Oneida Business Committee Agenda Request

1. Meeting Date Requested: _5_ / _25_ / _16_

2. General Information:

Session: ☒ Open ☐ Executive - See instructions for the applicable laws, then choose one:

> [ ]

Agenda Header: | Reports

☒ Accept as Information only

☐ Action - please describe:

> [ ]

3. Supporting Materials

☒ Report ☐ Resolution ☐ Contract

☐ Other:

1. [   ]   3. [   ]

2. [   ]   4. [   ]

☐ Business Committee signature required

4. Budget Information

☐ Budgeted - Tribal Contribution   ☐ Budgeted - Grant Funded   ☐ Unbudgeted

5. Submission

Authorized Sponsor / Liaison: | Dr. Vir, Division Director/Medical & Debra Danforth/Operations Director

Primary Requestor/Submitter: Submitted by: Mercie Danforth, Executive Assistant/Comprehensive Health
Your Name, Title / Dept. or Tribal Member

Additional Requestor:
Name, Title / Dept.

Additional Requestor:
Name, Title / Dept.

Oneida Business Committee Agenda Request

6. Cover Memo:

Describe the purpose, background/history, and action requested:

Comprehensive Health Division quarterly report. Requested Action: Approve Report.

1) Save a copy of this form for your records.

2) Print this form as a *.pdf *OR* print and scan this form in as *.pdf.

3) E-mail this form and all supporting materials in a **SINGLE** *.pdf file to: BC_Agenda_Requests@oneidanation.org

Oneida Comprehensive Health Division
Oneida Community Health Center
Behavioral Health Services
Anna John Resident Centered Care Community
Employee Health Nursing

PO Box 365   Oneida, WI 54155

Oneidas bringing several hundred bags of corn to Washington's starving army at Valley Forge, after the colonists had consistently refused to aid them.

UGWA DEMOLUM YATEHE
Because of the help of this Oneida Chief in cementing a friendship between the six nations and the colony of Pennsylvania, a new nation, the United States was made possible.

ONEIDA COMPREHENSIVE HEALTH DIVISION
DR. RAVINDER VIR MEDICAL DIRECTOR
DEBRA DANFORTH, RN, BSN, OPERATIONS DIRECTOR
DIVISION UPDATE
Quarter 2 FY 2016
January-April, 2016

Executive Management Team:	
Division Dir-Operations, Debra Danforth RN, BSN,	869-4807
Division Dir-Medical, Ravinder Vir, MD,	869-4808
Asst. Operations Director, Judi Skenandore,	869-4809
Executive Assistant, Mercie Danforth	869-4810
Business Operations Director, Jeff Carlson,	869-4805
Ancillary Services Director, Dave Larson,	869-4820
Director of Nursing-OCHC, Sandra Schuyler,	869-4906
Behavioral Health Manager, Mari Kriescher,	490-3737
Employee Health Manager, Mary Cornelissen	405-4492
AJRCCC Administrator, Dave Larson (Interim)	869-2797
Public Health Officer, Eric Krawczyk,	869-4812

THE ONEIDA COMPREHENSIVE HEALTH DIVISION IS COMPRISED OF:

Oneida Community Health Center (OCHC)
Anna John Resident Centered Care Community (AJRCCC)
Oneida Behavioral Health (OBH)
Employee Health Services (EHS)

VISION:

A progressive sustainable health system that promotes Tsi?niyukwaliho t^ (Our Ways).

MISSION:

We provide the highest quality, holistic health care to ensure the wellness of OUR Oneida Community.

VALUES:

Responsive Leadership: *Consistent attentive listening, honesty, doing the right thing, timely decision making and seeing issues resolved to completion.*

Culturally Sensitive: *Meeting people where they are and being sensitive to their unique needs as human beings within the Oneida Community.*

Continuous Improvement: *Striving to achieve a higher quality of health care and a higher performing workforce through our Commitment to Learning and Growth.*

Communication: *Fostering honest, respectful and timely communication with the appropriate level of transparency**.***

Safety: *Striving for an environment that provides the highest level of physical and emotional safety for our patients, employees and community in an environment free of fear, retaliation and repercussion.*

Respect: *Create a welcoming and compassionate environment focused on the individual needs of OUR community and Health Care Team*

OUR 2015-2018 STRATEGIC PLAN IS FOCUSED IN FOUR SPECIFIC AREAS:

1. Improve Population Health Management
2. Continuous Quality Improvement
3. Optimize Technology
4. Enhance Our Workforce

OUR 2015-2018 INITIATIVES THAT WILL BE FOCUSED TO ACHIEVE OUR STRATEGIES:

1. **Accreditation:** The Comprehensive Health Division will validate and assure the community the delivery of the highest quality health care services in achieving AAAHC (Accreditation Association for Ambulatory Health Care) accreditation by December 2016 through team work, leadership and commitment. By accomplishing accreditation we will provide staff a sense of accomplishment, increase quality of care, enhance public validation for community/customer satisfaction, improve recruitment/retention of providers, and increase the probability of outside funding.

2. **Advancing Technology:** Utilize innovative State of the Art technology and data analytics to continuously improve wellness and health outcomes.

3. **Optimize staffing processes:** To work collaboratively with HRD to enhance the Division processes for recruitment, hiring, and retention and provide recommendation (s) for change to the Oneida Business Committee by September 30, 2017. By enhancing the recruitment, hiring, and retention processes we will have a lean hiring practice, improve our recruitment and retention, enhance our services from HRD (letters, market analysis), have improved collaboration/working relationship with HRD, fill all vacancies with qualified people in a timely manner, and improve our Supervisor/Director satisfaction with HRD processes.

