

Illinois Department of Healthcare and Family Services
Hospital Transformation Review Committee
October 3, 2018

Members Present:

Senator Aquino
Director Patti Bellock
Representative Tom Demmer (via phone)
Representative Robyn Gabel
Representative Greg Harris
Acting Administrator Teresa Hursey
Representative Sheri Jesiel (via phone)
Representative Camille Lilly
Representative Ryan Spain
Senator Heather Steans
Senator Dave Syverson

Other Members:

Representative Feigenholtz

HFS Staff:

Jodi Carr	Cindy Bushur-Hallam	Laura Phelan
Chris Kantas	Shawn McGady	
Kim McCullough-Starks	Kim Schultz	
Daniel Suess	Hector Villagrana	

Caucus Staff:

Patrick Besler, House Republican Staff
Gabriel Broughton – House Republican Staff
Nicholas Gab, House Republican Staff
Mark Jarmer, House Democrat Staff
Elizabeth Nelson – Senate Democrat Staff
Ellen Ross, House Democrat Staff
Justin Sinner, Senate Republican Staff

Interested Parties:

Marcus Bael – NMH	Melissa Black – Carle
Harry Brockus, - Carle	Michelle Cager – OSF Healthcare
Kathy Chan – CCHHS	M. Chikiar – Mt. Sinai - SEIU
Percy Clark – SEIU	Angela Grover – Presence Health
D. Cook – SEIU	Tom Garvey – SCH
Ann Guild – HFSRB	George Hovanec – Lurie Children’s
Joe Holler, IHA	Ron Holmes - IAMHP
Beverly Ingram – St. Bernard Hospital	Anne Igoe – SEIU
Shawka Johnson – Loretton Hospital	J. Koehler - Loyola
Sean Kirkby, Health News Illinois	Chris Klay – HSHS
Gaby Lare – SEIU HCII	Ben Lazare – Consultant
K. Lemor - SEIU	Nicole Magalis – IHA
Dr. Aaron McKenzie – Loretto Hospital	
Mona Martin - Mona Martin consulting	Chris Manson – OSF
Heather McNabola - SEIU	Tom Riley - SEIU

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Catie Sheehan - HSHS
Patricia Parks – Loretto Hospital
Abby Radcliffe - IHA
Cathy Thomas – SEIU
Matt Werner – M. Werner Consulting
Gregg Will – SEIU
Meghan Woltman – Advocate Health

Jessica Pickens – Next Level Health
Wellington Thomas - SEIU
Lynda Robinson - SEIU
Scott Vogel – HCII
A.J. Wilhelmi – IHA
Cathy William – Loretto Hospital
Dora Wooden – Loretto Hospital

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**Meeting
Minutes**

Welcome & Introductions: The bi-weekly meeting of the Hospital Transformation Review Committee (HTRC) was called to order on October 3, 2018, at 10:30 am by Chairman Harris.

Roll Call: Chairman Harris took a roll call of members present. There were a total of 11 members present, 9 in-person and 2 by phone, and Chairman Harris noted that a quorum was present.

Old Business: At the start of old business, Chairman Harris stated that there was a public call-in number added to the meetings for the public to be able to listen only and ask questions when the opportunity was given during open comment.

Representative Aquino moved to approve the minutes from September 13th meeting, Representative Gable 2nd the motion, and by a vote of 11 in favor and 0 opposed the motion was adopted.

The HTRC received an update from safety net hospitals, the Illinois Association of Medicaid Health Plans, and Director Bellock on a meeting held to address issues with claims processing. The meeting was described as productive, but also attempted to address too many issues. It was recommended that smaller groups from the interested parties meet in order to more quickly address issues with claims.

Teresa Hursey, Acting Medical Director for Healthcare and Family Services, told the group that the department is working on the MCO claims processing and performance analysis report and something will be publically available on the HFS website by the end of October. She addressed a question about behavioral health by stating that the state is not allowed to give provisional eligibility for behavioral health. The closest is the ICG grant process. HFS has worked to make the program more accessible and will continue to work to make it as accessible as possible. Teresa also addressed the 90 day deadline for turning in an application was also addressed.

HFS reached out to federal CMS to ask if they would attend one of the committee meetings. The regional office sent the request to the central office in Washington, D.C.

New Business: Chairman Harris started new business stating we will be hearing from SEIU Healthcare, Rural Critical Access Hospitals, and the committee will get an update from the Illinois Hospital Association on their transformation workgroup.

