

**KARUK TRIBE**  
**ANNUAL HEALTH BOARD MEETING AGENDA**  
Thursday, September 12, 2013, **3 PM**, *Happy Camp, CA*

**A) CALL MEETING TO ORDER – PRAYER - ROLL CALL**

**AA) HEALTH MISSION STATEMENT**

The mission of the Karuk Tribal Health Program is to provide quality healthcare for Native Americans, and other people living in the communities we serve as resources allow. Our purpose is to appropriately assess or reassess conditions of illness, disease, or pain, provide culturally appropriate educational, preventative, and therapeutic services in an environment of continuous quality improvement.

**CH) APPROVAL OF THE AGENDA**

**EE) APPROVAL OF THE MINUTES** (*August 8, 2013*)

**F) GUESTS** (*Ten Minutes Each*)

- 1.

**H) OLD BUSINESS** (*Five Minutes Each*)

- 1.

**I) DIRECTOR REPORTS** (*Ten Minutes Each*)

1. April Attebury, Children and Family Services
2. Carolyn Ash, Dental Director
3. Annie Smith, Director of Community Services (written report)
4. Lester Alford, TANF Program (written report)
5. Rondi Johnson, Deputy Director (written report)
6. Eric Cutright, IT Director (written report)
7. Lessie Aubrey, Executive Director of Health & Human Services (written report)
8. Patricia White, RPMS Site Manager (written report)
9. Laura Mayton, CFO

**II) REQUESTS** (*Five Minutes Each*)

- 1.

**K) INFORMATIONAL** (*Five Minutes Each*)

- 1.

**M) CLOSED SESSION** (*Five Minutes Each*)

1. CHS (dinner break)
2. Barbara Snider
3. Tribal Council Members

**N) SET DATE FOR NEXT MEETING (Thursday, October 10, 2013 at 3 PM in Happy Camp)**

**OO) ADJOURN**

**Karuk Tribe – Health Board Meeting  
August 8, 2013 – Meeting Minutes**

**Meeting called to order at 3:00pm by Russell “Buster” Attebery, Chairman**

**Present:**

Russell “Buster” Attebery, Chairman  
Michael Thom, Vice-Chairman  
Joseph “Jody” Waddell, Secretary / Treasurer  
Amos Tripp, Member at Large  
Alvis “Bud” Johnson, Member at Large  
Charron “Sonny” Davis, Member at Large  
Crispen McAllister, Member at Large  
Dora Bernal, Member at Large  
Elsa Goodwin, Member at Large

**Absent:**

None

**Prayer was done by Sonny Davis and the Health Mission Statement was read aloud by Buster Attebery.**

Buster Attebery took a minute to thank the staff for their hard work and the descriptions done in the fires lately. He commented that Jody made the decision to dispatch the K1 crew and he made that decision to save homes. He also, noted that the air purifiers going out and the staff’s reaction was well done.

**Agenda:**

Crispen McAllister moved and Jody Waddell seconded to approve the agenda with changes, 8 haa, 0 puuhara, 0 pupitihara.

**Minutes of July 18, 2013:**

Sonny Davis moved and Michael Thom seconded to approve the minutes of July 18, 2013, 7 haa, 0 puuhara, 1 pupitihara (Bud Johnson).

**Director Reports:**

**1.) Annie Smith, Director of Community Outreach:**

Annie is present to review her report. She noted that it was quite a busy month. She is very proud of her team, because every single one has gone extra miles, especially Melodee Brewington. As an action item, she is requesting a correction to Michelle’s travel for September 12-16, 2013. She was selected originally for this training, but the conference was postponed. Upon that clarification she is receiving a scholarship from Oklahoma City InterTribal Health Board for her attendance.

Michael Thom moved and Jody Waddell seconded to approve out of state travel for Michelle Cook for CHR training in Oklahoma, September 12-16, 2013, 8 haa, 0 puuhara, 0 pupitihara.

Flo has been off work periodically for family illness and Clarence has been off for illness, which demonstrates low numbers but this could be improved with increased reporting. Every single solitary community member and Tribal Member has been visited in the smoke areas.

Annie met with Joyce Jones regarding large purifiers for community members. Melodee is tracking the paperwork but the filters must be replaced. Michael asked if the six that were ordered were delivered to those residents. Annie noted that they are not, but she monitors the North Coast air quality, which demonstrates the need to be in other areas and the priority has to go to locations in the highest risk. Annie continues that visits are made though as well. She explained that there are some community members that have air purifiers that got them previously, so their filters just need to be replaced.

Crispen McAllister moved and Dora Bernal seconded to approve Annie's report, 8 haa, 0 puuhara, 0 pupitihara.

Buster thanked Annie again for her work.

**2.) Lester Alford, TANF Director:**

Lester is present to review his report. He updated the client numbers for those enrolled into the TANF program.

He is requesting out of state approval for two staff members October 7-9, 2013. Also then in November of this year there is an annual conference that he is requesting out of state approval for.

Amos Tripp moved and Jody Waddell seconded to approve out of state travel for Phil Albers and Irene McCovey October 7-9, 2013, 8 haa, 0 puuhara, 0 pupitihara.

He then sought approval of an MOA with the Yreka Community Resources Center; they want to do two projects which are basket weaving and Native American studies needs to be done.

Dora noted that there is no TERO tax included in the agreements. Laura noted that the agreement is allowable for TERO tax and the Council can send it back to have it included or approve it with the change.

Dora Bernal moved and Jody Waddell seconded to approve MOA 13-A-061 with the addition of TERO tax, 8 haa, 0 puuhara, 0 pupitihara.

Lester then commented that the youth services are winding down, and they are 50% done. As school starts assistance will be reduced. The youth is learning consistency and volunteering. The TANF program participants provided a two page essay/report on how to behave while at the fair and then received fair bracelets.

He will be filing N.E.W report. He has 30-32 clients that have signed up and he will be working with them on getting their IEP's. There has been a lot of employment and training.

Elsa asked about if anyone contacted KCDC on getting a client up at KCDC to assist and learn how to complete data entry. Lester noted that he discussed options with KCDC and he is waiting for word back from them. He did explain that KCDC was not pleased with the list of individuals that he had for them.

Jody would like to be at KCDC when Lester goes up there because he would like to attend as a Board Member. He then would also, like to have a TANF representative meeting soon because they haven't had one in a long time.