IMPROVE POPULATION HEALTH MANAGEMENT
Initiatives: Optimizing staffing processes and Accreditation

- Access to care remains sub optimal across the Health Division.
- We continue to recruit for vacancies in Primary Care including Pediatrics, Family Practice and Internal Medicine
- Recruitment and retention of Health Care Providers and professionals continues to be a challenge throughout the country not just for Oneida.
- Lack of dedicated Information Technology (MIS) resources continues to be major risk for continued operations in an environment where all records are now electronic. This has become even more evident with the experience of the Dental Breach. We have only one security officer for the whole organization!
- Limited Succession planning for future retirements of staff with longevity and the restraints within the organization limit options available

Medical
- Routine appointments are currently booking 6-8 weeks out for the Medical Clinic

Behavioral Health
- ATODA Intake -5 weeks
- ATODA C2 Individual Session (C2-Counseling 60 min) (Individual Sessions/Routine)-3 days
- Co-Occurring Intake-7 weeks

- Co-Occurring C2 Individual Session (C2-Counseling 60 min) (Individual Sessions/Routine)-1 week
- Mental Health Intake-17 weeks
- Mental Health (Individual Sessions/Routine)-2 weeks
- Vet Evaluations-10 weeks (These are ONLY for Veterans who are seeking services/benefits through the VA)
- Psychological Evaluations- 6 Weeks
- Psychological Follow Up- Today
- Psychiatric Child Evaluation- 4 weeks
- Psychiatric Child Medication Check (Routine) - 3 days
- Psychiatric Adult Evaluation- 5 weeks
- Psychiatric Med Check (Routine) - 3 ½ weeks
- Psychiatric Evaluation Follow Up- 6 weeks
- **See attached data by provider**
- **See attached data for No Show data for Behavioral Health**

Optical
- Routine exams are booking 5 months out for Optical
  - Optical does have a walk-in clinic on Monday and Thursday mornings for patients who needs their appointments sooner. A sign-up begins at 7:45 AM and the patient will need to wait to be seen.
  - Optical also sees emergencies as needed
- Dr. Cynthia Malvitz Overly, OD started as an Independent Contracted Optometrist on March 18th, 2016.

Dental
- Routine exam & filling appointments are currently booking 3 weeks out for Dental Clinic
- Emergencies are seen daily
- Dental Clinic cleaning appointments, are 4 months out improved by 2 months
  - Patients are called to come in sooner if there are cancelations in the schedules
- Dental has started a new process of paging internally within the OCHC when there is a dental opening as well as sending out notices Tribal wide to fill vacancies within the schedules.

ANNA JOHN RESIDENT CENTERED CARE COMMUNITY (AJRCCC) UPDATE:

- Shared activities between AJRCCC and Elder Services continue on a scheduled plan.
- The Congregate Mealsite hours of operation are Monday through Friday from 8:00 AM to 4:30 PM and continues to average 80-100 per day in attendance.
- Current census is on average 46-47 as of May 1, 2016. There will be continued need for the use of Agency staffing based upon resident acuity and staffing needs, however, the use of Agency has decreased significantly as we have been hiring our own staff.
- The following positions have decreased the use of Agency staff to be in compliance with the State license requirements based upon patient acuity and number of admissions: Certified Nursing Assistants and some Nursing positions due to the hiring of Tribal hired staff.
- The Finance Coordinators have been doing an excellent job in submission and recoupment of third party revenues for the facility and have made tremendous progress in collections. There will be a request coming forward to support the expansion of the AJRCCC work force for the permanent hiring of an additional Finance Coordinator position.
- Dave Larson is currently the Acting Administrator for the AJRCCC.

OPTIMIZE TECHNOLOGY
Initiatives: Advancing Technology and Accreditation

ELECTRONIC MEDICAL RECORD (EMR):
- Behavioral Health's Clinical Informatics- Therapist Kristin Shaw started on 2/15/16
- The most recent upgrade was made to Centricity Practice System on 1/09/2016. This version is 12.0.11. There will be an additional upgrade tentatively in May 14, 2016. We are awaiting the general release of this new version from GE which will affect the stated upgrade date.
- **HIPAA Security Policies/Procedures**: HIPAA and EMR SOP training began 10/16/15. We provided 12 trainings along with a couple departmental trainings. We will be finalizing an E Learning for all of the staff to be trained on all of our new EMR SOP's that may missed the scheduled sessions along with new hires. We thought it was best to

train everyone in person in case they have any questions. We are required to provide yearly HIPAA training.

- **Patient Portal-** We continue to work on adoption and education to patients on the concept of the patient portal and to encourage patients to be engaged in their healthcare through technology and online access to their healthcare information. We have joined the teams of Medical, Behavioral Health, Optical and Dental to have a combined access page to the three portals for all OCHD patients. We are working on a joint pamphlet and advertising to promote all three portals as a whole. Centricity Core Team members received three training sessions and set up of the Automated Clinically Messaging functionality to the Medical Portal. This functionality will provide providers the ability to send mass messaging to patients and Consult and Visit documents securely to patients and outside providers automatically via the patient portal.
- **E-Signature-** We have received the I-pads and security accessories required for the implementation of E-Signature. Once the applications have been loaded to the devices, testing will begin as well as the development of the forms that will be used. We plan to start with the registration areas in medical, behavioral health, optical and dental with a roll out the registration forms.
- **Meaningful Use (MU)-** Attestation data for 2015 is available and will be submitted to Centers for Medicare & Medicaid Services (CMS) when the portal is available. We have received notice that the state will not be ready to accept 2015 data prior to May 15, 2016. We will have until July 31, 2016 to submit data for our eligible providers at that time. We will continue to work with vendors to add needed functionality in order to meet the required measures. The next step in MU will require that we attest and report a full year of data for the MU measures for Modified Stage 2 according to CMS guidelines. We are required to continue to follow the guidelines for the Medicaid program of Meaningful Use to avoid reimbursement penalties from CMS. We have been working with MetaStar to help all areas understand and meet Meaningful Use and its different programs.
- **Physician Quality Reporting System (PQRS)-** data for 2015 was submitted successfully to CMS, meeting the deadline of February 29, 2016. As an organization we successfully met 21 clinical quality measures (CQM) over 4 domains. Requirement was at least 9 CQM's over three domains.
- **Proximity Cards-** Project charter is completed and we have received sign off. We will be submitting this for a purchase order in order to begin the project with Imprivata. A project plan and kick off will be next steps.
- **WIR- Scientific Technologies Corporation (STC) -** the selected vendor continues to assist us with our interface with the Wisconsin Immunization Registry (WIR). We have successfully been submitting data to WIR since mid-November. We continue to work on inventory and errors with the interface of queries from WIR. STC continues to change interface and version of software to finish the implementation.
- **REPORTS-** Working with Cognos on the functionality to determine if they will be able to pull quality assurance, outcome reports, Medical Provider reports, no show, access to care etc. We have completed reports for Behavioral Health which are attached to this report as back up.
- **Population Health Management**- The draft project charter has been completed. A site visit with Bellin was scheduled for 4/15/16.   The project charter is complete, a team and project manager have been selected and work will begin on the Request for Proposal.

