Cook County Health Strategic Plan
2020-2022

CCHHS Board of Directors
October, 2018
Strategic Planning Objectives

1. Objectively assess CCHHS's market, clinical, quality, operational, facility, and financial performance
2. Articulate a clear, compelling, and shared vision and strategy for CCHHS
3. Identify the strategic initiatives required to position CCHHS for growth
4. Determine the resources required to implement the strategic initiatives
5. Establish a set of relevant goals and associated metrics
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, CCHHS will be recognized locally, regionally and nationally – and by patients and employees – as progressively evolving model for an acceptable, 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
Leverage Focus Areas in Impact 2020

• Deliver 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
Strategic Planning Activities By Phase

**Initiate**
- Organize launch
- Identify data available
- Assemble and charter teams
- Identify key issues

**Assess**
- Profile industry trends
- Evaluate market dynamics
- Benchmark operational performance
- Elicit stakeholder feedback

**Design**
- Summarize CCHHS Strengths and Weaknesses
- Identify options
- Conduct scenario analysis
- Establish strategic direction
- Identify Areas of Focus
- Incorporate feedback

**Finalize**
- Draft implementation plan
- Prepare final strategic plan document
- Present strategy
Impact 2020 Timeline

• February, 2016 – Initiate Strategic Plan with the CCHHS Board
• March, 2016 – Quality/Reliability, Ambulatory Strategy, Volume, Revenue
• April, 2016 – Nursing, HR, Community Health Planning, Medical Staff
• May, 2016 – State/Federal Landscape, Clinical Research, CC Health Plan, Medicaid Managed Care, HIS, Care Coordination, Behavioral Health, Correctional Health, Health Equity, 4 Town Halls
• June, 2016 – Review of drafts
• July, 2016 – CCHHS Board Approves Impact 2020
• August, 2016 – Three year financial projection presented to CCHHS Board to include in Impact 2020
• September, 2016 – Approved by CC Board
• October, 2016 – Implementation
Timeline and Next Steps

- October, 2018 – Next Strategic Plan Process Kick-off
- December, 2018 -- Public Health Epidemiology, Information Technology, Human Resources (including employee engagement),
- February, 2019 – Medical Practice, Nursing Services, Research, Graduate Medical Education, Correctional Health
- March, 2019, Quality/High Reliability, Ambulatory, Medicaid Managed Care, Care Coordination/Integrated Care, Behavioral Health
- April, 2019 – Review of Draft Plans, Public Input
- May, 2019 – CCHHS considers strategic plan for approval

- Utilize existing committees for strategic plan presentations
- Additional time needed for public and employee input
Impact 2020 Status

Strategic Plan Progress

- Not Started
- In Progress
- Almost Complete
- Complete

Total
Appendix
Deliver High Quality Care

Complete/Almost Complete:

- **Behavioral Health Strategy**: Outpatient mental health clinic in Roseland, mental health screening in Bond Court, Medication Assisted Treatment expansion, Community Triage Centers
- **Care Coordination**: Enhance care coordination for CountyCare and the system, Screened 70% CountyCare population using care management techniques, Implemented transportation service for patients, NCQA certification for CountyCare, Texture
- **Cermak Health Services**: obtained DOJ substantial compliance, Established naltrexone (Vivitrol) and naloxone (Narcan) programs
- **Access to Care**: community center staffing models, integrate and expand services, strengthen the Primary Care Medical Home, reduce wait times
- **Facility Modernization**: Central Campus Health Center, CON for hemodialysis at Provident, replacement health centers for Cicero, Logan, and Vista
- Make investments in Englewood, Cottage Grove, and Robbins clinics
- Recruit bi-lingual staff
- Perform operational reviews of Clinical Laboratory, Dept. of Radiology, Provident Laboratory
- Implement lab automation in Stroger
Deliver High Quality Care

In Progress:
• Train staff and leadership in high reliability and patient safety (HPI)
• Patient safety huddles
• Increase surgical cases at Provident and Stroger
• CountyCare – meet CLAS Standards
• Train employees on cultural competency
• Establish high quality CountyCare network
• Adopt nursing professional practice model
• Improve maternal and child health services
• Implement standard methodologies for process improvement
• Relocate Oak Forest clinic
• Increase volume and revenue from Medicare patients
• Implement Central Registration throughout clinics
• Measure patient perception of cultural competence
• Enroll detainees in Medicaid
• Pursue Magnet Status and adopt metrics