He is working with the Happy Camp Resource Center on childcare. They are offering free childcare if the meetings are held there.

Jody thanked Lester for his hard work.

Crispen McAllister moved and Jody Waddell seconded to approve Lester's report, 7 haa, 0 puuhara, 0 pupitihara (Dora absent for the vote).

Buster went on to thank Lester for his work. Also, Buster had the opportunity to meet with Zona, the person who lost her home, which he thanked Lester for working along with her.

Lester also asked to be moved to the Council Meeting side, because he works in employment and would benefit from working with the Council Directors. That will be discussed at a later time.

**3.) Rondi Johnson, Deputy Director:**

Rondi is present to provide a review her report. The ACQI Meeting minutes are attached. Her budget is provided.

Michael asked for a list of Committees that the Health Program has, so that the Health Board can see them.

Crispen asked to be included in the conference call with HRSA regarding recommendations.

Elsa inquired about an interview with a physician. Le Loni will be handling a discussion on the physician interview that was done to ensure follow up is done on that.

Jody Waddell moved and Elsa Goodwin seconded to approve Rondi's report, 8 haa, 0 puuhara, 0 pupitihara.

**4.) Eric Cutright, IT Director:**

Eric is not present, written report provided.

Dora Bernal moved and Sonny Davis seconded to approve the IT report, 8 haa, 0 puuhara, 0 pupitihara.

**5.) Lessie Aubrey, EDHHS:**

Lessie is not present, written report provided.

Dora Bernal moved and Elsa Goodwin seconded to approve Lessie's report, 8 haa, 0 puuhara, 0 pupitihara.

Amos commented that the notation in Lessie's report stating "all we want to do is provide services and bill", for VA services; and how he would like to have a discussion regarding that. Crispen noted that he reviewed the MOU but explained that there were some points that made the MOU unworkable. A Conference Call is scheduled on Monday. Amos asked if this could be discussed later.

**6.) Patti White, Database Administrator:**

Patti is present to review her report. She has one action item, which is an agreement with Indian Health Services VISTA imaging.

Michael Thom moved and Dora Bernal seconded to approve the agreement with Indian Health Services and VISTA imaging, with a number to be assigned later, 8 haa, 0 puuhara, 0 pupitihara.

Patti then noted that she completed several task orders for users. Amy completed 21 of those tasks, and Patti had 24 assigned to her that was completed. The workload reports are attached to her Health Board report.

There are still some issues with the lab interface. They are working on that and monitoring that on a daily business. Dentrix and the Henry Schien and Cimmaron are working on the bridge for EDR which will stop the double data entry soon.

Amos asked if CAIR is gone and Michael confirmed that yes, it is.

Michael Thom moved and Sonny Davis seconded to approve Patti's report, 8 haa, 0 puuhara, 0 pupitihara.

**7.) Carolyn Ash, Dental Director:**

No report provided, on vacation.

**8.) April Attebury, Children and Family Services:**

April is present to provide her report.

She first presented information that the new Social Worker was hired. She is requesting a VISA card and a Wal-Mart card.

Michael asked for amounts of the limits. She would like \$1,500 for the VISA and the Wal-Mart account is a business account. David Arwood Jr. was hired.

Michael Thom moved and Sonny Davis seconded to allow David Arwood Jr., to have a VISA with a \$1,500 limit and a Wal-Mart card for work related purchases, 8 haa, 0 puuhara, 0 pupitihara.

She then sought approval to issue upgrades of smartphones of the Social Workers, which is 2 phones.

Michael Thom moved and Amos Tripp seconded to approve upgrading smartphones for the Social workers, 8 haa, 0 puuhara, 0 pupitihara.

April then noted that she has been advertising for an LCSW which is having a hard time. Laura noted that the report of updating vacancies with Indian Health Services because of the shares that are done. Laura Mayton noted that this is inaccurate, and they need to discuss this with Travis Coleman of Indian Health Services. April noted that she is glad to hear this because she would like to seek approval of recruitment through them. Also, April is seeking other alternatives for recruitment.

She then provided a brochure for programs that will be distributed to the public. The staff provides educational materials and information for educating clients.

She has a resolution for approval to present to the Council. It is resolution 13-R-100 accepting the first portion of funding for Subpart 1 and in her report she provided information on early intervention, child welfare services, and services that are not under jurisdiction of maintenance and service plans. This award is \$10,601.

Michael noted that the Tribe has been a recipient of Title IV funds since 2007. April clarified that the allocation of funding is dispersed by the Federal Government to the Tribes that provide the number of services to clients.

Amos Tripp moved and Sonny Davis seconded to approve resolution 13-R-100, 8 haa, 0 puuhara, 0 pupitihara.

April then noted that she provided information in her report that shows how many services are provided by the program, which bases how much funding will be received the following year.

Elsa Goodwin moved and Dora Bernal seconded to approve April's report, 8 haa, 0 puuhara, 0 pupitihara.

**9.) Laura Mayton, CFO:**

Laura Mayton is present to provide her report to the Health Board. Laura noted that she is doing a health budget report to ensure HRSA compliance.

She noted that the budget is on track. The dental supplies, prescriptions and medical supplies are overspent. Those will be offset. Contract Health Services has some lag time and Indirect as well, so those line items will catch up with themselves as well. Laura noted that she is still working on the overall report for Amos as he requested last month.

There are three elements to the 4.2million budget. Most of it is Indian Health Services funding, which is deferred revenue. Another is 1.4million is excess third party, minus grant receivables. Adding all those together is the 4.2 million. By September 30<sup>th</sup> there will be a smaller cash number on hand, but there is a reserve kept. The Indian Health Services funding is usually done at the beginning of the fiscal year, but like times currently when the government is under continual resolution that portions of the funding are received in chunks throughout the year.

The profit and loss is always close to zero, which has the Tribe live within their means. Laura noted that next year there will be big hits for FY14 that are coming. She noted that there have been years with layoffs. Laura noted that sequestration has not hit the budgets yet. Laura noted that she will provide Amos a copy of the Indian Health Services Compact so that he can see it.

Amos asked if Contract Health is overspent. Laura noted that no, they are usually spending in their means.

Michael Thom moved and Elsa Goodwin seconded to approve Laura's report, 8 haa, 0 puuhara, 0 pupitihara.

**Closed Session:**

Elsa Goodwin seconded to declare a State of Emergency under resolution 13-R-103, 7 haa, 0 puuhara, 0 pupitihara (Michael absent for vote).

