

CEO Report

Debra D. Carey, Interim CEO

April 30, 2020



COOK COUNTY
HEALTH

Overview



COOK COUNTY
HEALTH

Latest Case Numbers

April 28, 2020

	Cases	Deaths
Cook County	31,953	1,347
Illinois (IDPH link)	45,883	1,992
U.S. (CDC link)	989,357	56,386
World (WHO link)	2,954,222	202,597

Planning and Service Changes

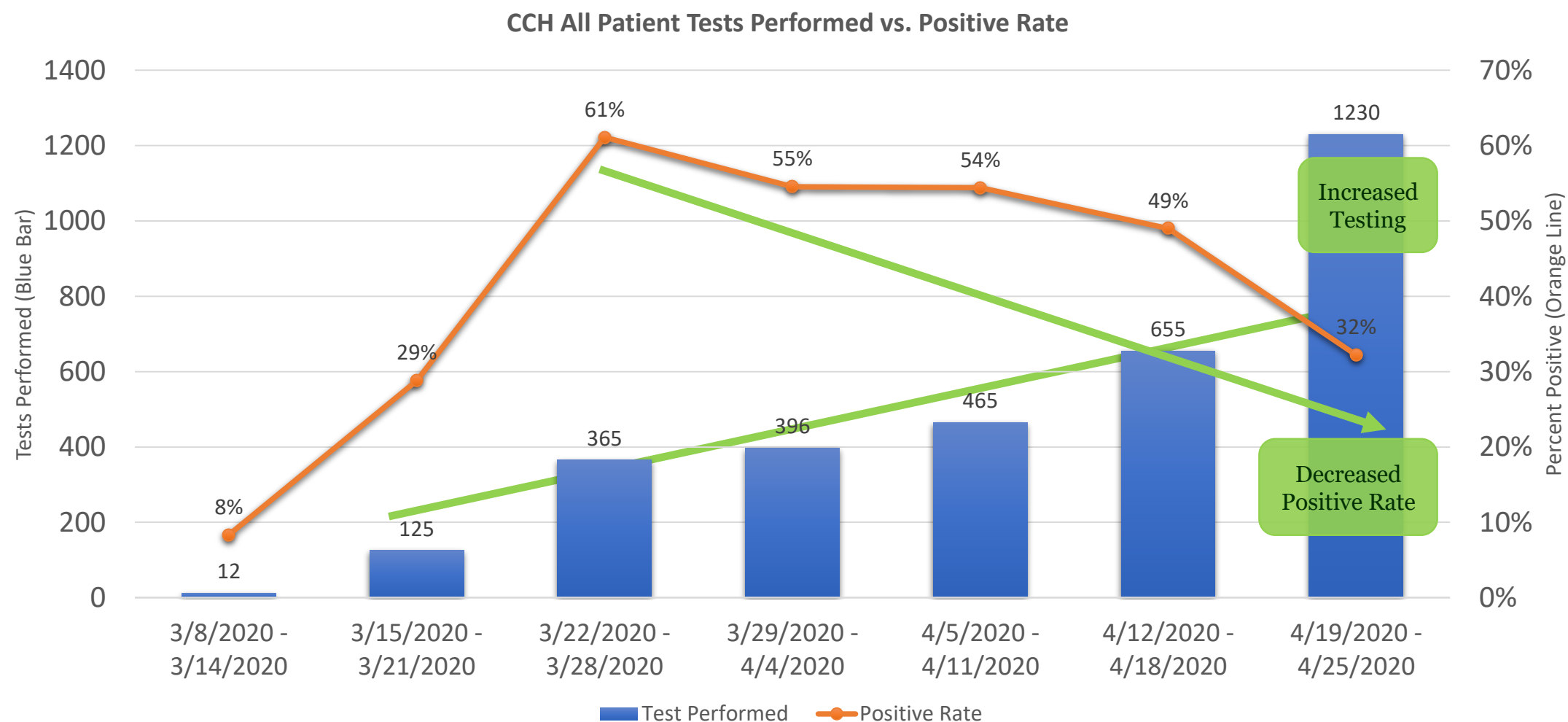
Since January, and following state and federal guidance, CCH has implemented strategies to prepare for COVID-19 impact, reduce spread and preserve health of staff:

- Declared Internal Disaster to initiate Hospital Incident Command Structure (NICS)
- Ongoing training and education of CCH staff
- Built internal testing capacity
- Cancelled elective procedures and surgeries
- Conducting as many ambulatory visits as appropriate telephonically
- Reaching out to patients proactively on health issues, prescription refills, COVID symptoms, etc
- Instituted visitor restrictions
- Instituted work from home protocols, technology tools and procedures for staff
- Redeployed staff to areas of need
- Developed employee testing protocols and procedures
- Modeled and planned for surge across organization (identify units for transition, create COVID specific care teams, staffing considerations, supplies, etc)
- Universal masking for all staff, patients and approved visitors



COVID-19 Patient Testing Conducted across all CCH locations

3,248 patients have have been tested for COVID-19 through CCH



Patient Testing

All Testing

Race	%
African/American	55%
American Indian/Alaska Native	3%
Asian	2%
Other/Multiple/Unknown	12%
White	29%

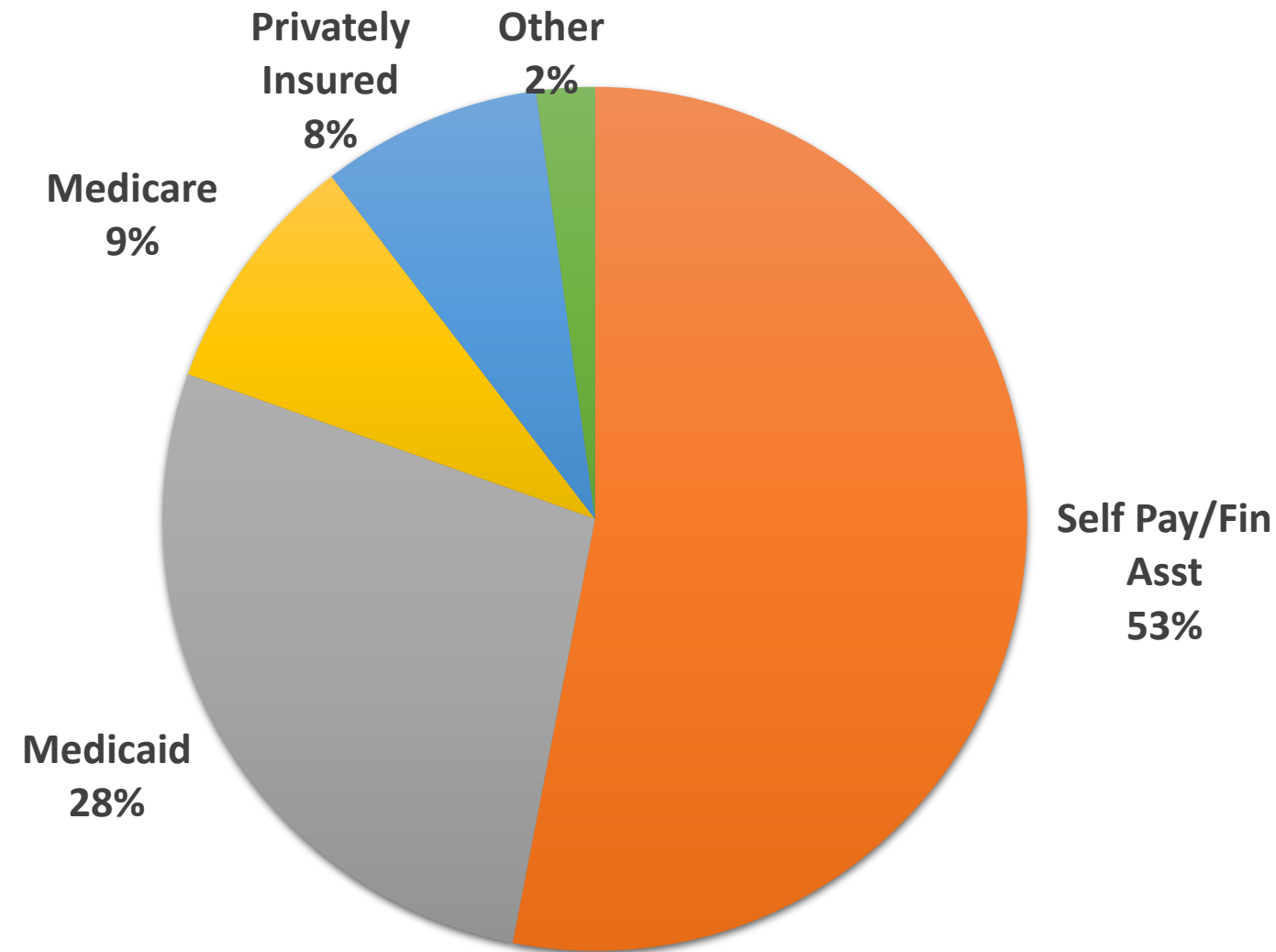
Ethnicity	%
Hispanic/Latino/Spanish Origin	27%
Non-Hispanic/Latino/Spanish Origin	73%

Positives Only

Race	%
African/American	50%
American Indian/Alaska Native	3%
Asian	2%
Other/Multiple/Unknown	15%
White	32%