PATIENT MANAGEMENT SYSTEM (PMS)

- Batch Eligibility- Emedapps 271 Submission files have been going through successfully for the most part, since implementation of December 2015. There happens to be occasional glitches which result in some of the records erring out, but are fixed almost

immediately. Further investigation of resulting errors are being researched though to see if these errors can be stopped.
- Further EDI Eligibility research is being conducted at this time to add some of our other main insurances to be able to electronically check insurance eligibility on a patient in real-time, directly from GE Centricity.
- Compulink PROD last update was to version 11.0.6.2 on 11/23/15.
- Optical is continuing to test the new version of Compulink 11.0.6.4 within Dev environment.
- There are still issues within optical reports generated from Compulink due to the vendor no longer supporting Crystal Reports. We are continuously working with MIS, to resolve these issues.

CONTINUOUS QUALITY IMPROVEMENT
Initiatives: Accreditation

Accreditation of the Health Division
- We have added an additional hour each month to the Quality Assurance (QA) meeting time to accommodate for the necessary time to address only issues related to accreditation on a monthly basis.
- In addition, we have changed the meeting time to accommodate input from our providers who have joined the team. The new time will enable them to attend the meetings and not interrupt patient care.
- Initial planning is taking place on creating a reporting structure for the additional Health Division Committees i.e. Pharmacy and Therapeutics, Infection Control, etc. to report their meeting minutes to the QA team.
- Continuing to work on Accreditation Association for Ambulatory Health Care (AAAHC) Standards
- We have begun a full review of all policies and procedures and are meeting with each department to begin working on QA studies if they are not currently conducting QA studies within their areas.

Public Health Accreditation
- Public Health Accreditation. Goal is December of 2016.
- There are a total of 12 Domains in the public health accreditation process. We are excited to share that we successfully completed review of Domains 8 & 4 this quarter! This means we are all set to load these documents once our application is approved. To incentivize staff and continue with the team effort approach, all CHS staffs are rewarded with an approved Jean Day each time a Domain review is completed. Additionally, we are greater than 50% through our review of Domain 3.
- Met with Communications Dept in March 2016 about developing a communication plan to highlight public health accreditation efforts and newly developed public health video.
- Continue to complete required monthly reporting and activities related to the Tribal accreditation grant we received in Nov 2015.
- The Huston Department of Public Health is considering us to join them in a beta test of the software system they developed to maintain and track our documentation specifically for PHAB. Very exciting.

- We applied and were awarded a Tribal mentoring opportunity that will pair us with an accredited health department in WI to assist us in our journey. We have really good working relationship with several health departments; however this opportunity will formalize the relationship with one of them.
- As part of Prevention grant dollars, we had to add a public health accreditation objective to receive all available funding. We selected completion of readiness assessment as we already need to do this before moving to the next step of the accreditation process.
- We are close to an approved Performance Management Plan for CHS Dept. This plan links to the Comprehensive Health Division QI Plan.
- Preparedness coordinator Anna Destree is assisting Michelle develop and prepare to train CHS Dept on QI and the model Plan-Do-Check-Act- slotted for a CHS Dept meeting in July 2016. The Comprehensive Health Division QI committee was open to piloting the training before July.
- "This is Public Health" video was completed with the assistance of Tourism which is a requirement for the accreditation.

Dental Breach

The Oneida Nation is providing this public notification in compliance with federal law. On February 17, 2016 a flash drive containing the limited details of dental patient information was internally stolen from our dental offices at the Oneida Health Center located at 525 Airport Drive, on the Oneida Reservation.

- The theft was discovered the same day and law enforcement was immediately notified. Since that time, the police and internal investigation have been ongoing. Although law enforcement investigated the situation, the flash drive has not been recovered.
- It has been determined that the flash drive contained the following limited dental information for 2700 patients seen between 02/07/15 through 02/17/16:
  - Name
  - Dental patient identification number
  - Date(s) of visited (between the above dates)
  - Dental insurance identification number, if applicable.
- Although the dental information taken was extremely limited and there is no information to suggest it was used or disclosed for inappropriate purposes.
- If affected individuals have broader concerns regarding their information, they may also contact one of the three major credit bureaus (below) to place a fraud alert on their credit report.
- To prevent a reoccurrence of this type of isolated internal incident, we are implementing the following measures: Reviewing and implementing administrative procedures regarding the use of flash drives and implementing appropriate technological safeguards concerning their security and storage.
- Notification in accordance with federal law has been provided to affected individuals. Throughout the entire investigation, there has been no information developed to suggest that our patient dental information was used or disclosed for inappropriate purposes.

Please note- this isolated incident did not involve any other personal identifying data, financial information, social security information, claims information, or any other diagnosis/ treatment information. The information taken was limited to very specific dental information and did not involve information from any other departments within the Oneida Health Center. If you feel you may have been affected by this incident and have questions or concerns, please contact Dave Larson, Director of Ancillary Services, at (920)869-2711 or email dlarson@oneidanation.org at your earliest convenience.

- A copy of the Frequently Asked Questions was posted to the Oneida Nation website, **see attached**
- This remains and ongoing internal investigation

<u>ENHANCE OUR WORKFORCE</u>
Initiative: Optimizing our staffing processes

HUMAN RESOURCE MANAGEMENT
Number As of 05/01/16 Comprehensive Health Division Employees: 330
- **122   Oneida Enrolled**
- **28   American Indian/Alaskan**
- **4   Black/African American**
- **1   Asian**
- **3   Hispanic/Latino**
- **172   Caucasian/other**

- **AJRCCC: (60)**
  - 23 Oneida Enrolled (INCREASED FROM 15% TO 39% OF EMPLOYEE BASE FOR AJRCCC)
  - 7 American Indian/Alaskan
  - 1 Asian
  - 1 Hispanic/Latino
  - 1 Black/African American
  - 27 Caucasian/other

- **Current vacancies as of 05/01/16:**
  - RN- OCHC
  - LPN – OCHC & AJRCCC
  - MA-OCHC
  - Dental Assistant
  - Dental Hygienist
  - Psychiatrist
  - Psychologist
  - Clinical Substance Abuse Counselor
  - Psychotherapist
  - Physician Pediatrician, Family Medicine, Internal Medicine

