

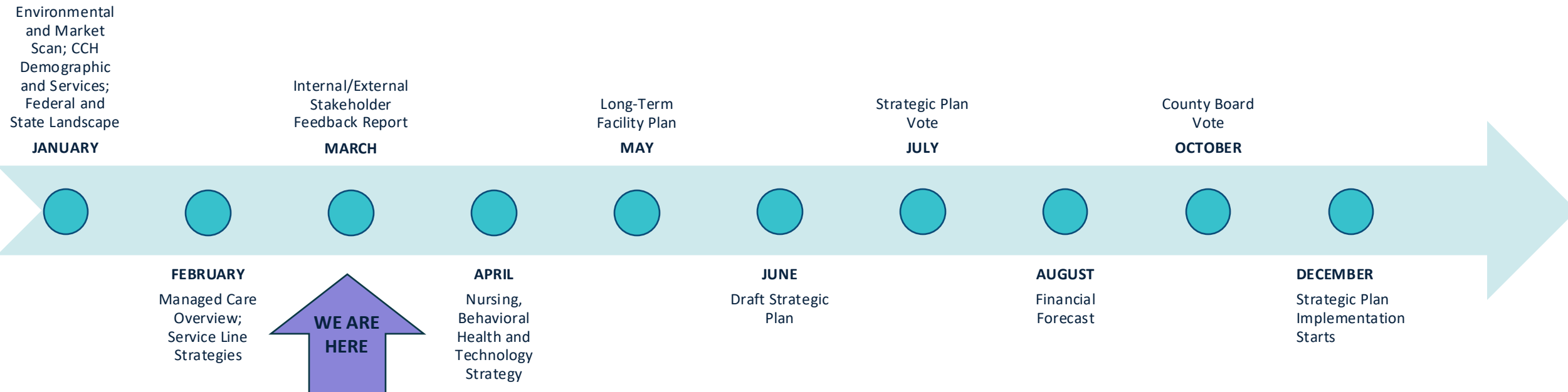
Strategic Plan 2026-2028



COOK COUNTY
HEALTH

Agenda and Timeline

- Cancer Service Line Strategy
- Neuroscience Service Line Strategy
- SWOT Feedback



Service Line Strategies

Cancer Center

Urjeet Patel, MD; Medical Director
Erika Radeke, MS; Director of Operations



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Purpose of Cancer Center Service Line

MISSION	VISION	VALUES
To provide the highest quality, integrated care across the cancer care continuum for the community we serve	To create a comprehensive cancer institute through clinical and operational leadership alignment, that serves as a fundamental pillar of Cook County Health	<ul style="list-style-type: none">• Health Equity• State-of-the Art Care• Patient Safety• Clinical Excellence• Patient-Centered Experience• Staff Engagement

FY2020: 5-Year Plan

2021	2022	2023	2024	2025
<ul style="list-style-type: none"> ✓ Build service line structure ✓ Hire Director of Operations ✓ Fill remaining vacant positions ✓ Set Budget priorities for FY 2022 ✓ Resolve Coc Deficiencies for accreditation ○ Stabilize Pathology/Radiology 	<ul style="list-style-type: none"> ✓ Revenue Cycle for clinics and Infusion Center ✓ Identify site-specific clinical leads ✓ Develop Cancer Survivorship Program ✓ Stereotactic Radiosurgery program ✓ Operative Standards for Cancer Surgery ✓ Robotic Surgery Program ✓ Prevention/Screening programs throughout CCH network ✓ Prioritize new positions 2023, incl. Med Director 	<ul style="list-style-type: none"> ➤ Oncology Triage Clinic ❖ Develop referral network for cancer patients outside of CCH ➤ Lymphedema program development ❖ Modernization of Breast Center and Mammography ➤ Expand Rad Onc Facility and Footprint ➤ Subspecialty Accreditation in Breast/Colorectal cancer ✓ Reaccreditation Survey by CoC ✓ Hire Medical Director 	<ul style="list-style-type: none"> ✓ Collaborative responsibility over revenue cycle ➤ Seek additional extra-mural funding through grant programs ➤ Establish FNA clinic ➤ NCORP Clinical Trials Grant: competitive application ➤ Construction of new Cancer Institute ➤ Genomics-Based Tumor Board ✓ Renewal tumor registry contract ○ New Linear Accelerator project 	<ul style="list-style-type: none"> ○ Complete matured org chart ○ Expand Quality and Research Divisions ✓ Cancer Center Director ➤ Fundraising

- ✓ Completed
- ❖ Planned/in progress
- Ongoing
- Moved to 2025-2028 proposed activities



Other Accomplishments - Cancer Center

FY2020-FY2024

Recruitment of other key positions; Genetic Counselors, Clinical Psychologist, Social Worker, Survivorship APN, Dietician, patient navigators, and data analyst

