

# COOK COUNTY HEALTH & HOSPITALS SYSTEM



## Strategic Planning Town Hall Meetings

May 2016



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CC+HHS**

# Strategic Planning Timeline

- **February-June 2016**
  - Strategic planning presentations and discussions at CCHHS Board of Directors meetings.
- **May 2016**
  - Staff and community town hall meetings
- **Summer 2016**
  - Presentation & Approval of the Strategic Plan



# Evolution of CCHHS: 2008 - 2016

- 2008:** Independent Governance  
Insular safety net provider with little to no competition.  
Majority of patients uninsured.  
Focus on sick care.  
Reliant on local tax allocation and federal reimbursements.
- 2010:** Adoption of Vision 2015 with increased focus on ambulatory services.  
Affordable Care Act adopted by Congress.
- 2011:** Illinois General Assembly mandates that 50% of Illinois Medicaid beneficiaries move into managed care by 2015. To achieve this, nearly all Cook County Medicaid beneficiaries are required to enroll in a managed care health plan.
- 2012:** 1115 Waiver to create CountyCare approved.  
System moves from provider role to provider and plan, expanding patient reach.
- 2014:** ACA takes full effect.  
Majority of CCHHS patients insured.  
CCHHS and CountyCare competing for CCHHS' traditional patients.



# **CCHHS today: key elements of an integrated delivery system**

- **Two acute-care hospitals**
- **Robust network of community-based health centers including three regional specialty and diagnostic centers and the CORE Center**
- **Correctional Health Services**
- **Cook County Department of Public Health**
- **CountyCare Health Plan**
- **Clinical Data Warehouse (and growing claims database)**
- **6700 budgeted FTEs**



# Vision 2015 Progress

**Core Goal: *Access to Healthcare.*** Eliminate system barriers, strengthen ACHN, develop comprehensive outpatient centers at strategically located sites

- Patient Support Center
- Partnerships with FQHCs
- Oak Forest Clinic as Regional Outpatient Center
- CountyCare Health Plan
- New ambulatory buildings on Central Campus, Provident campus and plan to renovate, relocate and/or rebuild CCHHS community health centers in next ten years
- Medicaid enrollment at jail

**Core Goal: *Quality, Service Excellence and Cultural Competencies.***

Execute System-wide performance improvement initiatives and implement system-wide service excellence and cultural competencies initiatives.

- Creation of Chief Quality Office
- Routine monitoring of metrics, annual system objectives with explicit targets
- Performance improvement (Emergency Department, Operating Room)
- Employee flu vaccine compliance
- Development of comprehensive care coordination strategy



# Vision 2015 Progress

**Core Goal: *Service Line Strength.*** Continue to develop/strengthen key clinical services, develop the infrastructure to support clinical services.

- Ophthalmology
- Burn services accreditation
- Capital investments: linear accelerators, cath labs, interventional radiology, mammography
- Mail order pharmacy improvements

**Core Goal: *Staff Development.*** Improve staff recruitment, training, and development systems and processes, implement staff satisfaction initiatives

