

# Oneida Business Committee Agenda Request

**1. Meeting Date Requested:** 10 / 28 / 15

## 2. General Information:

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

Agenda Header: Reports

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:

Debbie Danforth, Division Director/Operations

Primary Requestor/Submitter:

Mercie Danforth, Executive Assistant/Comprehensive Health Division

---

Your Name, Title / Dept. or Tribal Member

Additional Requestor:

Dr. Ravinder Vir, Medical Director/Comprehensive Health Division

Name, Title / Dept.

Additional Requestor:

---

Name, Title / Dept.

---

Name, Title / Dept.

## Oneida Business Committee Agenda Request

### 6. Cover Memo:

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

Quarterly Comprehensive Health Division Report.  
Deferred from the 10/14/15 Business Committee meeting.

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](mailto:BC_Agenda_Requests@oneidanation.org)



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

**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**



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 4  
July, August September, 2015**



**Executive Management Team:**

<b>Division Dir-Operations,</b> Debra Danforth RN, BSN,	869-4807
<b>Division Dir-Medical,</b> Ravinder Vir, MD,	869-4808
<b>Asst. Operations Director,</b> Judi Skenandore,	869-4809
<b>Executive Assistant,</b> Mercie Danforth	869-4810
<b>Business Operations Director,</b> Jeff Carlson,	869-4805
<b>Ancillary Services Director,</b> Dave Larson,	869-4820
<b>Director of Nursing-OCHC,</b> Sandra Schuyler,	869-4906
<b>Behavioral Health Manager,</b> Mari Kriescher,	490-3737
<b>Employee Health Manager,</b> Mary Cornelissen	405-4492
<b>AJRCCC Nursing Home Administrator,</b> Nola Feldkamp,	869-2797
<b>Public Health Officer,</b> 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:**

*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 2013-2016 STRATEGIC PLAN IS FOCUSED IN FOUR SPECIFIC AREAS:

1. Improve Access to care across the Health Division
2. Continuous Quality Improvement
3. Optimize Technology
4. Enhance Our Workforce

## OUR 2014-2015 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 September 2016 through team work, leadership and commitment.
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 20, 2015.

### **IMPROVE ACCESS TO CARE ACROSS THE HEALTH DIVISION**

#### **Initiatives: Optimizing staffing processes and Accreditation**

No show rates continue to be high and we continue to educate the community on the importance to keep their appointments. We have developed a new no show policy in the Medical Clinic which has been implemented as of September 1, 2015.

- Routine appointments are currently booking **4-6 weeks out for the Medical Clinic**
- Routine appointments are currently booking **6-8 weeks out for Behavioral Health**
- 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
- Routine exam & filling appointments are currently booking **1-2 weeks out for Dental Clinic**
- Dental Clinic **cleaning appointments, are 24 weeks (6months) out**
  - 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.
- Access to care remains sub optimal across the Health Division.
- We welcome Dianna Langner, RN, APNP, Pediatric Nurse Practitioner on October 5, 2105.
- 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
- The proposed plan to request a procedural exception to the 280 cap for providers was presented and rejected with a directive to bring back a plan that would bring all the providers into compliance with the Tribe's laws for the 280 cap on vacation/personal time.
- **Provider Vacation update:** The Provider contracts were reviewed in collaboration with Human Resources and a planned amendment to the provider contracts was implemented.

All providers who would have exceeded the 280 cap as a result of front loading their FY 2016 vacation hours were offered a contract amendment that would move their vacation hours which were contractually negotiated into an accrual process vs. front loading. By moving them to accruals the providers do not exceed the 280 cap and do not lose any vacation time which they previously negotiated. HR worked with accounting to permit the accrual rates to be entered into the payroll system based upon the rates negotiated. The main amendments that we focused on for accrual were only those 12 providers who would have exceeded the 280 cap. The remainder of the provider contracts will now be amended to convert them to an accrual process by FY 2017 so all the providers will accrue time vs. front loading. It will then be the provider's responsibility to manage their time to avoid reaching the 280 cap. We will continue to work with HRD on the formal recruitment and retention plan for the providers.

- Lack of dedicated Information Technology (MIS) resources continues to be major risk for continued operations in an environment where all records are now electronic. We have only one security officer for the whole organization! Our Electronic Medical Records policies have been difficult to complete/finalize due to lack of dedicated resources
- Not providing market competitive compensation to healthcare professionals poses a challenge in retaining dedicated staff and morale is low throughout the Division
- Limited Succession planning for future retirements of staff with longevity and the restraints within the organization limit options available

#### **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.
- “Official” approval of the VA certification has been received. A formal announcement by the VA was made at the National Indian Health Board Consumer Conference in Washington DC in September, 2015.
- Current census is on average 40-41 as of September, 2015. There will be continued need for the use of Agency staffing based upon resident acuity and staffing needs.

- 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.

## **OPTIMIZE TECHNOLOGY**

### **Initiatives: Advancing Technology and Accreditation**

#### **ELECTRONIC MEDICAL RECORD (EMR):**

- The EMR Team continues its work within the Oneida Community Health Center and Oneida Behavioral Health. The Clinic continues ongoing review and updating of the system on a quarterly basis as new releases are available. Every update requires numerous testing and implementation to assure that all the kinks are worked through before going live each quarter. The most recent upgrade was made to Centricity Practice System 12.0.8.1732. The next upgrade is expected to occur 10/31/2015. This will be 12.0.10.
- **HIPAA Security Policies/Procedures EMR SOPs-** The Employee Standard of Care has been approved and we are providing HIPAA and EMR SOP training beginning 10/16/15. There will be an E- Learning developed so all staff can be trained new EMR SOP's as well as an annual HIPAA training in the future.
  - The next step will be education of the staff on all policies and procedures. In-services have been scheduled for the division starting in October 16, 2015.
- **Patient Portal-** Next steps will be proceeding with the ability to send secure messages via the patient portal to other providers and patients by the end of the year. Progress is being made with the initial implementation of requesting routine appointments for some of the Health Center providers, as a result, this will expanded to the majority of the Medical providers at OCHC starting Nov. 1. There will be a Patient Portal survey conducted in October for the current portal users and patients that have not yet signed up for the portal.
- **E-signature-** Software was installed November 2014. Work continues with the vendor and the selection of hardware devices. Work continues on the development of the forms that will be used. We plan to start with registration area and roll out the registration forms. Behavioral Health continues to work on their forms. Demonstration of equipment and processes were provided to registration front line staff in September.
- **Meaningful Use-** Attestation for Stage 1 Year 1 for Meaningful Use Required reporting continues to be a main focus for year 2015. Providers and staff continue to work on meeting measures for Meaningful Use. Work continues in all areas to meet measures to be able to submit criteria in first quarter of 2016 prior to CMS deadlines. CMS has recently published revised measures. We have entered into a contract with a consulting group named MetaStar which was provided to us through the State at no cost to assist areas with their efforts with meeting Meaningful Use. Part of this agreement will provide the Health Division with a Risk Assessment of our clinical EMR systems. However, it is anticipated that we will receive up to a 2% reduction in our Medicare reimbursements for 2016 because of our inability to provide sufficient data for reporting.



- **Medicare Physician Quality Reporting System (PQRS)**- A decision was made by the EMR Team to report as a group using the Group Practice Reporting Option (GPRO). We successfully registered for participation in GPRO in advance of the 6/30/2015 registration deadline. During this registration process, we selected to use a Registry for our reporting mechanism. Because all providers having the same Tax ID Number for OCHC, we must report the same 9 core measures that will be used for 2015 PQRS GPRO Reporting. This will be completed by the use of GE's Quality Submission Services (QSS) for submission to CMS. The use of QSS requires Medical Quality Improvement Consortium (MQIC) membership, so the MQIC contract has been signed and MQIC has been activated.
- In advance of this reporting, we are monitoring workflows to assure that we will meet all 9 measures which are:

Domain: Patient Safety		
1.	CMS 139	Falls: Screening for Future Fall Risk
Domain: Population and Public Health		
2.	CMS 22	Preventative Care and Screening: Screening for High Blood Pressure and Follow-up Documented
3.	CMS 69	BMI Screening and Follow up
4.	CMS 138	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention
5.	CMS 147	Preventative Care and Screening: Influenza Immunization
Domain: Clinical Processes / Effectiveness		
6.	CMS 122	Diabetes: Hemoglobin A1c Poor Control
7.	CMS 127	Pneumonia Vaccination Status for Older Adults
8.	CMS 164	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
9.	CMS 165	Controlling High Blood Pressure

- **Tenth Revision International Classification of Diseases (ICD-10) and Fifth Edition of Diagnostic and Statistical Manual of Mental Disorders (DSM V)**- have successfully implemented as of September 26, 2015. All areas will continue to monitor claims for appropriate denials and reimbursement.
- **Proximity Cards**- Imprivata is the current vendor being reviewed for their solution for proximity card access. This will enable the providers and nurses to simply scan their cards to gain EMR access
- **WIR- Scientific Technologies Corporation (STC)**- is the selected vendor and is assisting with the interface with Wisconsin Immunization Registry (WIR). We are in the end-phases of the completion of testing WIR in development. The target date has been revised to Go-Live is mid-November due to several delays.
- **REFERRAL ORDERS**- Behavioral Health has met and discussed the Preferred Referred Care (PRC) process and completing referral orders to improve efficiencies for patient referral.
- **REPORTS**- The team is currently working with Cognos on the functionality and the ability to pull quality assurance and outcome reports from our data within the GE system as well as Behavioral Health Provider reports. In addition, with changes coming in our reimbursement processes from a fee for service to outcomes based, the need to begin looking at Population Health Management solutions is becoming critical. This could potentially impact our reimbursements in 2017. An Request for Proposal and Charter is currently in the draft stages with the assistance of MIS.



## **PATIENT MANAGEMENT SYSTEM (PMS)**

- Batch Eligibility- Emedapps 271 Submission files have been going through successfully as well as the remittance files. The remittance files are being converted to PDF files with all the eligibility data successfully also. Review of the PDF eligibility files have been reviewed and approved with Lavina Summers from the PAR area. The RFS has been submitted for Mark Osterberg, MIS Programmer to now start bringing in the PDFs to the individual patients in Centricity Dev. Once that is tested and good to go, we can get this all to work within Centricity Production. Tentative go-live with this process is 8/1/15 depending on ability to get the PDFs to the right patient ids.
- Optical is continuing to test the Meaningful Use version of Compulink V12. There are still a number of errors that Compulink must fix before the new version install can be completed for production.
- Prior to 10/01/15, testing of ICD-10 codes in Compulink DEV, was successful.
- Compulink PROD was updated to version 11.0.6.0 on 9/30/15.
- There are issues with Meaningful Use Reporting, within the software. We are working closely with Terry VanWycken, 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.
- 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 (AAHC) Standards
- The title change has been officially finalized for the Safety Coordinator to Safety and Quality Assurance Coordinator as of September, 2015. This has been a lengthy process but is now complete with the combining of these two positions to assume the responsibility of Quality Assurance and pursuing Accreditation.

### **Public Health Accreditation**

- Public Health Accreditation. Goal is December of 2016.
- "This is Public Health" video was completed with the assistance of Tourism which is a requirement for the accreditation.
- Application for the Tribal Accreditation grant through National Indian Health Board was submitted and we were recently notified of our award!
- Accreditation coordinator attended Community Of Practice meeting in Menasha with regional health departments. The topic of discussion was incorporating health equity into our public health practice. A request was submitted to obtain a copy of the video "Raising America" to assist in educating staff on Health equity and how to incorporate this into our programming.
- The group participated in the Diabetic event in August by having an interactive education booth and polling participants on the four areas identified in the Community Health Improvement Plan to see which of these areas the participants felt the most

important. The highest selected area was “reducing obesity”. This information will be utilized for future planning.

- Working on next steps for our Public Health Core Competency Assessment.
- To obtain involvement from various tribal partners who are on our planning and work-teams for accreditation.
- Community Health’s two main focus areas are on Public Health Accreditation and the development of our Family Care and Personal Care agency.
- Reviewing of all policies and procedures within Community Health as part of the Accreditation process.
- Public Health Accreditation Advisory Team continues to be a part of the Oneida Comprehensive Health Division Quarterly Report as we move towards the Accreditation of Public Health.
- Public Health Accreditation requires that specific standards are met similar to AAAHC accreditation.

## **ENHANCE OUR WORKFORCE**

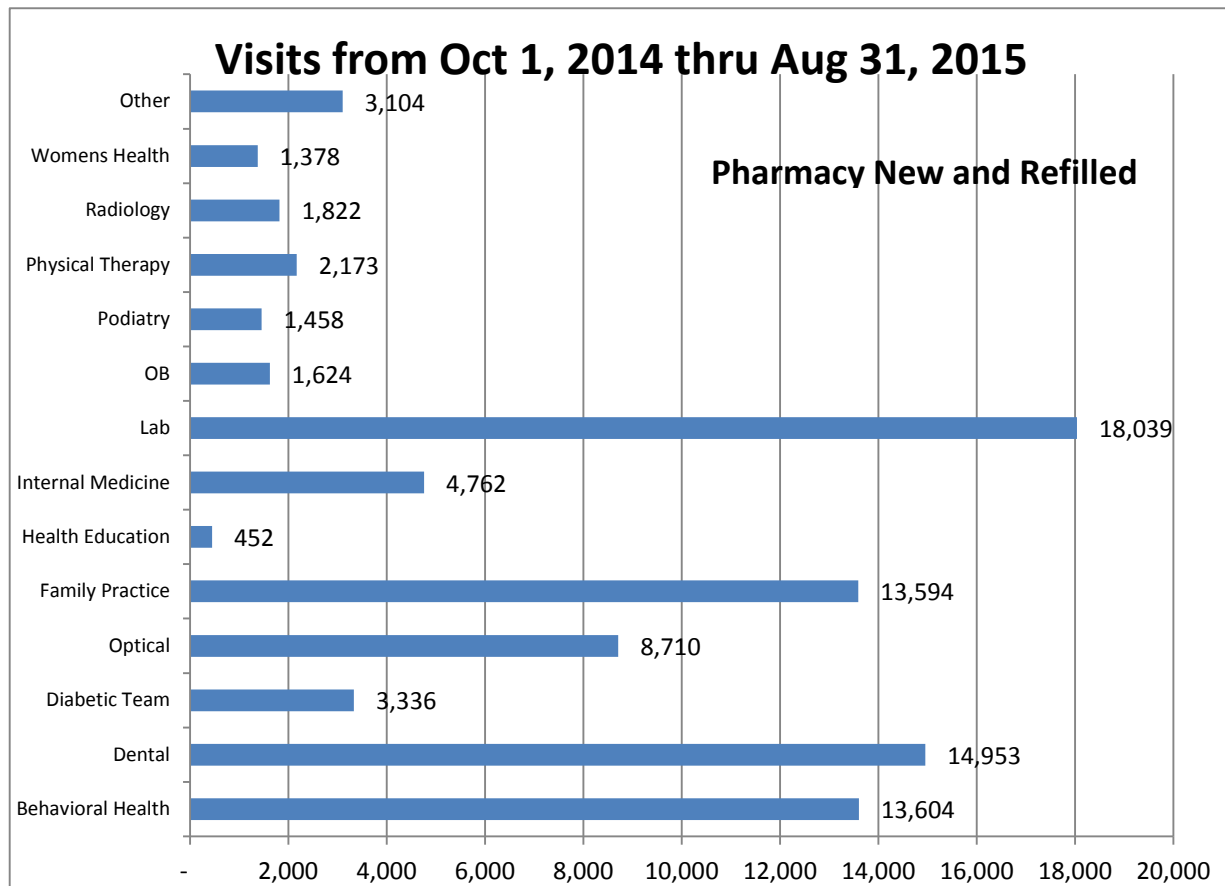
### **Initiative: Optimizing our staffing processes**

## **HUMAN RESOURCE MANAGEMENT**

- **Current vacancies as of 10/01/15:**
  - RN- OCHC
  - LPN – OCHC & AJRCCC
  - Purchase Referred Care Specialist
  - Dental Assistant
  - Dental Hygienist
  - Psychologist
  - Substance Abuse Counselor
  - Dual Diagnosis Therapist
  - Physician Pediatrician, Family Medicine, Internal Medicine

## **FINANCIALS**

YTD FINANCIAL Revenue REPORT AS OF 8/31/2015									
	Tribal Contribution		Grants		Other Income		External Sales		TOTAL
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget Actual
Consolidated Health	1	0	18,035,417	15,531,964	25,254	91,839	19,443,233	17,782,481	37,503,905 33,406,284
Anna John Nursing Home	563,281	43,593					3,474,250	3,982,638	4,037,531 4,026,231
Employee Health Nursing	739,021	584,582						265	739,021 584,847
Misc Grants	231,967	124,249	1,915,948	1,947,648				1,265	2,147,915 2,073,162
<b>TOTAL</b>	<b>1,534,270</b>	<b>766,424</b>	<b>19,951,365</b>	<b>17,479,612</b>	<b>25,254</b>	<b>91,839</b>	<b>22,917,483</b>	<b>21,766,649</b>	<b>44,428,372 40,104,524</b>
* NOTE: From Infinium Report DIVSUMHLT Budget and Actual Report									
Annual Budget	T/C	Comprehensive Health Division		YTD Budget	YTD Actual	Under Spent after 11 months			
Consolidated Health	0	Tribal Contribution		1,534,270	766,424	(767,846)			
Anna John Nursing Home	252,998	Indian Health Services		18,035,417	15,531,964	(2,503,453)			
Employee Health Nursing	1,673,592								
Misc Grants	0								
<b>TOTAL</b>	<b>1,926,590</b>								



#### **PRC CHEF REIMBURSEMENTS**

- Total CHEF YTD \$966,227

#### **LONG TERM CARE:**

- The State resubmitted the Tribal Only Waiver to CMS on September 11, 2015. CMS responded with 22 pages of questions. A phone conference was held on Thursday October 15th with CMS, the Wisconsin Department of Health, Oneida and Menominee. During that call CMS indicated that a Tribal Only Waiver authorized under Section 1915(c) of the Social Security Act was not feasible. CMS indicated that a demonstration waiver under Sec. 1115 should be considered instead. We will be raising this issue at the TTAG meeting in November.
- The State is in the process of putting together proposed regulations for Family Care 2.0. If passed, Family Care 2.0 would substantially change long Term Care 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.

## SUCSESSES OR CELEBRATIONS:

- Chris Powless from Tourism completed the additional interviews we hope to use for our "This is Public Health" video.
- Set up a specific Immunization clinic for School age children that would have been receiving noncompliance letters from their schools in September and October to bring them up to date
- Community Health staff participation in Oneida Safety Town, Oneida Head Start screenings and the Diabetic event.
- Beginning in November, Obstetrical (OB) assessments will be completed by the OB nurses to free up time for the Prenatal Care Coordinator to work with the Health Start grant.
- Nurse consultant to Health Start/Early Head Start program has a new leadership role as the District 7 & 8 Co-Director for Wisconsin School Nurse Association (WSNA).
- Community Options Program (COP) completed their state Audit in August. There were only 2 minor issues regarding documentation that have been addressed.
- COP Social Worker has taken on the role of providing Division Elder Abuse Training beginning in October.
- Preparation and planning for the Fall Flu Clinics in the Oneida community.
- Active follow-up and tracking of possible Blastomycosis cases and providing education to the Oneida community.
- Entered all grant objectives into the Grants and Contracts (GAC) System for the State for FY 2016.
- Met all goals for those State and Federal grants that ended September 30, 2015.
- Oneida WIC program was 1 of only 6 WIC Projects State-wide that received an increase in caseload and funding for service additional participants.
- eWIC Oneida WIC staff attended the required training for the eWIC computer program which went live on 08-26-15 which is occurring statewide.
- Oneida Diabetes Cookbook order was received from the Food and Nutrition Service/USDA to facilitate an order for 8,000 copies of our cookbook Kakhwi.yo Yukwa?shatst^hsla.wi' "Good Food Gives Us Strength", for Food Distribution Programs on Indian Reservations (FDPIR) participants on 25 Indian Reservations within MN, MI, NY, and WI and could expand to other FDPIR regions within the United States.
- AJRCCC in collaboration with the Nutrition Advisory Council will begin providing lunch meals for purchase to the Division employees effective October 5, 2015.
- AJRCCC received official notification of their approval by the Veterans Administration to be Certified for VA admissions.
- Annual Diabetes Event "Love your Heart to the Moon and Back" was held at the Radisson on Wednesday August 26, 2015 for a sold-out group of 450 people. The focus was on Cardiovascular health featuring Dr. John Herrington, first Native American Astronaut.
- Back to school Anthropometric screenings, updated menus and nutrition education for early childhood through high school was completed.
- Purchased/Referred Care (PRC) have successfully completed 7 CHEF cases, totaling over \$966,000 with 2 cases pending approval which could bring the PRC total over 1 million.
- Open referrals for 2013 and prior have now been closed with work being done to close out 2014 open referrals.
- ICD-10 implementation October 1, 2015 was relatively uneventful and a smooth process!
- AJRCCC will be taking over their billing process effective October 1, 2105.
- Safety Town had 61 children participate. 57 helmets were distributed, 49 booster seats and 110 parents attended the graduation
- Nuvodia our new Picture Archiving System (PACS) for xray. Hologic Selenia is our digital mammography unit that has been selected.

- A request from gaming came to the Wellness Council to assist in making changes to the foods served to employees during the workshift. This is currently being worked on with representatives from Gaming and the Wellness Council.
- 2015 HRAs completed to date-1735 participants
- OCHD rollout of Immunization compliance for MMR & Varicella immunizations/declinations.
- TB Risk Assessments were completed to all 4 areas of the OCHD resulting in all being low risk.
- 2016 Community Calendar content completed and sent to Printing for disbursement in December 2015.
- Cultural Awareness Team (CAT-Takos) developing curriculum for the kickoff event on 11/20/15 for the OCHD employees.
- TRIAD and DPP programs will be combined to improve efficiencies and participation
- On August 3, 2015 the DPP participants achieved on ton (2205 pounds) of weight loss.
- Lab passed Clinical Laboratory Improvement Amendments certification (CLIA) inspection with no deficiencies.
- Pharmacy Remodel is nearing completion
- Dental continues to work hard on reducing their lost revenues due to broken appointments and have implemented a new process and protocol when they have an opening in their schedules.



**Oneida Safety Town 2015**