



COOK COUNTY HEALTH

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To: Honorable John P. Daley
Chairman, Finance Committee

From: Israel Rocha
CEO, Cook County Health

CC: Annette C.M. Guzman, *Budget Director*
Department of Budget & Management Services

Pam Cassara, CCH CFO
Andrea Gibson, Chief Strategy Officer
Deidre Watts, CCH Budget Director

Date: November 10, 2021

Re: Request for Information from FY2022 Budget Hearing

The following information is provided in response to questions posed related to our department's budget hearing held on October 26, 2021.

I. Request ID #4020-01

Commissioner Morrison has requested justification of each new position by title, and, if the funding for the positions is temporary, how your office will support the continued funding of such positions.

Response:

Please see attached spreadsheet.

II. Request ID #4020-02

Commissioner Kevin Morrison asked if the mental and behavioral health positions reflected in the budget book are all additional FY2022 positions or were those present during FY2021. He would also like a list of the ones that are new for this budget.

Response:

Most of the 201 mental and behavioral positions in the FY22 budget were also included in FY2021 Budget. Note, there are 48 vacancies currently in the FY21 budget that also exist in the FY2022 budget. See below for listing of the new positions for FY2022 and note that CCH is working to identify three positions to convert to positions to support the community health centers. Also, we have added additional social work and case management positions to support care coordination. CCH also did prioritize ARPA requests for behavioral health but that review process is still underway.

Office #	Program #	Job Code
E4240	Pgm16125	0293-Administrative Analyst III
E4240	Pgm16125	1610-Mental Health Specialist III
E4240	Pgm16125	1610-Mental Health Specialist III
E4893	Pgm10755	5572-Project Coordinator

III. Request ID #4020-03

Commissioners Kevin Morrison and Miller asked for a list of the Mental health and Behavioral health positions by CCH location.

Response:

Psych, Mental and Behavioral Positions by Office and Program	Sum of FTE
E4240 Cermak Health Services	110
Pgm16125	110
0293-Administrative Analyst III	1
1526-Medical Social Worker V	6
1610-Mental Health Specialist III	70
1815-Consultant Physician	0
1816-Physician Assistant I	6
2057-Activities Therapist II	4
5385-Mental Health Director-Cermak	1
5428-Att Phys-Correctional Psych	11
5429-Division Chief of Corr Psych	1
5431-Correctional Psychologist	9
5432-Chief Correctional Psych	1
E4241 Juvenile Temporary Detention Center	30.8
Pgm10755	30.8
0293-Administrative Analyst III	1
1610-Mental Health Specialist III	11
1815-Consultant Physician	0
7429-Juvenile Justice Behavioral Health Director	1
7433-Chief Psychologist, JTDC	1
7434-Psychiatric Social Worker, JTDC	2
7435-Psychologist, JTDC	4

7436-Psychiatrist, JTDC	0.8
7449-PostDoc Fellow	2
7914-Community Health Worker, Juvenile Justice	2
7918-Mgr of Juv Justice Care Coord	1
7922-Comm Bsd Soc Wrkr Care Coord, Juv Just	4
9106-Director of Juvenile Justice Behavioral Hlth Training	
Prog	1
E4893 Ambulatory Health Network	20
<hr/>	
Pgm10755	20
0293-Administrative Analyst III	1
0907-Clerk V	4
1941-Clinical Nurse I	2
5296-Medical Assistant	2
5572-Project Coordinator	1
5925-Psychologist-Ambulatory	1
6651-Ambulatory Clinic Manager	1
6738-Psychiatric Social Worker	1
7648-Psychiatric Social Worker, Outpatient	1
7919-Psychiatric Adv Prac Registered Nurse	5
8115-Executive Director of Behavioral Health Services	1
E4897 Stroger Hospital/Provident Hospital	41
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Pgm18280	5
1687-Assistant Administrator	1
5725-Psychologist-Stroger	1
6203-Ch of the Dept of Psychiatry	1
6206-Ch of the Div of Psychiatry ER	1
6549-Attending Physician IX-SC	1
Pgm18300	2
0050-Administrative Assistant IV	1
3990-APN-Nurse Practitioner	1
Pgm18305	29
1943-Nurse Clinician	1
3990-APN-Nurse Practitioner	1
5725-Psychologist-Stroger	6
6204-Ch of the Div of Cons Liasion	1
6207-Ch of the Div of Ad Outpt Psyc	1
6544-Attending Physician VI-SC	1
6546-Attending Physician VII-SC	3
6557-Attending Physician Sr V-SC	1
6738-Psychiatric Social Worker	9
6749-Neuropsychologist	1
7919-Psychiatric Adv Prac Registered Nurse	3
9083-Chief Psychologist	1
Pgm18310	5