Ethnicity	%
Hispanic/Latino/Spanish Origin	35%
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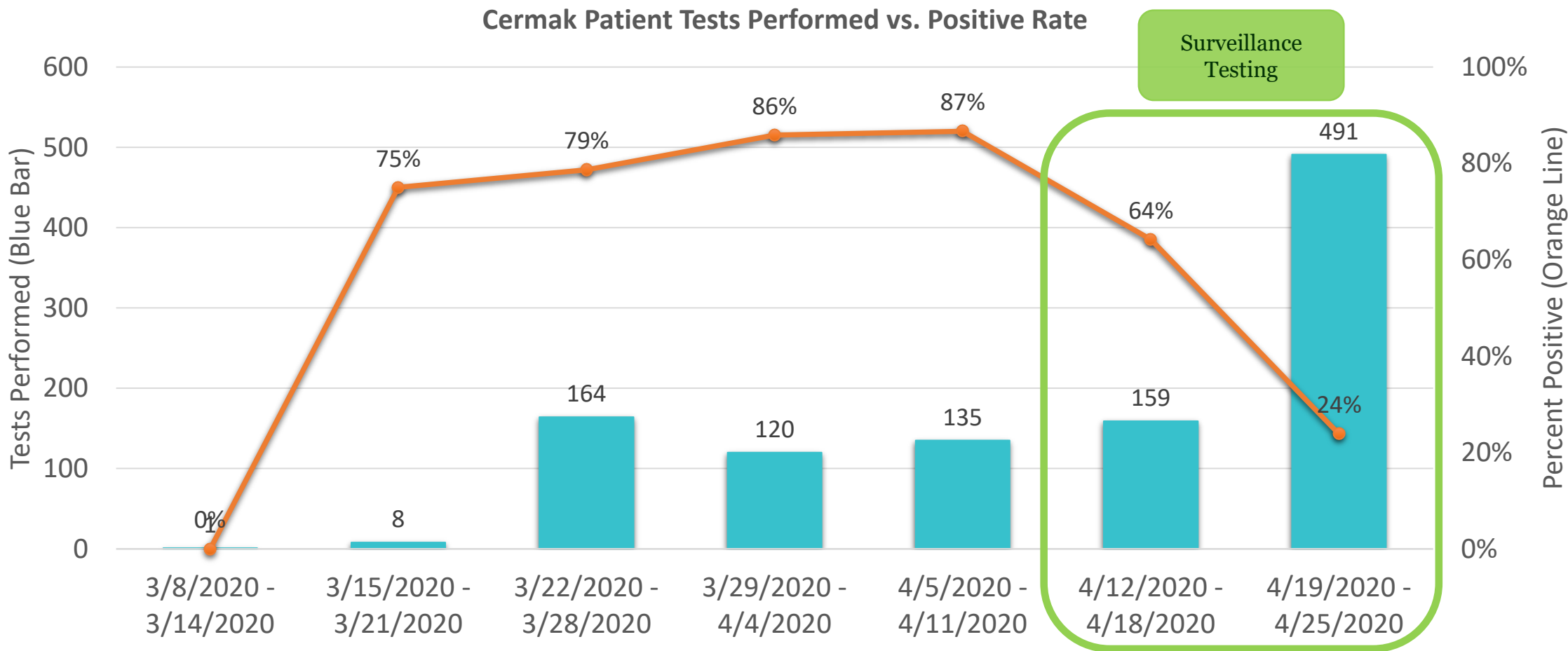
COVID-19 Payor Mix



*Source: Cerner COVID-19 Orders Mar 1,2020-April 25, 2020

COVID-19 Testing Conducted at Cermak

1,078 detainees have been tested for COVID-19 at Cermak with 574 positives



*Source: Cerner COVID-19 Orders Mar 1,2020-April 25, 2020

Staffing Cermak

- Additional buildings and barracks have been opened to house COVID and suspect COVID patients.

Additional staffing required to properly staff the new areas at Cermak prior to 4/11/20:
408 APP hours, 516 RN hours, 1,092 MA hours

- CCH agency nurses declining to work at Cermak due to more lucrative COVID opportunities.
- CCH redeployed 60-75 nurses to Cermak over past few weeks.
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- Nurse staffing remains our biggest challenge on the jail campus.

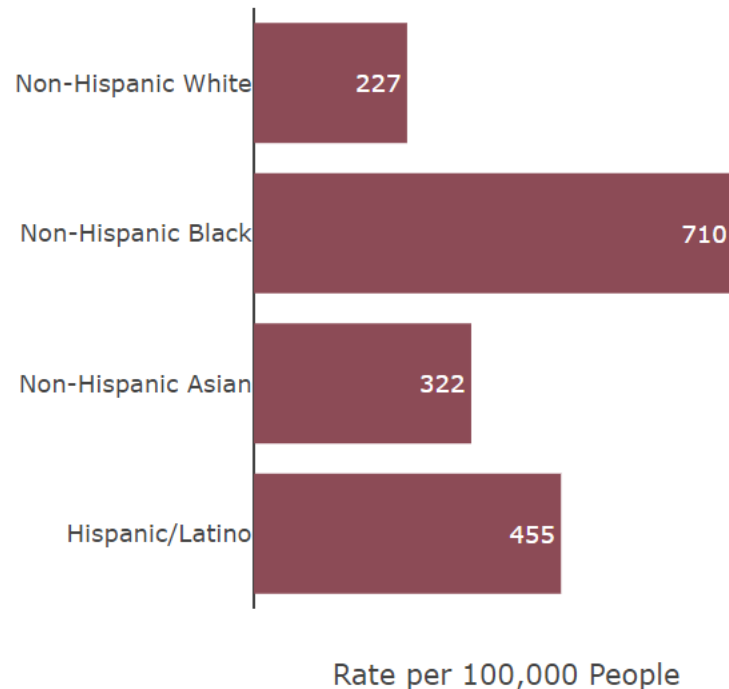
CCDPH: Current status of COVID-19

Numbers as of 4/27/20

- 13,271 cases / 575 deaths Suburban Cook County
- 18,682 cases / 772 deaths Chicago
- 45,883 cases / 1,983 deaths Illinois
- 114 congregate settings, such as long term care facilities, reporting one or more confirmed cases
- To ensure access to COVID-19 data, CCDPH updates reported cases and rates of infection in suburban municipalities daily on our website's Shiny App: <https://ccdphcd.shinyapps.io/covid19/>
 - Data are available in tables, graphs, and maps; by age, location, gender, race/ethnicity
 - Links Medical Examiner's Office death data

CCDPH: Significant disparities observed among cases

COVID-19 Cases by Race/Ethnicity
in Suburban Cook County, IL



- Rates of disease are more than 3 times higher among non-Hispanic Blacks, compared to non-Hispanic Whites
- Rates of disease are 2 times higher among Hispanics/Latinx, compared to non-Hispanic Whites
- These health disparities are the result of years of racist policies like redlining; economic disinvestment, lower access to healthcare and health insurance; food insecurity; substandard housing; higher rates of unemployment.

Data 4/27/20

Financial Assistance Received and In Progress

- ✓ \$7.1 million earmarked for CCH from Medicare formula
 - ✓ \$11.1 million received to help offset revenue loss
 - ✓ \$1.87 million monthly DSH FMAP funds received for April
 - ✓ \$900k crisis grant awarded to CCDPH
 - ✓ \$28 million in advance Medicare received for cash flow
-
- DSH FMAP retroactive to January - \$10 million
 - Finalizing BIPA FMAP impact with the State
 - Additional federal reimbursements for lost revenue
 - Direct and indirect expenditure reimbursements
 - Applying for \$1M telehealth grant from the FCC
 - Federal reimbursement for testing/treating uninsured COVID 19 patients

Thank you

CCH has been the recipient of dozens of donations from individuals, corporations, healthcare associations, local restaurants and the Cook County Health Foundation.

We have received thank you notes from former patients, employees and children across the country and yesterday we sent a taped message from Michelle Obama to the entire organization.

Thank you.

