

**INTEGRATED HEALTH SYSTEMS FINAL REPORT MEETING
BUSINESS COMMITTEE CONFERENCE ROOM
MARCH 1, 2002
NHC**

Present: Gerald Danforth - Chair, Tina Danforth - Vice Chair, Judy Cornelius - Treasurer, Julie Barton - Secretary, Eugene Metoxen, Sandra Ninham, Paul Ninham - Council members

Excused: David Bischoff, Vince DelaRosa - Council members

Others: Chriss Luttrell, Janice Hirth, Lloyd Powless, Adema Watters, Pearl House, Dorothy Skenandore, William Cornelius, Hannah Jordan, Mary Greendeer, Florence Petri, Roberta Kinzhuma, Marianne Close, V. Hensley, Ella Sauer, Pat Pelky, Lynn Vandenlangenbury, Wendy Chasnon

Judy Cornelius The feedback from these meetings were generated into minutes. We did this project after looking at the finances of the tribe, and found there were gaps in health care that could be merged. Some of the cost in one area could cover different areas, this includes the insurance area as well.

Health care delivery is not shared across the board, basically, the right hand doesn't know what the left hand is doing. We needed to bring the health care delivery people together and think of ways to better serve the needs of the community.

Therefore, we agreed on a mission statement, goals and objectives for the Integrated Health System Project. We started in the year 2000 compiling information. During that time, the health center has brought on a new vendor called Touch Point. That billing system, continues to be a major catastrophe. Last week, NCAI presenters stated that problem is across the board.

During last month's treasurer's report, questions were also raised on our billing system. The response during that meeting was that it was being taken care of. However, in checking with the charter team for health information systems, that is not totally true.

Some bills recently received by myself, indicate that they have gone to collection. With that, I'm going to turn the agenda over to Terry Hetzel, our facilitator of this meeting.

Terry Hetzel The purpose of the meeting is to present the final document. The desired outcome is to have the final report accepted by the Business Committee acknowledging the work and recommendations resulting from the groups efforts.

The ground rules of this meeting is to show respect for each other and other's opinions, and presentation of the Integrated Health System project team. There were a lot of charter teams in the tribe that have closed out, when charter teams close out, they present their findings. The Business Committee will ask questions and raise concerns on the report with recommendations given.

Cards will be handed out for written concerns and recommendations to the report. The groups will take all concerns and recommendations into consideration of that report.

Gerald Danforth This special meeting was established from a regular Business Committee meeting so that everyone who worked on this report could present this information. For the record, I'll call the meeting into order.

Judy Cornelius The hand-out has the Opportunity Statement put together by the

core group. The goal was to develop an inclusive plan which incorporates comprehensive health needs of the community and employee base for the purpose of quality, efficiency, cost effectiveness and client satisfaction.

The objective that we identified is current tribal health services, analysis of health services for determination of duplication or like services, determination of gaps, design strategy for integrated health for the community and employee base, and recommendations to the Business Committee for implementation plans to monitor the on-going quality assurance of this plan brought forward.

This plan identifies the roles and authority. Specific topics of discussion were patient management and coordinated services. During community meetings, it was noted that people don't know where to go for specific health services. We hope to develop communication to the community and employee base in regards to that need.

We touched on support for members seen by non-Oneida health center providers and home health care which doesn't really exist.

This program is something we hope will evolve through this integrated process.

We need a measurement for the criteria of quality of care as well as the focus of who we're serving. We asked for data on suicide, there has been no feedback on anything collected on that. We need feedback to develop programs specific to needs.

During the course of her term, a number of individuals have left that were providers. The number that are from the Prevea network also have been criticized, this doesn't make for good alliances.

The organizational structure, the layers for sign off itself takes so long, it is an impediment to the process of care a patient gets. Process and structure across the board are outdated. Board responsibility and its effectiveness are also something to look at.

Lynn

Vandenlangenberg Discussion at meetings on the level of services that health care provided led toward some speciality areas that the health center has identified a significant need for. An example is diabetes.

Another train of thought is to keep the level of service primary care to reach more people. We need to be able to define our service areas. Discussion on the people who don't live directly on the reservation but come to the health center is a big need for Oneida also. We need to be able to define the services, costs and need that we're currently not meeting.