Implementation of Supportive Oncology Programming (behavioral health, dietary, social work, survivorship)

Ongoing optimization of revenue cycle (Prior Authorization/Patient Registration/No Show Rate Reduction Processes)

Provided Lung cancer screening program navigation resource support

Brought in \$5,745,966 in NIH grant funds and enrolled 624 patients to National Cancer Institute clinical trials

Established administrative structures: leadership council, clinic & multi-disciplinary infusion center operations, Cancer Committee

Partnered with the Department of Medicine & Division of Hematology/Medical Oncology to stabilize service

Reduced 30-day re-admit from 21% to 19.86% (*Goal 18%*)

Received 2024 Patient Choice Award - highest performing clinic in 'Likelihood of Recommending' category

Implemented billing for Genetic Counseling services

Received transportation funds from the American Cancer Society for two years (\$80,000) – third year pending

First patient navigators trained/received certifications from ACS; will launch pilot program for coding/billing navigation services

New Services Added - Cancer Center

FY2020-FY2024

Revenue-Generating Services

- Clinical Psychology (*30 visits/week x 48 weeks = 1,440 new billable visits/year*)
- Clinical Psychiatry (*5 visits/week x 48 weeks = 240 new billable visits/year*)
- Dietary Support (*60 visits/week x 48 weeks = 2880 new visits/year*)
- Genetic Counseling (*Two genetic counselors added new revenue capture of approximately 1500 new billable visits per year (15 patients/week x 48 weeks = 720 new visits/counselor - 1440 new billable visits)*)
- Survivorship (*30 visits/week x 48 weeks = 1,440 new billable visits/year*)

Indirect-Revenue-Generating Services

- Social Work
- Patient Navigators
- Prior-authorization medical assistant



Cancer Center Overall Volume

Location	FY2022	FY2023*	FY2024*
PB Oncology Clinics	24,022	23,476	24,154
Infusion Center	14,785	14,554	14,556
TOTAL	38,807	38,030	38,710

**Annual volume fell due to Hematology staffing shortage in FY23 and FY24*

Planned Activities- Cancer Center

FY2025

Create, publish, and implement cancer-specific operational protocols for clinic and infusion center

Update chemotherapy order templates for oncology in accordance with NCCN Guidelines

Modernize Breast Center and Mammography

NCORP Clinical Trials Grant transition

Purchase ambulatory infusion pumps; optimization of infusion center

Implement reproductive health support in cancer survivorship care

Finalize modernization of Radiation Oncology & launch stereotactic Radiosurgery

Partner with Nuclear Medicine to fully implement Theranostic PSMA PET scans CCH

Partner with Pharmacy and Hospital Administration to open PB Infusion Center Pharmacy

Implement billing for patient navigation for oncology and potentially scale to other departments



Under Evaluation for FY2026-FY2028

Action Items

Launch CAR T-cell Therapy

Obtain subspecialty Accreditation in Breast/Colorectal cancer

Build external partnerships to improve access to care

Establish Oncology Triage Clinic

Expand screening awareness campaign

Improve operational efficiency and fiscal responsibility across service line and continuum of care

Submit competitive renewal of NCORP Clinical Trials grant

Expand Infusion Center geography and volume

Launch Genomics-Based Tumor Board

Establish Lymphedema & FNA clinics



Service Line Strategies

Neurosciences

Sohel Ahmed, MD

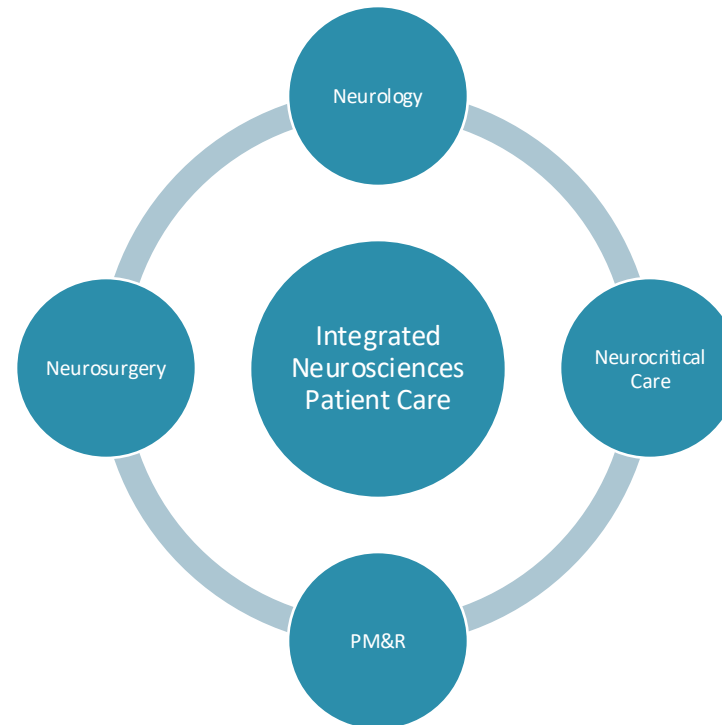
Annmarie Caulfield, MBA



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Purpose of Neurosciences Service Line