Beyond COVID-19

Planning is Underway

- Medical staff working on phased plan to resume services starting with electives in mid-May
- Must consider redeployed staffing and supplies as services are phased back in.
- Picking up the momentum we had gained prior to the pandemic will take time.
- The financial impact will likely result in service reductions, at least temporarily.
- Need to use this experience as opportunity to capitalize on COVID success stories, improve the patient experience and reduce expenses (eg: telehealth, mail order pharmacy, teleworking, etc)

Timeline



COOK COUNTY
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COVID-19 Timeline

- | | |
|-----------------------|---|
| Dec. 31, 2019 | • China reported a cluster of cases of pneumonia of an unknown cause in Wuhan, Hubei Province. |
| Jan. 7, 2020 | • The cause of the outbreak in Wuhan was identified as a novel coronavirus. |
| Jan. 13, 2020 | • Thailand reported the first case outside China. |
| Jan. 21, 2020 | • The U.S. reported its first case: a Washington state man in his 30s. |
| Jan. 24, 2020 | • Illinois reported its first case: a Cook County woman in her 60s, who had traveled to Wuhan. |
| Jan. 30, 2020 | <ul style="list-style-type: none">• The first recorded person-to-person transmission of the novel coronavirus in the U.S. occurred between the Cook County woman and her husband.• The WHO declared the coronavirus outbreak was a Public Health Emergency of International Concern. |
| Feb. 11, 2020 | • Illinois became the first state to develop and conduct its own coronavirus tests. |
| Feb. 29, 2020 | • Illinois reports its third case: a Cook County man in his 70s. His wife, also in her 70s, became the state's fourth case, which was announced on March 2. |
| March 12, 2020 | • Gov. J.B. Pritzker announced that all events with more than 1000 people would be cancelled and that all K-12 schools would be closed for educational purposes. Schools could continue being used for the provision of food, as polling places and for other non-educational purposes. |
| March 13, 2020 | • The White House declared that the COVID-19 pandemic was a national emergency. |



COVID-19 Timeline

March 15, 2020	<ul style="list-style-type: none">• CCH declares internal disaster activating Hospital Incident Command Structure (HICS)
March 16, 2020	<ul style="list-style-type: none">• Gov. J.B. Pritzker announced a ban on gatherings of 50 or more people.
March 17, 2020	<ul style="list-style-type: none">• Illinois reported its first COVID-19 related death: a Chicago woman in her 60s.• Illinois had 160 confirmed cases in 15 counties, among people aged 9 to 91.
March 20, 2020	<ul style="list-style-type: none">• Gov. J.B. Pritzker issued a stay-at-home order, effective March 21 through April 7.
March 23, 2020	<ul style="list-style-type: none">• First two confirmed cases of COVID-19 among detainees at the Cook County Jail.
March 26, 2020	<ul style="list-style-type: none">• The number of COVID-19 cases in the U.S. surpassed the number in China. The U.S. reported 82,474 cases, while China reported 81,961.
March 31, 2020	<ul style="list-style-type: none">• Gov. J.B. Pritzker extended the stay-at-home order through April 30.• Illinois reported 5,994 cases and 99 deaths.
April 4, 2020	<ul style="list-style-type: none">• CountyCare membership 327,251 slightly above budgeted membership of 326,034
April 11, 2020	<ul style="list-style-type: none">• The U.S. surpassed Italy in the number of COVID-19 deaths, becoming the worst-hit country in the world. The U.S. reported 18,860 deaths, while Italy reported 18,849.

COVID-19 Comparisons

April 28, 2020

- Compared to other counties throughout the U.S., Cook County has the 6th highest number of cases and 7th highest number of deaths.
- Compared to other states, Illinois has the 4th highest number of cases and 6th highest number of deaths.
- The state is 11th in terms of cases per 100,000 people and 9th in terms of deaths per 100,000 people.
- The fatality rate is 4.22% in Cook County and 4.32% in Illinois.

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Partners and Guidance

- The US Centers for Disease Control & Prevention are the foremost public health authority in the U.S.
- The Illinois Department of Public Health is the state agency that grants CCDPH their authority.
- Stroger, Provident and Cermak sit within the authority of the Chicago Department of Public Health.
- The CCH Infection Control team has taken the internal lead.
- Office of the President, Cook County Government
- Cook County Department of Emergency Management and Regional Security
- Cook County Bureau of Human Resources
- Illinois Emergency Management Agency

Planning and Service Changes

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Temporary Suspension of Emergency Services at Provident Hospital

April 6 - April 19

A number of improvements were completed to ensure patient and staff safety during the pandemic:

- Reconfigured and installed new seating to meet social distancing guidelines. Created designated seating area for suspect COVID patients.
- Creation of mobile registration units to reduce the need for patients to sit in a confined space for registration, allowing for social distancing.
- Reconfigured existing nursing workstations to meet social distance standards.
- Reconfigured process flows to reduce unnecessary movement in the ED.
- Relocated support services so that interaction between patients and staff occurs following the COVID screening process.
- Designated triage, exam and isolation areas for COVID-19 patients.
- Installed communication systems to allow safe interactions between staff and patients.
- Created separate workrooms for doctors and staff.

Testing at CCH



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Testing

- Thru March 31: Initial testing done through the state lab and based on state guidance
- March 20: CCH engaged external lab to process tests
- March 26: CCH began employee drive thru testing at Stroger
- March 30: CCH began employee drive thru testing at Provident
- March 31: CCH instituted in-house testing with 24 hour turn-around
- April 13: Drive thru testing available at Provident for CCH patients with CCH physician order
- April 20: Drive thru testing available at Stroger for CCH patients with CCH physician order

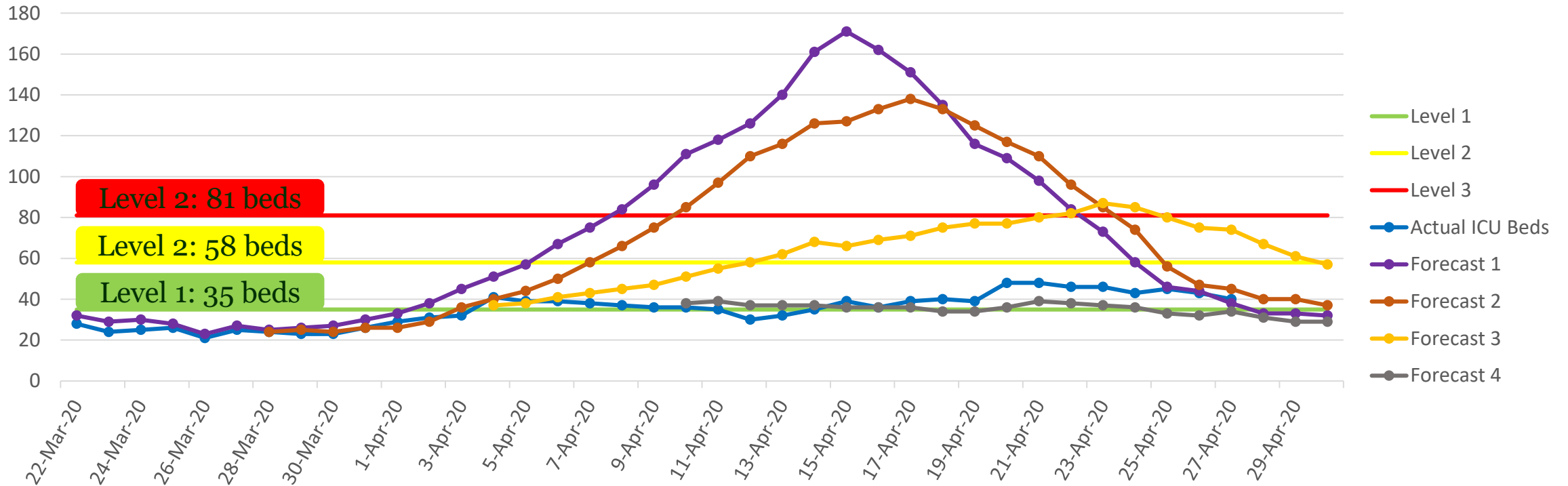
COVID-19 at CCH



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COVID-19 – Forecasting the ICU Surge