1652-Attending Physician Senior 6	1
5725-Psychologist-Stroger	3
6552-Medical Div Chair VIII-SC	1
Grand Total	201.8

IV. Request ID #4020-04

Commissioner Miller asked for detail on the Assisted Outpatient Treatment (AOT) grant (mentioned on page F-9 of Volume II of the Budget Book), including a list of what it funds, the effectiveness of their outreach, and what they've been able to accomplish with that grant.

Response:

CCH has confirmed that this grant did end, and it was an error that the narrative in this part of the budget document indicated that the grant was continuing.

V. Request ID #4020-05

Commissioner Miller asked for details regarding the Cermak patients served, the percentage that are non-violent offenders, and a geographic breakdown of where they are by zip code and municipality.

Response:

CCH will defer to the Sheriff's office on the percentage of violent/non-violent offenders due to not having visibility into the basis for being in jail. Please see attached maps that show where the detainees are from in the County, both overall and those with an identified mental health issue.

VI. Request ID #4020-06

Commissioner Miller asked for a list of the clinics that currently have breast and cervical screenings. Israel Rocha indicated CCH would provide a list of all clinics and what services are at each one.

Response:

Please see attached table that shows services by health center.

VII. Request ID #4020-07

Commissioner Miller asked about the racial inclusivity by the Lown Institute hospital index, is it used for patients, staff, or both?

Response:

The Lown Institute gauges racial inclusivity based on information about employment and pay, as well as patient services and outcomes. The methodology that is the basis for the rankings is outlined in the following link <https://www.lownhospitalsindex.org/inclusivity>.

VIII. Request ID #4020-08

Commissioner Degnen asked for information on why there is such a sharp increase in primary and specialty care visits to the CORE center.

Response:

CORE confirmed that the numbers that was provided for primary care includes more than just primary care visits. They included COVID visits, labs, and pharmacy visits rather than just primary care visits, making it look like the numbers were increasing more. The projections for FY21 should be:

- Primary 12,800 – FY21 15,050 – FY22
- Specialty 9,673 – FY21 8,763 – FY22

IX. Request ID #4020-09

Commissioners Silvestri and Miller asked for a list of the schools that CCDPH is in contact with regarding the pediatric vaccine procedure/checklist.

Response:

Please see attached listing.

X. Request ID #4020-10

Commissioner Miller provided an additional list of questions below:

F-10

Question:

Health System Administration establishes \$10M dollars investment fund contingent on excess revenue generation. What will the investment fund be used for?

Response:

The investment fund will be administered by the Chief Strategy Officer. Funding will be contingent on generating excess revenue from our patient service fees (insurance). If CCH generates beyond the amount budgeted, CCH will have the ability to evaluate the expansion of service lines based on analysis of return on investment calculations.

Question:

FTE Positions shows 386 for FY22, but on page F-4 Summary of Positions 368. Is this an error or if not, can the discrepancy be explained?

Response:

This is not an error. The 386 includes 18 FTEs for Lead Special Purpose Funds positions. The 368 is the number without the Lead Fund.

F-11. Program Descriptions

Question:

18445-Quality Assurance – Description says: Responsible for the systematic measurement, monitoring, and reporting of County Clerk. Is this a mistake?

Response:

This is an error. The correct description is: Responsible for the systematic measurement, monitoring, and reporting CCHHS’s quality of healthcare.

Question:

Quality Assurance is not funded in FY22 or has it been moved?

Response:

FY22 Quality Assurance program 18445 is funded in Stroger Hospital Budget page F-79 amount budgeted \$4,693,405

Question:

18937-Strategic Planning and Implementation. It shows 6 FTEs for FY22 but funded at a Negative (\$3,413,047). In the summary of positions on page F-18 it’s funded at \$1,028,036. Can we have clarification? Will this unit oversee Impact 2023 strategic plan implementation? ARPA funding initiatives? Or is this for revenue cycle improvements?