Dora Bernal moved and Amos Tripp seconded to approve the resolution 13-R-096, 7 haa, 0 puuhara, 0 pupitihara (Michael absent for vote).

Dora Bernal moved and Crispen McAllister seconded to send Terminex to Tribal Member #1933 house up to \$400 from third party, 8 haa, 0 puuhara, 0 pupitihara.

Request: Elsa Goodwin requested the loan report for each meeting.

Dora Bernal moved and Sonny Davis seconded to approve a loan to Tribal Member #Amos Tripp in the amount of \$1,200 with \$200 monthly payments, 7 haa, 0 puuhara, 1 pupitihara (Michael Thom).

**Next Meeting Date: September 12, 2013 at 3pm in Happy Camp, CA.**

Crispen McAllister moved and Michael Thom seconded to adjourn the Health Board Meeting at 5:03pm, 8 haa, 0 puuhara, 0 pupitihara.

**Respectfully Submitted,**

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**Russell “Buster” Attebery, Chairman**

**Recording Secretary, Barbara Snider**





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**Karuk Tribe**

**Karuk Tribal Health and Human Services**

**Community Health Outreach**

**Health Board Report: September 12, 2013**

**Annie Smith PHN**

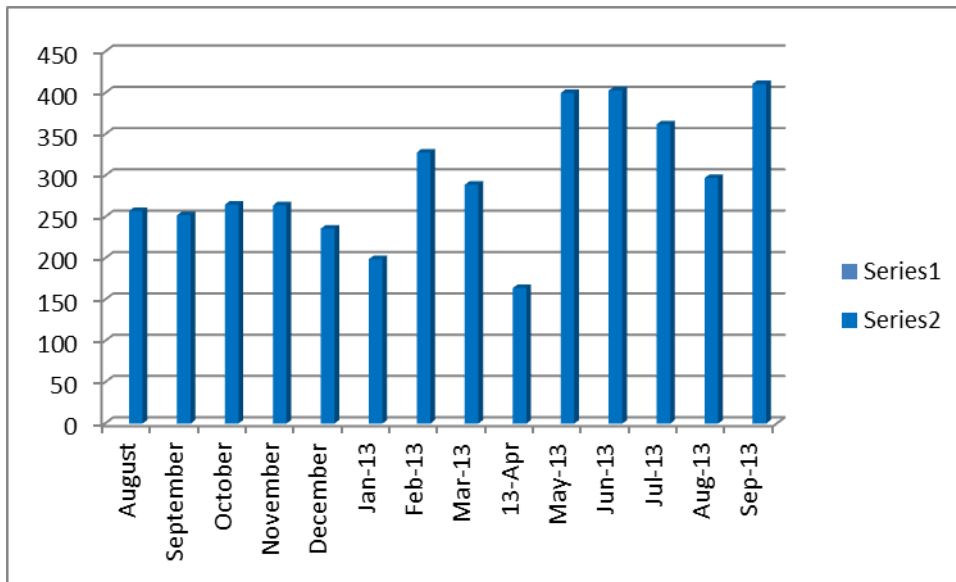
**Action Items:** None this month.

**August Items:**

- This month we have had numerous in-person and telephone sessions with our Tribal Members who have diabetes. Case management teaching one on one seems to help the most helping people define their personal goals for their health allows a better adaption to their own lives. We are continuing to have our Diabetes lunches, as the group discussions are also a great benefit. Our newest teaching materials come from IHS Division of Diabetes Treatment and Prevention, "Balancing Your Food Choices: Nutrition and Diabetes".
- We have had multiple Elder's with significant medical and social issues this month. Our Team has found caregivers, set up home plans, transported extensively both in and out of town, to solve all the issues.
- We had a potential vaccine incident this month with the extended power outage, but Don Banhart came into the clinic on the weekend and transferred the vaccines, worth more than \$10,000.00 to cooler that we keep on hand for such an event. I am working with Tom Fielden to obtain a generator for the Yreka Clinic so we are not threatened again with such in incident.
- The fire situation is finally resolving, although no fires have been reported, I continue to monitor the smoke levels daily and stay in discussions with Tom. We are not planning on retrieving the HEPA filters until after the rains come.

- Flu season is coming up and I am planning again to move forward with employee immunizations. Last year there were 65,000 deaths related to diagnosis of flu in the United States. Please consider getting a flu shot on camera to promote immunization among the Karuk Tribe. Those who have chronic health issues are the most susceptible to having negative outcomes from the flu. The flu season is expected early this year, in December rather than January or February. It takes two weeks to develop immunity to the flu following the immunization.
- Michelle, Flo Melodee and I will be in Orleans on September 12, to help Isha unpack all the supplies for the new Orleans Wellness Center. We will be carrying our label makers.

**Workload Report:**



**Financial Report:**

|                          | <i>Unencumbered Balance</i> | <i>Percent Used</i> |
|--------------------------|-----------------------------|---------------------|
| IHS Diabetes Grant 2012: | \$ 77,871.14                | 50.57%              |
| Public Health Nurse:     | \$ 27,231.48                | 67.59%              |
| CHR:                     | \$ 45,645.26                | 81.54%              |

I am below budget for all accounts.



## DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting

September 12, 2013

Rondi Johnson

August Report



*Never Forget*

**ACTION ITEMS:** Out of State Travel Request November 14-16, 2013  
Compliance/HIPAA – HCCA Conference in Scottsdale, Az

### **AUGUST ACTIVITIES:**

1. Management Team meeting August 1st, Council Meeting August 1<sup>st</sup>, Interviews for HC Physician and Yreka On call MA/Receptionist August 2<sup>nd</sup>, HC Front Office Staff meeting August 8<sup>th</sup>, Health Board Meeting August 8<sup>th</sup>, Budget Meeting w/Billing August 13<sup>th</sup>, ACQI August 14<sup>th</sup>, Budget Meeting in Yreka for Yreka Medical & Dental August 15<sup>th</sup>, Organizational Chart Meeting August 16<sup>th</sup>, Budget Meeting w/RPMS August 19<sup>th</sup>, Budget Meetings w/CQI, HC Medical, IT & CHS August 20<sup>th</sup>, ED Meeting August 27<sup>th</sup>, Budget Meeting Results Meeting August 27<sup>th</sup>, Medical Records Meeting August 28<sup>th</sup>