Judy Cornelius

We've tried to look at the insurance carrier to negotiation better insurance rates by looking at the need the community has. That didn't happen which is why we now have Touch Point through Bellin. When you have services spread out through different agencies, you might be able to get more cost effectiveness negotiations.

After looking at things reported, we thought of how we could merge like and same services. It is interesting to note at NCAI, one of the sponsors was Nike. They spoke of working with the tribes in terms of providing programs that would work with diabetes and their fitness centers. This is one way to look at utilizing our health services and fitness center. It's to the benefit of this tribe to merge services together

The recommendations of consolidating into a comprehensive integrated health system. These areas would include Anna John, Risk Management, Workers Comp, employees assistance, Fitness Center, Occupational Health Nursing, Environmental Health and Safety, Social Services, and Behavioral Health

A scenario has been set up that would identify merging those different areas. On Monday, assisted living was looked at as to how we can accommodate them as well.

Creating a position for an Integrated Health System General Manager has also been looked at due to the overall responsibility of health services. It's hard to hold people accountable of the things that need to be done. Billing, patient management, etc. You need a person who has a strong background in organizational management in terms of health care needs.

We looked at several different documents in terms of a health authority board. We thought in terms of a person or entity that

would look at the full scope or range of health services which includes Risk Management and the Safety Department in terms of people who have allergies, etc., the realm of things that could be looked at and brought together under one system

Creating key Integrated management positions is something that some can already move into. Various titles of those positions are given in the hand out. Creation of a executive integrated health system board that would be over the general manager who would then answer to the Business Committee. The criteria of these recommendations is outlined

Final recommendations that have been received have been included in this final report. If there are any more recommendations from the individuals that have been involved in this, feel free to submit your comments at this time.

We're going to pass out copies of statements of those involved in this project to show where these comments came from and how they were included in this health plan.

Janice Hirth

Integrated health issues are not only our highest expense, it's a concern for us in the future. Integrated health itself is very important and is an issue that we want to remain on top priority for continuous improvement. The majority of the people, this is commentary, noted in the report have submitted statements that have demonstrated there is a serious absence of their involvement in the final report. Many of us were there off and on, some at every meeting, some now and then. Overall, integrated health is an important issue and affects all in the organizations.

The final report did not have our final input. I'm speaking for many that were involved as far as the work team or feed back team spoke briefly with Judy regarding this issue and the implementation that she is asking for of the report from the Business Committee is something that the group at this point is asking the Business Committee not support.

There is a process that was approved also. The process approved by the Business Committee and identified as a main priority for the Oneida tribe, is the Business Committee took action to establish a review committee in October of 2000, in doing so, the review committee later became a planning committee. Along with that planning committee, it was creating into something and adopted a charter. The charters were later, in light of last fall, discontinued by action of the Business Committee. I feel that is how you got the final report.

Terry Hetzel said something important to process and that is, any time we close out a charter, we have a close out report. That is what you see today. Part of that process involves all parties involved in the discussion because the concerns that came up were major changes for the future of how we address health issues, health care, payments and all other areas that regard health. The report before us, we feel, again, with support from the organization and concern has not been inputted by all of the parties mentioned.

Therefore, there are two things that I would like to recommend. One, this report not get supported, but also that the issue itself not be dropped or ignored. Also, that it be sent back to the general manager's office. I have a letter to the Business Committee with areas that I would like to be held accountable for, including bringing this issue back to the process that we originally started so that the final report, once again, can be worked by all parties involved so that we do not ignore or forget any important health issue.

I would like for it to incorporate industry standards for the provision of health care services, demographic and statistical data from the Oneida community to determine the need and level of care we are looking at, the quality systems to ensure efficiency, effectiveness, best practices, client satisfaction, analyzation of the structure to comply with the Oneida laws and policies, analysis and review of the current services for duplication, gaps in services, service delivery, correlating findings with statistical data to support these findings to determine corrective action and to institute continuous improvement.

It's a comparative analysis of the use of benchmarks in examination and feasibility of implementing a health system for the Oneida community.

These are things I'd like to see in a completed report that would come back to the Business Committee as well as the community. ask that you not support the report due to the lack of all input for the final analyzation. will include those points and work with all the professionals. I'd like Judy to be on that team so that we can bring back a collective decision so that it is all our issues.

