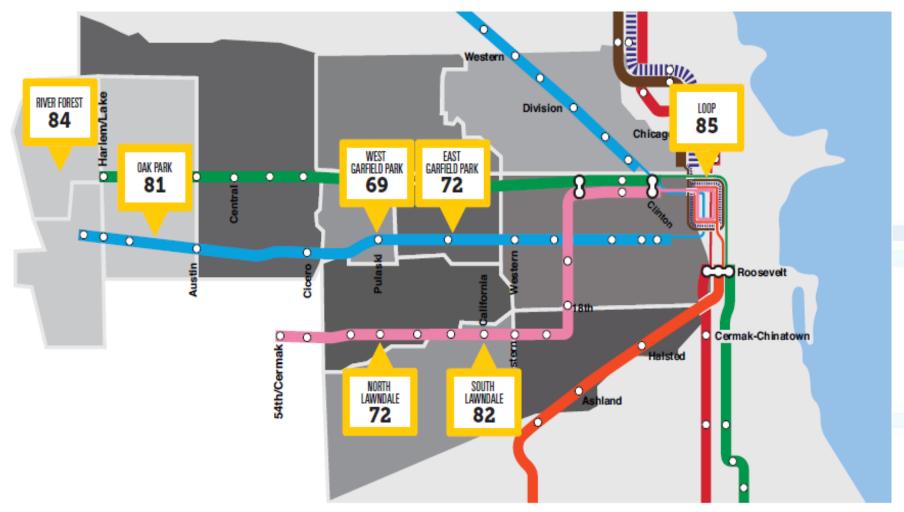
# What's Next for Integrated Care: A Status Report and Forecast from Cook County Health & Hospitals System

**HMA: Trends in Publicly Sponsored Health Care** 

John Jay Shannon, MD
Chief Executive Officer
October 2, 2018



#### Life Expectancy at Birth by Neighborhood





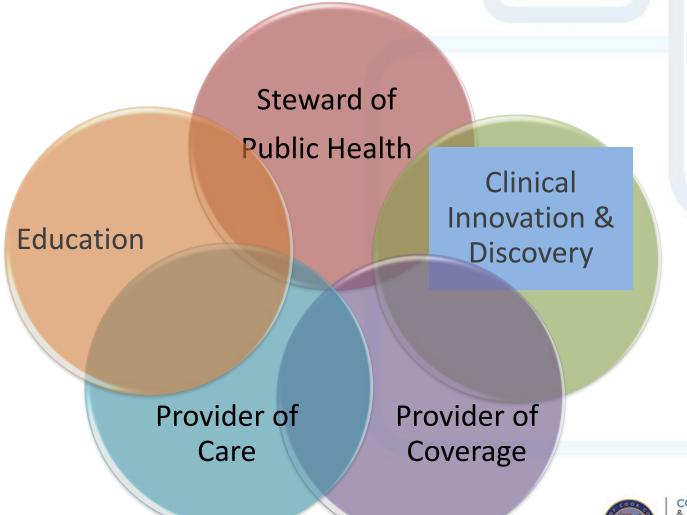
#### **Cook County Health & Hospitals System**

#### **Clinical Services**

- John H. Stroger Jr. Hospital 450 beds
- Provident Hospital 79 beds
- Ambulatory Health Centers
  - 13 primary care medical homes, 3 regional outpatient centers, CORE Center
- Correctional Health Services
- Cook County Department of Public Health
- CountyCare-Medicaid Managed Care Health Plan



### Safety Net for Vulnerable Populations & Community Asset





#### **Newest Member of the Family**



Provider "Owned and Operated"