- Leadership Development Program
- Decreased time to hire and vacancy rate

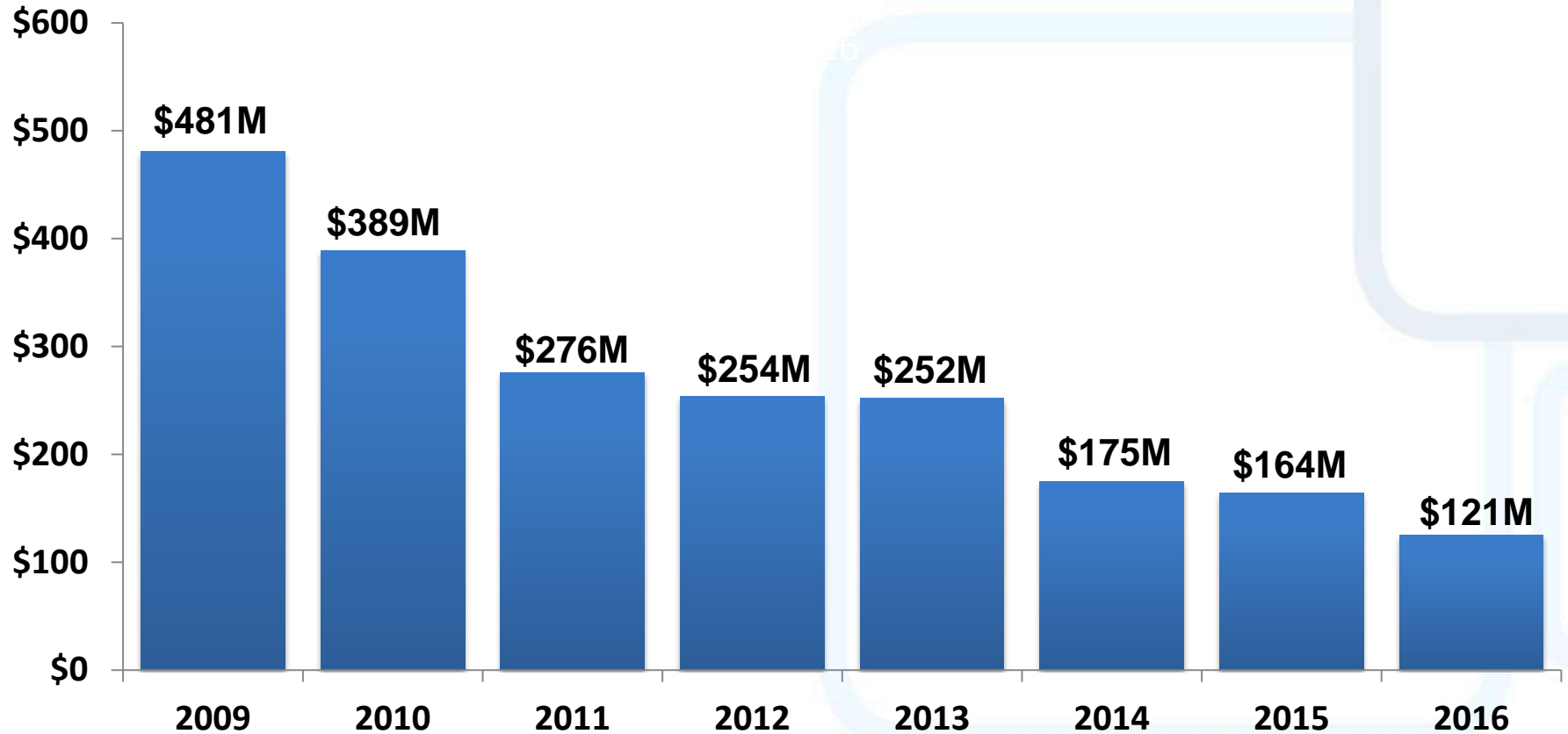
**Core Goal: *Leadership and Stewardship.*** Develop CCHHS leadership, strengthen the stewardship responsibilities of System Board management.

- Significantly lower tax allocation
- Year-end financials 2014 & 2015 positive
- Physician billing significantly improved