Judy Cornelius

will lobby strongly with the Business Committee not to consider that based on the fact that this has been an on-going issue. When came on board, we knew that there where problems, especially in terms of billing and process and procedures, the health information system, a number of things that need to be addressed.

You speak of measurement, identification and analysis. This board did that, I believe it's throughly documented, don't feel there is a need to go back and redo the two years of work that has been put

in. If we want to go into the new health center with the same problems, that's what will happen and it will be on the shoulders of the Business Committee.

It's an administrative decision, don't see anyone losing jobs over this as was reported, again, I'm looking for support from the Business Committee. I'm sure we'll have our own private caucus on this which I feel is needed and basically believe this should have been done years ago.

Jeff

run the Billing Department. It took two hits this morning unfairly. For the first four months of this fiscal year compared to the first four months of last fiscal year, we've collected over \$550,000.00 more dollars. We've added to our financial system, in terms of charges, \$1.2 million more charges in the first four months of this fiscal year than we did last fiscal year. We've provided eligible services in the amount of \$1.2 million more this fiscal year than last fiscal year.

The Billing Department has come a long, long way and I don't want to leave this audience with the impression that we're not doing our job.

Judy Cornelius would like to have you tell that to LaChapel on my behalf. When ask for information at the Treasurer's report, it was asked if these bills are being taken care of and you said yes. After that, have information that they are not.

Joy have a list of some that have been recently paid. The bills went back to 1999, that's quiet a span Now that I'm on hospice, hospice is taking care of most of the bills. This past week, we've had calls from bill collectors that will not take no for answer. My bills are not being paid

Debbie Danforth think it's important to gain a better understanding in what it is we are discussing. We are talking about two separate issues here. The bill collectors and Contract Health. We've attempted to explain on numerous occasions the difference between billing for the health center and contract health.

There are other discrepancies listed that she would like to give a better explanation of. Touch Point is listed as "was a problem with billing." Here it is listed as a new vendor. Touch Point was brought in to help address what some of those problems are for those people who do not have insurance. They deal with contract health.

They have nothing to do with the employee base, employee insurance, they are a vendor to help address those concerns.

When bills don't get paid as quickly as possible, and people are sent to collection. We get those complaints, it affects us as deeply as everyone else. Our goal is not to create a burden for patients in this community. That is the reason why we began exploring the issue with Touch Point. We also explored the issues with Prevea. They were not willing to address those concerns.

By the efforts of Dr. Mardan and the rest of us within the health center management, we met continually with Touch Point, Chris Lutrell from Risk Management and negotiated a contract with Touch Point Health Services that offers the health center client through contract health that do not carry any type of third party coverage, no insurance what so ever, they are willing to give us a much reduced rate for those services, far more reduced than what Prevea, Aurora was able to offer.

We went to the table with all these health care providers in the Green Bay community. Touch Point was the one we were able to negotiate that difference with. The agreement that we were very adamant about with all these providers was the fact that the people we referred out must not be bothered with the bill. Those bills need to come directly to the health center so that we get the calls when services aren't being collected for. We've been trying to put these services together for the last two years. There is a lot of confusion and discussion. That's the question that needs to be asked, "Why did it take so long?"

We are attempting to address some of those concerns as far as management responsibilities of the health center. We know people are being sent to collection, but it has nothing to do with the billing of services for the health center. Those are two separate entities.

Judy Cornelius There is a difference, but who is ultimately responsible for getting that taken care of? Who's Contract Health? Is not the Health Center?

Wendy Charnon In reading this report, I'm concerned with changing our health care services. Quality is what I'm looking more at. Billing is bad, but it sounds like your taking the steps for improvement. Janice Hirth indicated things that she wanted to see in this report. It sounds like she was taking this report and adding more detail to it. Is that correct?

Janice Hirth I'm asking for a more detailed comprehensive review, analysis and report that would come back. With that, it would include the analysis from a group of professionals and much larger input to all those areas. It would be more complete. Right now, the final process didn't have all the input from the team players. What I'm asking for, when it comes back to me, is that it will have the full analysis and input from a larger group of players.

Judy Cornelius How long would that take?

Janice Hirth We would need to put that down in a chart and time line for you as far as what process we would do, when we would do it and when it would be ready.