### **AUGUST TRAININGS/CONFERENCES & WEBINARS:**

VA Phone Conference ref: reimbursement August 14<sup>th</sup>, AAAHC WEBINAR August 21<sup>st</sup>, HANC Phone Conference August 23<sup>rd</sup>, DHCS MEDI-CAL Tribal & Designee Quarterly Webinar August 30<sup>th</sup>

### **ACQI COMMITTEE MEETING:**

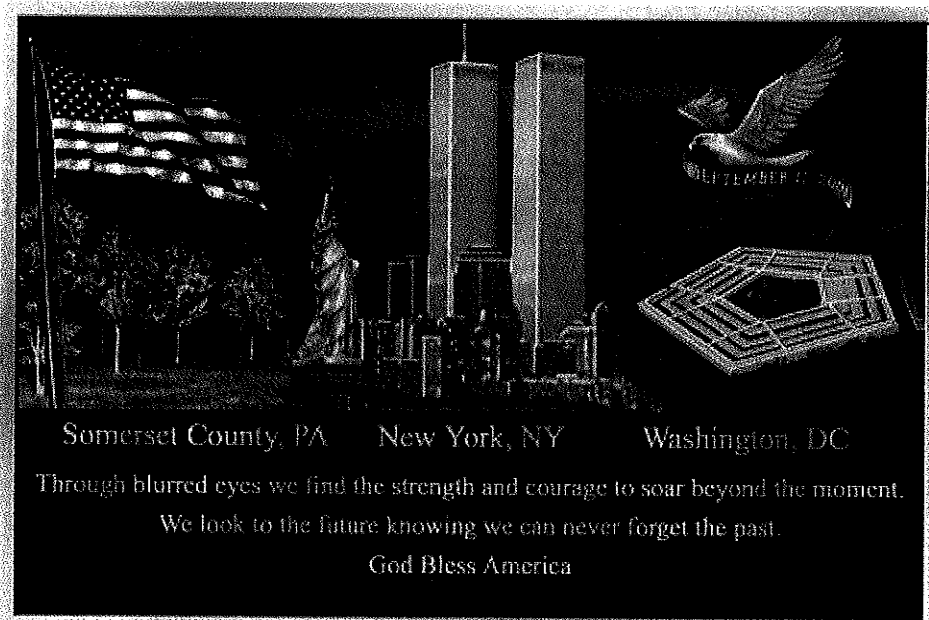
The August 14<sup>th</sup>, ACQI meeting agenda, minutes, performance improvement projects, and reports are attached.

**BUDGETS:**

See below. Budget through 8/31/13. At this time I'm well under budget.

|                         |              |
|-------------------------|--------------|
| <b>Program</b>          | <b>CQI</b>   |
| <b>Budget Code</b>      | 300002       |
| <b>Program Year</b>     | 2012-2013    |
| <b>Expenses to Date</b> | \$101,698.93 |
| <b>Balance</b>          | \$111,627.24 |
| <b>Percent Used</b>     | 47.75%       |
| <b>Period Usage</b>     | 11 months    |

Respectfully Submitted,  
Rondi Johnson  
Deputy Director of Health & Human Services



KARUK TRIBE

Travel Advance/Reimbursement Request

Employees Name: Rondi Johnson Destination: Scottsdale, Az
Departure Date: 11/14/2013 Time: Return Date: 11/16/2013 Time:
Program Charged: CQI Account:
Description & Purpose of Travel: Desert Southwest Regional Annual Conference/Compliance -HCCA

\*\* CHECK ITEMS NEEDED \*\*

Table with columns: ADVANCE, RECEIPTS, DUE TO FROM. Includes PERDIEM section with handwritten 'X' and rate of \$159.00.

Table with columns: ADVANCE, RECEIPTS, DUE TO FROM. Includes LODGING section with handwritten 'X' and rate of 2.

Check this box if you DO NOT have a Tribal Credit Card or Personal Credit/Debit Card. (Needed to determine lodging deposit)

Table with columns: ADVANCE, RECEIPTS, DUE TO FROM. Includes MILEAGE section with handwritten 'X'.

OTHER: FROM: TO: Registration: \$175.00

Table with columns: ADVANCE, RECEIPTS, DUE TO FROM. Includes checkboxes for Airfare, Shuttle/Taxi/Tolls, Gasoline, Parking, and Other.

TOTAL: \$ - \$ -

I certify that the estimated costs are reasonable and needed to conduct program activities. In the event I fail to complete this travel or if I terminate employment, I authorize the Karuk Tribe to deduct actual costs of this travel from any monies due me at termination of employment.

Traveler: [Signature] Date: 8/22/13

\*\*\* TRAVEL WILL NOT BE PROCESSED WITHOUT THIS SECTION COMPLETED \*\*\*

Is this travel reimbursable by another agency? Yes (No)
If yes, which agency?
Contract modification required? Yes (No)

\*\*\* MANDATORY AUTHORIZATIONS \*\*\*

Supervisor Approval: [Signature] Date: 8-22-13
Program Director (if different):
Tribal Chairman Approval:

# Register

Desert Southwest | Friday, November 15, 2013

Mr.  Mrs.  Ms.  Dr.

137975

HCCA Member ID

First Name: Rondi M.I.: L. Last Name: Johnson

Credentials: BSHA

Title: Deputy Director of Health & Human Services

Organization: Maruk Tribe

Street Address: P.O. Box 1014

City: Happy Camp State: CA Zip: 96039

Telephone: 5304931600 x2115 Fax: \_\_\_\_\_

E-mail (required for e-mail confirmation): rjohnson@maruk.us

## Conference Fees

- HCCA Members ..... \$175
  - Non-Members ..... \$220
  - HCCA Membership & Registration ..... \$375  
Join HCCA and SAVE \$95 off your first year of dues!  
Annual dues are normally \$295. New members only.
  - Registration & Membership Renewal ..... \$470
- TOTAL \$ 175.00

### Group Discounts

5 or more: \$25 discount for each registrant  
10 or more: \$40 discount for each registrant

Discounts take effect the day a group reaches the discount number of registrants. Please send registration forms together to ensure that the discount is applied. A separate registration form is required for each registrant. Note that discounts will NOT be applied retroactively if more registrants are added at a later date, but new registrants will receive the group discount.

### Conference Material

Attendees will receive electronic access only to speaker presentations prior to the conference.