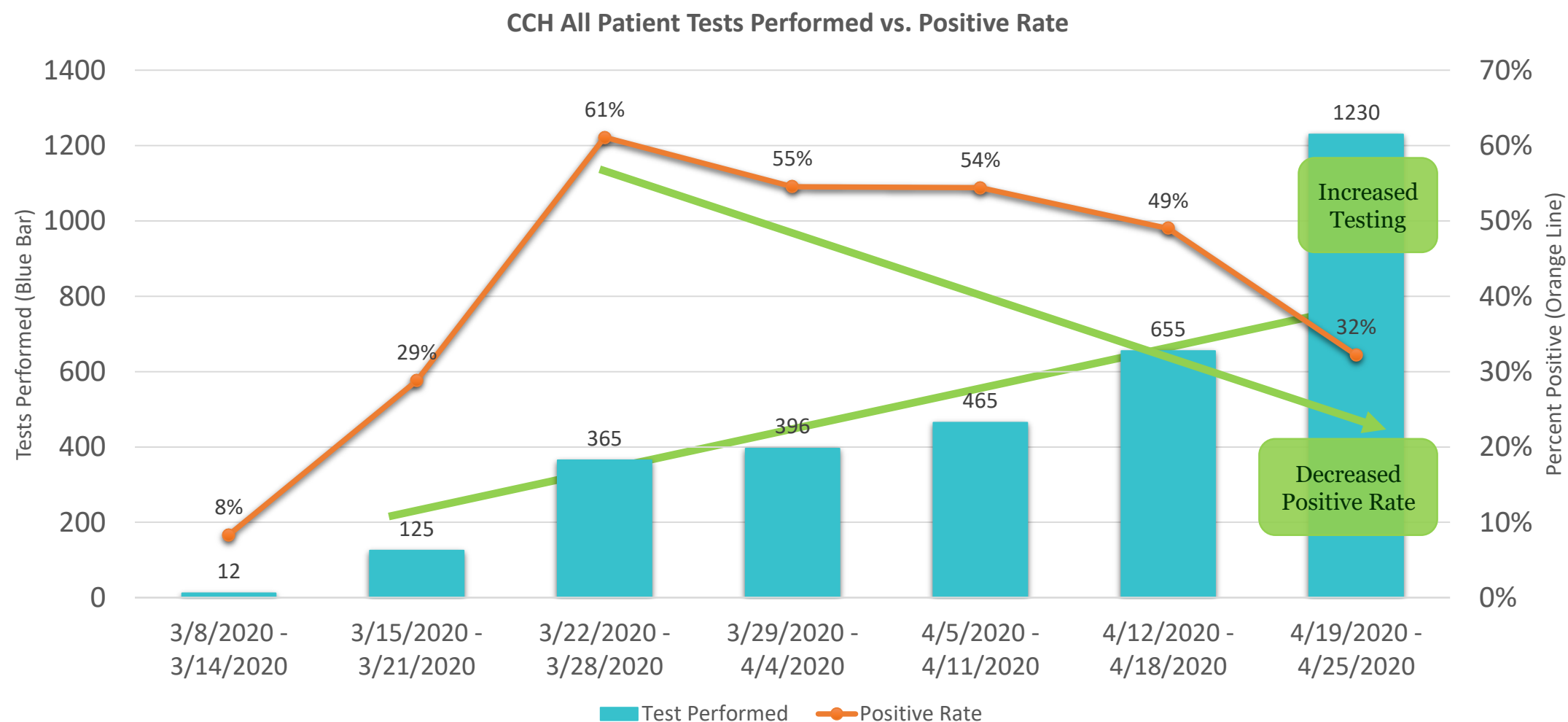
COVID-19 ICU Forecast Evolution



- Forecasting focused on ICU, the area of greatest concern
- Level 1 (Current Average), Level 2 (Existing ICUs), Level 3 (Additional Surge Capacity)
- Forecast 1 was made on March 22 with an expected spike of 171 patients in the ICU
- Forecast 2-4 were made over the coming weeks as we reassessed the flattened curve

COVID-19 Patient Testing Conducted across all CCH locations

3,248 patients have have been tested for COVID-19 through CCH



*Source: Cerner COVID-19 Orders Mar 1,2020-April 25, 2020

Patient Testing

All Testing Thru 4/27/20

Gender	%
Female	33%
Male	67%

Age Group	%
0-20	10%
21-40	36%
41-64	45%
65 +	9%

Positives Only

Gender	%
Female	28%
Male	72%

Age Group	%
0-20	5%
21-40	37%
41-64	49%
65 +	9%

Patient Testing

All Testing

Race	%
African/American	55%
American Indian/Alaska Native	3%
Asian	2%
Other/Multiple/Unknown	12%
White	29%

Ethnicity	%
Hispanic/Latino/Spanish Origin	27%
Non-Hispanic/Latino/Spanish Origin	73%

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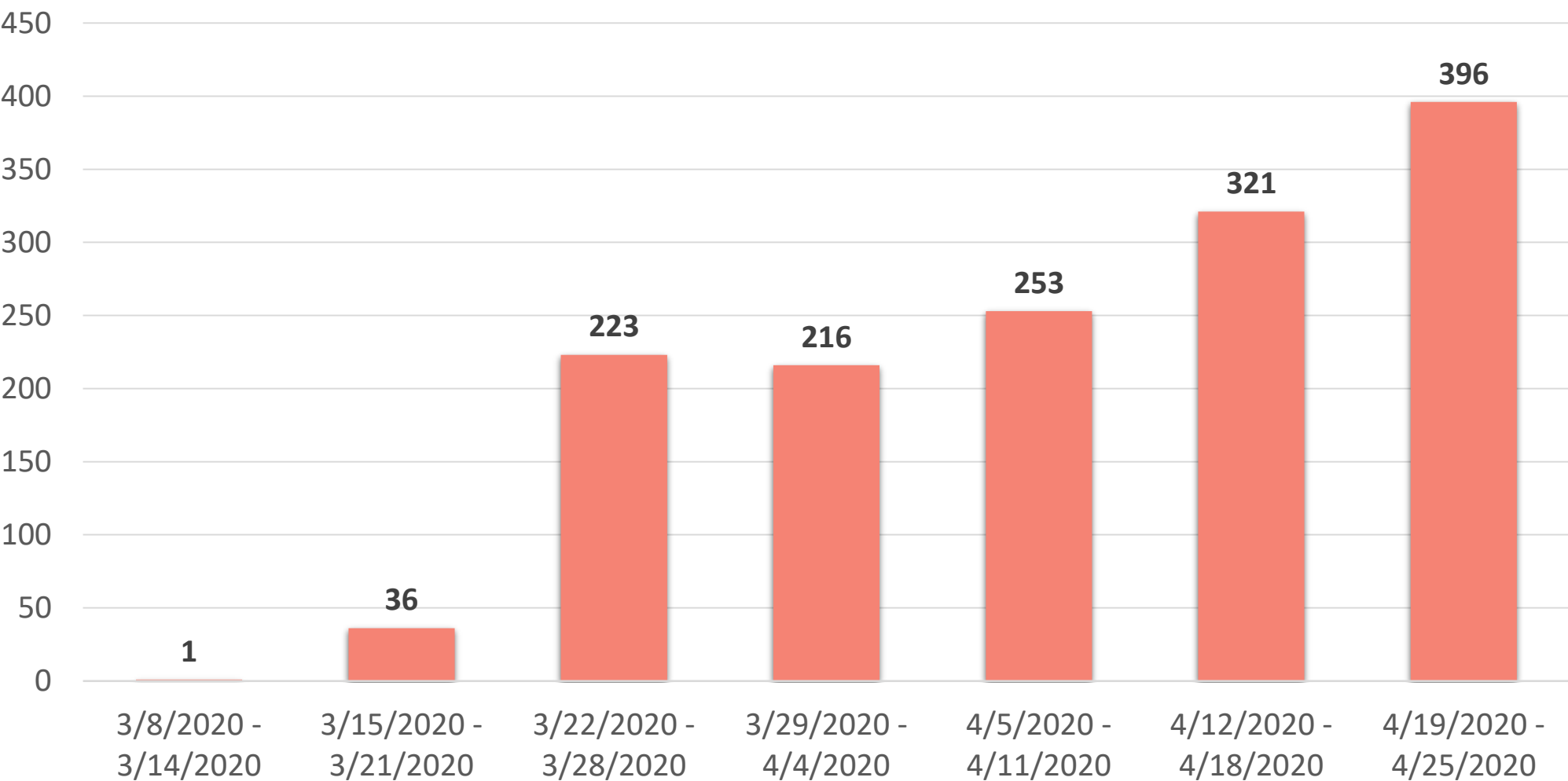
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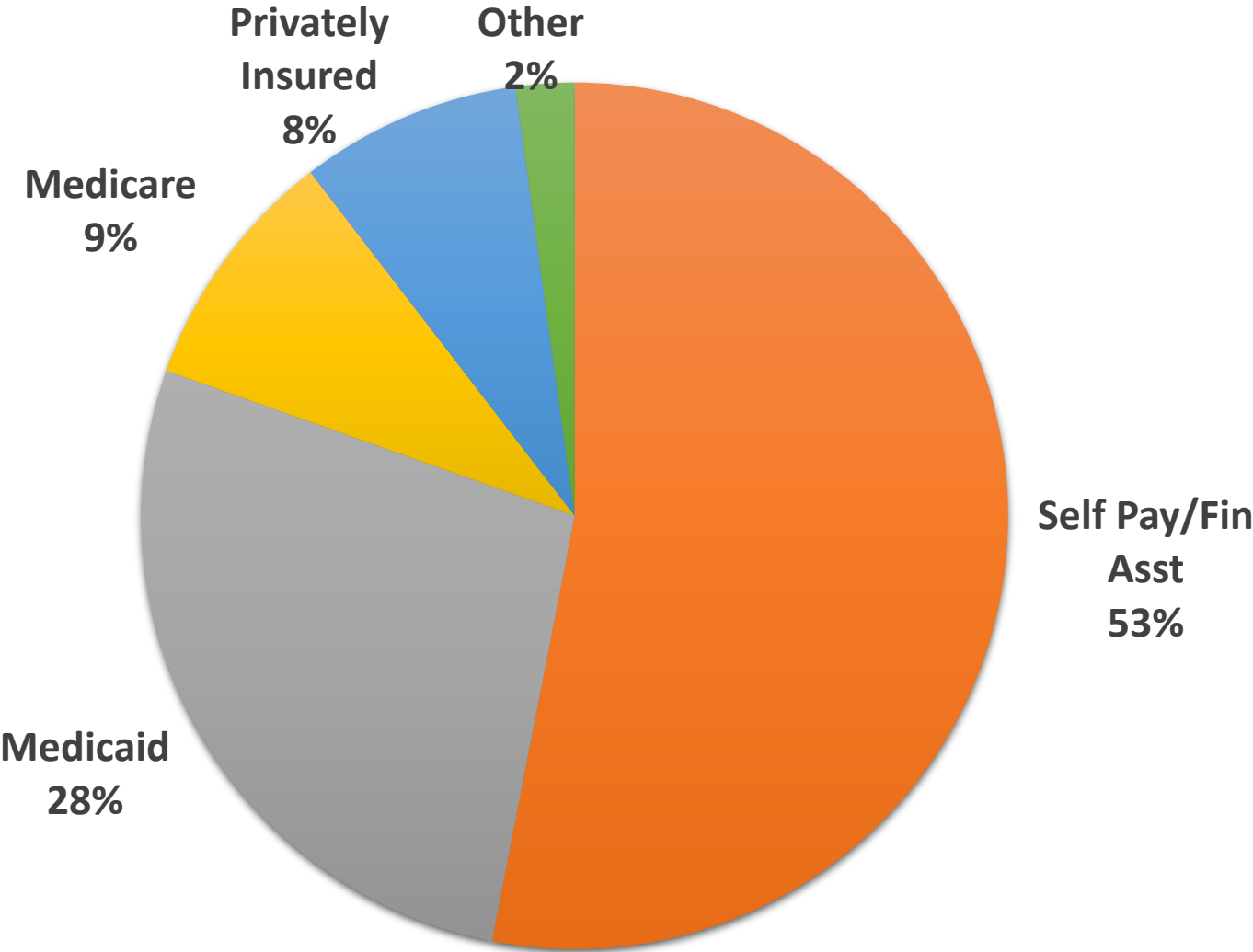
COVID-19 Positive Patients across all CCH Locations