Sandra Ninham want us as a group to stay focused on the issue of an Integrated Health System that takes into considerations all people within the reservation boundaries and possibly, surrounding areas. The reason we're doing this is to improve the system and services. When we had the assisted living meeting, that's just a component of this integrated system.

We have a great opportunity to put together a plan that will be a model for Indian country. All tribes are having these type of problems. We have to be thankful for what we have up to this point. How can you address the wellness and wholeness of people if we're making hateful accusations?

Judy Cornelius Janice Hirth thinks she can come back with a time line. I'm willing to concede with that.

Lois Powless Who was the representative from ONCOA? I've been on the board for several months and haven't seen this project.

Judy Cornelius Hugh Danforth came but said it was over his head. It's hard to get the full picture.

Lois Powless If this is passed, when will it be implemented?

Judy Cornelius It would be included with the new budget year.

Lois Powless Would the board alleviate the present board in place?

Judy Cornelius Yes, and the Anna John Nursing Home board

Lois Powless don't see anything about home health care.

Judy Cornelius It would be included in here, a preventative type program. All those things have been included in this report.

Lois Powless With the types of management that would be required, with the people in management now, why can't they be grandfathered into the Integrated Management positions? If those people have the credentials, why couldn't they be grandfathered?

Judy Cornelius We would like to take a look at what that position required. Based on our current analysis, we need an individual with specific type of backgrounds to be able to do some of the things that need to be done.

If you look at the report, the word missed was “automatically.” It was the intent of the group that each person would be individually accessed once the credentials and what was expected of each position had been made. It didn’t say they couldn’t. They need to meet the credentials first.

Judy Cornelius The HR system would be looking at that too because we have laws that apply to the employees.

Lloyd Powless attended a few meetings. The last meeting, they were going to visit Marshfield clinic. That was postponed. The final report needs to go there and see how their system works.

The structural management was talked about in general terms, not specific terms as this report indicates.

? As an ONCOA member, one of our goals discussed was communication. One recommendation was that the old health center, if there is no diabetic center in the new building, we'd like to have the old building as a diabetic center only.

Debbie Danforth I'd like to go on record as listed as a work team member. This report did not come to me for review or comment prior to its submission to the Business Committee

Judy Cornelius What the group did was send out a request for final comments for the final report, we didn't get comments from a number of people

Mary Greendeer She knew about the community meetings, we didn't have outside participation. We have to face the fact that everyone in this room is protecting their own little corner. We shouldn't protect just that, we need to do team work. We didn't have many community people on these teams.

Fred Muskavich have confidence in the health center. We should be proud of that
My concern is that my name is in this report. was a member of

the feedback team. What is wrong is that he didn't get to see the final report and wasn't asked what he thought about it. Even if the team is disbanded, they should offer feedback. There are some areas that he felt could be better, together, we can come up with a good program.

Gerald Danforth A lot of work has been done to arrive at the recommendations. I've spoken with medical experts and I've heard good points and counter points. You need to take this information to see how it fits. doesn't fit in the framework that your proposing. There is a lot of information that exists with the experts we've employed to add to making the right decision

A recent article on a tribal health care issue is that some tribal politician fired the director of the medical facility and hired his nephew to replace that person. When talk to other tribal leaders, they experience the same type of things. Whether it's medical, education, it's because of our political system. When you look at these new proposals, you need to see how we can establish these elements within our organization that are designed specifically to design the most important services to our community. would like to sum up my recommendation to ask the committee not to act on

this at all, but to deliver this to the general manager, get it to the medical experts, and see how it works in your proposals.

Sandra Ninham It seems some of our problems is bringing the tribal politics into the areas we work. If we use the health center as an example, the doctors, nurses shouldn't be involved in tribal politics. They have their own position to do. If you can come up with keeping tribal politics out of programs, let us know. We get dragged into it, somehow, there has to be a door that doesn't open to employees so they can do the best job possible without worrying whether they will get shot down because they took a stance, or if they're mother, father, aunt or uncle is in some type of elected position. It's getting worse. We need to keep the politics away from doctors, teachers, day care teachers, etc.

Judy Cornelius The Business Committee took action that identified two top priorities, health and education. The finances are not what we would like them to be, but we need to make them the best with what we have.