FINANCIALS
Funding Sources for FY-2016
TRIBAL CONTRIBUTION: 2.54%
GRANTS: 5.71%
OTHER SOURCES:
External Sales/Third Party Revenue/other 52.42%
Indian Health Service 39.33%
Total Budget: $51,295,138

Status as of 3/31/16
Budget as of 3/31/16: $25,647,527
Expenditures as of 3/31/16: $24,472,613

CONCERNS FOR BUSINESS COMMITTEE CONSIDERATION:

$4.9M of I.H.S. Self Governance is being brought into the R&E for April 2016 the normal I.H.S. Self Governance brought in on a monthly basis is a little over $1M this is due to:

- **Pharmacy supplies increased $900K due to loss of 340B Certification**
    - Average pharmacy expenditure was previously $80,000-$100,000 per week
    - Without 340B Contract we are now expending $300,000 per week
    - Expected to continue until 340B Certification is renewed by July 1
    - Impact of the new prices may not be noticed until early-August
    - The loss of 340B certification has forced us to utilize a non-governmental contact for purchasing pharmaceuticals.
    - Amerinet has recently changed their name to Intaleree. Since this is not a government contract, costs will significantly increase.
    - Our best estimate of increased cost is 3.5 -4 million dollars. This assumes that we will be recertified 1 July 2016.
    - **Efforts to mitigate the increased cost include:**
        - Verifying correct Intaleree pricing per our contract
        - Reducing 90 day supplies to 30 days
        - Making formulary changes to less expensive alternatives.
- **Contract Health Vouchers increased $2.1M due to opening up to Priority 2**
    - The Contract Health liability for outstanding vouchers and corresponding expenses increased $2.1M for April.
    - Several catastrophic cases were entered in April and the Priority 2 referral impact is now being reflected in the numbers.
    - May need to reconsider going back to Priority 1A and 1B
- **Sales are down $1M**
    - Several providers have been on medical leave but have since turned so it is anticipated that our sales will increase within the next quarter

LONG TERM CARE:
- The State is in the process of putting together proposed regulations for Family Care 2.0 with a proposed implementation by January 2017. If passed, Family Care 2.0 would substantially change Long Term Care (LTC) in the state. The two biggest changes are, first that it would require all MCO's to provide services state wide, second that LTC and primary care services would be linked under the same capitated payment. A third change is that primary oversight of MCO''s would switch from the Department of Health to the Office of the Commissioner of Insurance.   If passed as envisioned, this will have a drastic impact on all Tribes in the State.
- Oneida Comprehensive Health Division continues to work with Governmental Services Division on implementation of an integrated case management system. The case management system is moving forward and the various parts of the system are beginning to come together. The case management system has been preparing for the Family Care expansion. The Tribe is planning to move to Family Care and/or some form of Family Care at the same time as Brown County.

SUCCESSES OR CELEBRATIONS:

- The OCHD and GSD Division Directors have met with Terry Hetzel and will be working on a joint Strategic Plan for Long Term Care within an Integrated Wellness System. This will eventually be expanded to include potentially all areas within the organization that impact our Wellness i.e. housing, Environmental etc.

Behavioral Health

- Clinical Informatics Therapist started on 2/15/16
- We are continuing to receive Access to Care Surveys back.
- We are moving forward on department strategic plan
- Completed Staff development by doing the "One Word" Process!   Behavioral Health's"One Word" is Kanolukhwa'sla (Ga-no-loong-kwas-la) Compassion, caring, identity, and joy of being.
- We are making progress with getting some reports on access to care, next available appt, no show/cancellation report and now we have started the provider utilization report.

Community Health Nursing -Case Management

- Team building activities improved working relationship with in the department.
- Improved process development with Pharmacy key front line staff to have ongoing process improvement with our partnership in providing customer services.
- Patient care reviewed every 60 days in Interdisciplinary Team (IDT) meetings held on 1st & 3rd Wednesdays of each month.
- Staff completed transition to ICD- 10 codes into Santrax Software.
- All staff up to date on Mandatory trainings and are utilizing additional E-learning.
- CHR staff involved in Share to Care Conference & Fund Raising
- RN's have increased their efficiencies with Medication Sets and have increased their average number of case management clients.
- Social Worker role has incorporated baseline assessments with Functional Screen which adds a quality standard and gives insight on whether CHR clients are at the Personal Care Agency(PCA) level of care need. If a client passes the Functional Screen, then the PCA Tool can be done to qualify for services. In addition, they would qualify for Medicaid Waiver Program – Community Options Program (COP).
- LTC coordination with other Oneida programs has continues to move forward. Additional coordination and services are being completed between front line staff.

Community Health Nursing-Population Based Programming

- **Smoke Free Campus as of May 1, 2016.** Dept was assigned the difficult task of updating the clean air policy for Comprehensive Health Division and planning implementation of the changes. Each of the four teams within Dept has taken on parts of this task- multiple staff from the Pop Base Programming team of Dept has contributed to this initiative including drafting signage, developing and implementing E-learning for Comp Health Division, working with Oneida Printing for professional signage for all four buildings within Comprehensive Health Division. Current time line should have us fully implemented by 05/01/16- this deadline was bumped up from 06/01/16 at the request & support of Comprehensive Health Division Supervisor/ Director Team.
- Communicable Disease investigation/ reporting/ follow up is now paperless. Working now to update our SOP to reflect this transition, as well as some other needed changes for accreditation.
- We now have an electronic encounter in the EMR to document for our community foot clinics.
- Continue to implement Healthy Start program. Remaining funds for Healthy Start grant were release the end of Feb 2016. Working to increase our enrollment. Staff organized their first Community Action Network (CAN) with other departments within the tribe

working maternal child health programming this quarter. Already planning for the next quarter's CAN.   CHR staff involved in Share to Care 2016 Conference & Fund Raising

Community Health Services
- Family Fun Night at ONES was well attended and a great educational event. Nutritional Services did a super job. Over 500 in attendance
- Active-Shooter training for all Community Health Services Staff

Community Options Program
- Per the State Audit in 2015, the program needed to develop a means to make clients aware of how to get assistance with potential abuse or neglect situations. Social Worker created and laminated a 1 page sheet that will be given to all COP Program clients to have in their home.

