March 2007

Northern Illinois Public Health Consortium, Inc.

NIPHC

Business Newsletter

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A. Committee Reports

1. Illinois Department of Human Services (IDHS) Committee

Committee Chair Theresa Heaton, BSN, MPH, Personal Health Director of the Kane County Health Department, submits the following report.

The NIPHC IDHS Committee is proactive in programs sponsored by the Illinois Department of Human Services. Current focus is targeted to significant issues impacting Family Case Management (FCM) and related Maternal and Child Health programs and in developing a regional approach to improving maternal and child health. The committee is grateful for the collegial contribution from our IT and Epidemiology colleagues on recent projects.

Some of the committee members represented NIPHC on the FCM Restructuring Task Force that was formed by the Illinois Department of Human Services to offer recommendations to the Governor-appointed Maternal Child Health Advisory Board. The highest priorities advocated through our participation in the Task Force are:

1) Assuring greater latitude at the local level for deciding the amount of intervention delivered to participants, based on their utilization of medical services and risk acuity. Currently we are involved with a risk/acuity screening pilot that will assist this effort.

2) Facilitating development of an e-Cornerstone system with modernized case management tracking, program analysis, and epidemiological capacities.

3) Assuring that any changes in the program do not jeopardize federal claiming by local health departments.

Our Committee participated in the University of Illinois at Chicago School of Public Health collaborative student project that is refining questions that help to explicate the effective components of Family Case Management in local health departments. These findings will assist in policy making related to FCM program changes and funding decisions in the future. We are involved in proactive monitoring of the opportunities for articulation of the new All Kids Primary Care Case Management system in Illinois with our Family Case Management services. We are interested in assuring that Family Case Management receives a Cost of Doing Business Adjustment in 2007 for the first time in the program's 15-year history.

2. Environmental Health (EH) Committee

The EH Committee has been discussing/exploring the following initiatives in addition to those reported in previous newsletters:

- A change to the Local Health Protection Grant (LHPG) rules/policies to allow the sharing by and among LHDs of completed Comprehensive Water Well Inspection Reports where licensed water well contractors work in two or more jurisdictions. Per the LHPG rules, LHDs must perform annually one (very time consuming, resource-intensive) Comprehensive Water Well Inspection for each licensed water well contractor in an effort to ensure that said contractors are using approved materials and construction procedures from start to finish. Such an inspection has been known to take up to several days. The EH Committee views performing such an inspection of the same contractor multiple times by multiple LHDs as a duplication of efforts.

- EH Committee Chair Steve Curatti offered testimony in front of the House and Senate Environmental and Energy Committees on behalf of NIPHC in support of two bills aimed at extending “new and used tire fee” legislation that was enacted in 2003 and scheduled to expire January 1, 2008. HB364 and SB154 passed through House and Senate committees on Feb. 22, and continued efforts will be made.

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3. The Northern Illinois Public Health Information Network (NIPHIN), also known as the Public Information Officer (PIO) Committee, meets monthly, alternating in-person meetings with conference calls. Health Department members include: Leslie Piotrowski, Chair (Lake); Sheri Brazley, Co-chair (Chicago); Tim Hadac and Sherri Tonozzi (Chicago); Kitty Loewy (Cook); Dave Hass (DuPage); Tom Schlueter (Kane); Ted Joyce (Kendall); Tiffany Clarke (Lake); Debra Quackenbush (McHenry); Vic Reato (Will); Sue Fuller (Winnebago); Marcy Zanellato (DeKalb); and Kathy Smith (Grundy)

Recent PIO activities include:

- Worked together to respond on a regional level to the Food and Drug Administration’s recall of Peter Pan peanut butter in mid-February. The PIOs’ messages were unified and members stayed in contact with each other throughout the day as they issued notifications and press releases to their constituents about the recall.

- Met for training on the Chicago Health Alert Network (HAN) on Jan. 23.

- Finalized guidelines regarding regional triggers for food safety and product recalls.

- Set the date of May 3 for next message mapping workshop with Dr. Covello of the Consortium for Risk and Crisis Communications (CRCC).

- PIOs submitted materials for CRCC to produce a regional briefing book that will help assure unified messages regarding emergency and major public health topics, such as pandemic flu.

- The group will meet on March 20 to discuss the results of the on-line survey conducted by CRCC and to develop future direction based on the results.

B. Chicago Tribune Articles

1. Cook medical system at critical crossroads

WHY YOU SHOULD CARE ABOUT COOK COUNTY HEALTH CARE

http://www.chicagotribune.com/features/health/chi-0702250004feb25,1,831137.story

By Judith Graham
Tribune staff reporter
February 25, 2007

Now that the budget battle is over, Cook County's public health system stands at a critical crossroads.

Down one path lies the status quo: Well-documented financial neglect. Administrative mismanagement. Waste and inefficiency.

This route virtually guarantees that resources will continue to be squandered and the county's long tradition of medical excellence severely compromised, experts said.

Down another path lies reform: An embrace of professional management. Responsible stewardship of limited resources. A commitment to medical excellence.

It's the route that leaders throughout Chicago are recommending to the county with a considerable sense of urgency.

"We're making a plea: Do what is needed to keep Cook County in the forefront of medical delivery to the poor," Rep. Danny Davis (D-Ill.) said in an interview last week. "Bite the bullet and really manage properly. Satisfy the public that you're really running a top-flight ship. Restore confidence in the system."

That's going to be hard, given the extraordinary turmoil at hand. Deep budget cuts are imminent. Thirteen clinics will close and hundreds of doctors and nurses will lose their jobs, leaving behind distraught patients.

Morale is rock-bottom, pessimism widespread.

"It's shocking what's happening to our public health system," said Dr. Quentin Young, co-chair of the Regional Healthcare Safety Net Council and former chairman of the department of medicine at Cook County Hospital.

Long-term trends also are bleak. Even as the ranks of people with no medical coverage or inadequate insurance expand, available financing is falling short. New federal regulations jeopardize hundreds of millions of dollars in funding that has kept county facilities afloat for years.

Five years of deficit spending for the health bureau have consumed financial reserves, and officials privately express concern that next year's budget deficit will be even worse.

"This is a long-term, not a short-term crisis," said Patrick Lenihan, executive director of the Northern Illinois Public Health Consortium.

The entire Chicago area should be concerned, he and other experts said. Without a strong medical safety net for the poor and medically needy, the burden of illness will increase, causing enormous pain and suffering, inflating medical costs and contributing to social ills such as unemployment.

What, then, can be done to preserve this health-care system that serves hundreds of thousands of the region's neediest and most vulnerable residents every year? What might leadership look like, going forward?

Health experts offer several suggestions:

- Don't forget the patients. Patterns of care will be disrupted because of budget cuts at county facilities, and patients will face adjustments to new providers, longer waits for care and difficulty finding transportation to new locations. Leaders should try to minimize the impact, when possible.

- Fix financial systems and start collecting all revenues due for services. By the county's estimate, more than $250 million in bills for services were never sent out last year.

- Bring in professional management and overhaul human resources. These are key recommendations from an independent commission appointed late last year to evaluate the county health system. "You've got to have people with experience running this system," said Dr. Larry Goodman, a commission member and president of Rush University Medical Center.

- Start serious planning. The nature and distribution of medical need in the region has changed as more poor people live with long-term chronic illnesses and migrate to the suburbs, said Dr. Kevin Weiss, director of Northwestern University's Institute for Healthcare Studies. The county should evaluate the extent of these needs, how its existing services match up, and where gaps exist, he said.

- Work with the city and other counties. The county doesn't have to do the planning alone; the city and collar counties should be partners in the effort, Weiss suggested. By some estimates, one in every 20 patients served by Cook County hospitals and clinics comes from the collar counties or beyond. That argues for Cook County to work with other counties on regional planning and potential regional solutions, said Laura McAlpine, interim executive director of the Health and Medicine Policy Research Group, which has launched a regional safety net project.

- Reach out to other institutions that deliver care to the uninsured and underinsured. The county isn't alone in serving this population: Private community clinics and hospitals such as Mt. Sinai and the University of Illinois at Chicago Medical Center also are deeply involved. "The needs are horrendous, but [the] county isn't the only player out there," said Dr. James Webster, president of the Chicago Board of Health. "Everyone needs to sit down and say, This is what I'm doing, this is what I can do."

- Rethink the menu of medical services that the county provides. Given severe financial constraints, it may no longer be possible for the county to provide a full spectrum of inpatient and outpatient care. Instead, the county should consider contracting out for more services, several experts said.

"They don't have to be everything and do everything, but they do need a plan," said Donna Thompson, chief executive of Access Community Health Network, the largest chain of clinics in the Chicago area.

In all the changes the county makes at medical facilities going forward, the quality of care should be a major focus. The county has long been known for top-notch care, but that's becoming harder to sustain as institutions are starved for resources, including staff and equipment.

"Things are getting worse, but no one seems to care or be paying attention," said Margaret Davis, executive director of the Healthcare Consortium of Illinois.

Physicians who work at the county system supply several examples. The once-famous burn unit at Stroger Hospital, which has lost verification (a form of accreditation) from the American Burn Association, has only one burn surgeon. The hospital also has lost accreditation for its pathology residency program because of insufficient staff and resources.

"If you decide you need a burn unit, if you're convinced trauma is part of your core mission, then fund it," said one physician who asked not to be identified for fear of losing her job. "And if you can't fund it, don't do it."

By state law, Stroger is supposed to have four full-time specialists in high-risk maternal/fetal medicine staffing its perinatal network; it has only one. And only one full-time vascular surgeon is employed at the hospital's renowned trauma unit.

Stroger Hospital is struggling to get X-rays read because of staff shortages. "Even though we have made modest improvements, the problem continues," said Stroger senior attending physician Dr. Gordon Schiff in January testimony to the Cook County Board. "Inevitably, there will be cancers missed, bone fractures overlooked, treatable infections undetected until they are much more advanced."

Physicians don't want to see this kind of deterioration continue. Now, it's up to county officials and management to make sure it doesn't.

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2. Planning health care

VOICE OF THE PEOPLE (LETTER)

http://www.chicagotribune.com/services/site/premium/access-registered.intercept

Kenneth C. Robbins
President, Illinois Hospital Association
February 25, 2007

Naperville -- As the statewide association representing 200 hospitals, we disagree with your suggestion that the Illinois Health Facilities Planning Board "fade away" (Editorial, Feb. 20). While your editorial stated that an independent analysis by The Lewin Group

"hedges a bit" on the future of the planning board, this consultant's top and immediate recommendation is that the board continue. In overseeing the health planning process, the planning board goes beyond protecting safety-net hospitals. If left entirely to free-market competition, there would be an unhealthy expansion of profit-driven specialty providers at the expense of full-service, community hospitals.

Community hospitals provide the full spectrum of essential health-care services to everyone--such as 24/7 emergency services and trauma care, services that lose money. Numerous studies show that as specialty providers increase, community hospitals are forced to reduce unprofitable but critically needed services. Illinois needs a planning process that focuses on major health-care projects, such as new construction that protects critical health-care services, especially for the poor and uninsured. That is why the Illinois Hospital Association is urging the General Assembly to extend the program for five years to continue to protect the access to essential health-care services for all Illinoisans.

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