Paul Ninham support the additional information requested

Percy Powless I'm a survivor of this political system as 23 years of tribal chair. We hired a general manager and the business committee wasn't to be involved in the day to day. We have a general manager and assistant general manager. retired in 1990. The general manager did a good job, but he kept being threatened and said he was going to quit. see our own people as more vicious from when was in office.

survived these people and am enjoying life now. We have everything we need. don't know why people think this tribe owes people anything. We had a big reservation and lost it all. The government doesn't owe me anything. was fortunate to be surrounded by Anna John, Irene Moore, Pricella Manders, Audrey Doxtator. They did a lot. We got a health center and nursing home without gaming money. If these people were around and had the money you got to work with, there's no telling what we could have.

We could probably have our own hospital. Those people were interested in the community, not how much we're playing games here with each other. It doesn't change, it just gets worse. You go through the other reservations, it's the same way. We should be fighting the outside politics that try to hold us down all the time.

When we learn to go in the same directions. We elected a council to work with us, let's stand behind them and support them, not chewing them up. I went through that for 23 years. I must have had something good to chew on, but I survived that. I'm still interested in this community, I just wish you people would support whoever you elected. If you don't like our services, go someplace else. You try going to Green Bay, you have to wait there too, just like here. If you don't like each other, don't get in a fight, go away from them, be nice to people. It took me a long time to learn that, be nice to each other. It's sad that people are like this. Thank you.

Judy Cornelius

Don't forget to put comments on the cards handed out.

?

Percy and I are the older elders involved in tribal politics the longest. How long ago do you think we started the health center? We started in June 1973 in getting meetings started. I use to be supervisor of the VISTA program. They had to find the services needed on the reservation, and health was number one. That was 29 years ago. The majority of people weren't paid, they volunteered. We miss those type of volunteer people.

Barb Cornelius

The one thing missing is customer service. Quit making people jump through hoops. We make the poor jump through more hoops than the healthy ones. We can eliminate the red tape policies. That's why we have politicians to change that, it can be done on the national and state level. If we improve customer service, we'd have more people volunteering.

Sandra Ninham **MOTION BY SANDRA NINHAM TO ASSIGN THIS ISSUE TO THE GENERAL MANAGER'S OFFICE TO WORK WITH THE EXECUTIVE MANAGEMENT COMMITTEE OF THE COMPREHENSIVE HEALTH AREA AND OTHER AREAS NOTED IN THE REPORT, AND TO PROVIDE THE ONEIDA NATION WITH THE BEST STRATEGIC PLAN FOR HEALTH CARE AS POSSIBLE, AND THAT SHE INCLUDE THE TREASURER'S OFFICE ON HER WORKING TEAM, WITH A STATUS REPORT ON THE LAST WEDNESDAY OF EVERY MONTH TO THE BUSINESS COMMITTEE AGENDA, SECONDED BY PAUL NINHAM. MOTION CARRIED UNANIMOUSLY.**

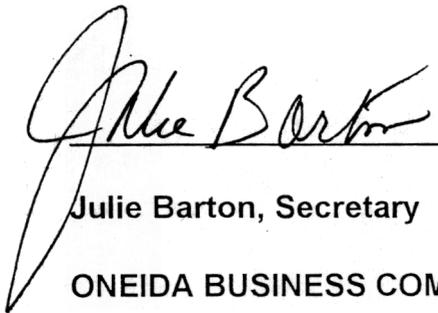
Judy Cornelius **MOTION BY JUDY CORNELIUS THAT ALL THE PROCESS AND ANALYSIS BE ACCOMPLISHED WITHIN FOUR MONTHS, SECONDED BY PAUL NINHAM. MOTION CARRIED UNANIMOUSLY.**

Paul Ninham **MOTION BY PAUL NINHAM TO DIRECT THAT THE GENERAL**

MANAGER'S OFFICE PROVIDE THE BUSINESS COMMITTEE
BY MARCH 8, 2002 WITH A TIME LINE TO INCLUDE ALL THE
WORK THAT WILL BE INVOLVED WITHIN THE FOUR MONTH
PERIOD, SECONDED BY JUDY CORNELIUS. MOTION
CARRIED UNANIMOUSLY.

Recess\adjourn:

Submitted by,



Julie Barton, Secretary
ONEIDA BUSINESS COMMITTEE