Cultural Awareness Team (TAKOS)
- Oneida Cultural Awareness networking: A request for more information about our Cultural Awareness Policy was sent to an IHS Listserv which sparked a lot of interest. Two tribes have inquired and Portland Area IHS has requested a future conference call to learn more about the policy and curriculum development. The team has decided to create a toolkit that can be shared with other tribes. This toolkit will be located on the CHD webpage after the new server is up and live.
- Curriculum Development: We were having trouble with getting assistance from Cultural Heritage on a consistent basis last quarter. However, this quarter, Eliza Skenandore joined our team.
- Community Sharing through Cultural Heritage: All in-person education/presentations are being uploaded to YouTube and shared with the community.

Dental
- Dr. Stempski celebrated 30 years with the Oneida Nation.

Employee Health Nursing
- New CPR training is going well.
- EHN RAS presentations are well received.

Eye Care Department
- Dr. Cynthia Malvitz Overly, OD started as an Independent Contracted Optometrist on March 18th, 2016

Health Promotion Disease Prevention
- Health Promotion is working with Tourism to provide some indoor JMIO events with the Big Inflatables to attract more families.
- There have been a lot of positive comments from employees who are participating in the exercise pilot.

Lab
- National Lab Week was celebrated April 25-30

Operations
- Formal notification of the award of the Special Diabetes Program for Indians grant has been received as of April 1, 2016.
- Presentation of the change in Management Team structure and presentation of the Quarterly reports to the Directors/Supervisors was fairly successful. This will be revisited in October, 2016.

Pharmacy
- The proposal for the updated Prior Authorization Process was tested over the last 60-days and was determined to be a success with decreasing paperwork and interruptions with requests for change requests when 3rd party coverage will no longer cover the current medication.

Patient Accounts Representatives (PAR)
- The patients have been receiving and signing "Declaration of Agreement Regarding No Show or No Show/Patient Canceled less than 24 Hours" form.

- o Between January –March 1,134 patients completed and scanned the No Show form in On-base for this quarter, totaling 6,384 since 9/1/15.
- 136 new patients registered for services during this quarter.
  - o Of the 136 new patient registered:
    - 69 are eligible with insurance
    - 49 eligible without insurance
    - 11 non-eligible with insurance
    - 7 non-eligible without insurance

Purchased and Referred Care (PRC)
- Created general email address for submission of PRC bills, proof of residency, and PRC applications. **OHC_PRC_Services@oneidanation.org.**
- One CHEF case from FY 2015 approved for $44,405.
- This brings the **CHEF total for FY 2015 to $1,010,631.52.** There is one pending CHEF case from FY 2015 for $59,840

Quality Assurance
- QA Plan Completed and signed.
- Pharmacy began having a monthly department meeting in February.
- Mandatory training on multiple subjects continues to be offered and completed by employees. (Customer service, Respiratory Fit testing, CPR, Cultural Awaremess)
- QA monthly meetings are highly attended.
- Social Media Policy approved and Facebook page ready to go awaiting access

Safety
- Ergonomic assessments – 4 done at the Health Center, 3 footrests given out, and 1 chair replaced.
- Car seats – 43 seats with education was provided. 28 old seats were recycled at the Appleton Safe Kids event.
- Recordable Incidents (Lost time, Medical treatment) –There was 1 AJRCCC employee incident report filled out. 5 OCHC employee incident reports filled out and 1 patron report. 4 were slips on ice in our parking lot, 3 on the same day, 1 being the patron. 1 incident was a pulled wrist. Another was a clean needle stick. There was one recordable – the employee slip on ice.
- Exam room curtains process worked out and will be changed out monthly by custodial night crew beginning in June.

Therapy-PT, OT, Speech
- Reimbursement for AJRCCC outpatient therapy services from Medicare and UMR
- LSVT Big and Loud Program for Parkinson population offered by speech therapy and occupational therapy (LSVT-Lee Silverman Voice Therapy)
- 46/48 beds filled at AJRCCC
- ECS Evaluation Templates completed
- Obtain ICD 10 codes from outside providers (Prevea) by therapy PAR
- Billing for therapy current through March 2016

WIC/Nutrition
- Family Fun Night 2016: Evaluations showed 95% of participants in attendance gave a "highly satisfied" rating of the event for the variety of diabetes prevention education, activities and food.
- Oneida WIC Breastfeeding Duration Rates exceeding State of Wisconsin WIC Program 2016 Goals:
  - Breastfeeding 1 month: State Goal= >77%, State Avg: 72.6%, Oneida WIC: 85.5%
  - Breastfeeding 3 month: State Goal= >65%, State Avg: 57.6%, Oneida WIC: 65.6%

- These exceptional rates are attributed to the one-on-one care given to our clients, by our competent and caring WIC staff.

XRAY

- The Picture Archiving and Communication System (PACS) and digital mammography system are up and running!
- The X-ray team has done a great job in learning both systems the workflow is a little different and little clichés are being worked out.

Three Year By Quarter No Show/Cancellation Summary
Behavioral Health Services
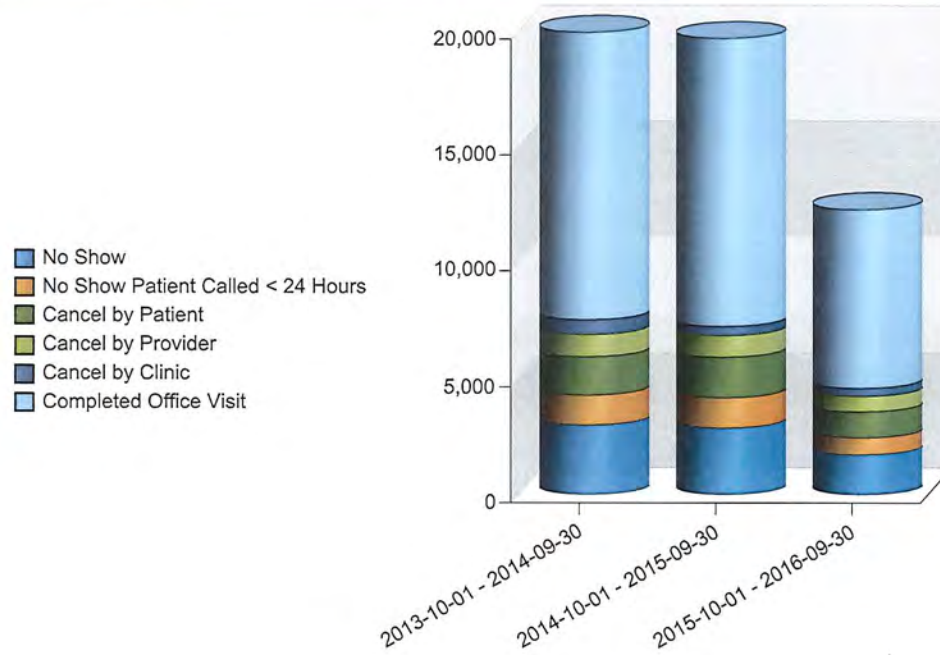
- No Show
- No Show Patient Called < 24 Hours
- Cancel by Patient
- Cancel by Provider
- Cancel by Clinic
- Completed Office Visit