## Payment

- Check enclosed: mail to HCCA, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435
- Invoice me | Purchase Order # \_\_\_\_\_
- I authorize HCCA to charge my credit card (choose below):
  - American Express
  - Diners Club
  - MasterCard
  - Visa

Credit Card Account Number \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_

Cardholder's Name (please print) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Please fax your completed registration form to 952-988-0146, or visit [www.hcca-info.org](http://www.hcca-info.org) to register online.

# HCCA



HEALTH CARE COMPLIANCE ASSOCIATION

**Registration Terms:** Make your check payable to HCCA. Enclose payment with your registration and return it to the HCCA office, or fax your credit card payment to 952-988-0146. If your total is miscalculated, HCCA will charge your card the correct amount. For information on group discounts, please see the box on the registration form. The cost of hotel accommodations are not included in the registration fee.

**Cancellations/Substitutions:** No refunds will be given for no-shows or cancellations. You may send a substitute or receive a conference credit. If you have questions, please call HCCA at 888-580-8373. Additional charges may apply. Cancellation by telephone is NOT valid. Please fax written cancellations to 952-988-0146 or e-mail [help@hcca-info.org](mailto:help@hcca-info.org).

No audio or video recording of HCCA conferences is allowed.

AREA1813

## Hotel & Conference Location

### Talking Stick Resort

9800 E. Indian Bend Rd, Scottsdale, AZ 85256

A special rate of \$159 (plus tax) per night has been arranged for the conference. Please note that this block of rooms may sell out prior to the hotel cut-off date. Make reservations directly with the hotel at 866-877-9897 by October 15, 2013. Mention the Health Care Compliance Association to obtain the special rate.

## Continuing Education Units

HCCA is in the process of applying for continuing education units. If you have questions, please contact CCB at [ccb@hcca-info.org](mailto:ccb@hcca-info.org) or 888-580-8373.

7:55 – 8:00 AM

## Welcome and Announcements

### Program Chair

**Barbara H. Knutson, CHC, MS, RHIA**

Compliance Learning Program Director  
Banner Health

8:00 – 9:00 AM

## HIPAA 2.0 – Steps to Take to Comply with the New Rule

### Michael Ebert

Partner, Advisory Services  
KPMG

- Revising policies, procedures, and training to address new limits on protected health information as well as breach notification changes and the elimination of the harm provision
- Third Party Risk Management and the changing relationship of covered entities, business associates, and subcontractors
- What is missing in the final rule and what to expect from OCR in guidance and enforcement

9:00 – 10:00 AM

## Top 7 Research Compliance Issues

### Ryan Meade

Partner  
Meade & Roach

- Review research regulatory risk areas
- Discuss operational safeguards to manage risks
- Identify areas for compliance audit plans

10:00 – 10:15 AM

## Break

10:15 – 11:15 AM

## Using RAC data mining to drive process improvement: risk reduction, revenue capture and clinical documentation and compliance improvement

### George L. Kelley

Chief Operating Officer  
CBIZ KA Consulting Services, LLC

This session will demonstrate how providers have used their RAC data to make significant documentation improvements across many areas of their organization, specifically in coding, supporting medically necessary admission determinations and improving revenue capture. In addition this improved documentation will support readmission rates reduction initiatives as well as promote improved case mix index levels. Overall, this approach will lead to better compliance practices, which will result in improved financial outcomes and significant risk reduction

11:15 – 12:15 PM

## Healthcare Fraud Issues

### Rob Coyle

Compliance Officer  
Vanguard Health System

12:15 – 1:15 PM

## Lunch (provided)

1:15 – 2:45 PM

## Auditing Physician Arrangements and Physician Contracting

### Daniel P. Stech

Principal  
Pinnacle Healthcare Consulting

- Identify the regulatory structures requiring fair market value and commercial reasonableness
- Explore common valuation methods and current factors influencing fair market value
- Discover practical strategies for assessing and documenting the compliance of physician compensation arrangements
- Answer key compliance questions regarding the design of physician compensation plans

2:45 – 3:00 PM

## Break

3:00 – 4:00 PM

## ICD-10 Final Compliance Push... Are You Ready?

### Gloryanne Bryant -

Regional Managing HIM Dir.  
Kaiser Foundation Health Plan Inc. & Hospitals

- Review the Final Education/Training Checklist for Readiness (HIM, CDI and Others)
- Discuss potential gaps in documentation and reimbursement (MS-DRGs)
- Understand the People, Process and Technology Readiness
- Plan for Go-Live Command Center components

4:00 PM

## Conference Adjourns

**HCCAnet**<sup>®</sup>

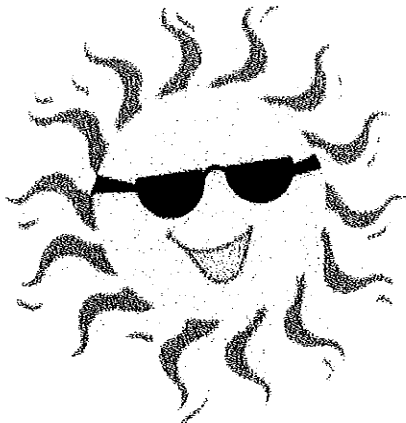
[hcca-info.org/hccanet](http://hcca-info.org/hccanet)

Health Care Compliance Association  
6500 Barrie Road, Suite 250, Minneapolis, MN 55435  
888-580-8373 (p) | 952-988-0146 (f) | [www.hcca-info.org](http://www.hcca-info.org)





**Karuk Tribal Health & Human  
Services Program  
ACQI Committee  
Meeting/Conference Call  
KCHC Teleconference Room  
August 14, 2013  
8:15 am-10:00 am**