1,446 Positive Patients - All CCH Locations



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COVID-19 Payor Mix



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Deaths

Gender	%
Female	32%
Male	68%

Age Group	%
0-20	0%
21-40	3%
41-64	59%
65+	38%

Race	%
African American/Black	51%
Other/Unknown	27%
White	22%

Ethnicity	%
Hispanic/Latino/Spanish Origin	41%
Non-Hispanic/Latino/Spanish Origin	59%

COVID-19 Clinical Trials and Studies at CCH

- Two clinical trials are Phase III randomized trials testing remdesivir for moderate or severe COVID patients. CCH is one of only three medical centers in Chicago and 50 worldwide in these trials.
- North American COVID-19 ST-Segment Elevation Myocardial Infarction Registry (NACMI): Any COVID-19 positive patients or persons under investigation (PUI) with ST-Segment Elevation or new-onset left bundle branch block with a clinical correlate of myocardial ischemia (chest pain, dyspnea, cardiac arrest, hemodynamic instability) will be enrolled. The data will be compared to an age and gender-matched control population from the existing Midwest STEMI Consortium, which is a large (>15,000), prospective multi-center registry of consecutive STEMI patients. CCH believes this registry has the potential to provide critically important time-sensitive data to inform the management and treatment guidelines applicable to COVID-19 patients.

Cermak Health Services



Cook County Jail and the Juvenile Temporary Detention Center (JTDC)



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Cermak Strategies

Congregate Settings Pose Unique Challenges

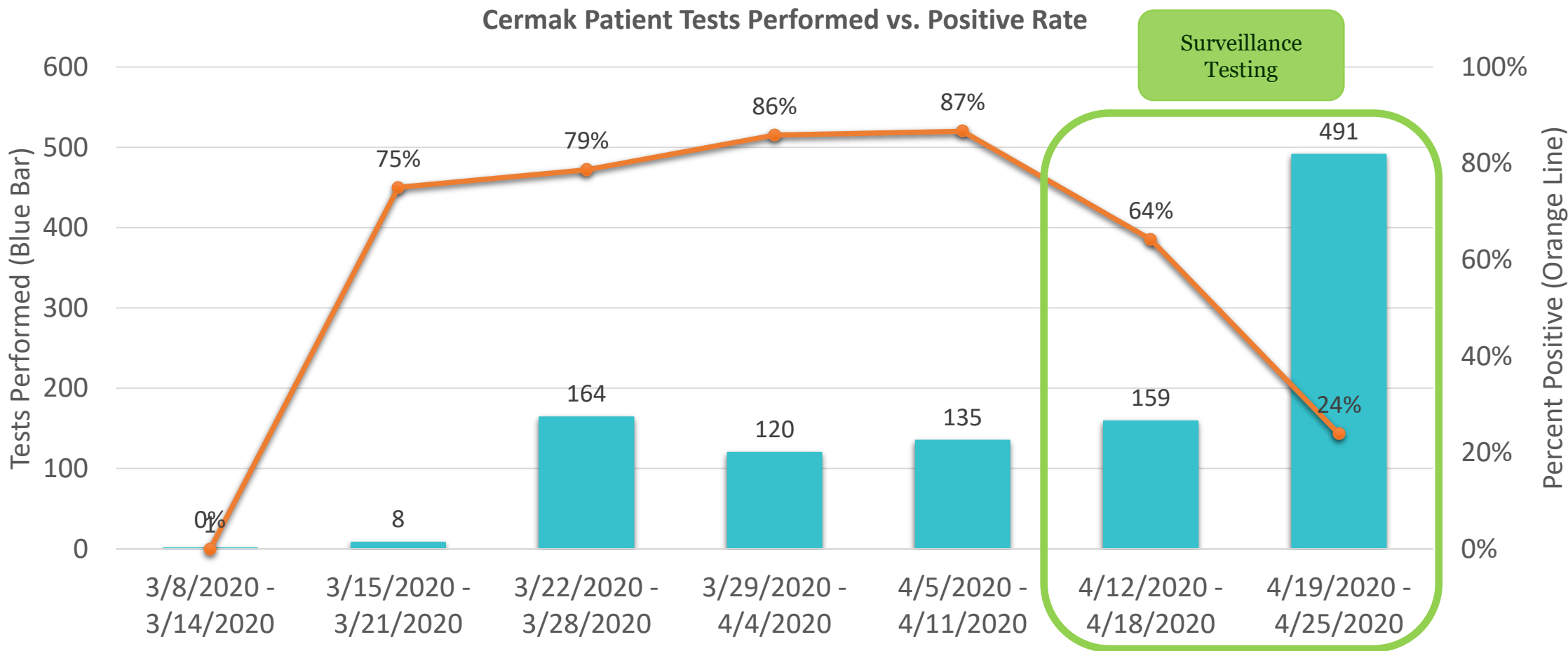
Cermak Health Services began planning for this rapidly evolving pandemic in January. Working under the guidance of the Chicago Department of Public Health and CCH's Infection Control team, and in addition to existing infection control practices, a number of additional measures have been implemented in response to COVID-19 at the jail including:

- Educating employees and detainees at the jail about COVID-19, its symptoms and prevention methods;
- Screening incoming detainees for symptoms of COVID-19 and separation housing prior to introduction into the general population;
- Quarantining areas where symptomatic patients originated or where exposure may have occurred;
- Providing PPE and PPE training to staff;
- Monitoring patients for early signs of change in condition;
- Isolating and testing patients with Influenza-Like-Illness (ILI) for flu and COVID-19;
- Isolating all COVID-19 confirmed and suspect cases and providing around-the-clock staffing to monitor isolation areas;
- Implementing and adapting as many of non-medical interventions as possible like shelter in place and social distancing which included opening buildings and the barracks to accommodate space needs;
- Observed handwashing during medication pass;
- Masking all staff and providing masks to all detainees

Facility	March 16 Census	April 29 Census	Change
Cook County Jail	5,588	4,124	(1,464)
Juvenile Temporary Detention Center	210	170	(40)

COVID-19 Testing Conducted at Cermak

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Staffing Cermak

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CountyCare



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Member Outreach

Home Delivered Meals: Expanded benefits for members for home delivered meals and partnered with several groups for up to 14 meals per week via care coordinator referral.

Identification & Outreach to High Risk Members: Risk stratification algorithms have been adapted to prioritize members at highest risk of COVID-19 complications for our Care Management Teams outreach.

Increase in Care Management Outreach: Developed partnerships to increase Care Management outreach efforts for the higher risk members.

Education to our Members: Proactively outreaching to members to educate them on symptoms, CDC prevention guidelines, and ensure CPS members have awareness of meal support during school closures.

Value Added Benefits: Ramping up value-added benefit program during this time to ease enrollment into the book club for children and allow for members to use their over-the-counter card online and have key items delivered to members' homes.

Clinical Efforts

Telemonitoring Program & Homemaker Agencies: Partnered with home health providers to support telemonitoring programs and are coordinating with homemaker agencies to assist with wellness checks to provide services.

Specialty Care Assistance: Waiving referral requirements for certain oncology and cardiology services to expedite care, and creating COVID-19 triage clinical pathways for oncology and cardiology to assist the providers managing care for these patients with suppressed immune systems.

Transition of Care Support: Developed a protocol for prompt assistance of transfers and discharges of members via our care coordination team.

Provider Support

Nuanced Billing Support: The Provider Relations Team is virtually connecting with providers to implement coding and billing for COVID-19 as critical changes evolve including authorization and telehealth billing requirements.

Coordination & Referrals: Reaching out to various providers to understand any barriers related to COVID and working through referral processes for CountyCare to route members to essential PPE, remote monitoring services, telehealth capabilities or primary care.

Advanced Payment Options: Advanced hospital payment model being explored to be more broadly applied as best practices across other MCOs. Developed operational processes to support advanced payment options to FQHCs.

Timely Filing / Appeal Extension: Extending timelines for submission of post-service appeals and timely filing.

Forward Thinking

Wellness Kits: Working to build out “Wellness” Kits for high-risk members to send directly to members’ homes.

Offering Enrollment Support: We’ve offered support via our Oak Forrest call center to assist with online enrollment similar to redeterminations (offer currently denied).

Transportation: We are identifying additional providers for safe transportation for members for Non-Emergent transport. We are working on allowing reimbursement for a-typical transportation providers such as Uber or Lyft.