Response:

Please see the table below that outlines what is included in this program. The reason this is negative is due to the appropriation adjustment that includes \$10M in revenue that exceeds the current estimate as well as the remainder relates to contract savings to be identified during the course of the year. This unit will oversee strategic planning and implementation and ARPA and State of Illinois Transformation funding projects.

Program	Account	Description	Total
18937	A501010	Sal/Wag of Reg Employees - Budget Entry	1,028,036.48
18937	A501030	Turnover Adjustment	(118,667.12)
18937	A501190	Schedule Salary Adj. - Budget Entry	2,000.00
18937	A501296	Sal/Wag of Per Diem Empl - Budget Entry	31,923.84
18937	A501511	Mandatory Medicare Cost - Budget Entry	10,556.53
18937	A501790	Prof /Tech Membership Fees- Budget Entry	3,000.00
18937	A501805	Training Program Staff Pe- Budget Entry	10,000.00
18937	A520830	Professional Services - Budget Entry	11,050,000.00
18937	A580380	Appropriation Adjustments - Budget Entry	(15,450,000.00)
		Total	(3,433,150.28)

F-12

Question:

520825-Professional Services. 167% increase or \$11.1 mil. for total appropriations of \$17.8 mil. What contracts and/or services will this increase cover?

Response:

The \$11.1M increase relates to the \$10M investment fund contingent on excess revenue generation and a shift of strategic planning funds from Administration to Strategic Planning and Implementation.

Question:

521155-Managed Care Claims. New \$800K appropriation for FY22. What managed care contract does will this be for?

Response:

This is for Blue Cross HMO that had been budgeted in Stroger but was shifted to 4890 to be in the right place. This line items pays for claims and the third party administration for Cook Medical Group, while the revenue is received in managed care revenue.

F-16

Question:

7426-Attending Physician VII - Behavioral Health under Health Administration 1 FTE funding at \$207K. Is this a vacant position, why is it under Health Administration rather than an ACHN clinic?

Response:

This is a filled position who works on research, clinical trials and grant work related to behavioral health rather than providing outpatient clinical services.

F-20

Question:

Expansion of Reentry Services to include collaboration with community organizations and other identified health partners. How many are referred to CCH clinics for behavioral health services? How many are referred to partners? Can we get a geographic breakdown of where they are referred to?

Response:

Currently we are not tracking referrals to external behavioral health partners, but we are in process of developing service area assessments based on admissions to Cook County Jail. A tool was developed with intent of identifying areas of service needs post discharge.

F-27

Question:

Performance Metric. Number of Behavioral Health Referrals. Where are they referred to? Can we get a Geographic breakdown of where they live and where they're referred?

Response:

These are not referrals to outside agencies. This category references in-house referrals to mental health services while the residents are at the JTDC. An example would be a resident completing a sick call request to speak to mental health staff. JTDC does refer some residents to outside mental health services upon release, but we do not currently have statistics related to geographic breakdown.

F-29

Question:

501420-Salaries and Wages of Employees Per Contract. What is the \$202,800 increase for?

Response:

This is for vacant “consultant physicians” who are part time resources who provide specialty services not needed full time.

Question:

530785-Medical, Dental and Laboratory Supplies. \$0 spent over last 2 years. Are these supplies used at the JTDC? What types of medical, dental and lab supplies are purchased from this line item?

Response:

The type of medical supplies are medical gas, non-capital medical equipment, and various other medical supplies used for clinical procedures. Supplies procured through from direct vendor purchases or inventory transfer from Cermak.

F-32

Question:

Converting the Emergency Department to a standby emergency model. Was the ED converted to standby model? Will it go back to normal ED in FY22 with re-establishment of ambulance runs and expected target metric of about 30K ED visits?

Response:

While we adjusted staffing in the ED in FY21, we did not actually convert the ED to a standby ED. It has continued to operate as it has with both nurses and physicians staffing the department and providing care to all patients who present to the ED. In fiscal year 2020 we saw 20,802 patients and to date in 2021 we have seen 19,544. We are expecting close to 30,000 visits in FY22.

Question:

Last year the budget book included Patient Satisfaction (Percentage) metric, why isn't included in this year's book?

Response:

We did not include a patient satisfaction metric last year metrics for Provident. Please refer to page E-29 for last year's metrics we included operating room output, pharmacy program outcome, and zero-based budget metric.