335,000 members

**Network includes:** 

50+ hospitals 4,000 primary care providers, 14,000 specialists



The insurance plan that got Cook County Health off life support

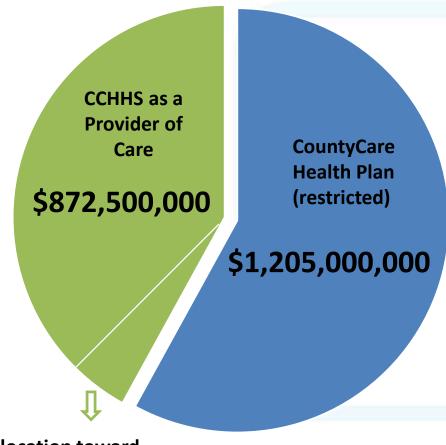
By Kristen Schorsch May 9, 2015

County health system outlook in 2018: More Medicaid patients, more revenue

By Kristen Schorsch August 28, 2017



#### **CCHHS Budget inclusive of CountyCare**

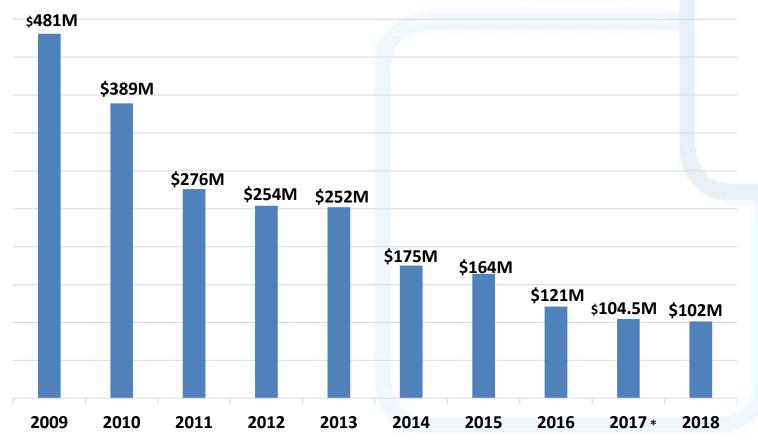


\$102,000,000

Local taxpayer allocation toward operations
(Public Health & Correctional Health)



## County Health Fund Allocation to CCHHS Operating Expenses



<sup>\*</sup>Adopted allocation was \$111.5M - \$7M reduction in July due to TRO on SBT Note: Pension and Debt Service not included. Until 2016, Cook County Government provided capital funding in addition to the allocation.

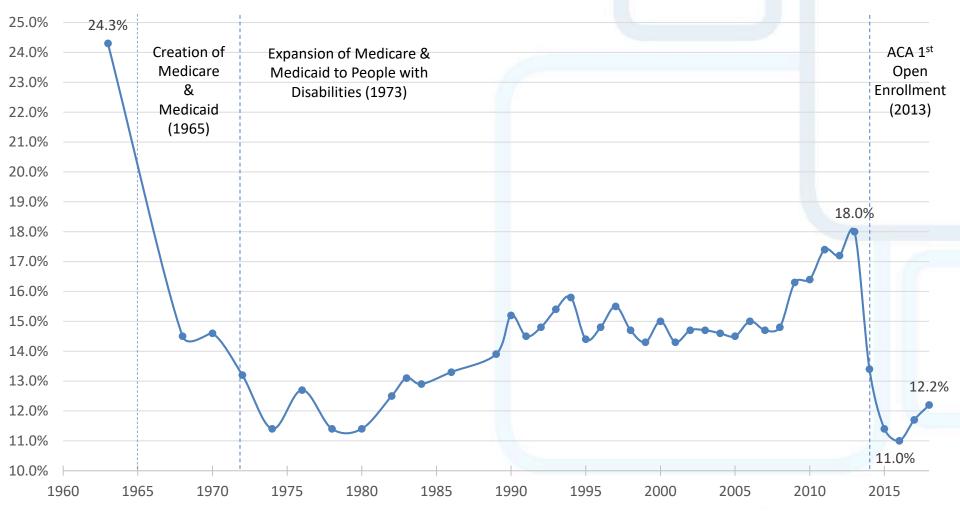


#### **Charity Care in Cook County**

	2013 Charity Care	% of all charity care	2016 Charity Care	% of all charity care	\$\$ Change 2013-2016
All Hospitals in Cook County	\$690M		\$543M		21%
Stroger and Provident	\$257M	37%	\$266M	49%	<b>1</b> 3%