Pharmacy: We are exploring partnership options to create standing orders for over the counter drugs, pre-natal vitamins, and condoms.

Analytical Projections: We continue to develop analytical models for: facility capacity monitoring, membership/enrollment projections, elective procedure cost impact, COVID-19 services tracking, and cost modeling.



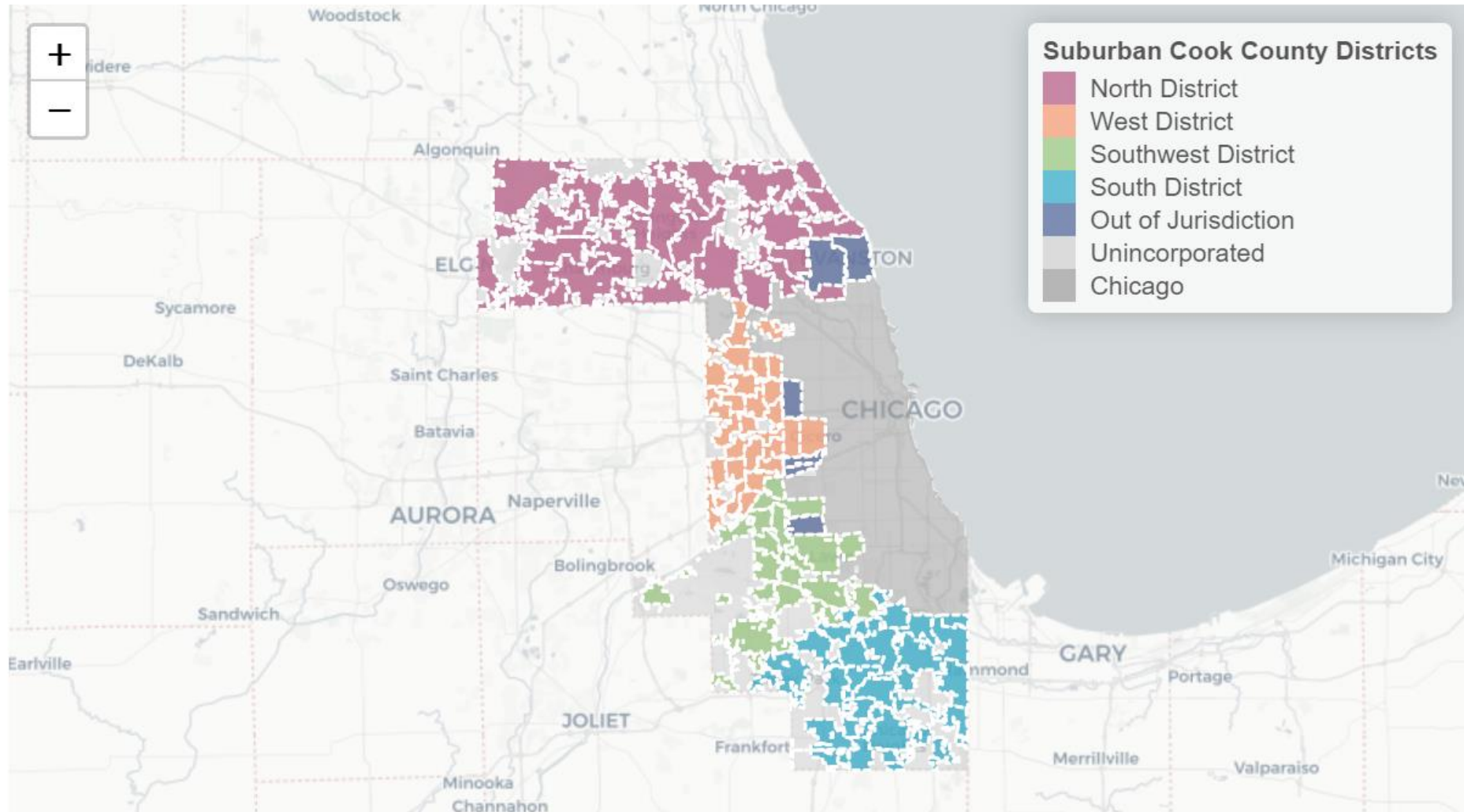
Public Health Authority for 2.5M suburban Cook County residents



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CCDPH's suburban jurisdiction

Suburban Cook County Districts



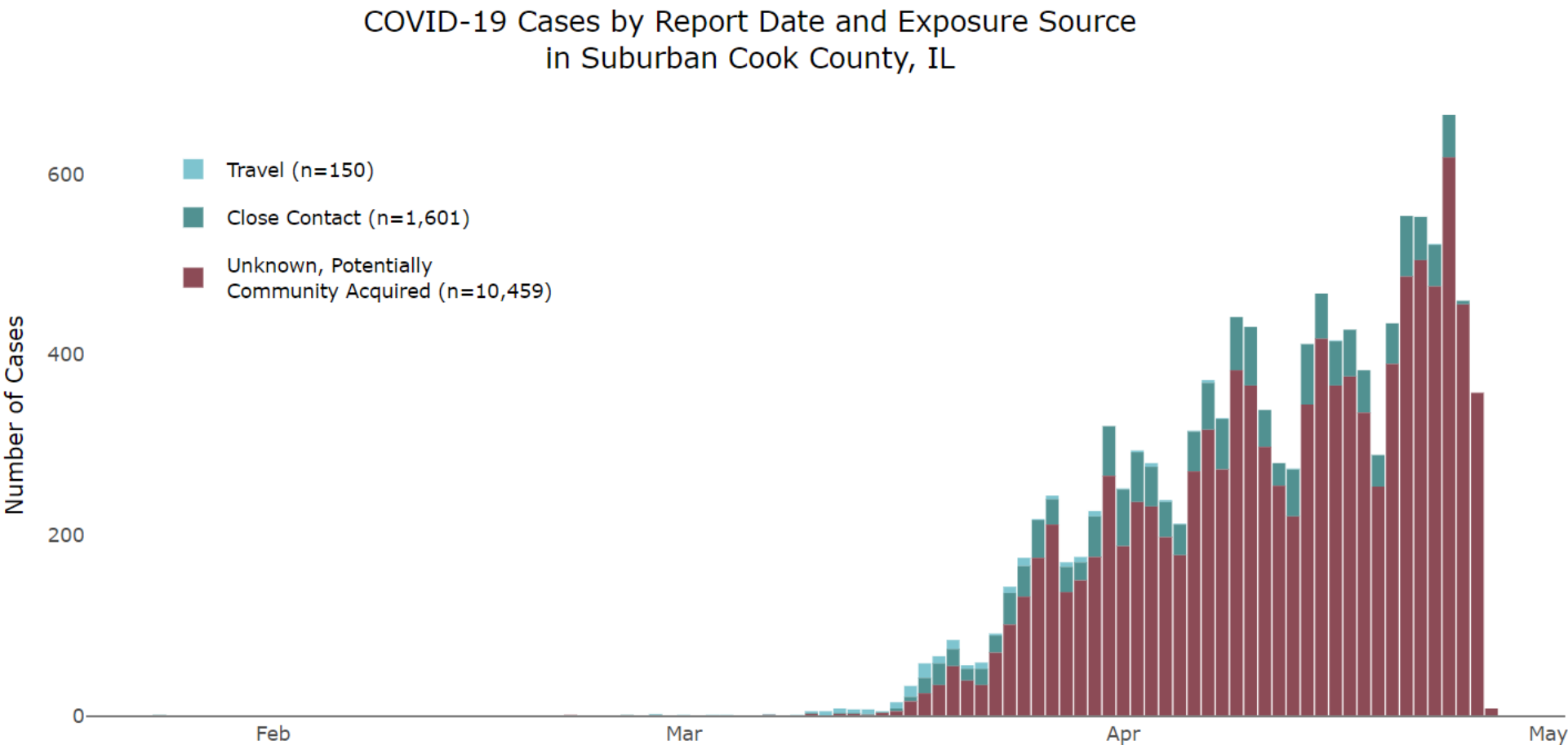
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 - Links Medical Examiner's Office death data

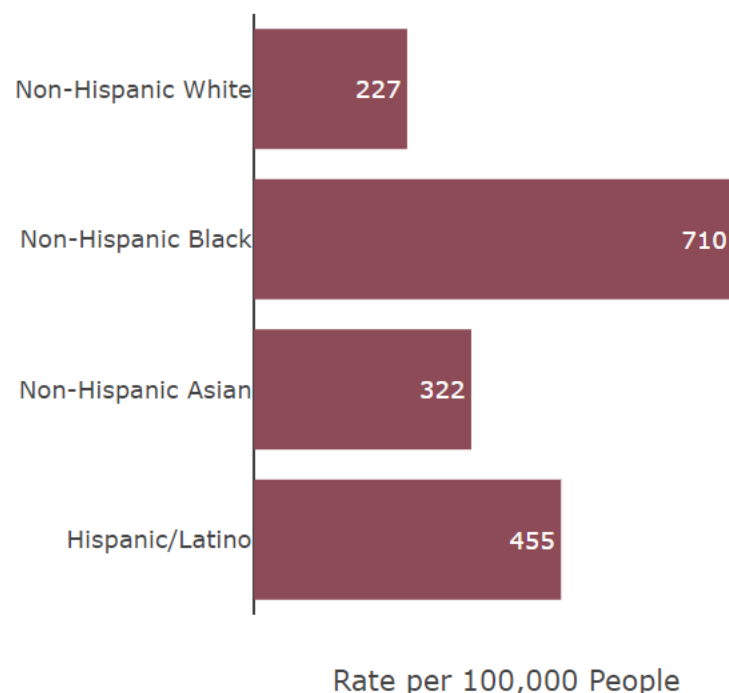
Case counts continue to grow

But the rate of growth is slowing



Significant disparities observed among cases

COVID-19 Cases by Race/Ethnicity
in Suburban Cook County, IL



- Rates of disease are more than 3 times higher among non-Hispanic Blacks, compared to non-Hispanic Whites
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Data 4/27/20

CCDPH response activities

Contact Tracing

- CCDPH Communicable Disease Unit conducts contact tracing; tracing for some infectious diseases is part of CCDPH's ongoing work. While tracing for COVID-19 is new, the process is not.
- Now, almost 30 CCDPH staff members and physicians are conducting case investigations and contact tracing.
- More staff is needed for extensive contact tracing in order to make informed decisions about scaling-back on social distancing measures, and to ensure control of further spread during the next disease surge. We are working on a scale-up plan now.
- Current contact tracing priority - cases from congregate settings like correctional facilities, nursing homes, long term care, and group homes, as well as hospitalized patients.