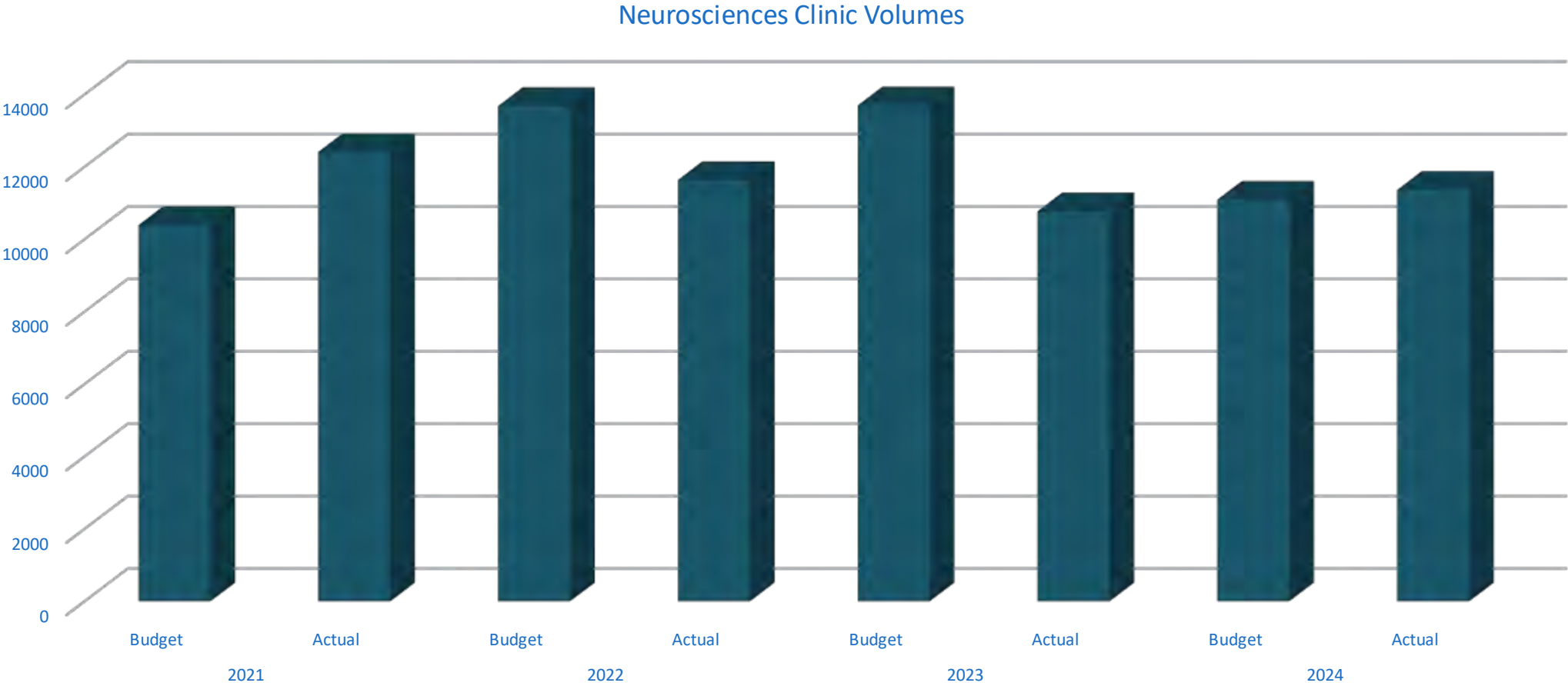
Purpose: To align all clinical and non-clinical sections of neurosciences to the mission and vision of Cook County Health to improve patient care.



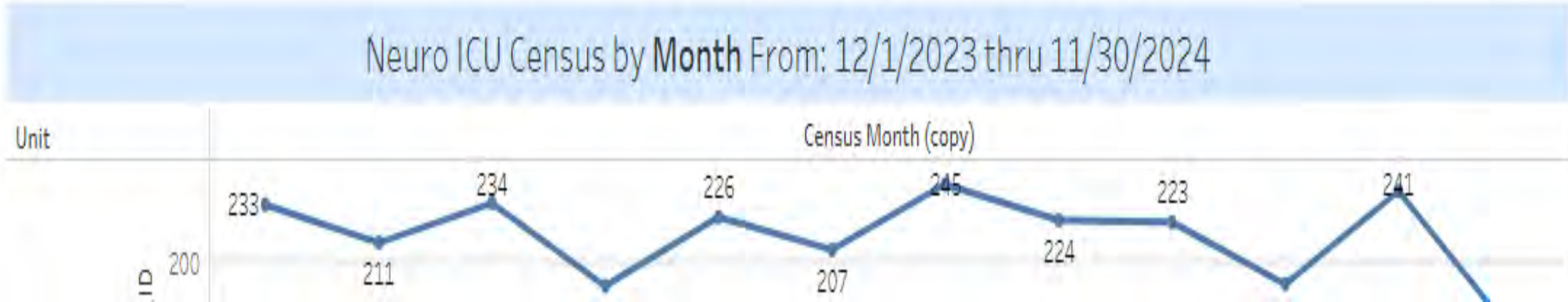
Neurosciences Service Line Goals and Accomplishments -- 2022 - 2024