F-35

Question:

501210-Planned Overtime Compensation. YTD expenses are \$2.2 mil. or 30% over budget and FY19 ended 42% over budget. Avg. expenditures over the last years is just under \$2 mil. FY22 request is up 14%, last year it was increased by over 60%. What's driving OT costs?

Response:

The overtime expenditures are being driven by the decrease in staff and our challenges to hire during the COVID-19 pandemic. Due to the pandemic, however, some of our overtime expenses are reimbursable by FEMA.

Question:

530785-Medical, Dental and Laboratory Supplies. \$3.4 mil, increase or 118% increase for FY22. What will this cover or just normal medical supplies for ICU and ED augmentation?

Response:

The increase is to cover the expense of supplies necessary for reopening the ICU and expanding ED service to include ambulance runs.

F-42

Question:

ACHN is addressing health disparities in specialty care by building a comprehensive program that includes patient navigation, specialty care patient access, direct scheduling, a telephone triage center, and patient education efforts. This program is designed to support health care access and coordination, promote timely diagnosis and treatment by eliminating barriers to care, assist patients to gain health insurance and remain consistently insured, and addresses cultural and language differences. How does this program support healthcare access in the far south suburbs?

Response:

All regions of Cook County Health have access to these programs including the South Suburbs. For example, radiology and physical therapy services are available at the Blue Island Health Center as well as the central campus. The telephone triage center is accessible to all regardless of where the clinics are located and all patients who are scheduled for surgery at Stroger or Provident will have access to the navigation program.

Question:

Performance metrics: Why is North Riverside Health Center cost per visit the only clinic listed?

Response:

North Riverside was included to highlight their metrics, because they were a new clinic.

F-45.

Question:

501210-Planned Overtime Compensation. 150% increase in OT appropriation for FY22. What is causing this \$880K increase?

Response:

The increase is due to the shift of Ambulatory Clinics from Stroger and Provident Hospitals to consolidate all outpatient activity under the same leadership.

F-61

Question:

Will the additional grant funded FTEs be permanent?

Response:

Making grant funded positions permanent will depend on available funding. The County has indicated a commitment to increasing the support of the tax allocation by \$10M each year going forward. As this allocation supports the public and correctional health, it is the intention of CCH to invest these additional funds into these two areas going forward.

Question:

Priority initiatives include implementation of suburban Cook County's Community Health Improvement Plan. Can we get an overview of the plan?

Response:

The plan has just been submitted to the Health Systems Board and will be submitted to the Cook County Board for review to be discussed at the December CC Board meeting.

F-67

Question:

CountyCare will further implement cost savings and cost-control strategies measures aimed at member costs as well as increasing medical and pharmacy utilization at CCH. CountyCare will also develop a high utilization reduction plan; continue to increase domestic spend through targeted initiatives as well as expand to new lines of business to serve members as they age out of Medicaid. What is the expected year-end percent of domestic vs. foreign claims for CountyCare? How will CCH increase domestic spend? What is the industry standard for other MCO's?

Response:

CountyCare expects FY21 year-end domestic spend to be approximately 10% and foreign claims to be 90%. Recent membership growth has also proportionally grown the number of members empaneled to CCH Primary Care Physicians, which then drives higher use of specialty and inpatient services. CCH will continue to increase the number of lives assigned to CCH primary care providers and fully booking each provider's existing panel. CCH has seen an increasing amount of domestic spend this year (\$236M compared to \$224M in FY20) and is exceeding the current year budget (\$236M to \$211M). Standards for domestic spend with provider-sponsored health plans vary widely, depending on geography of membership vs health care facilities, services offered by the provider, and regulations on network adequacy required by the State. As a result, CCH has been focused on year-over-year improvements in the total dollars of utilization at Cook County Health.

Question:

Metrics. Percentage of claims paid in less than 30 days. What is industry standard, 90%, which is listed target? What is the plan to improve on this metric?

Response:

The industry standard is to pay 90% of claims within 30 days. CountyCare has made a number of internal process improvements, worked with the State for more timely payments, as well as worked with the County to accelerate the payment processing. As a result, the current payment timeframe averages approximately 30-45 days. We expect this number to continue to improve and to be in alignment with industry standard in FY 2022.

F-68

Question:

Can we get overview of revamping of programs? They are all put into CountyCare and not really a descriptive program now.

Response:

See below for detail on each program.

11685 Claims and Capitated Services: Responsible for claims reimbursement to providers and care coordination services for CountyCare members.