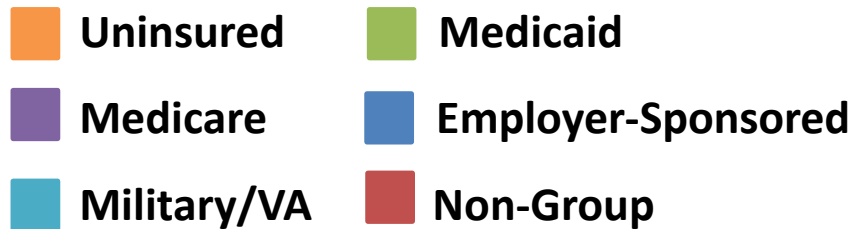
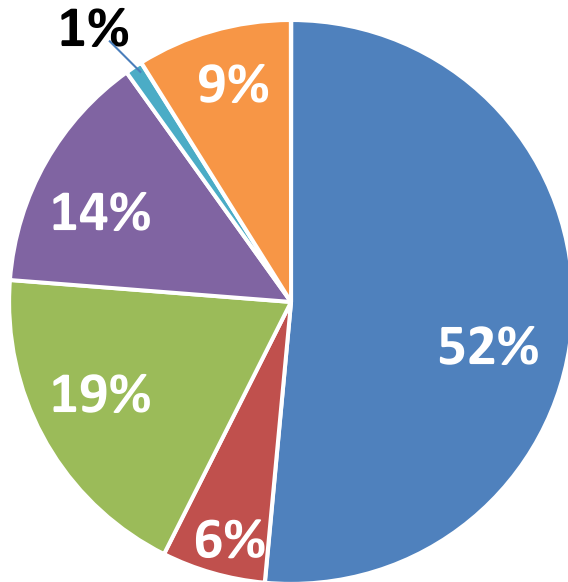


# Cook County Health Fund Allocation

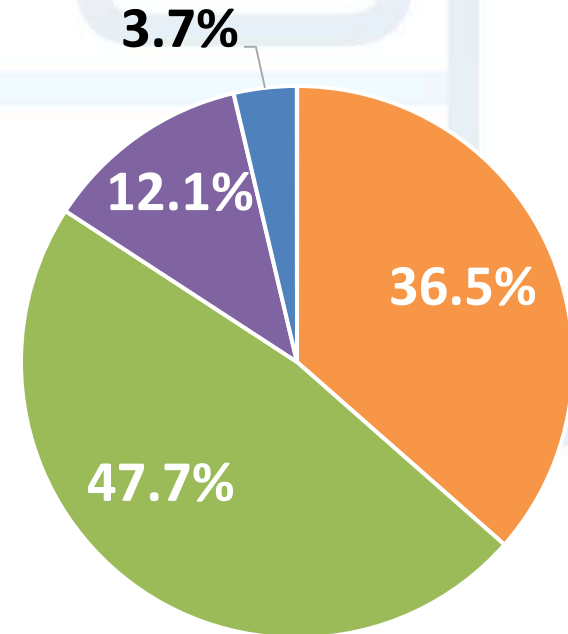
*Local Tax Dollars Supporting CCHHS*



## Illinois Health Insurance Coverage: 2014



## CCHHS Health Insurance Coverage: 2014



Source: Kaiser Family Foundation  
<http://kff.org/other/state-indicator/total-population/?state=IL>