Range	FY QTR	No Show	%	No Show Patient Called < 24 Hrs	%	Cancel by Patient	%	Cancel by Provider	%	Cancel by Clinic	%	No Show Cancellation Total	Completed Office Visit	Total Appointments	Billed Visits	Total Clients
2015-10-01 - 2016-09-30	Qtr03	123	11.8%	55	5.3%	95	9.1%	22	2.1%	11	1.1%	306	734	1,040	484	665
	Qtr02	785	13.0%	339	5.6%	568	9.4%	293	4.8%	214	3.5%	2,199	3,852	6,051	3,376	1,497
	Qtr01	805	15.5%	331	6.4%	455	8.7%	360	6.9%	121	2.3%	2,072	3,128	5,200	3,096	1,375
2015-10-01 - 2016-09-30		**1,713**	**13.9%**	**725**	**5.9%**	**1,118**	**9.1%**	**675**	**5.5%**	**346**	**2.8%**	**4,577**	**7,714**	**12,291**	**6,956**	**1,915**
2014-10-01 - 2015-09-30	Qtr04	697	14.5%	323	6.7%	443	9.2%	201	4.2%	117	2.4%	1,781	3,014	4,795	2,993	1,365

Three Year By Quarter No Show/Cancellation Summary
Behavioral Health Services

Range	FY QTR	No Show	%	No Show Patient Called < 24 Hrs	%	Cancel by Patient	%	Cancel by Provider	%	Cancel by Clinic	%	No Show Cancellation Total	Completed Office Visit	Total Appointments	Billed Visits	Total Clients
2014-10-01 - 2015-09-30	Qtr03	785	15.3%	316	6.2%	462	9.0%	261	5.1%	69	1.3%	1,893	3,234	5,127	3,229	1,510
	Qtr02	694	13.7%	340	6.7%	493	9.8%	264	5.2%	111	2.2%	1,902	3,154	5,056	3,154	1,412
	Qtr01	664	14.2%	346	7.4%	352	7.5%	187	4.0%	102	2.2%	1,651	3,032	4,683	3,032	1,424
2014-10-01 - 2015-09-30		2,840	14.4%	1,325	6.7%	1,750	8.9%	913	4.6%	399	2.0%	7,227	12,434	19,661	12,408	2,417
2013-10-01 - 2014-09-30	Qtr04	779	16.3%	310	6.5%	371	7.8%	189	3.9%	113	2.4%	1,762	3,023	4,785	3,024	1,490
	Qtr03	725	15.1%	315	6.6%	425	8.9%	189	3.9%	76	1.6%	1,730	3,066	4,796	3,067	1,530
	Qtr02	679	13.5%	326	6.5%	437	8.7%	273	5.4%	281	5.6%	1,996	3,025	5,021	3,028	1,465
	Qtr01	781	14.7%	355	6.7%	424	8.0%	294	5.5%	178	3.3%	2,032	3,291	5,323	3,339	1,514
2013-10-01 - 2014-09-30		2,964	14.9%	1,306	6.6%	1,657	8.3%	945	4.7%	648	3.3%	7,520	12,405	19,925	12,458	2,548
Summary		7,517	14.5%	3,356	6.5%	4,525	8.7%	2,533	4.9%	1,393	2.7%	19,324	32,553	51,877	31,822	3,865

BH - Access Of Care
3rd Available appointment

BH ATODA Intakes

Resource	Appointment Type	Next 3rd Open
Agneessens BA CSAC CSIT, Mike F	Intake Mental Health/ATODA-90	Jul 25, 2016 1:00:00 PM
Krueger MSW APSW CSAC, Rebecca	Intake Mental Health/ATODA-90	Jun 20, 2016 1:00:00 PM
Lalonde BS CSAC, Scott	Intake Mental Health/ATODA-90	Jun 15, 2016 7:30:00 AM
Metoxen MSW SAC , Lynn	Intake Mental Health/ATODA-90	Jul 7, 2016 10:00:00 AM
Rasmussen BSW CSAC, Dale S	Intake Mental Health/ATODA-90	Jun 20, 2016 2:00:00 PM
Schoen BS CSAC, Kelly	Intake Mental Health/ATODA-90	Jun 21, 2016 8:00:00 AM
Torres MA CSAC ICS PC-TL, Joanne	Intake Mental Health/ATODA-90	Jun 22, 2016 3:00:00 PM

BH-ATODA (C2)

Resource	Appointment Type	Next 3rd Open
Agneessens BA CSAC CSIT, Mike F	Individual Therapy Session-60	May 16, 2016 11:00:00 AM
Krueger MSW APSW CSAC, Rebecca	Individual Therapy Session-60	May 25, 2016 9:00:00 AM
Lalonde BS CSAC, Scott	Individual Therapy Session-60	Jun 1, 2016 11:00:00 AM
Rasmussen BSW CSAC, Dale S	Individual Therapy Session-60	May 18, 2016 6:00:00 PM
Schoen BS CSAC, Kelly	Individual Therapy Session-60	May 18, 2016 10:00:00 AM
Torres MA CSAC ICS PC-TL, Joanne	Individual Therapy Session-60	May 17, 2016 8:00:00 AM

BH-Co-Occuring Intake

Resource	Appointment Type	Next 3rd Open
Collier, Carmen D MS LPC CSAC	Intake Mental Health/ATODA-90	Jun 30, 2016 9:00:00 AM
King MSW LCSW CSAC, Mary Beth	Intake Mental Health/ATODA-90	Jun 30, 2016 8:00:00 AM
Lambert LPC CSAC, Timothy C	Intake Mental Health/ATODA-90	Jul 18, 2016 1:00:00 PM
Nehring MSE LPC CSAC CS, Teri	Intake Mental Health/ATODA-90	Jul 11, 2016 8:00:00 AM