CCDPH response activities

Congregate Settings

- IDPH licenses and inspects long term care facilities and has authority to issue citations. CCDPH provides guidance and technical assistance regarding infectious disease best practices.
- CCDPH staff is in daily contact with over 110 congregate settings in suburban Cook County with at least 1 diagnosed case to monitor and provide infection control assessments and guidance.
- With IDPH and CDPH, we're working to launch a joint initiative with Project Hope, a non-profit volunteer organization, to provide on-site evaluations, training and infection control guidance to most impacted long-term care facilities.

CCDPH response activities

Alternate housing, workplace violation follow up, and communications

- Working with EMRS & CCH to connect suburban residents to hotel rooms if they cannot isolate at home.
- Eligibility:
 - Medically stable, low-risk COVID positive hospital discharges (or their families) First responders, correctional officers, and healthcare workers in need of respite housing
 - Call center operating during daytime hours - 312-864-COOK (2665)
- Collaborating with Illinois Office of the Attorney General to identify and conduct follow-up investigations on egregious workplace violations.
- Partner calls held weekly with over 100 participants including community-based orgs, faith-based orgs, and social service providers.
- New website with COVID-19 information, and “Everyday Heroes” blog to recognize suburban Cook County residents helping to make a positive impact during the pandemic.
- Hotline 708-633-3319 M-F/9-4
- Email ccdph.COVID19@cookcountyhhs.org
- Text AlertCook text: 888-777 (with EOC and President’s Office)

Addressing Inequities



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Alternate Care System Challenge

Criteria to access alternate care sites is exclusionary by definition. Many of our patients have needs, conditions, etc that exclude them for current alternate care facilities.

Solution: Activating the SouthSide Y for CCH Patients

- Through partnership create a site of care that delivers services to support hi-risk individuals who are COVID-19 Positive in a congregate setting
- Create a setting that accommodates the needs of patients discharged from the hospital or emergency to support throughput and flow
- Create linkages to services and support post respite care

Partners

Cross Sector Collaboration

- City of Chicago Partners
- DFSS-Shelter Operations
- CDPH-COVID related, Shelter Surveillance, focused clinical staff resources
- Office of Emergency Management-Resources
- YMCA Organization-Facility location and support

Program Overview

Medical Services

Provision of Care for up to 132 people who are COVID positive and don't meet the eligibility criteria for other placement e.g. dialysis, insulin dependent diabetes, etc. AND newly identified COVID + patients from CDPH shelter surveillance

- Physician support from IM, Family Medicine, ID and Emergency Department

MH/SUD services

- Internal and External Behavioral Health Teams provided by BHC, in addition to Trilogy and Thresholds
- SUD services provided by internal CCH team

Robust use of telehealth

Care Coordination

- Nursing Support-35 shifts per week (will flex depending on other resources)
- P-payer eligibility, coordinate entry for housing, linkages to medical homes, respite follow up care

Additional Initiatives to Address Inequities

Community Focus

Planning Activities- Westside Workgroup

- Broad representation from multiple sectors-provider, hospital, shelter, City of Chicago
- Disease burden, social needs and COVID will require different programming
- Increased understanding leads to changes in approach e.g. mask every one at the Shelter
- City of Chicago partnership and engagement

Initial response

- Post-acute care for vulnerable patients was traumatized by the COVID-19 outbreak
 - Shelter system-not consistently available, conflicting information
 - Mental health/Substance Use Disorder (SUD) providers have severely restricted flow
- COVID-specific resources have narrow inclusion criteria-no dialysis, no insulin dependent diabetics etc.
 - City Hotels very restrictive < 5 patients placed since disaster declared
 - Safe Haven, a little broader, but still unable to place patients. Approximately 3 in last 10 days
 - Intake/referral process unable to keep pace with demand which leads to

Additional Initiatives to Address Inequities

- CCH ambulatory teams are reaching out to patients particularly at risk of COVID-19 infection due to certain health conditions. Through data that comes from emergency departments around the area, we have been able to pull a list of more than 2,000 patients who are at risk. Our team is reaching out to them to ensure they have the resources they need and, if required, offering virtual appointments for them.
- We are texting our patients educating them about symptoms of coronavirus and providing them with guidance and resources if needed.
- We are providing testing at both hospitals and all CCH community health centers for CCH patients with appropriate physician order.
- We continue to hold our FRESH trucks at our clinics, providing fruits and vegetables to patients who are food insecure and those in the community who are in need.
- We are communicating with our patients about the resources available to help them, including a mental health hotline and information about SNAP and unemployment.
- Virtual Community Advisory Council meetings to be held in May

Additional Initiatives to Address Inequities

- Collaborating with GCDF to provide and deliver supply of weekly meals to identified members/patients
- Intense follow-up of COVID+ members identified by team or via referral
- Collaborating with CDPH on triaging inpatient discharges for housing referrals
- Developed COVID wellness check/assessment and outreaching to members for identification, COVID education (based on CDC guidelines and IDPH for testing sites, etc.)
- Conducting telehealth visits
- Collaborating with CPS on IEP's or behavioral health needs for our Special Needs Children population
- Increasing referrals to Legal Aid Foundation to assist with legal issues associated with SSI, evictions, etc.
- Responding to questions/assistance related to stimulus checks and all other federal or state initiatives
- Delivering water, food, formula/diapers, masks, and other identified needs to porches and even delivered to recent homeless who are living in cars.

CCDPH Support

Leveraging CCH Infrastructure

Alternate Housing Program

- CCDPH-hotel accommodations with criteria for participation in line with CDPH
- Hotels located in suburbs-total of 400 beds
- Patient Support Center supporting referral telephone bank
- Transportation provided by CCH fleet (using excess capacity) for those without transportation

Federal Activities & Funding



COOK COUNTY
HEALTH

COVID Related Federal Funding Bills

- In March Congress approved and the President signed three separate federal funding bills related to Coronavirus.
 - **Phase I (CV1), the Coronavirus Preparedness and Response Supplemental Appropriations Act (H.R. 6074)**
\$8.3 billion in funding. Key provisions include:
 - funding for developing, manufacturing, and procuring vaccines and other medical supplies,
 - grants for state, local, and tribal public health agencies and organizations.
 - **Phase II (CV2), the Families First Coronavirus Response Act (H.R. 6201)**
\$100 billion in funding. Key provisions include:
 - 6.2% increase to the Medicaid federal medical assistance percentage (FMAP) for states,
 - temporary suspension of SNAP program work requirements.
 - **Phase III (CV3), the Coronavirus Aid, Relief, and Economic Security Act, “CARES Act” (H.R. 748)**
Includes \$100 billion in funding for hospitals. Key provisions include:
 - delay of Medicaid Disproportionate Share Hospital (DSH) payment cuts through Nov. 30, 2020,
 - reimbursement for health care related expenses or lost revenue directly attributable to the public health emergency resulting from coronavirus.
 - CCH received the first tranche of CARES Act funding last Friday.
 - Additional tranches are expected to be released in the next week.

COVID Related Federal Funding Bills

- Last week an additional funding package was approved by the Senate and awaits action in the House today.
- **Phase 3.5 (CV3.5) – Paycheck Protection Program and Health Care Enhancement Act (H.R. 266)**
Adds an additional \$310 billion in the Paycheck Protection Program (PPP). Key provisions include:
 - \$75 billion for reimbursement to hospitals and healthcare providers for COVID-19 related expenses and lost revenue,
 - \$25 billion for expenses to research, develop, validate, manufacture, purchase, administer, and expand capacity for COVID-19 tests,
 - up to \$1 billion to be used to cover the costs of testing for the uninsured.
- A fourth coronavirus response bill is expected to include state and local fiscal relief along with economic stimulus measures, including infrastructure and tax relief.

