



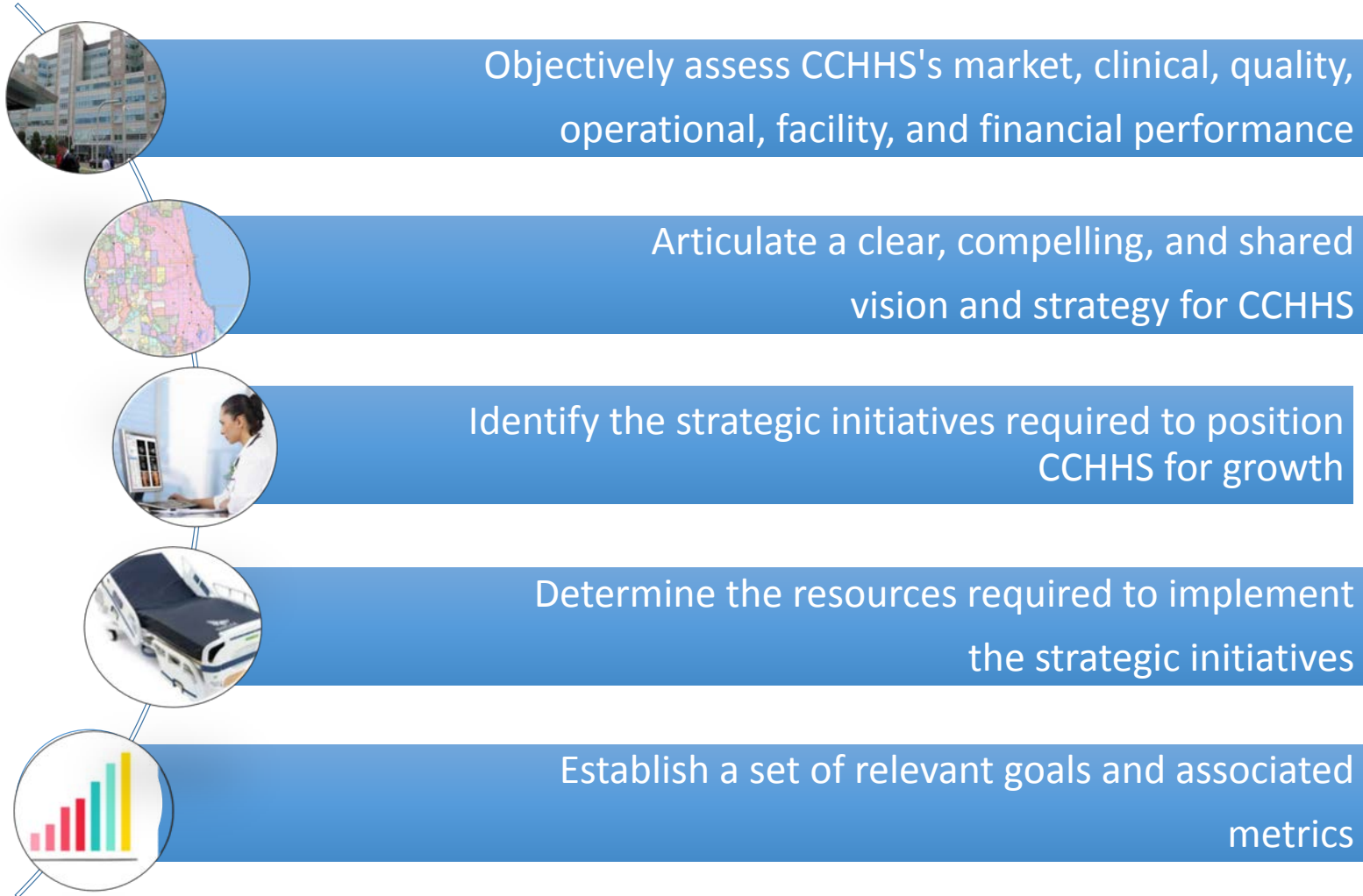
Cook County Health Strategic Plan 2020-2022

CCHHS Board of Directors
October, 2018



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

Strategic Planning Objectives



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

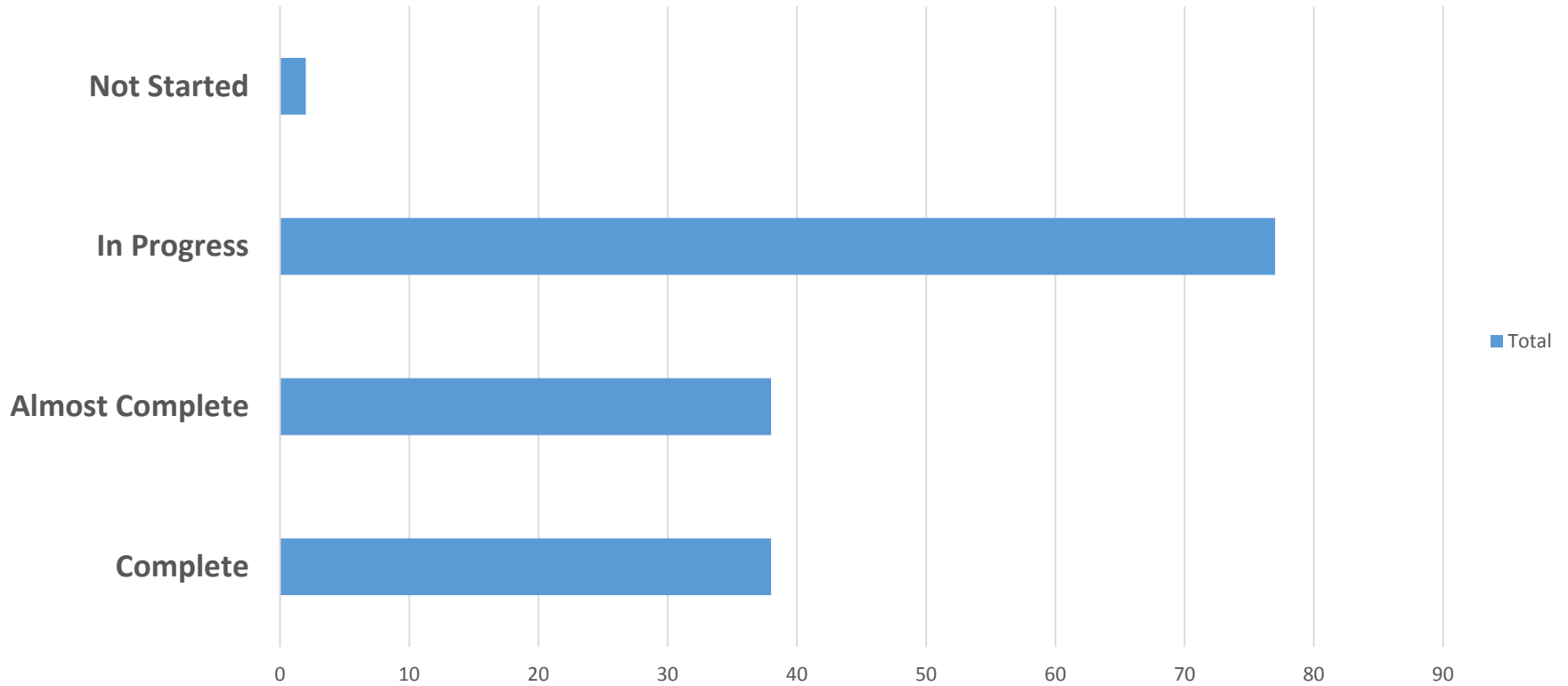
Timeline and Next Steps

- October, 2018 – Next Strategic Plan Process Kick-off
- December, 2018 -- Public Health Epidemiology, Information Technology, Human Resources (including employee engagement),
- January, 2019 – Healthcare, Volumes/Utilization, State/Federal Impact, Financial Outlook
- 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



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

Foster Fiscal Stewardship

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 HealthIntent 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