BH-Co-Occuring C2

Resource	Appointment Type	Next 3rd Open
Collier, Carmen D MS LPC CSAC	Individual Therapy Session-60	May 20, 2016 1:00:00 PM
King MSW LCSW CSAC, Mary Beth	Individual Therapy Session-60	Jun 6, 2016 10:00:00 AM
Lambert LPC CSAC, Timothy C	Individual Therapy Session-60	May 23, 2016 9:00:00 AM
Nehring MSE LPC CSAC CS, Teri	Individual Therapy Session-60	Jun 3, 2016 10:00:00 AM

BH MH Intakes

Resource	Appointment Type	Next 3rd Open
Brito, MFT TL SAC IT, Martha	Intake Mental Health/ATODA-90	Sep 14, 2016 1:00:00 PM
Cheney MSW, LCSW, SAS Benjamin R	Intake Mental Health/ATODA-90	Sep 26, 2016 8:30:00 AM
Cornelius-Adkins MSW LCSW SAC CSOT BCD, Torland E	Intake Mental Health/ATODA-90	Sep 12, 2016 3:00:00 PM
Helander MSW LCSW, Valorie	Intake Mental Health/ATODA-90	Sep 14, 2016 1:00:00 PM
Shaw MSW LCSW, Lisa	Intake Mental Health/ATODA-90	Sep 29, 2016 8:00:00 AM

BH-Mental Health (C2)

Resource	Appointment Type	Next 3rd Open
Brito, MFT TL SAC IT, Martha	Individual Therapy Session-60	May 26, 2016 9:00:00 AM
Cheney MSW, LCSW, SAS Benjamin R	Individual Therapy Session-60	May 13, 2016 1:00:00 PM
Cornelius-Adkins MSW LCSW SAC CSOT BCD, Torland E	Individual Therapy Session-60	Jul 7, 2016 6:00:00 PM
Helander MSW LCSW, Valorie	Individual Therapy Session-60	May 26, 2016 6:00:00 PM
Huhtala MSW LCSW, Rhonda	Individual Therapy Session-60	Jun 14, 2016 3:00:00 PM
Shaw MSW LCSW, Lisa	Individual Therapy Session-60	Jun 21, 2016 8:30:00 AM

BH-EMDR Intakes

Resource	Appointment Type	Next 3rd Open
King MSW LCSW CSAC, Mary Beth	BH-EMDR Intake	Jul 18, 2016 1:00:00 PM
Shaw MSW LCSW, Lisa	BH-EMDR Intake	Aug 2, 2016 2:00:00 PM

BH-EMDR Therapy

Resource	Appointment Type	Next 3rd Open
Collier, Carmen D MS LPC CSAC	BH-EMDR Therapy	May 24, 2016 2:00:00 PM
King MSW LCSW CSAC, Mary Beth	BH-EMDR Therapy	Jul 12, 2016 8:00:00 AM
Shaw MSW LCSW, Lisa	BH-EMDR Therapy	Jun 15, 2016 4:00:00 PM

BH-Veteran Eval

Resource	Appointment Type	Next 3rd Open
Shaw MSW LCSW, Lisa	Veterans Evaluation	Jul 25, 2016 8:30:00 AM

BH-Intial Reiki Appointment

Resource	Appointment Type	Next 3rd Open
King MSW LCSW CSAC, Mary Beth	Reiki	Jun 27, 2016 5:30:00 PM
Lalonde BS CSAC, Scott	Reiki	Jun 17, 2016 11:00:00 AM
Nehring MSE LPC CSAC CS, Teri	Reiki	Jun 20, 2016 8:00:00 AM
Shaw MSW LCSW, Lisa	Reiki	Jun 28, 2016 10:30:00 AM

BH-Psych Evals

Resource	Appointment Type	Next 3rd Open
Sayers PHD, Michael	Psychological Evaluation	Jun 27, 2016 8:30:00 AM

BH- Psych Eval FU

Resource	Appointment Type	Next 3rd Open
Sayers PHD, Michael	Psychological Eval Follow Up	May 13, 2016 3:00:00 PM

BH-Child Evals

Resource	Appointment Type	Next 3rd Open
Dzubinski MD, David L	BH-Child Eval	Jun 9, 2016 8:00:00 AM

BH-Child Med Checks

Resource	Appointment Type	Next 3rd Open
Dzubinski MD, David L	BH-Child Med Check	May 18, 2016 4:00:00 PM

BH-Adult Evals

Resource	Appointment Type	Next 3rd Open
Patil MD, Veeranagouda	BH-Adult Eval	Jun 20, 2016 12:30:00 PM
Rodriguez MD, Josefina	BH-Adult Eval	Jul 22, 2016 4:00:00 PM
Shekar MD, Chandra K.	BH-Adult Eval	Jun 27, 2016 3:00:00 PM

BH-Med Checks

Resource	Appointment Type	Next 3rd Open
ONeill, MD, Michael	BH-Medication Check	Jun 28, 2016 10:15:00 AM
Patil MD, Veeranagouda	BH-Medication Check	Jun 8, 2016 11:00:00 AM
Rodriguez MD, Josefina	BH-Medication Check	Jul 14, 2016 5:00:00 PM
Shekar MD, Chandra K.	BH-Medication Check	Jun 1, 2016 10:30:00 AM

BH-RN Triage Assessment

Resource	Appointment Type	Next 3rd Open
Paluch MSE RN LPC, Dave	RN-Psychatric Nursing Assessment	Jun 8, 2016 9:30:00 AM

BH - Access Of Care
3rd Available appointment

Resource	Appointment Type	Next 3rd Open
Skrivanie MSN RN, Lois	RN-Psychatric Nursing Assessment	Jun 7, 2016 2:00:00 PM

BH-Eval FU

Resource	Appointment Type	Next 3rd Open
Dzubinski MD, David L	BH-Eval FU	Jun 21, 2016 3:00:00 PM
ONeill, MD, Michael	BH-Eval FU	Jun 28, 2016 10:45:00 AM
Patil MD, Veeranagouda	BH-Eval FU	Jun 24, 2016 1:30:00 PM
Rodriguez MD, Josefina	BH-Eval FU	Jul 8, 2016 5:00:00 PM