- ✓ Began neurocritical care service
- ✓ Opened neuro-transfer service
- ✓ Opened tele-stroke services
- ✓ Implemented continuous EEG program
- ✓ Multidisciplinary clinics/service lines
 - ✓ Stroke is implemented
 - Brain recovery & movement disorders on track for 2025
- ✓ Built Provident outpatient clinic
- ✓ Expanded neurosurgery services – VNS program added
- ✓ Stroke floor/neuro-hospitalist service established
 - Apply for “Acute Stroke Ready” at Provident
 - This is on hold while a more accessible MRI is evaluated
- ✓ Hired Service Line Business Director, Medical Director, Neurocritical Care Medical Director & Attendings, Physician Assistants, Neuropsychologist, Neurosciences Social Worker, Stroke Attendings
- ✓ Opened of Neurosciences ICU
- ✓ Received the American Heart Association “Get with the Guidelines Stroke” Gold Plus Achievement Award

Neurosciences Clinic Volumes FY21 - 24



Neurosciences ICU Census FY24



*Neurosciences ICU opened on 12/1/23

Planned Activities- Neurosciences

FY2025

Recruit Neuro IR Medical Director and grow Neuro IR program

Partner with community hospitals to offer tele-neurology and tele-stroke services

Launch Brain Recovery Multidisciplinary Clinic

Expand VNS program for intractable epilepsy and other use cases

Under Evaluation for FY2026-FY2028

Action Item
Open an Epilepsy Monitoring Unit
Achieve TJC Comprehensive Stroke accreditation
Establish Cook County Health Neurology Residency Program



Strengths, Weaknesses, Opportunities and Threats

Community and Employee Feedback



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Strengths

- Organizational commitment to the mission
- Community and patients
- Community outreach/engagement; use of social media
- Diversity and dedication of staff; quality of medical staff
- Gains in quality-of-care ratings
- Ability to address critical public health concerns for the most vulnerable populations
- Nursing pathways to excellence work and nursing training programs
- Network of services available to CountyCare members
- Training and pipeline programs, nurse training programs, graduate medical education programs and the Provident scholarship program
- Improved financial position
- Being part of County government

Weaknesses

- Timely access to services
- Reliance on agency staffing
- Administrative processes like hiring and procurement
- Ensuring community connections to services for discharged detainees from the jail
- Role definition, accountability, succession planning, training resources, teamwork
- Having sufficient clinical staff
- Allocation of business managers to clinical teams; providers doing business-related work
- Operating in silos/culture

Opportunities

- Focus on population health; preventive health; Implementation of Value-Based Care arrangements
- Broaden ability to address health related social needs (housing, food, etc.)
- Ensure access/navigation to behavioral health resources
- Fiscal improvement opportunities: revenue cycle performance; grants/private donor support
- Diversify health plan products, provide services related to demographic changes
- Further leverage technology including telehealth/virtual health, artificial intelligence
- Leveraging technology for referral partners to allow for improved continuity of care
- Conducting scenario planning based on potential federal reductions to minimize patient/member impact

Opportunities

- Integration across the system; CountyCare utilization of CCH as a provider; Enhance synergy between CCDPH, CountyCare and CCH as a provider
- Expand accelerated hiring programs
- Build clinical research and complete transition from Hektoen
- Leverage partnerships with other healthcare organizations
- Clinical process improvements, utilization management and operational improvements
- Ensure appropriate escalation of concerns within CCH
- Provide services in the community; leverage community-based organizations
- Continued employee engagement and retention programs
- Continued commitment to maintaining a diverse workforce

- Changes to Medicaid eligibility requirements
- Federal policy changes/changes in reimbursement
- Growing uninsured and underinsured population to be served
- Healthcare workforce shortages
- Service reductions other healthcare organizations are making, especially other safety nets
- Reduced access to care for specific populations, including women, LGBTQIA, and immigrants, due to executive actions, changes in laws or closure of community service providers
- Decreasing vaccination rates
- Reduction or elimination in Federal Grants
- Worsening SDOH throughout Cook County
- Cybersecurity

Next Steps