35790 CountyCare: Responsible for administrative functions of the CountyCare Health Plan. Includes departmental operations and third-party administration.

18967 Medicare Plan Services: Responsible for managing the operations of the MoreCare Health Plan including provider claims reimbursements and administrative functions

F-75

Question:

The operating budget increased by \$78.8M (8%) due to investments in clinical staff to replace agency hires, medical equipment, and medical supplies. Page F-83 shows a \$39.4 million or 5% increase in operating funds. Can this be clarified?

Response:

On page F-75 increased by \$78.8M (8%) pulled from last year's information rather than the current year information. The Operating budget increased by \$40M (4%) due to investments in clinical staff to replace agency hires, medical equipment, and medical supplies.

F-82

Question:

520825. Professional Services. FY21 request was \$21.7 mil. a \$11.1 mil. or 105% increase. FY22 request is slightly lower. Expenses as of Aug. 31st, 2021, are \$11.2 mil. 5 yr. avg. is \$7.2 mil. Why is this line item funded at this level?

Response:

The shift of the professional contract moved to purchased services in ACHN based on the organizational restructuring of all outpatient activity under one umbrella.

I. Request ID #4020-11 Commissioner Anaya provided a list of questions.

Cermak Health Services

Question:

The Cermak Health Services budget breakdown on page F-21 for budget line 17170 Patient Care Services shows a proposed reduction of FTE positions from 380.0 to 361.0 and an increase of fund allocation from \$36,340,019 to 36,558,676. Why is it that for FY'2022 with less positions, there is an increase of funding while in FY'2021 the number of positions were higher, and the funding requested lower?

Response:

While the total number of positions declined, Cermak has over 150 current vacancies that they are working to fill to support the operations at the jail. The increase in funding relates to increased costs of pharmaceuticals for detainees at the jail.

Ambulatory & Community Health Network

Question:

Under the Ambulatory & Community Health Network budget on page F-43, budget line 18960 Patient Financial Services lists 4.0 FTE positions. Out of the 4.0 FTE positions, how many are bilingual?

Response:

These specific budgeted FTE positions are not bilingual positions, but they have access to other financial counselors who are bilingual.

Question:

On page F-46 it shows budget line 10970 Breast & Cervical Screening Clinic with 2.0 FTE positions (Clerk V and Physician Assistance I). How many patients are served per year by the Breast & Cervical Screening Clinic?

Response:

Approximately 528

Question:

Are there any additional FTE positions within the clinic?

Response:

Yes, there is additional support of a .25 Physician.

Question:

Out of the two positions available, are the staff bilingual?

Yes, everyone is bilinigual.

Question:

On page F-48 it demonstrates budget line 6231 Interpreter with 1.0 FTE position. How are interpreter positions verified and or requested per department's needs?

Response:

Once a patient's unique need is identified that specific language service is requested through the interpreter service device.

Question:

On page F-48 for Patient Financial Services it shows budget line 6527 Pre-Registration Specialist with 1.0 FTE position. Can you share a description of this position?

Response:

See attached job description.

Question:

Does their responsibility include registering individuals for CareLink? If that is the case, is this individual bilingual?

Response:

This role is responsible for identifying coverage and updating to patient's registration information to the fullest. If CareLink coverage is an option, the pre-registration specialist will

notify the financial counseling department to connect with the patient for additional pre-screening. The financial counseling department has staff who is bilingual.

Question:

On page F-50, budget line 7154 Director of Carelink lists 1.0 FTE position. Where are the other Carelink FTE positions?

Response:

The Financial Counseling positions that support enrollment in CareLink are located in the Stroger, Provident, and ACHN budgets.

Question:

How many clinics aside from Stroger Hospital assist with CareLink applications?

Response:

Every clinic that has a financial counselor who can support these applications.

Question:

And how many are bilingual positions?

Response:

There are 24 Budgeted bilingual positions in the budget in financial counseling.

Department of Public Health

Question:

The Public Health budget breakdown on page F-65 lists budget line 8985 Senior Medical Officer with 1.0 FTE position. Is this a new position? Can you provide a role description for this position?

Response:

This is a place holder position that was designated as a senior medical officer. CCDPH plans on reclassifying it to a physician position that is currently paid for by a COVID-19 related grant.