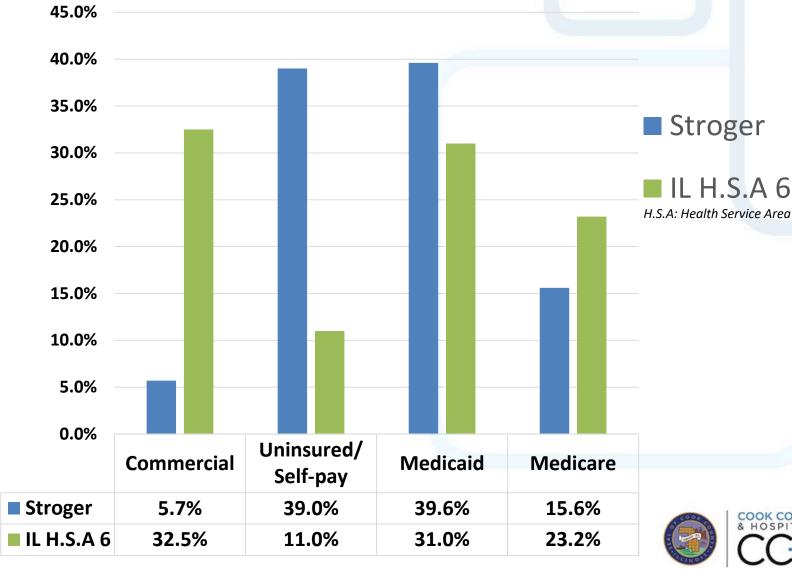


#### **Uninsured in the United States**





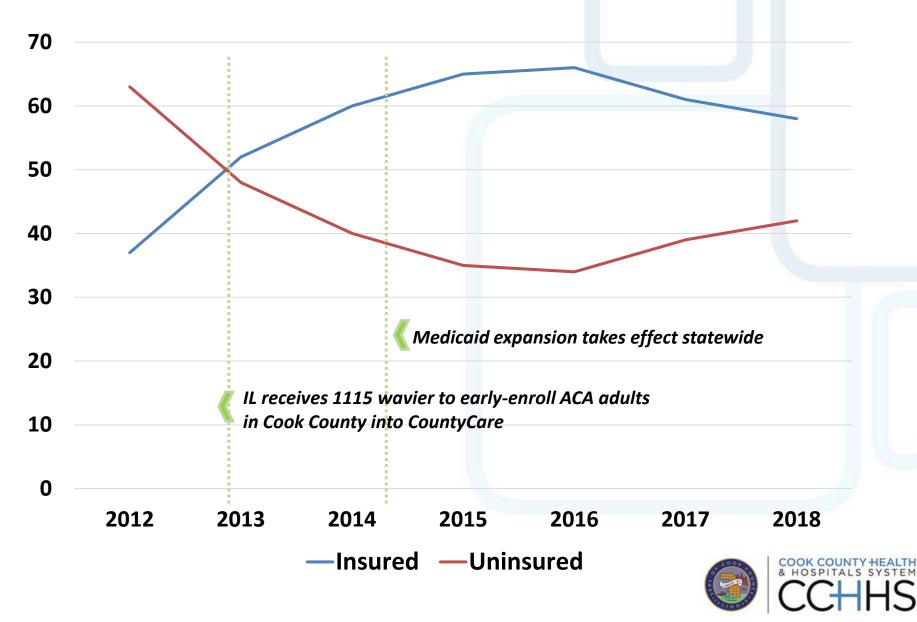
#### Payer Mix Comparison - 2016





IL H.S.A 6

#### **Insurance Status of CCHHS Patients**



# Direct Access Program Launched in 2017

Through June 2018, more than 30,000 individuals were enrolled in the program; 87% with income 200% or less FPL.

### **WBEZ91.5**

Cook County Working On A Managed Health Care Plan For Uninsured Residents September 14, 2016

### **SUNOTIMES**

Cook County launches new program for the uninsured September 14, 2016

### Chicago Tribune

Cook County to start program to help uninsured get health care September 14, 2016



### WHEN BEHAVIORAL HEALTH COSTS ARE EATING YOUR LUNCH



### CountyCare Substance Use Disorders and Behavioral Health Claims

For Claims Paid 1/1/2017 - 12/31/2017

- \$47 million or 8.3% of total cost
  - Not inclusive of pharmacy
  - Does not account for related physical health costs

 3% of enrollees (same prevalence as chronic cardiovascular, endocrine and respiratory conditions) with roughly 10% of spend.