1. Call Meeting to Order – Rondi Johnson
2. Roll Call/Sign In – Vickie Walden
3. Approve Agenda – Rondi Johnson
4. Approve Minutes of July 10, 2013. – Rondi Johnson
5. Performance Improvement Reports Due
  - 5.1 Happy Camp Medical Records Audit – Carrie Davis
  - 5.2 Orleans Medical Records Audit – Isha Goodwin –(Tabled)
  - 5.3 Yreka Medical Records Audit – Charleen Deala
  - 5.4 EHR Reminders – Mike Lynch
6. GPRA Reports
  - 6.1 Increase PAP Smears Project – Vickie Simmons
7. New Business
  - 7.1 Complaints/Incidents/Suggestions –Rondi Johnson
  - 7.2 Patient Satisfactory Surveys – Rondi Johnson
  - 7.3 Time Off Notification – Rondi Johnson
  - 7.4 ACQI Reports – Rondi Johnson
8. Old Business
  - 8.1 HIV/AIDS – Mike Lynch (Tabled)
  - 8.2 CHDP Callback Report – Happy Camp – Chelsea Chambers (Tabled)
  - 8.3 Diabetes Report – Annie Smith (Tabled)
  - 8.4 BMI – Patti White (Tabled)
9. Next Meeting September 11, 2013 at 9:00 am
10. Adjourn

# Karuk Tribe

## Karuk Tribal Health & Human Services Program

### ACQI Committee Meeting/Conference Call

#### Meeting Minutes

#### KCHC Teleconference Room

July 10, 2013

9:00 am-10:00 am

1. Meeting Called to Order by Rondi Johnson at 9 am
2. Roll Call/Sign In – Vickie Walden:
  - 2.1. Happy Camp: Vickie Simmons, Lessie Aubrey, , Dr. Brassea, Chelsea Chambers, Patti White, Rondi Johnson, Suzanna Hardenburger, Susanna Greeno, and Vickie Walden
  - 2.2. Yreka: Mike Lynch, Dr. Ash, Dr. Milton, Annie Smith, Amy and Jessica Courts.
  - 2.3. Orleans: Fabian Alvarado
3. Agenda approved with a motion made by Lessie Aubrey, 2<sup>nd</sup> by Suzanna Greeno. Motion carries with no abstentions or objections.
4. Minutes for June 12, 2013. Approved with corrections/changes, motion made by Susanna Greeno, 2<sup>nd</sup> by Dr. Ash, motion carries with no objections and Vickie Walden absenting.
5. Performance Improvement Reports Due
  - 5.1. BMI PROJECT – Patti White/Dr. Milton
    - 5.1.1. Patti went over her written report, there was group discussion on: the project and report was based on HRSA guidelines and we are going to do a BMI at every visit. Patti said that we are doing well getting the BMI's and counseling/follow-up done on adults; the BMI's for children are being done but we need to do better in counseling/follow-up area for children. There was more discussion on how: the data is being entered; captured; if medical assistants could do the counseling/follow-up and enter it into the system; and how the system captures the data. Patti said that we are on target to meet the goal for the adults. Dr. Milton said that he has been working with some of his patients and are finding them receptive to the idea of weight loss. There was discussion on what codes should be used for counseling i.e. physical exercise, nutritional education, and Fabian asked if literature given to the patients could counted as counseling, Patti said she would check on it, that is depends on the coding criteria. Lessie she could see that Patti put in a lot of hard work on this project, but it needs to be simpler, will work with Patti on this project. Lessie said that we are not just answering to HRSA; we could expand it to improve our data and patient care.
    - 5.1.2. Amy said there is a national clinical reminder (for all patients) called activates screen and has a dialog associated with it. It can be used for patents ages 5 to 110, what this reminder asks is activity level; has check box for education provided with a template to document the education; and it will populate most fields in the patients record. Amy went on to say that the new patch 11 will enable us to create a specific reminder to calculate BMI. Patti explained a little about patch 11 and the install date was Saturday July 20 and she will have the server install completed on July 22, 2013. Chelsea asked Amy if they could have the BMI charts that show the healthy ranges and where the patients are within range. Amy said no, what they could run a graph under the vitals tab. Amy said that patch 11 will deploy a number of graphing futures, which are going to be useful for the providers when doing patient education.
    - 5.1.3. Patti and Dr. Milton's Written Report is attached to this report.
  - 5.2. HIV/AIDS – Mike Lynch said the report needed to be tabled due to the absence of Lisa and mike said the Dr. Hess will be doing the next HIV/AIDS Clinic.

5.3. **Dental Records – Happy Camp** – Cheryl Tims was absent from the meeting. Rondi asked Vickie Walden wanted to do Cheryl's report and she said that she had not reviewed the report, but did have a comment about the report format. That report was missing graphs usually used for tracking each quarter in the reporting period. That Cheryl needed to use the correct reporting format and include graphs in her report. The written report is attached to the meeting packet.

5.3.1. **Dental Records – Yreka – Tabled-** Susan Beatty was absent and Jessica was scheduled going to do the Yreka Dental Report. Jessica was not in the meeting and Dr. Ash went to get her. Jessica had to leave the meeting and Rondi ask Dr. Ash is she wanted to do the report to talk with Rondi about it later, they will review the report later.

5.4. **HTN – Fabian reported:** That we need to correct the date on his report to, July 10, 2013.

5.4.1. To determine the proportion of adult hypertensive patients, 18 to 85 years of age, that had an adequately controlled blood pressure (less than 140/90) at the time of the last reading. If improvement is needed, recommendations will be made. The goal is to have the blood pressure (BP) of all adult hypertensive patients adequately controlled. Short of that, our target will be to improve over the previous year by at least 10%. Second quarter data for 2013 show a slight decline in the proportion of uncontrolled hypertensive patients when compared to cumulative data for 2012, but the proportion is the same as compared to cumulative data for 2011. In order to improve long term outcomes for our hypertensive patients, we need to (1) distinguish between transiently elevated BP measurements and actual uncontrolled hypertension. Next, we need a process by which we can (2) effectively address uncontrolled hypertension in those patients that are more than just transiently elevated due to acute illness. It was decided at the time of the last report that the Orleans clinic alone should implement the recommendations as a pilot project to ascertain their feasibility and effectiveness. We found that convincing patients to make follow up appointments simply for blood pressure checks was difficult enough but getting the patients to keep those appointments was an insurmountable challenge. At the end of the quarter we compiled a list of those patients and enlisted the CHR to do home visit BP checks. Most patients were not found at home but of the 4 patients we were able to check, all had persistently elevated BPs. As a result the CHR urged them to make appointments to address their uncontrolled hypertension but this was apparently unsuccessful since no follow up appointments have been made to date. Of note, the number of uncontrolled hypertensive patients (as determined using the above criteria) at Orleans clinic number 14. Given this extremely low sample size it would be inaccurate to draw conclusions about whether or not most of the Karuk Tribal Health Program patients that meet the criteria had a BP that was only transiently elevated at their last visit. Further, the number of patients in Orleans that meet the criteria is too low to impact the figures for the entire health program. In order to accurately evaluate the effectiveness of the quality improvement measures, they need to be implemented by all clinics. Feasibility can be measured qualitatively by the medical staff and we will continue to audit our patient records quarterly for the remainder of 2013. Moreover, tracking how many of the follow-up BP checks and/or appointments are kept by the patients would provide a way to evaluate the practicality of and interest in the above recommendations from the patients' perspective. Unfortunately, to my knowledge there is no way to retroactively query the schedule based on the type of visit. Fabian said that when working with Patti on collecting the data for this project was a little time consuming. That since the quarry that Patti uses to collect this data is for all patients, his recommendation is that we do this PI Project organizational wide, Fabian said that he would to see data analyzes using a larger sampling of patients. Patti White said that with at least a weeks' notice she can sort the data better. There was more discussion on how the data was collected and if there was a need to modify the process used for collection. Annie what process was being used in the clinics to notify the providers when an abnormal reading was found; conclusion of this discussion was that the medical assistants do have a close communications with the providers. The discussion went on to review the current process being used at the various clinics for scheduling the follow-up appointments. Happy Camp and Orleans are either walking the patients to the front to re-schedule or sending out a routing slip. Mike said that Yreka has routing slips but are not using them; he will address this at their next staff meeting. Lessie said that we are losing our focus on the subject matter for this project, that so many times when doing PI Projects, questions and comments come up during the presentation of our PI reports, we lose focus on what we were trying to do and change the direction of the PI project. Lessie said we need to say on track when doing our PI Projects from beginning to end.