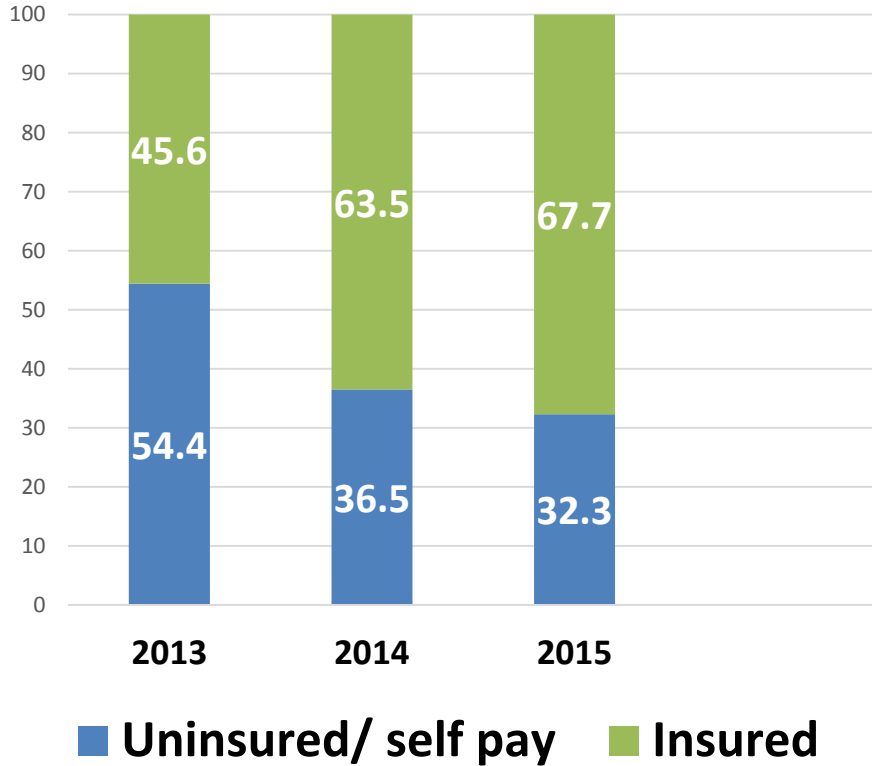


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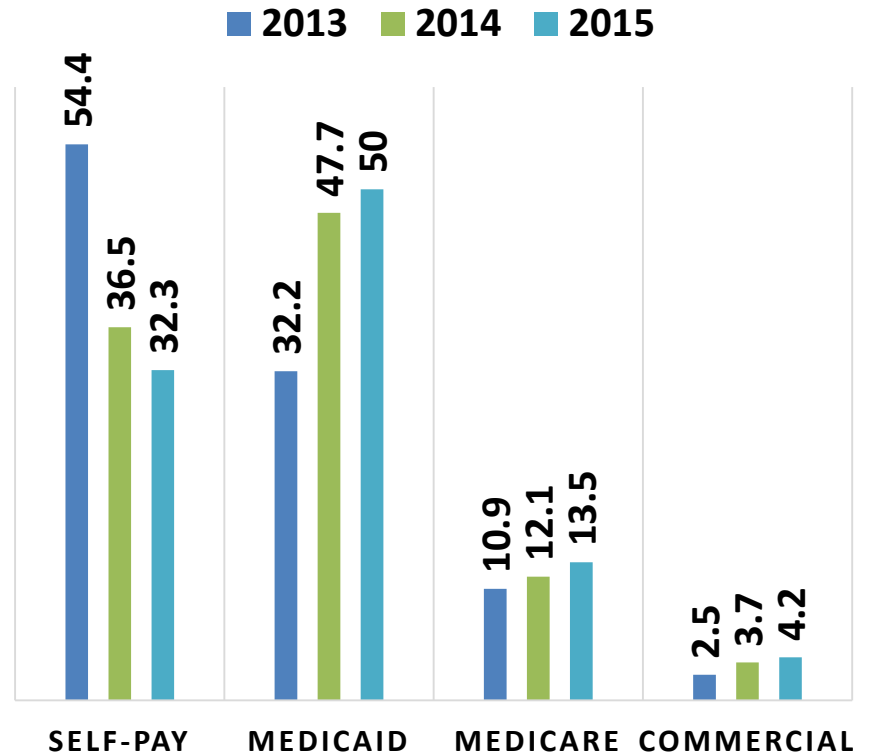


# CCHHS Payor Mix

## % Insurance Status of CCHHS Patients



## CCHHS PAYOR MIX 2013-2015



# CCHHS Uncompensated Care

2010	\$ 487,856,436
2011	\$ 577,316,767
2012	\$ 538,505,860
2013	\$ 535,781,085
2014	\$ 313,582,232
2015*	\$ 413,191,000

\**estimated*



# Recently Announced Strategic Initiatives



# Behavioral Health Strategy

*The downstream impact of decreased local, state and federal funding has disproportionately impacted CCHHS through our emergency rooms and the jail. To address this, CCHHS recently announced:*

- **Community Triage Center**
- **Integration of Behavioral Health Services into Primary Care Medical Homes**
- **Behavioral Health Consortium**
- **Expanded Substance Abuse Treatment**



# Outpatient Strategy

- **New Women and Children's Center in Stroger**
- **Centralized Registration Area**
- **Improved Patient Parking**
- **New Regional Outpatient Centers in Provident community and South Suburbs**
- **Plan to renovate, rebuild or relocate community health centers over next ten years. New Cicero and Logan Square health centers are a priority.**



# Outpatient Strategy

**Coming 2018: \$118.5M Outpatient and Administration Building on Central Campus**



# Our Goal

Build a high quality, safe, reliable, patient-centered, integrated health system that maximizes resources to ensure the greatest benefit for the patients and communities we serve.





