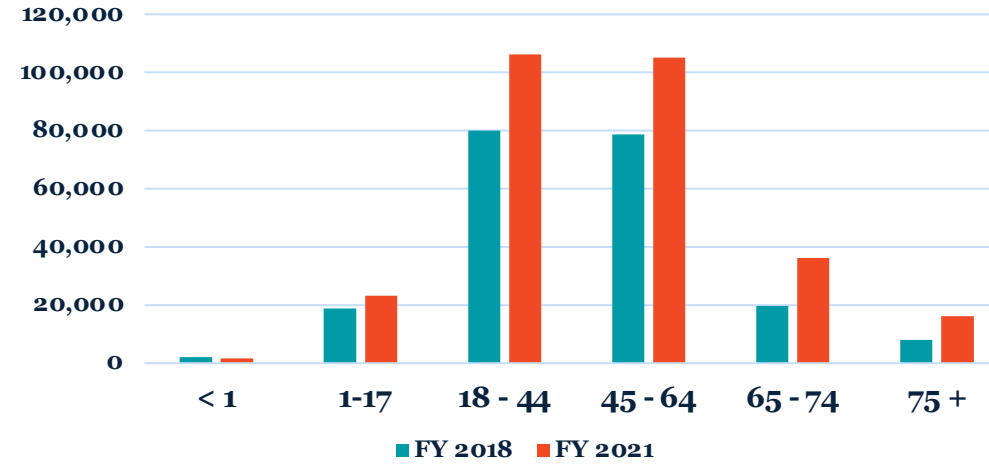
Hospital (IDPH --Hospital Profile CY2020)	Licensed Beds	Peak Census	Average Daily Census	Births	ED Visits	Total Charity Care Expenses (in Millions)
John H Stroger Jr. Hospital of Cook County	450	317	259.3	953	78,878	\$ 223.9
AMITA Health Saint Joseph Hospital Chicago	338	203	140	823	15,000	\$ 3.0
AMITA Health Saint Mary of Nazareth Medical Center	387	288	207.5	779	42,017	\$ 10.5
Humboldt Park Health	210	105	102.8	281	26,050	\$ 4.1
Mount Sinai Hospital	288	180	169.9	1,566	36,412	\$ 17.1
Northwestern Memorial Hospital	943	998	758.8	12,140	76,074	\$ 27.2
Rush University Medical Center	727	600	488.3	2,356	62,334	\$ 20.0
Saint Anthony Hospital	133	67	38.2	713	20,372	\$ 2.1
Thorek Memorial Hospital	172	96	62.2	-	9,384	\$ 0.7
University of Illinois Hospital & Clinics	462	367	292.1	1,880	41,007	\$ 20.9

CCH Patient Demographics

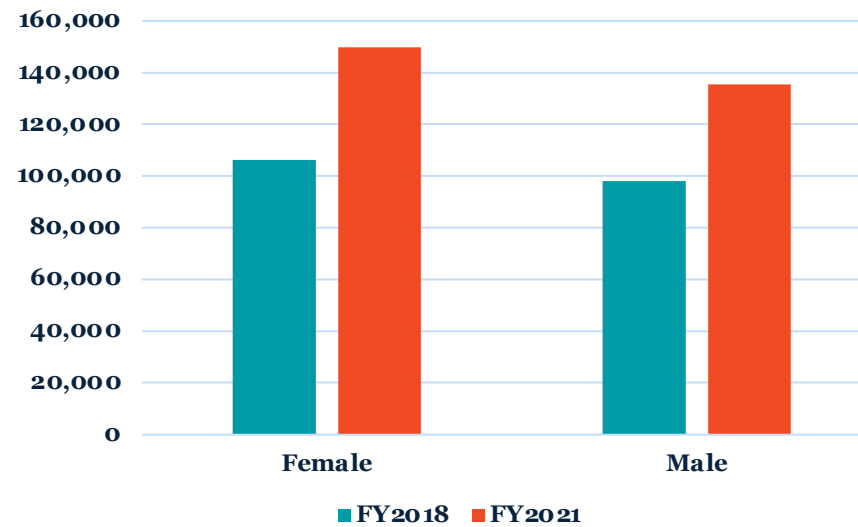
Unique Patients



Age Group

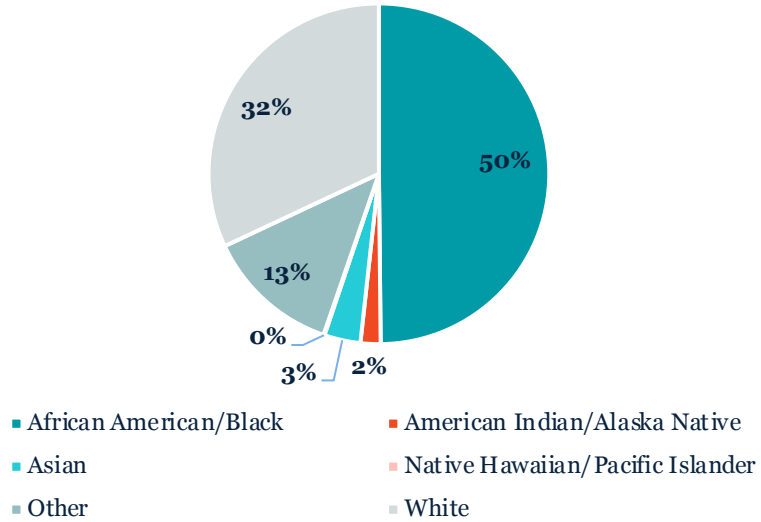


Gender

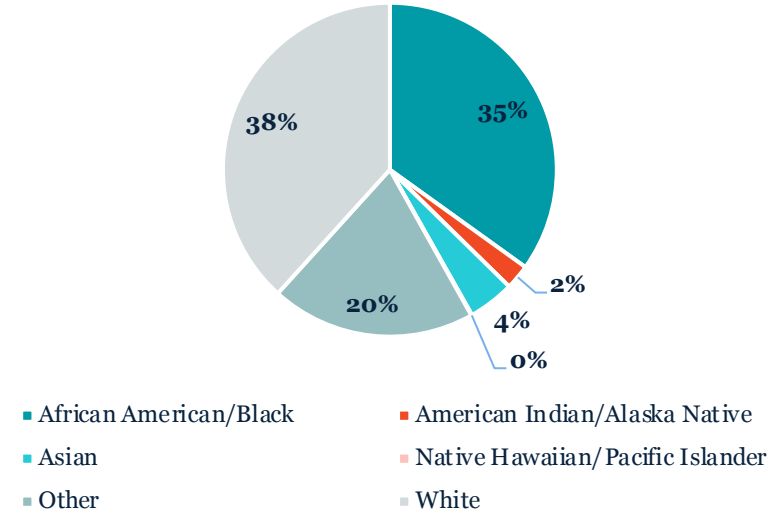


CCH Patient Demographics

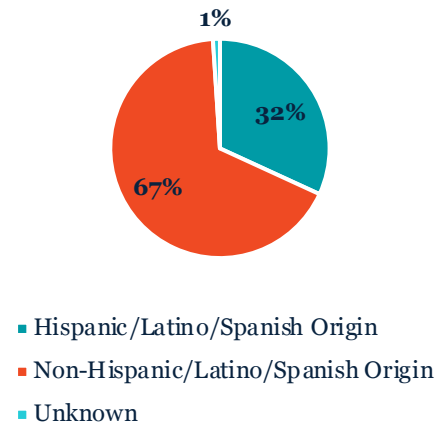
FY2018 Race



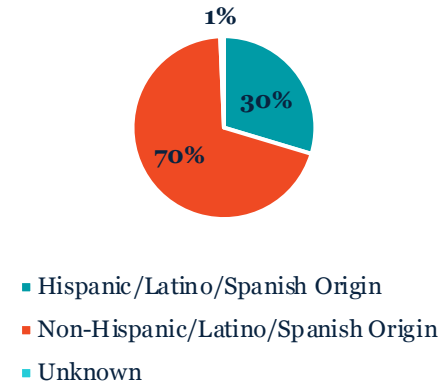
FY2021 Race



FY2018 Ethnicity

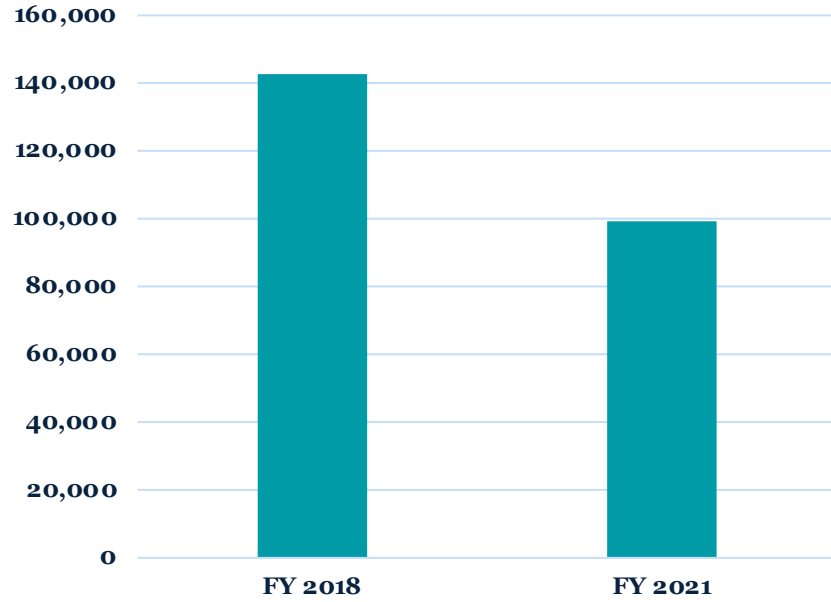


FY2021 Ethnicity

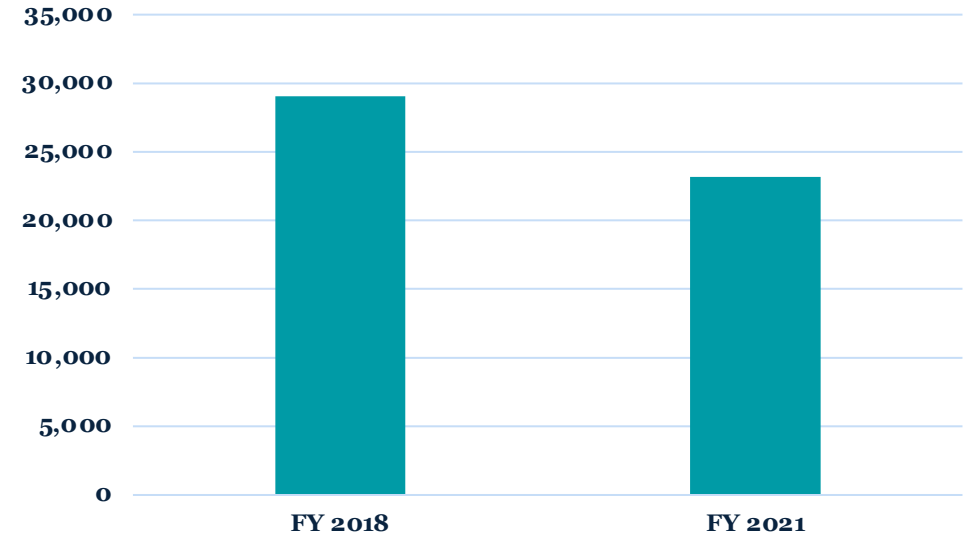


CCH Visits by Type

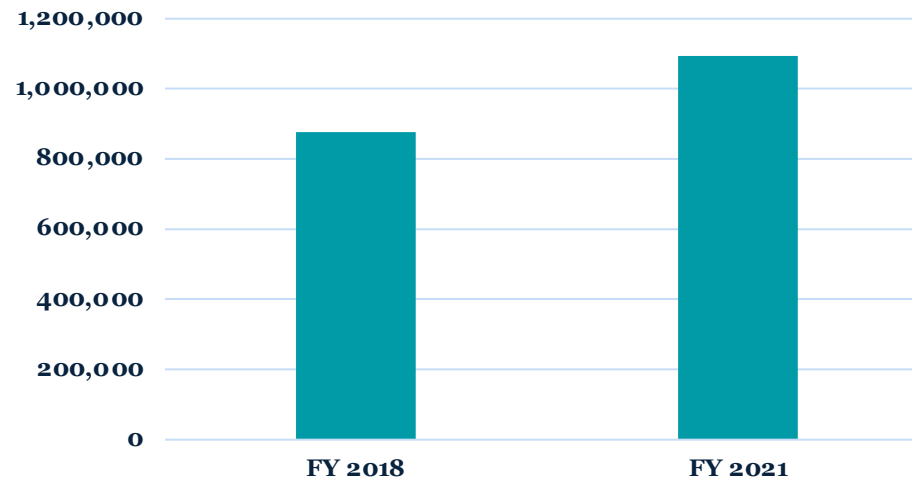
Emergency Services Visits



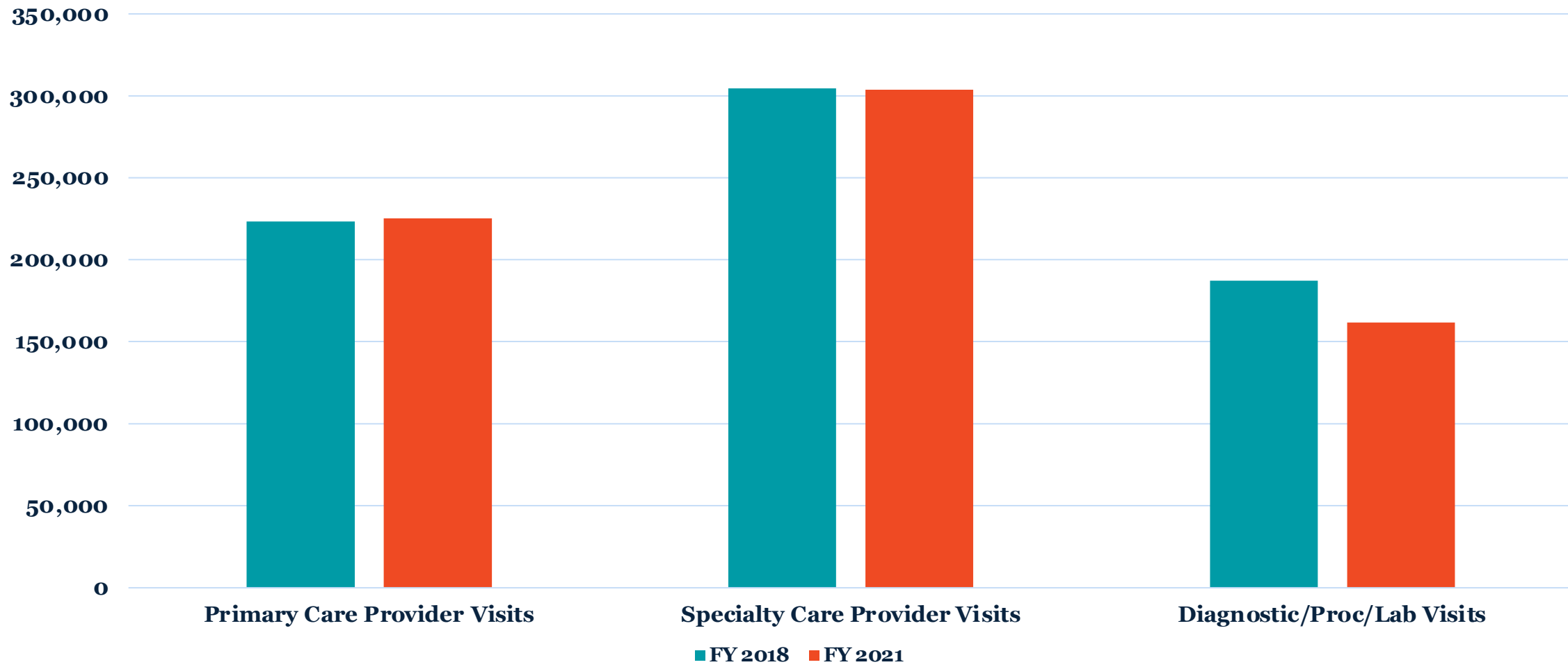
Inpatient & Observation Admissions



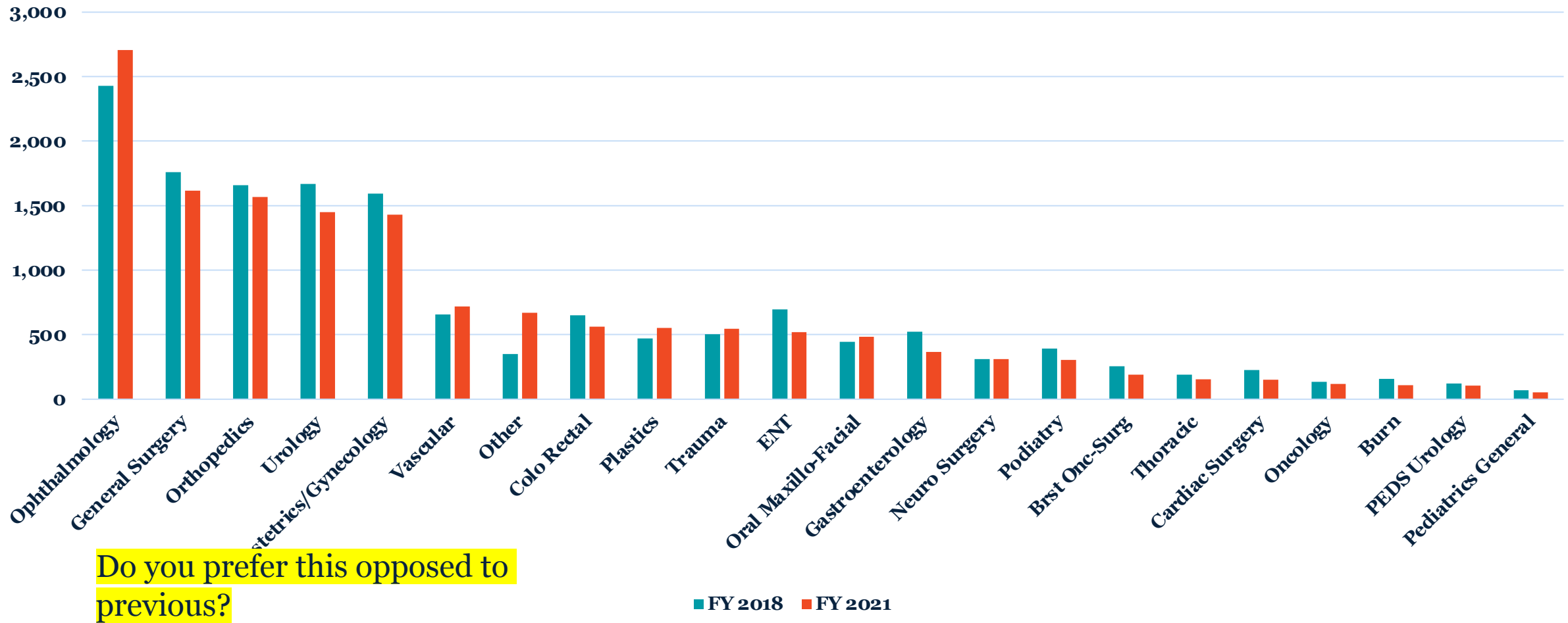
Outpatient Visits



CCH Outpatient Visits by Type



CCH Surgical Cases by Specialty



CCH Visits by Type

Visit Type	FY 2018	FY 2021
Emergency Services Visits	142,735	99,169
Admissions Total	29,035	23,162
Inpatient	18,072	16,860
Observation	10,963	6,302
Outpatient Visits Total	876,977	1,093,528
Primary Care Provider Visits	223,417	225,388
Specialty Care Provider Visits	304,668	303,811
Diagnostic/Proc/Lab Visits	187,406	161,752