## BUILDING A BEHAVIORAL HEALTH STRATEGY FROM SCRATCH



#### **Component Parts of the Strategy**

#### Developing & Maturing Partnerships

- Behavioral Health Consortium
- Justice Advisory Council
  - Courts, law enforcement, policy-makers
- Acute Care Hospitals & State Run Mental Health Hospitals
- Community-Based Providers
  - Triage Centers
- Foundations
  - Grants, credibility

#### Building Internal Capacity/Services

- Integration of Behavioral Health into Primary Care homes
- Behavioral Health Access Line
- Care Management
- Medication Assisted Treatment
  - Correctional Health & Primary Care



#### **Behavioral Health Access Line**

- 8:00AM 6:00PM Monday- Friday
- Licensed Clinical Social Workers
- Linkages to care through the Behavioral Health Consortium
- 450 800 calls per month from patients,
   CountyCare members and social workers.



#### **Justice-Involved Strategies**

- Detox unit at Cook County Jail
  - Average 25 detainees/day into detox unit
  - 10,000 patients cared for annually in detox unit
- Naloxone education and distribution at Cook County Jail
- LCSWs in the **pre-trial service** area at Cook County courthouse screen and refer for treatment 60 to 100 clients per month
- Assisted Outpatient Treatment a civil commitment process for those with severe mental illness who have cycled through the behavioral health and/or justice system. Working with several local hospitals and the state mental hospitals to provide this extensive discharge support for their complex patients.

#### **Medication Assisted Treatment**

- Medication assisted treatment a "joint venture" with the department of psychiatry, ambulatory care and family medicine.
- Provision of buprenorphine and naloxone (Suboxone) and naltrexone (Vivitrol) in primary care sites.
- Recovery coaches support the efforts in medical homes.
- Services offered in 11/13 medical homes at present.
- Recovery coaches in Stroger Hospital Emergency Department for education and linkages for patients with opioid use disorders.



#### **BH-Specific Care Management**

 Two dedicated LCSWs provide in-depth support to 80 patients monthly hospitalized for medical complications of substance use disorder.

 Transition of care for patients hospitalized at acute care facilities. Team visits before discharge, supports linkages and stays connected until treatment well established.



## EXPANSION OF CARE MANAGEMENT



#### Within the Health Plan

- It is the "managed" in Managed Care
- Required for at-risk capitation
- Conceptual model: Health Risk Assessments to risk stratification to connection with community resources to improved health status



#### Within the Provider

#### **Financial & Regulatory Necessity**

#### **Leveraging Technology**

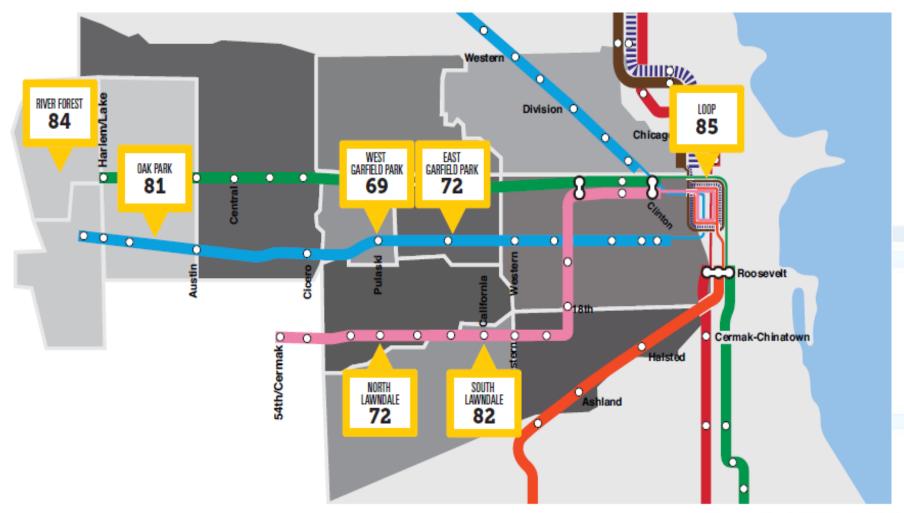
- Medical Home Network "MHN Connect"
- eConsult
- HIV Care
  - Project Connect
  - West Side United



