

## FY-2024 4th Quarter Report

### ONEIDA COMPREHENSIVE HEALTH DIVISION (OCHD)

**Vision:** A progressive sustainable health system that promotes tsi?niyukwalihot<sup>^</sup> (Our Ways).

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

**Values:** responsive leadership, safety, communication, culturally sensitive, respect, trust is the foundation.

We are a health system positioned to respond to current and future health challenges while protecting and promoting the holistic health and well-being of our Oneida Community. Services are provided to all members of Federally recognized Tribes in accordance with our Multi-Year Funding Agreement with the Department of Health and Human Services (DHHS) - Indian Health Service (IHS).

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#### Outcome/Goal Outcome/Goal # 1

MEASUREMENT: Strengthening a Comprehensive Provision of Care SD1 (Strategic Direction 1)



#### ACCOMPLISHMENTS RELATED TO THE OUTCOME/GOAL:

Oneida Comprehensive Health Division recent provider additions of **Dr. Moitreyee B. Reddy** Child & Adolescent Psychiatrist, **Dr. Allen W. James** Internal Medicine and Allergy & Immunology Physician, **Maggie L. Hujet, PA** Family Practice Physician Assistant, **Dr. Thanmayi Kaza** Anna John Resident Centered Care Community (AJRCCC) Medical Director, and **Dr. Ken Sakamoto**, General Dentist.

**Medication Assisted Treatment (MAT) Pilot Project** 'Go Live' with collaboration between Oneida Community Health Center providers **Crystal Peters, NP & Seth Moore, NP** and Behavioral Health **Dr. Yogesh Pareek**.

Oneida Community Health Center (OCHC) **Laboratory** addition of two Hepatitis C tests to the lab test menu. This will allow electronic medical record to order Hepatitis Acute Panel or Hepatitis Acute Panel with Hep C reflex to Hep C Quant by NAAT. Hepatitis C will be individually orderable with or without the reflex to Hep C Quant by NAAT.

OCHC **Radiology** remodel completed.

EXPECTATIONS/FUTURE PLANS REGARDING THE OUTCOME/GOAL:

**Dr. Reddy**, Psychiatrist, will improve patient access to care at Oneida Behavioral Health services for Child & Adolescent Psychiatry. Previously, OBH scheduling child psychiatry evaluations into January 2025 due to staffing changes in June 2024. Expectation time to improve scheduling child psychiatry evaluations.

**Dr. James**, Internal Medicine Physician, is a full-time tribal hire. This increases weekly patient access to care by 38% compared to previous position. In addition, Dr. James joined the Quality Improvement Team (QI). He expands services in the allergy and immunology realm.

**Hujet, PA**, Family Practice Physician Assistant, will offer 'same day' services 5-days per week. She has over 16 years of Emergency Medicine experience. Improvements expected in same-day patient appointments for 'urgent' visits, triage visits, walk-in visits, and expanded clinical services with goal of 60 appointments per week. Fiscally this increases third-party billing & reimbursement while reducing financial obligation through reduced Purchased Referred Care (PRC) visits external of the Division. Expect improved patient access to care for their established provider with centralization of same-day appointments to Hujet, PA.

**Dr. Kaza**, AJRCCC Medical Director, is in Family Practice with a specialty in Hospice and Palliative Care. Dr. Kaza's hire aligns with the "Care Compare Five-Star Rating of Nursing Homes" awarded in February 2024 from the Centers of Medicare & Medicaid Services. For reference, nursing homes with 5-star ratings are considered to have much higher quality of care. Dr. Kaza is reviewing and revising AJRCCC policy and procedures. Her addition will increase AJRCCC admissions based on facility assessment. The addition of Dr. Kaza aligns with resident request for a female primary care provider. In addition, Dr. Kaza will provide guidance on AJRCCC staff training to enhance quality measures.