Anna Igoe presented on behalf of SEIU Healthcare. She asked that the rule making process for phase two of the hospital transformation be inclusive. SEIU also recommended that eligibility for phase two of the hospital transformation be limited to safety net and critical access hospitals, require eligible projects to keep existing services and invest in the hospital workforce, create a mechanism for public input, and require projects to target health inequities. SEIU went through each recommendation in more detail and noted that the communities where safety net hospitals are located depend on those facilities for care

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and are key economic drivers. Anna noted that state funding for smaller systems are in greater need of resources and should be prioritized for state funding over larger systems.

SEIU advocated for bench marks towards a \$15 minimum wage be incorporated in the hospital transformation as an investment in the healthcare workforce. SEIU also advocated for public and community input in the transformation process. They stated that the community members know what type of healthcare service is best for their communities.

Lastly, she pointed out inequities in the healthcare system. She stated that there are little resources and development in rural areas of Illinois and the south side of Chicago. SEIU is advocating that these areas, often dependent on safety net hospitals, are prioritized in phase two of the hospital transformation.

Next, A.J. Wilhelmi, President and CEO of the Illinois Hospital Association, introduced three rural hospitals who presented on behalf of rural critical access hospitals. The presenters included Harry Brockus from Carle, Chris Klay from HSHS, and Chris Manson and Michelle Cager from OSF Healthcare.

Mr. Brockus was the first to testify. He spoke about his experiences at the Hoopston regional health center. When Mr. Brockus arrived the center was close to bankruptcy and it was necessary to change course. They were able to increase the quality of care and lower costs by forming partnerships with other providers. In the next few years, the center is going to increase its use of telemedicine and data analytics to provide better care to patients. Mr. Brockus pointed to the fact that while these technologies exist, current laws and regulations do not encourage the use of new technologies. The center is also integrating behavioral health into the care they provide.

Chris Klay, of HSHS in Breese, spoke to the importance of rural health centers and the value that smaller hospitals bring to their communities. Mr. Klay stated that they have been working on providing access to transportation and using telemedicine to provide the care patients want in their own communities. However, Mr. Klay said that the current payment models do not support or incentivize the use of new technologies or care in rural communities. HSHS has also started to better integrate behavioral health into the care they provide. He asked that the committee keep rural hospitals in mind as the transformation continues.

The committee members discussed with Mr. Brockus and Mr. Klay the steps that they have taken to provide better care in their communities and some of the challenges they are facing.

Chris Manson and Michelle Cager from OSF Healthcare presented next. Mr. Manson and Ms. Cager spoke about the four areas of innovation OSF Healthcare is prioritizing. Those included advancing simulation, delivering care to elderly without disrupting where they live, more for those with less, and how OSF can democratize access to care regardless of setting or context. Ms. Cager spoke about the partnerships OSF has with groups throughout Illinois, as well as in Missouri, Massachusetts, and California.

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Ms. Cager walked the members through OSF Healthcare's "Health Village" that OSF, in collaboration with the community, recently opened in Streator, Illinois. This concept incorporates multiple services in one building. Services and innovations include a broad range of ambulatory services, social service agencies and community resources, new technologies, and innovative care models. Specifically, the center includes 3 co-locators, the LaSalle County Health Department, North Central Behavioral Health, and an American Cancer Society resource center. In addition to the co-locators, several organizations in the community are partners.

Ms. Cager then spoke about OSF's next steps. This includes partnering with the University of Illinois, creating innovation outposts, and a community health worker program. OSF Healthcare also plans on continuing to invest in technology and their digital transformation.

Following the presentation members of the committee asked Ms. Cager about the success of the Streator facility and how the state can better encourage innovation.

Following the testimony from SEIU and rural critical access hospitals, the Illinois Health and Hospital Association gave an update on their transformation task force. Patrick Gallagher from the IHA stated that the overarching goal of the task force is to allow hospitals who receive assessment funds provide the best services they can to their communities. The taskforce is specifically looking at criteria that would prioritize hospitals that are most dependent on the assessment funds, what the minimum standards should be, as well as what degree of flexibility should be allowed.

The IHA answered questions from committee members and had a brief discussion about the progress of their taskforce. The IHA stated that they are planning on presenting recommendations to the IHA board in November.

Public Comment: Chairman Harris asked for public comment. There was no comment from members of the public present or listening online.

Adjournment: Chairman Harris adjourned at 1:00 pm.

Next meeting: TBA