Health Plan Services

Question:

Under the Health Plan Services' Performance Metrics on page F-67 it shows percentage of claims paid in less than 30 days with the target for FY2022 at 90% while the FY2021 projection is 49%. What is the plan to accomplish the target of 90% given the large difference between the FY2021 projection of 49%?

Response:

The industry standard is to pay 90% of claims within 30 days. CountyCare has made a number of internal process improvements, worked with the State for more timely payments, and has worked with the County to accelerate the payment processing. As a result, the current payment timeframe averages approximately 30-45 days. We expect this number to continue to improve and to be in alignment with industry standard by FY 2022.

Question:

On page F-69 account 501210 Planned Overtime Compensation lists an increase by \$450,000. In FY2021 the allocation was \$50,000 and the request for FY2022 is \$500,000. Why is there a large increase for this budget line?

Response:

The CountyCare overtime budget increased to account for the increase in additional clinical care management staff that are union positions and eligible for overtime pay. In prior years, the clinical staff were budgeted under Stroger hospital along with the associated overtime costs.

Question:

The CountyCare breakdown on page F-70 lists a decrease of 14.0 FTE positions for budget line 6810 Community Health Worker. Why are the FTE positions decreasing from 20.0 to 6.0? How will the decrease of FTE positions impact the community work?

Response:

Community Health Workers provide care coordination service to CountyCare members. Positions across various care coordination roles were re-allocated (community health workers, social workers, care managers, etc) to better reflect the needs of the current membership. We expect these changes to improve services to CountyCare members. In addition, CountyCare is budgeting for a dedicated team of Community Outreach staff which will work with community-based organizations, attend community events, and work with community stakeholders. This represents a new investment into community outreach, and is separate from the changes above related to clinical work of the community health worker roles.

Question:

Is CCH planning to outsource these positions or move them to another budget line?

Response:

No. Community Health Workers provide care coordination service to CountyCare members. Positions across various care coordination roles were re-allocated (community health workers, social workers, care managers, etc) to better reflect the needs of the current membership. We expect these changes to improve services to CountyCare members.

Question:

The CountyCare breakdown on page F-70 lists the elimination of all 3.0 FTE positions under 6818 Billing Patient Care Navigator. Why were these positions eliminated?

Response:

These positions were vacant and re-classed to other care coordination roles specific to the health plan. The health plan does not utilize Patient Billing Navigators as these roles do not relate to health plan operations.

John H. Stroger, Jr. Hospital

Under the John H. Stroger Hospital budget breakdown there are several budget lines that show an increase of FTE nurse positions. For example, on page F-76 budget line 10355 Emergency Services Nursing has an increase of FTE positions from 1520.0 to 177.0.

Question:

Given the current nursing shortage, what is the hiring plan for these positions?

Response:

Nursing Fairs and additional investment in recruiting. CCH has hosted two successful nursing hiring fairs already.

Question:

How many nurse vacancies does CCH currently have?

Response:

Stroger currently has 173 vacant positions for nurses in FY21.

Question:

On page F-76 budget line 11165 Call Center, the FTE positions were reduced from 42 to 40. Will the reduction of FTE positions impact the call wait time or service quality?

Response:

No, the 6489-Call Center Cust Service Rep was reclassified to 6641-Patient Access Quality Mangement Coord and transferred to the Admission Department in Stroger Hospital to counsel and navigate patients' emergent and elective healthcare needs.

Question:

On page F-78 budget line 16325 Network Diabetes/Endocrinology Program, the FTE positions were reduced from 25 to 1. Why were these FTE positions eliminated? Were the FTE positions moved to another account?

Response:

They were part of the shift of Ambulatory Clinics from Stroger Hospital to consolidate all outpatient activity under the same leadership (Page F- 43)

Question:

On page F-78 it shows the FTE position for 18929 Neurology Clinic as eliminated. Why was this position eliminated? Is the Neurology Clinic moving to another location?

Response:

This position was not eliminated. Part of the shift of Ambulatory Clinics from Stroger Hospital to consolidate all outpatient activity under the same leadership (Page F-44)

I. Request ID #4020-12 Commissioner Stanley Moore

Question:

Commissioner Moore asked if CCH would commit to work with him and the Board to address the gap in health outcomes (please refer to the separate letter submitted).

Response:

CCH has a number of initiatives underway and planned to address the gaps in health outcomes. CCH will set up a separate briefing on these initiatives and get direct input from Commissioner Moore on our approach.