Pharmaceutical Supplies 700134
Axiom Project Manager ITB

	FY2015 Pd Amt	FY2016 Pd Amt
Oct	$ 196,748	$ 85,207
Nov	$ 256,413	$ 326,363
Dec	$ 309,868	$ 345,392
Jan	$ 301,469	$ 352,296
Feb	$ 255,780	$ 362,550
Mar	$ 295,109	$ 699,387
Apr		$ 1,249,506
May		
Jun		
Jul		
Aug		
Sep		
	$ 1,615,386	$ 3,420,701
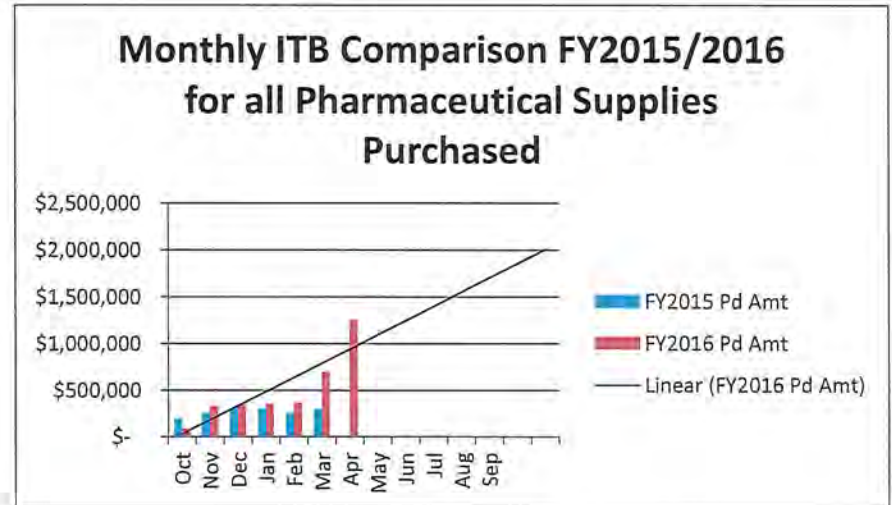
Monthly ITB Comparison FY2015/2016 for all Pharmaceutical Supplies Purchased

Oneida Comprehensive Health Division
Oneida Community Health Center
Behavioral Health Services
Anna John Resident Centered Care Community
Employee Health Nursing

Oneidas bringing several
hundred bags of corn to
Washington's starving army
at Valley Forge, after the
colonists had consistently
refused to aid them.

PO Box 365   Oneida, WI 54155

UGWA DEMOLUM YATEHE
Because of the help of
this Oneida Chief in
cementing a friendship
between the six nations
and the colony of
Pennsylvania, a new
nation, the United States
was made possible.

Oneida Health Center Dental Data Breach Frequently Asked Questions

My letter said "private information was released", what information of mine was released?
Response:

The dental information that was involved included:

- Patient name
- Dental Identification number
- The date(s) the patient visited the dentist (within the time period dated Nov 2015 to Jan 2016)
- Dental insurance Identification number if applicable-Note: this is not your dental insurance carrier number but a number unique to the insurance and our facility only.

This was an isolated incident and **did not** involve any other personal identifying data, financial information, social security information, claims information, or any other diagnosis/ treatment information.

The breach happened February 17, 2016, why am I just now finding out about this?

Response:

The breach occurred on February 17. Since February 17, there has been an ongoing internal and external investigation involving Comprehensive Health and Internal Security and the Oneida Police Department. Notifying anyone sooner may have jeopardized any ongoing investigation. Notification occurred within the timeframe required by Federal Law.

Why is Dave Larson the contact person and does this mean that the "higher ups" don't know about this situation?

Response:

Dave Larson is the "Privacy Officer" for the Health Division. The Division Directors and the Oneida Business Committee are aware of this situation and have been kept informed of the situation since the onset.

The mailing address to all locations is: P.O. Box 365, Oneida, WI 54155

Oneida Community Health Center	525 Airport Dr., Oneida, WI 54155	Phone: (920)-869-2711 or 1-866-869-2711	Fax: (920) 869-1780
Behavioral Health Services	2640 West Point Rd., Green Bay, WI 54304	Phone: (920)490-3790 or 1-888-490-2457	Fax: (920) 490-3883
Anna John Resident Centered Care	2907 S. Overland Road Oneida, WI 54155	Phone: (920) 869-2797	Fax: (920) 869-3238
Employee Health Nursing	701 Packerland Dr., Green Bay, WI 54303	Phone: (920)405-4492	Fax: (920) 405-4494

Who made the determination as to who would receive notification letters? Was specific criteria was used to determined who received letters?

Response:

The determination of who would receive notification was based upon the Federal requirements in accordance with legal representation and the Privacy Officer recommendations. Patients were notified based upon an electronic report that was generated based upon those patients that received services and were included in the data that was saved to the jump drive device.

How was MIS able to determine what information was downloaded onto the drive?

Response:

MIS did not determine what information was downloaded onto the drive. The Investigation and employee interview(s) confirmed what information was contained on the jump drive. A total of 2734 patients were impacted.

How were the drives secured at the time of the breach and what has changed to ensure the same type of incident will not occur again?

Response:

There was only one **jump drive** that was **stolen** from a dental office. The jump drive was **stolen** from a Supervisor's computer when the Supervisor was not in the office. Although HIPAA training occurred shortly before this incident, all HIPAA policies have been reviewed with all staff since this incident. Additionally, administrative safeguards have been implemented regarding the use of jump drives and other external storage devices and appropriate technological safeguards concerning their security and storage in collaboration with MIS and the Health Division is being explored and utilized.

If the Drive only had our name and dental id number on it why was the credit bureau information provided in the letter?

Response:

Federal law requires affected individual be informed of any steps individuals should take to protect themselves from potential harm resulting from a breach. Although this is appears to be an isolated incident, not involving data such as financial information, social security information, claims information, or any other diagnosis/ treatment information for any of the patient information involved, the Credit Bureau information was provided as a courtesy to those patients that were impacted. We know how alarming the notification may be and that there is a strong interest in protecting sensitive personal information. We wanted to be sure that this information was readily available to our patients, if they wanted the information

Who do I talk to if I have further concerns?

Response:

For further information and assistance, you may call Dave Larson, OCHD Privacy Officer at: (920) 869-4820 use (800) 869-2711 or email him at: dlarson@oneidanation.org