5.4.2. In conclusion Fabian said that is seems feasible for: Orleans and Happy Camp to have someone notify the front desk that they need to schedule the patient a follow-up appointment before they leave the clinic;

and the routing slips may work for the Yreka Clinic. If the patient does not want to return to the clinic for the BP follow-up, Lessie suggested that a referral be done to the CHR supervisor and she could schedule a CHR to do the Blood Pressure follow-up check.

## 6. GPRA Reports

### 6.1. Clinical Benchmarking – Vickie Simmons

6.1.1. The unofficial GPRA 4 quarter report is attached to the meeting packet. Vickie said the she has not turned in the official report yet. The unofficial report shows that we met 7 measures, did not meet 6 measures and are at baseline on 9 measures. We need to work on LDL Assessed, Nephropathy Assessed, Retinopathy Exam, FAS Prevention, Prenatal Screening, and Childhood Weight Control. Vickie S said the measures we are close to meeting now, may be met after she submits the final report. Vickie said the he is currently monitoring and reporting on Mammograms, but since we have met that measure she may choose another measure to monitor.

## 7. New Business

7.1. Complaints/Incidents/Suggestions –Rondi Johnson – We have had a few complaints and incidents but there is nothing to report at this time they are under review and/or being processed.

### 7.2. Patient Satisfactory Surveys – Rondi Johnson

7.2.1. Update on the ongoing patient Satisfaction Surveys. The graphs she attached to this meeting packet show our survey return rate for: Yreka 20, Happy Camp 45, and Orleans 0. The number of surveys needed is around 450. The original survey periods was March through June 2013, but do to the lack of surveys returned, the survey is being extended to for another three months. Rondi asked that the clinic staff work very diligent at getting these completed and returned to her as soon as possible. Lessie Aubrey said because the survey returns were so low, she worked with Rondi and did a PI Project review. They found that we did not meet our goal, that staff /receptionists as not cooperating (by not handing out or collecting the surveys, this is probably unintentional), and that some patients refused (now we need to track how many refused and why). Lessie said that we need to find out the reasons for the low return and work on ways to fix the problems. Mike Lynch said that he sat town and wrote out a process for improving on what Yreka was doing to see if they could increase the returns. Rondi and Mike will meet and follow-up on this.

7.2.2. Policy Review- Dr. Ash reviewed her request for changes to this policy, with the group. After some discussion it was decided that Lessie and Rondi would do the follow-up research on the requested changes in the wording in section E. Walk-in Patients and all other changes in wording and suggested deletions presented by Dr. Ash were approved with a motion made by Patti White, 2<sup>nd</sup> by Vickie Simmons motion carries with no objections or abstentions. Dr. Ash will re-type the policy and send it to Rondi or Lessie to complete and present to the Health Board. Lessie excused herself from the meeting to attend another function.

### 7.3. Suzanna Hardenburger – Quality Improvement

7.3.1. Suzanna said that over the past five years we could have been paid an extra 1 ½ % from Medicare for doing quality improvement coding but she was told that we did not want to do it at that time. Now they are going to start collecting a 1 ½ % from us for not doing quality improvement coding. Suzanna said it is a matter of entering the appropriate codes. Suzanna said since we are reporting on all patients for HRSA, it should be easy to do and the coders can help the providers with the coding. Suzanna said that she has to start this next month. The consensus of the group was that this was something we should start doing.

## 8. Old Business

8.1. Review Policy Approval Changes: Policy #07-002-210 – Michael Lynch

8.1.1. Mike was re-presenting this policy for review. The policy was re-reviewed and approved with a motion made by Vickie Walden and 2<sup>nd</sup> by Chelsea Chambers, motion carries with no abstentions or objections.

8.2. Review Policy #14-003-305 Scheduling the Dental Emergencies- Dr. Ash

8.3. Eligibility Report – Yreka – Sharon Denz

8.3.1. Sharon Denz- Written report is attached to this meeting packet and was presented by Mike Lynch. Mike said that the data pulled showed; Problems: Not getting the clients to sign up for MediCal, CMSP, and Medicare Part D., that they are going to Human Resources Office in Yreka. The data shows that she processed 3 Medicare Part D applications during the first quarter of 2013. There was discussion on the

change to Medical Managed Care, where we were at in signing up patients for that program and what impact that might have if we are not pro-active in getting people to sign up with our clinics. Rondi will get with Mike and follow-up on his questions on how the medical managed care was going to be handled for children going to a pediatrician and our tribal clinic. She thinks that we are going to have business agreements with the other providers.