Overdue:
• Implement extended hours
• Analyze gaps in care
• Decrease ambulatory dwell time
• Establish Lifestyle Centers
• Strengthen pediatric services through community partnerships
• Improve RHS processes (Almost Complete)
• Resume psychiatry consulting services in emergency room
Grow to Serve and Compete

**Complete:**
- Facilitate timely access to CCHHS specialists, deploying eConsult
- Transition FHN to CountyCare

**Almost Complete:**
- Leverage CountyCare data to provide value-added benefits
- Identify two new Centers of Excellence
- Apply for Level 1 Trauma certification (American College of Surgeons)
- CountyCare growth

**In Progress:**
- Obtain additional accreditations
Complete:
- Implement CCTime
- Correct E1 and BR data
- Fund capital equipment in operating budget
- Increase nursing productivity
- CountyCare and Health System Marketing Campaigns
- Provide providers with coding support and tools to collaborate with HIM
- Maximize reimbursements from Managed Care Organizations/private insurance

Almost Complete:
- Implement utilization management review of claims
- Implementation of care coordination to reduce cost of care
Foster Fiscal Stewardship

Complete/Almost Complete:
• Denials management
• Improve purchasing processes

In Progress:
• Maintain high quality, appropriate network for CountyCare
• Streamline administrative processes
• Implement full billing and collections for dental and behavioral health services
• Continue evaluation of CTC by UChicago Health Lab/Otho Sprague Memorial Institute Grant
• Relocate of CCDPH and Oak Forest
• Improve operational efficiency of Radiology, Laboratory, and Pathology at Provident and Stroger
• Secure local government support for unfunded mandates
• Reduce ED utilization

Challenges/New Developments:
• CCHHS internal utilization for CountyCare
• Overtime

Overdue
• Conduct event review for litigation
• Optimize grant and indirect revenue
Invest in Resources

Complete:
• Employment Plan progress

Almost Complete:
• Develop capital equipment assessment and replacement plan
• Enter patient falls in national database and decrease falls
• Recruit, hire, and retain high quality clinical faculty
• Information Technology Projects: Implemented Cerner Connectivity HUB, CommonWell HIE, HIMSS 7 designation, Cerner Care Connect, Clairvia, Vizient
  • Improve employee engagement through survey, focus groups, and campaign

In Progress:
• Strengthen leadership training
• Analyze span of control for managers
• Analyze graduate education programs for cost/benefit
• Establish academic partnerships to grow nursing research
Leverage Valuable Assets

Complete:
• Improve nursing performance using NDNQI
• Implement Cerner HealtheIntent for population health
• Develop CCDPH report on Cook County lead poisoning
• Improve APORS program quality

Almost Complete:
• CCDPH Alignment Strategies: Implement WePLAN 2020; Leverage CCDPH in the focus on opioid epidemic.
• Leverage relevant sources for monitoring, quality, cost, utilization and patient outcomes
• Re-established CCHHS as sponsoring institution for Family Medicine residency program
• Establish nursing leadership academy for direct care managers

In Progress:
• Identify areas for formalized interdisciplinary services to address complex medical conditions
• Establish medical staff clinical effort agreements and mature Relative Value Unit model (RVU)

Overdue
• Establish innovation center
• Implement of Physician Practice Plan
• Develop public health collaborations through Health Impact Collaborative
Impact Social Determinants of Health

Complete:
- Implement Health Risk Assessments

Almost Complete:
- Establish Direct Access Plan
- Partner with CDPH to address health inequities
- Explore grant opportunities grants related to housing, food and opioid program
- Piloted providing housing to CountyCare members
- Leverage the Collaborative Research Unit to conduct research on gun violence
- Establish West Side CTC

In Progress:
- Establish program to address Adverse Childhood Experiences (ACEs)
- Expand “Food as Medicine” to additional community centers, expand WIC services at health centers
- Utilize CCDPH data and experience to address health inequities

Overdue:
- Train staff to capture demographic information
- Partner with other organizations to address population health
Advocate for Patients

Complete
• Establish two community advisory boards
• Advocate for influenza vaccine requirement for healthcare workers

In Progress:
• Advocate for NHSC Repayment Program to allow participation by local governments
• Partner with CDPH to address health inequities
• Advocate for behavioral health funding and legislation
• Advocate for improved health care for the uninsured, including the justice-involved population
• CDPH review of lead intervention policy and PICH/Health Hotspot sustainability