**Dr. Sakamoto** will increase patient access to care in combination with the Dental Department's 'Immediate Opening' pilot project. Expect monthly increase of 39-patients through addition of Dr. Sakamoto. Dental 'Immediate Opening' pilot project placed on hold due to department water leak. This reduced Dental access by two treatment rooms. Repair are currently in the three-bid bidding process for repair. Preliminary pilot project assessment showed an increase in patient appointment utilization and thus an overall increase in access to care. Further pilot assessment is pending quarterly data analysis and treatment room repair. This pilot has the potential to roll out into other Division departments.

**MAT Pilot Project** goal is to increase OCHD patient population access to a comprehensive approach of treating opioid use disorder. MAT with Suboxone typically involves three phases: induction, stabilization, and maintenance. This pilot project falls into the initial phase of induction where Suboxone is administered usually when the patient is in the early stages of withdrawal. The pilot project is expected to pivot to streamline workflows and quality improvements with continued monitoring in each phase of treatment. Anticipate addition of Moore, NP to MAT team in November 2024. Goal of pilot project is reduce opioid overdoses and provide a humane avenue for individuals to safely manage withdrawal symptoms.

**Laboratory** additions will ensure improved patient diagnostic treatment with testing, streamline provider, laboratory & patient workflows, improve results turn-around-time and generate real time reports in electronic medical records.

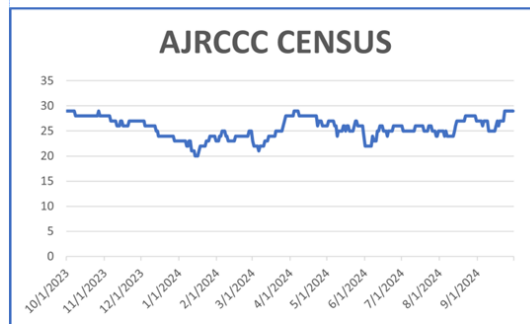
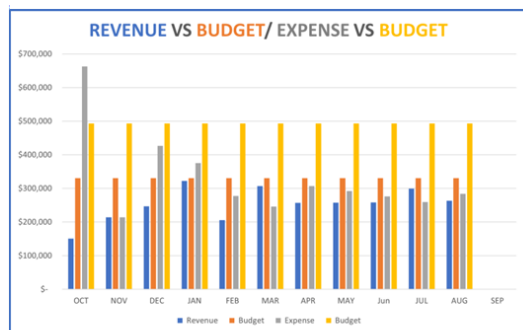
**Radiology** remodel completed with the most up to date technology. This will allow radiology to research strategic move on increasing modalities offered by potential addition of DEXA scan. DEXA scan is a medical imaging test that measures bone density for diagnosis of osteoporosis and osteopenia (bones weak and brittle).

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### Outcome/Goal # 2

MEASUREMENT: Advocating and Influencing for Sustainable Financial Planning SD2 (Strategic Direction 2)

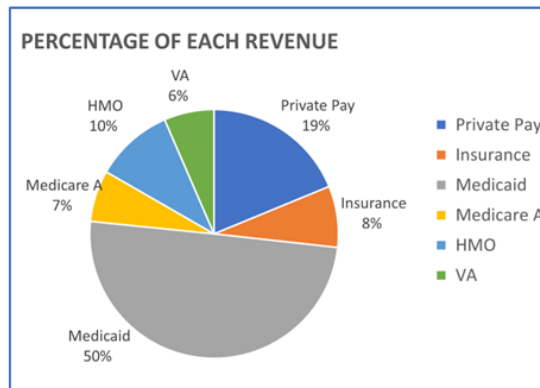
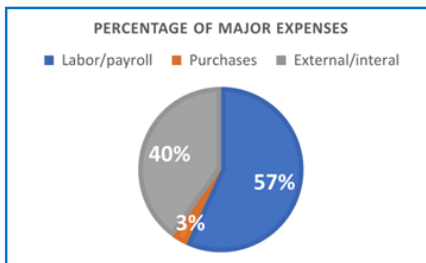
#### **Anna John Resident Centered Care Community 4<sup>th</sup> Quarter Report**



FY24 Daily Census 25.6 Resident/Day.