Financial Assistance Received and In Progress

- ✓ \$7.1 million earmarked for CCH from Medicare formula
 - ✓ \$11.1 million received to help offset revenue loss
 - ✓ \$1.87 million monthly DSH FMAP funds received for April
 - ✓ \$900k crisis grant awarded to CCDPH
 - ✓ \$28 million in advance Medicare received for cash flow
-
- DSH FMAP retroactive to January - \$10 million
 - Finalizing BIPA FMAP impact with the State
 - Additional federal reimbursements for lost revenue
 - Direct and indirect expenditure reimbursements
 - Applying for \$1M telehealth grant from the FCC
 - Federal reimbursement for testing/treating uninsured COVID 19 patients

Financial Impact of COVID



COOK COUNTY
HEALTH

COVID 19 Potential Impact on Patient Fees

- The COVID 19 financial impact remains dynamic
- Since March 15, 2020, gross revenues (charges) have declined by 43%
- Uninsured (Charity, Self-Pay) charges have declined by 52%
- Insured charges have declined by 40%
- Charges being monitored weekly
- Current estimated impact of COVID 19 on patient fee revenues is \$60-\$75 million, assuming impact is March through June.

COVID 19 Potential Impact

Revenue and Expense COVID 19 Impact Projected through June

- Estimated \$60 to \$75 million revenue loss
- Estimated \$10 to \$15 million supply/equipment/registry impact projected
- Overtime impact \$8 to \$12 million projected
- Regular time re-directed to COVID 19 activities being calculated

*These estimates are based on the best information available as of mid-April, 2020 and are subject to change

Beyond COVID-19



COOK COUNTY
HEALTH

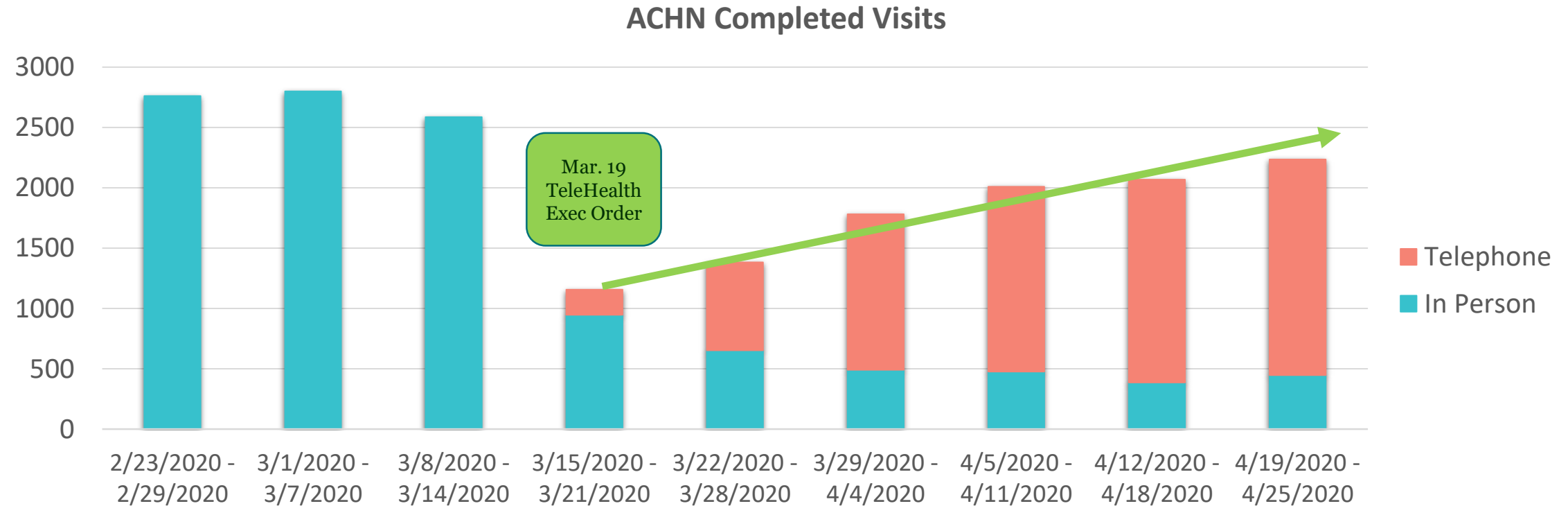
Beyond COVID-19

Planning is Underway

- Medical staff working on phased plan to resume services starting with electives in mid-May
- Must consider redeployed staffing and supplies as services are phased back in.
- Picking up the momentum we had gained prior to the pandemic will take time.
- The financial impact will likely result in service reductions, at least temporarily.
- Need to use this experience as opportunity to capitalize on COVID success stories, improve the patient experience and reduce expenses (eg: telehealth, mail order pharmacy, teleworking, etc)

Future Opportunity: COVID-19 TeleHealth Implementation

7,323 Telephone visits have been completed through ACHN

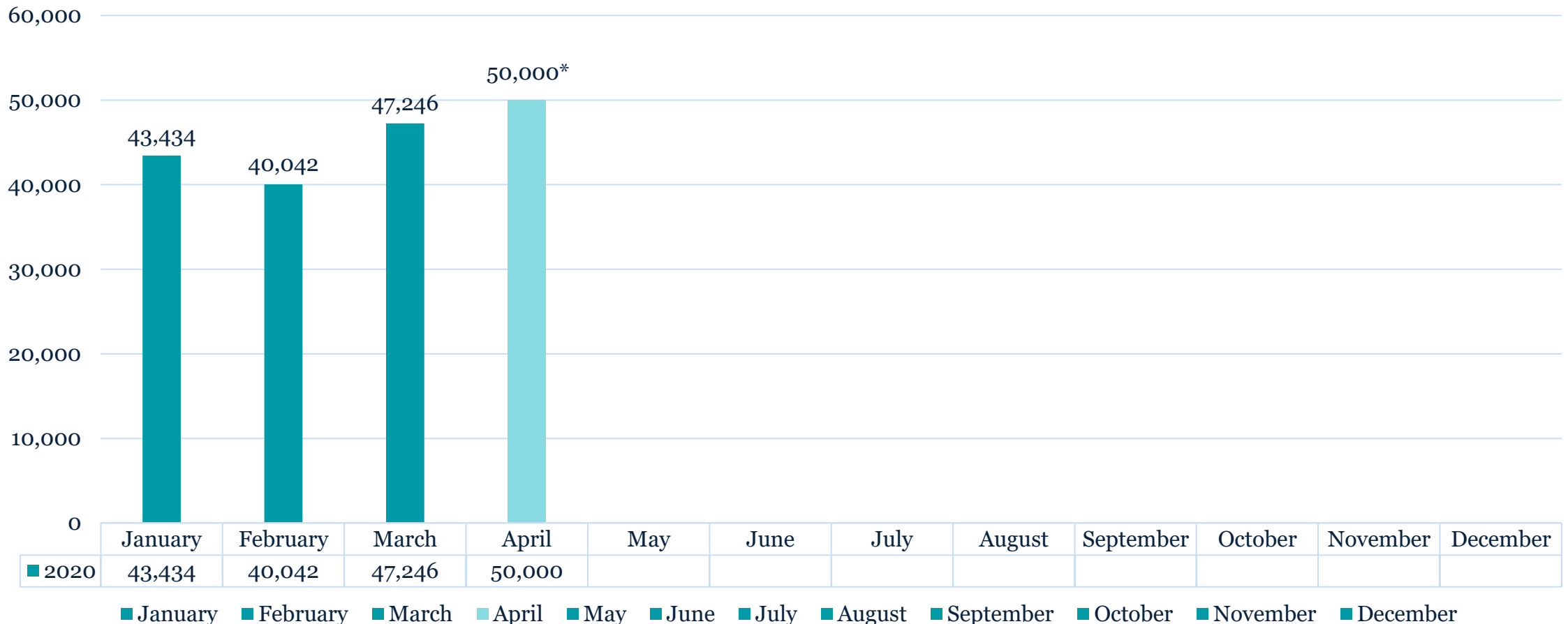


- March 19: State of Illinois Executive Order to increase the use of TeleHealth
 - Immediately began adding TeleHealth services to ramp back up patient care
 - Six weeks after implementation ACHN is back to 86% of the pre-COVID visit volume
- Video visits are being finalized as the next phase of the TeleHealth rollout



Cook County Central Fill/Mail Order Pharmacy

Monthly Volumes



COVID-19 Media

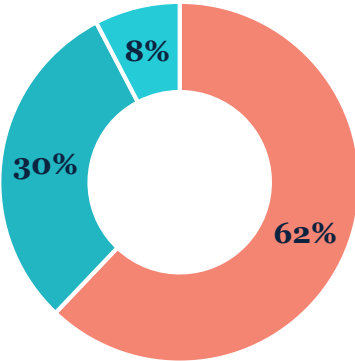


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COVID-19 Media Dashboard

Jan 21 – April 28: Total Number of Media Hits: 253

Media Outlet Type



■ Print ■ Television ■ Radio

Most Common Topics

- COVID-19 Information and Patient Education
- CCDPH COVID-19 Case Data
- CCH Preparedness and Response
- COVID-19 Impact on Communities of Color

Top National Media Outlets

- MSN
- CNN
- Univision
- Becker’s Hospital Review
- Associated Press

Top Local Media Outlets

- Chicago Sun-Times
- Chicago Tribune
- ABC 7 Chicago
- Crain’s Chicago Business
- WBBM Newsradio

Media Mentions by Department