#### **SOCIAL DETERMINANTS OF HEALTH**



#### Life Expectancy at Birth by Neighborhood





## Assessing and Addressing Social Determinants

**Problem: Food Insecurity** As of 2014, 48.1 million Americans were living in food-insecure households, including 32.8 million adults and 15.3 million children.

In CCHHS' primary care homes, 30% screen positive for food insecurity

#### **CCHHS** Response



#### Partnership with GCFD

- Screen
- SNAP application assistance, food panty information
- Fresh Food Truck Initiative



### Assessing and Addressing Social Determinants

**Problem: Housing** Nearly 19 million low-income U.S. households pay over half of their income on housing, and more than 600,000 people have no home at all. In Illinois 26% of all 'renter' households are housing insecure.

20% of CountyCare members enrolled during the waiver are "concerned about a place to sleep tonight or in near future."

#### **CCHHS Response**



Internal Capacity Building and Partnerships

- Homeless Opioid Use Disorder Program
- Partnership with Housing+ in Suburban Cook
- Partnership with All Chicago in City of Chicago for Rental Subsidies
- Partnership with Housing Forward to assist Behavioral Health patients

### Assessing and Addressing Social Determinants

**Problem: Substance use impact in Cook County** 

Mortalities in Cook County*	2015	2016	2017
<b>Motor Vehicle Accidents</b>	277	278	335
Gun Violence	602	805	743
Opioids (Heroin, Fentanyl, others)	647 (103)	1,000+ (562)	≈1,100 (TBD)

#### **CCHHS Response**

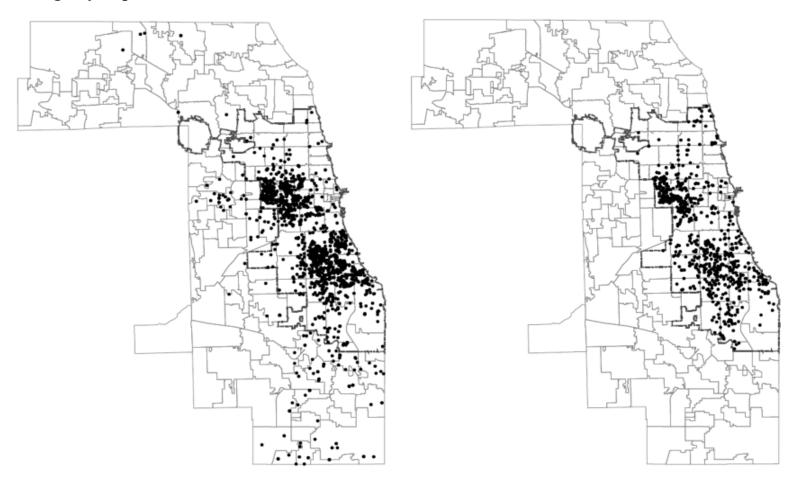


- Medical Assisted Treatment in Medical Homes
- Medical Assisted Treatment in Correctional Health
- Community Triage Centers
- Safe prescribing in ED, Hospital, Ambulatory Care
- Advanced Analytics



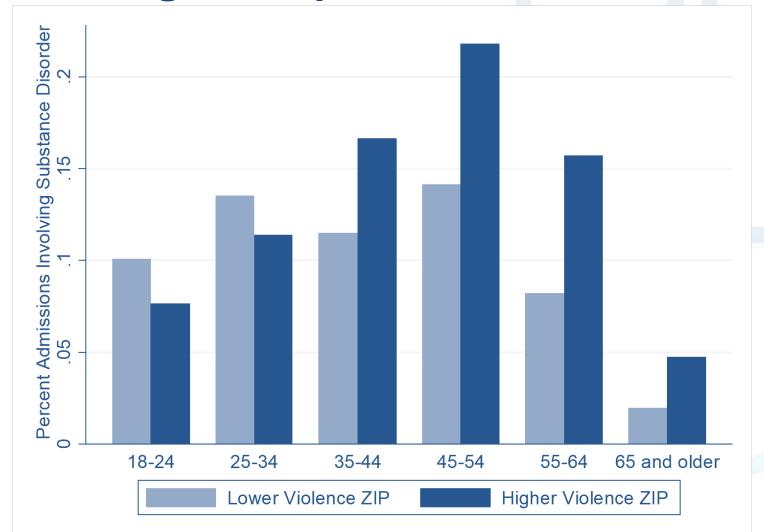
### Geographic Distribution of Firearm Violence: Cook County