# Improve Health Equity

Health equity is achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.







# Improve Health Equity

## Examples:

- CountyCare Medicaid Health Plan
- Primary Care Medical Home Model
- Linkage to Community Services
- Medicaid Applications at the Jail
- Leverage Public Health Information to develop clinical and community initiatives





# Provide high quality, safe and reliable care

The quality of patient care is determined by the quality of infrastructure, training, competence of personnel and efficiency of operational systems. The fundamental requirement is the adoption of a system that is 'patient centered' and the implementation of highly reliable processes.





# Dimensions of quality: "STEEEP"\*

Care that is.....

- **S**afe
- **T**imely
- **E**ffective
- **E**fficient
- **E**quitable
- **P**atient-centered

\*Institute of Medicine, 2001



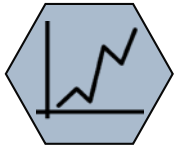


# Provide high quality, safe and reliable care

## Examples:

- Patient Centered Medical Home Model
- Implementation of System-wide Policies and Protocols
- Culture of Safety
- Joint Commission Accreditation
- Patient Support Center



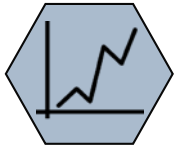


# Demonstrate value, adopt performance benchmarking

Benchmarking creates a strong foundation to measure transformative change.

It allows us to have a data-driven understanding of where we are and how we are succeeding at reaching our goals.





# Demonstrate value, adopt performance benchmarking

## Examples:

- Business Intelligence Unit
- Vizient and other industry clinical and operational databases
- Comp Data
- Clairvia





## Develop human capital

Our 6,270 employees are our biggest asset. Building employees' skills through education and learning opportunities should not only improve efficiency and quality of care, but staff and patient satisfaction.





# Develop human capital

Examples:

- Leadership Development
- Management curriculum
- Customer Service Training







# Lead in clinical education and clinical investigation relevant to vulnerable populations

Cook County has a rich history of medical training and top notch clinical research, particularly for vulnerable populations. Maintaining that history is an important piece of our culture and helps us establish our direction for the future.





# Lead in clinical education and clinical investigation relevant to vulnerable populations

## Examples:

- Funded research in oncology, infectious diseases, many others
- Physician training in >25 specific areas
- Multiple nursing school affiliations



# Discussion

Please approach the microphone, introduce yourself and ask your question or make your comment.

Please be respectful of others who wish to speak by limiting your remarks to 3 minutes.



# How can CCHHS address each of the strategic principles?



## Improve health equity

Health equity is achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. (Source: Institute of Medicine)



## Provide high quality, safe, reliable care

The quality of patient care is determined by the quality of infrastructure, training, competence of personnel and efficiency of operational systems. The fundamental requirement is the adoption of a system that is 'patient centered' and the implementation of highly reliable processes.



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Benchmarking creates a strong foundation to measure transformative change. It allows us to have a fact-based understanding of where we are and how we are succeeding at reaching our goals.



## Lead in clinical education and clinical investigation relevant to vulnerable populations

Cook County has a rich history of medical training and top notch clinical research, particularly for vulnerable populations. This legacy is an important component of our system to maintain our workforce pipeline and develop effective innovations in care.



## For more information:

Visit [www.cookcountyhhs.org](http://www.cookcountyhhs.org)

↳ Click **About CCHHS**

↳ Click **Governance**

↳ Click **Strategic Planning**

To provide feedback click this box on the Strategic Planning page:

