Strategic Planning: External, Internal, and Situation Analysis
Outline

- Current state
- Assumptions
- Positives/what’s working well
- Challenges/what could be better
- Opportunities
Current state

• CCHHS is at a critical point in its existence, especially given changes from the ACA

• Is unique as a public health care system, given reliance on government payors and federal and county funding

• Faces competition for patients and plan members

• Remains the largest provider in Illinois for the uninsured
Assumptions – CCHHS wants to...

- Become a provider of choice in a competitive environment
- Build ambulatory services to create healthier communities
- Increase affiliations with community-based providers, including public health agencies and FQHCs to assist in addressing patient needs as relating to social determinants of health
Assumptions– CCHHS wants to...

- Grow CountyCare membership

- Increase funding from extramural sources, e.g. grants, research partnerships, contributions

- Monitor plan progress, i.e., determine when/how far needle is moved to improve selected areas
  - Be able to answer (1) How healthy is the population CCHHS serves? (2) What type of/at what level is population health improvement occurring?
Positives/What’s working well?

- Rich history
- Powerful mission
- High quality services, e.g., strong competencies in care coordination, social determinants of health, physician care
- Integrated Electronic Medical Record system
Positives/What’s working well? (con’t)

◦ Ability to partner with other entities
  ▪ Food insecurity screening and linking to services

◦ ‘Pulse’ of the community
  ▪ Development of the strategic plan and already incorporating key strategies, i.e., behavioral health and outpatient emphasis
  ▪ Seeking feedback from staff and community

◦ Only provider-led plan in the market (CountyCare)
Challenges

- Retaining and recruiting patients and plan members when there is now more choice
- Bureaucratic administrative processes
- Alignment between emerging emphasis on performance management and management capacity
  - Only 5% of staff are considered managers
- Employee engagement
Challenges (con’t)

◦ Lack of common public health department infrastructure within Cook County

◦ Integration between the entire Cook County system

◦ Optimal efficiency levels

◦ The patient experience

◦ Cultural competencies
Opportunities

◦ Identify new funding sources, including grants and other resources

◦ Develop new partnerships for addressing social determinants, holistic care, and service provision

◦ Raise the profile of the system

◦ Further integrate information systems
Opportunities (con’t)

◦ Utilize the vast amount of data from patients and plan members to inform future strategies

◦ Expand services
  ◦ Health center days and hours
  ◦ Behavioral health services
  ◦ Care coordination services
Future State

◦ Develop ambulatory care resources with an increased focus on primary care
◦ Drive PCP-based demand for inpatient care services
◦ Expand care coordination services to manage patient and plan member populations
◦ Build partnerships to cover patient and plan member needs beyond the scope of CCHHS services