Cook County residence of patients with nonlethal firearm injury in the Stroger Hospital Emergency Department, 2012-2016 Location of *homicides* in the City of Chicago, 2016



<sup>\*</sup>Chicago boundary denoted by the darker solid line inset within the borders of Cook County

## **Substance Use Admissions Stroger Hospital, 2012 to 2016**



<sup>~</sup>Older individuals living in high violence zip codes more likely to be admitted for substance use disorder

# Prescription Opioid Use Patterns Among Non-Cancer Chronic Users: A Social Network Analysis

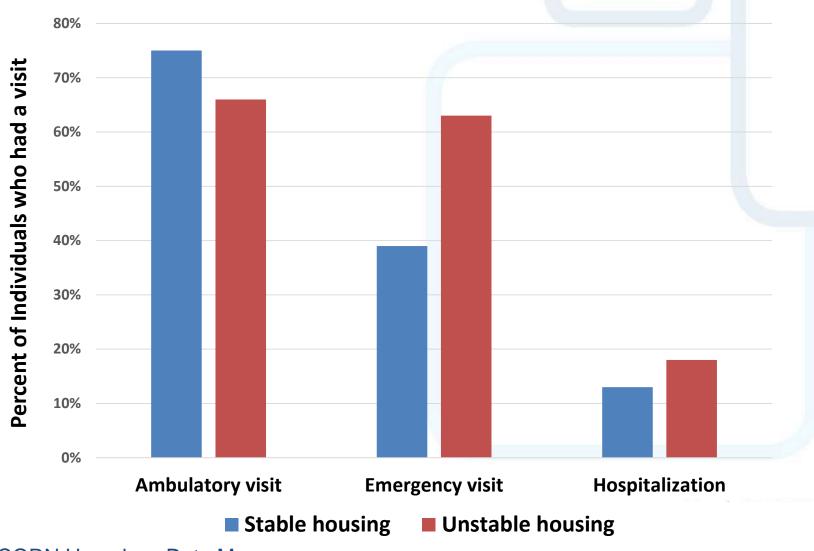
#### **Results**

 Close to one of four chronic opioid recipients were exposed to high-risk opioid doses; more often from multiple prescribers with overlapping prescriptions.

#### **Analysis**

- Prescribers in the social network's periphery (less connected) were at greater risk of high-risk prescribing.
- Efforts to improve prescribing should focus on prescribers in isolated, non-integrated practices where risk of discoordination (overlapping prescriptions from multiple providers) was highest.

#### Health Services Use 2016: Stable vs Unstable Housing



### Primary Diagnosis for Emergency Department Visit

Diagnosis	N=21,672	%
Repeat prescription	1028	4.7
Etoh abuse w/ intoxication	711	3.3
Suicidal ideation	615	2.8
Chest pain, unspecified	551	2.5
Asthma	540	2.5
Abdominal pain, unspecified	395	1.8
Headache	342	1.6
Cough	318	1.5
Rash	248	1.1
Short of breath	244	1.1
Major depressive disorder	235	1.1

Behavioral health conditions:

7.8% of visits



#### In The End, We Have

#### The Whats

- ACA led to substantial coverage in IL & CC
  - Increased access to BH services and care coordination
- CCHHS has successfully changed its 180 year model to adapt

#### And the What Ifs

- What if...all these changes don't impact health status and recidivism?
- What if....the ACA is repealed?
- What if...Medicaid funding decreases?



### **Questions?**