Capacity 54.4% (48 Beds)

Daily Cost/Resident \$937.25



ACCOMPLISHMENTS RELATED TO THE OUTCOME/GOAL:

The FY24 ended with a notable change that will affect AJRCCC residents on Medicaid. Medicaid Treatment of Tribal General Welfare Assistance (GWA) DMS Operations Memo 24-16, GWA payments fall under The Tribal General Welfare Exclusion Act of 2014 added § 139E to the Internal Revenue Code (IRC), which excludes Tribal GWA from taxable income. Effective September 1, 2024, GWA received under the Tribal General Welfare Exclusion Act of 2014 is not counted as income for any category of Medicaid or BadgerCare Plus. This is irrespective of whether the specific GWA program uses income as a factor of eligibility. Any unspent GWA is disregarded as an asset for 12 months following the month of receipt. These policies apply to applications or change reports submitted on or after September 1, 2024, and for renewals due September 1, 2024, or later.

EXPECTATIONS/FUTURE PLANS REGARDING THE OUTCOME/GOAL:

In the past, residents received what was classified as Per Capita annually. Residents on Medicaid had to use these funds as part of their Medicaid monthly liability. Medicaid liability covers the resident's share of the cost to stay at AJRCCC with Medicaid covering the rest. People on Medicaid must use all their monthly income minus \$45.00 towards their liability.

Labor costs continue to rise as there is a shortage of healthcare workers throughout the northeastern Wisconsin area and nationally. In addition, the Centers for Medicare & Medicaid Services (CMS) Minimum Staffing Standards for Long-Term Care Facilities final rule is to provide a minimum of nursing care including Registered Nurse and Nurse Aide per resident day, as well as

24/7 onsite Registered Nurse services. This will increase the demand nationally on these competitive positions. CMS offers the opportunity for facilities to seek exemptions from requirements, specifically in rural settings. AJRCCC census averages 25.6 residents per day. AJRCCC continues to add insurance networks that will allow us to serve more individuals. Resident population trending primarily to short-term stays vs long-term nursing home stays.

AJRCCC budgeted revenue is \$3.64 million with actual revenue \$2.78 million. Variance is \$0.86 million. AJRCCC budgeted expenses are \$11.12 million with actual expenses \$9.03 million. This variance is \$2.09 million savings in expenses. The actual revenue variance is offset by the reduction in expenses by \$1.23 million.

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### Outcome/Goal # 3

MEASUREMENT: Engaging & Developing an Inclusive and Empowered Workforce Strategic Direction 3 (SD3)



#### ACCOMPLISHMENTS RELATED TO THE OUTCOME/GOAL:

OCHD distributed the results of the **Mind Garden Burnout Survey** or the Maslach Burnout Toolkit for Medical Personnel to division departments. This area of Worklife survey initially was completed in 2022 with 238 respondents. The repeat survey results were obtained late June 2024 with 193 respondents.

OCHD team rolled out an expanded '**Power of Positivity**' (PoP) **Ka?nikuhliyo?shátste?** application. PoP will allow peer-to-peer employee nomination for recognition. Recognition is based on five Oneida culturally based core values. At the end of each month both nominees and nominators are eligible for a zero-dollar employee incentive. Determinations of zero-dollar incentives were

based on employee survey to specific department rankings of 10 choices. This plan was modified from financial incentive to zero-dollar incentive due to balanced budget.

The division expanded on the HRD '**Years of Service**' employee recognition policy. Employees are recognized at multiple levels including department level, Director/Supervisor level, Executive Management Team level, community meetings, and via public relations team. In addition, members of Executive Management Team send personalized emails to employees.

An OCHD **Education Committee** formed to ensure a division wide updated clinical education placement policy. This revised policy prioritizes clinical education placements and offerings to Oneida Nation members, Oneida Nation descendants, Indian Health Service scholarship recipients, veterans, etc.

Division departments of Purchased Referred Care (PRC), Pharmacy, and Employee Health identified **electronic systems** that will streamline and diversify workflows. Each department's system will allow improved turn-around-time of tasks, productivity, and initiatives that will improve patient access to care.

EXPECTATIONS/FUTURE PLANS REGARDING THE OUTCOME/GOAL:

OCHD plans to utilize the comparison study of the **Mind Garden Burnout Survey** to guide our Executive Management Team, Department Directors, and Department Supervisors in strategic directions for employee relations. Individual department leadership will meet as a team and develop targeted potential areas for growth. The department development plans will then return to Divisions Executive Management Team and report regularly on progress.

The Division's **PoP** and division-wide employee zero-dollar incentive will align with Culture Amp and Mind Garden Burnout Survey results as tools to enhance team morale by recognizing excellence. Employees provided input by survey into the most impactful zero-dollar incentive for their specific area. PoP allows recognition of employees that align with the division's mission, vision, and values.

The revamped "**Years of Service**" employee recognition is expected to improve employee morale. It also allows recognition of employee excellence and longevity.

The **OCHD Education Committee** is expected to streamline workflows for offering clinical education placements and prioritize offerings. Plan is to build an education section in the Division website identifying current academic partners, internships offered, time periods offered, and identify a point of contact for students to pursue additional academic offerings. In addition, the Division will offer placements beyond solely clinical provider roles. Expectation to network with both Oneida Higher Education and HRD. Goal is to serve as an avenue of recruitment to the Division.

Delays in replacing the QS1 Pharmacy Software **System** ultimately delays the 'Curbside Pick-Up' pilot project until 2025. PRC Plexis electronic system delays future projects of Direct Care Alternate Resources Screen (DCARS) and potential of opening clinic square footage by virtual or hybrid work environment. Employee Health's initially recommended PureOHS for electronic medical record. This was delayed as external division entity requested Info GHR utilization. Info GHR did not meet the requirements of Employee Health department. Decision was presented to pursue

original recommendation of PureOHS. Once all three systems are installed expectations of accelerating paused initiatives and projects.

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Outcome/Goal # 4

MEASUREMENT: Advancing Customer Focused Experience Strategic Direction 4 (SD4)

**October is Breast Cancer Awareness Month!**

The Radiology Department at the Oneida Community Health Center has created a Breast Cancer Awareness Campaign of our own, to bring down barriers, and create support and access to screening mammograms.

**Schedule a screening mammogram (no clinic visit required):**

Women 40 & older, call the Radiology Department, 920-869-4847, option 1

**Mammography Department Hours:**

Monday – Friday, 8 – 3:30, (last available appointment is 3:45 – 4 pm)

**Events:**

Thursday October 10<sup>th</sup>, 12 pm – Facebook Live

Wednesday October 30<sup>th</sup>, 5 pm – Community Meeting

Join us for a meal, gift items, and presentation at AJRCCC



← In honor of our Breast Cancer Survivors, we encourage all who visit the Health Center in October to stop at our display table in the main entrance and put your name on a window cling.

Place that cling on the front windows in honor of your journey.

The clings will stay on the window for the month of October and yours for the taking at the end of the month.

\*Health Center employees – please place your clings for others to see\*

Yawáko

A good mind. A good heart. A strong fire.



ACCOMPLISHMENTS RELATED TO THE OUTCOME/GOAL:

The Division's August 9th, 2024, Third Quarter **Community Meeting** completed with presenter Division Director Debra J. Danforth. Topics were Summer Intern/Youth Recognition, Integrated Campus Project education, department updates, funding sources, and department 'meet & greet.' The Community Meeting is offered in a hybrid format with ability for community members

to submit questions prior, during, and post presentation in multiple formats. The Community Meeting was streamed, recorded, and posted with over 2,000 views.

Phase 1 **Phone Tree Modifications** completed. The project goal is increasing patient access to OCHC Triage with quicker answering of calls and increased one-on-one service time. Medical Clinic phone calls improved response time and routing throughout the division. Phase 2 completed relocating Medical Clinic answering staff to improve productivity and increase Medical Clinic footprint for direct patient care. Project optimizes the use of electronic health record (EHR) for communication and documentation of patient interactions.

**AJRCCC Advisory Board** (two members) and Assistant Division Director attended the 'Wisconsin Tribal Nations Round Table on Health.' Zero-dollar registration fee.

EXPECTATIONS/FUTURE PLANS REGARDING THE OUTCOME/GOAL:

The Division will continue to advance customer focused experience with **quarterly Community Meetings**. The next Community Meeting planned for October 30<sup>th</sup>, 2024, with Breast Cancer Awareness and Division Updates as topic for discussion. Location is at the Anna John Resident Centered Care Community. Quarterly Community Meeting trends to increasing number of views via digital platform. Plan to integrate YouTube, modify streaming platform, and improve A/V for virtual attendees.

In addition, the Division will hold an '**Intern Recognition**' and '**Years of Service**' acknowledgement during community meeting. The 'Intern Recognition' aligns with the recently developed Education Committee with focus on public awareness of educational opportunities, collaborating with academic institutions, and the long-term goal as an avenue for recruitment. Survey feedback identified the AJRCCC congregate meal as preferred location. Division will continue department 'meet & greet' for attendees on this date. Plan to consolidate to one survey for each Community Meeting to gather community feedback and utilize to plan future meetings.

OCHD hosted two events: **22<sup>nd</sup> Diabetes Annual Event** and the **Kunhi-Yo Event**. The Diabetes event sold out of 500 tickets with an actual head count of 382 attendees. The event had 285 evaluations completed. Speaker Waylon Pahona, JR presented on Health Active Natives. The Kunhi-Yo Event was held to honor those in recovery from Substance Use Disorder (SUD). The event distributed 204 kits with 612 Fentanyl and 612 Xylazine testing strips into the community. A 'Safe Room' offered on-the-spot mental health and ATODA counseling. Guest speaker Dr. Lyle Ignace presented on Public Health Threats and Opportunities for American Indians and Alaskan Natives in the post-pandemic era.



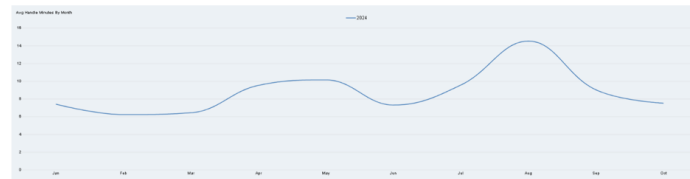


**Phone Tree Modifications** yielded Medical Clinic phone calls improved response time and routing through division. Project optimizes the use of electronic health record (EHR) for communication and documentation of patient interactions.

**Phone Tree Project**

<b>Quarter 3</b>	
<b>Total Answered Calls:</b>	<b>10,632</b>
<b>Mean Average Wait Time:</b>	<b>1:51</b>
<b>Triage Calls:</b>	<b>4,372</b>
<b>Inappropriate Calls:</b>	<b>6,260 – 58%</b>
<b>Average Handle Time:</b>	<b>9.08</b>

**Average Handle Time 2024 YTD**



<b>Quarter 4</b>	
<b>Total Answered Calls:</b>	<b>5,140</b>
<b>Mean Average Wait Time:</b>	<b>1:24, 18% Improvement, Reduced 27 seconds</b>
<b>Triage Calls:</b>	<b>3,191</b>
<b>Inappropriate Calls:</b>	<b>1,949 – 37%, 21% Improvement</b>
<b>Average Handle Time:</b>	<b>11.05, Increase ~2 Minute Patient Time</b>

**AJRCCC Advisory Board** initiated networking with Wisconsin tribal health boards, health advisory boards, and tribal health administration. This networking provides the opportunity to enhance tribal sovereignty in health care through round table and strategizing.

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