8.4. CHDP Callback Report – Happy Camp – Chelsea Chambers (Tabled)

8.5. Diabetes Report – Annie Smith (Tabled)

8.6. Dentrix Update – Patti White- Patti reported about four weeks ago they had a time set with Cimarron and Sullivan Schein to build the HL7 interface and the Dentrix Tech was a no show. She has sent them an email and received no response. She is going to call the Sullivan Schein Administrator/Supervisor and see if they can set up a new date and insure that their technician keeps the appointment this time. Mile Lynch asked about the Webinar for the BMW scheduling package and who needs to attend. Patti said that they are ready and waiting on I.H.S. to the install. Patti said that there will be more training coming soon, that the one key front desk staff member should attend the training on Friday so that they are aware of the changes are coming soon.

9. Next Meeting August 14, 2013 at 8:15 am

10. Adjourned at 10:50 am with a motion made by Patti White, 2<sup>nd</sup> by Vickie Walden, motion carries with no objections or abstentions.

Meeting Minutes Respectfully Submitted by Vickie Walden on August 1, 2013

Performance Improvement Project  
Yreka Medical Clinic  
2<sup>nd</sup> Quarter CY2013

Project Purpose: The project is to improve performance regarding provider completion of reminders as they appear on patient EHRs.

Rationale:

- Reminders are designed to assure that the key health issues, specific to each patient, are addressed during the course of the current examination. Unresolved reminders can pose a medical risk to the client, and can place the Tribe in legal jeopardy.
- Reminders are also directly tied to our performance on federal grants. Certain unresolved reminders reduce our grant-related performance rates, potentially placing future funding in jeopardy.

Measures Selected for Performance Improvement:

- Height (BMI calculation)
- Lipid profile – female (CVA screen)
- Lipid profile – male (CVA screen)
- Pap smear (cancer screen)
- Mammogram (cancer screen)
- Colon cancer (cancer screen)
- DM foot exam (DM screen)
- DM eye exam (DM screen)
- DM HgbA1c (DM screen)

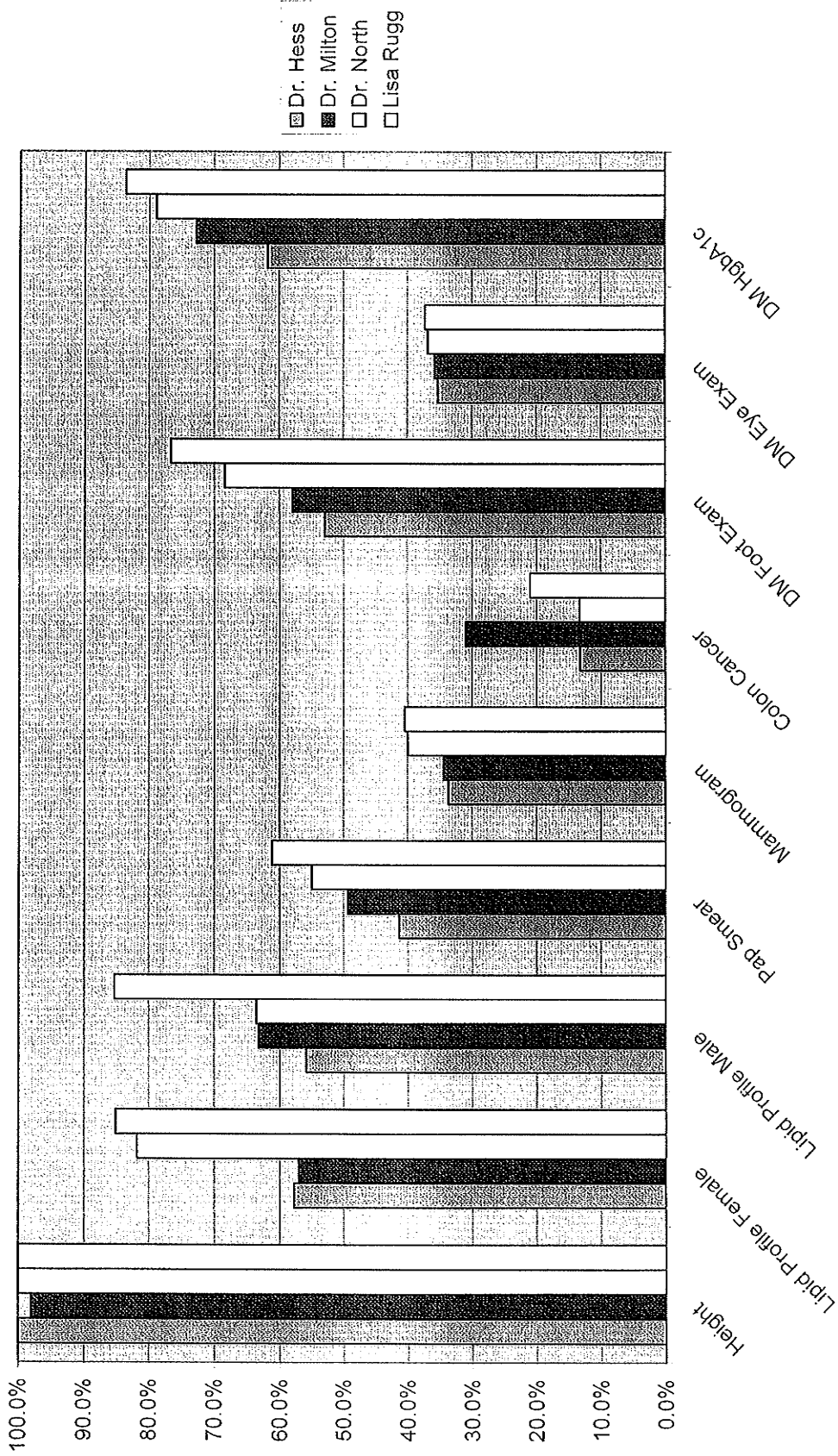
Measures selected were those which are related to the greatest health risk of our clients, and are current grant-related performance standards. The data was collected by Amy Coapman, through query of the RPMS database. The first report generated for the 2/27/2013 ACQI meeting was for demonstration purposes. This report should be considered baseline performance data. Subsequent periods will be compared to determine the relative improvement or decline of reminder completion performance.

The chart on the following page presents performance by provider on the nine reminder types listed above. It presents the percentage of reminders that were resolved during applicable examinations for the period. The data was compiled by Amy Coapman regarding performance during the period 4/1/2013 through 6/31/2013. Lisa Rugg's performance was superior in every category. Dr. North's performance was generally second, with Dr. Milton a close third. Dr. Hess's performance was generally the poorest.

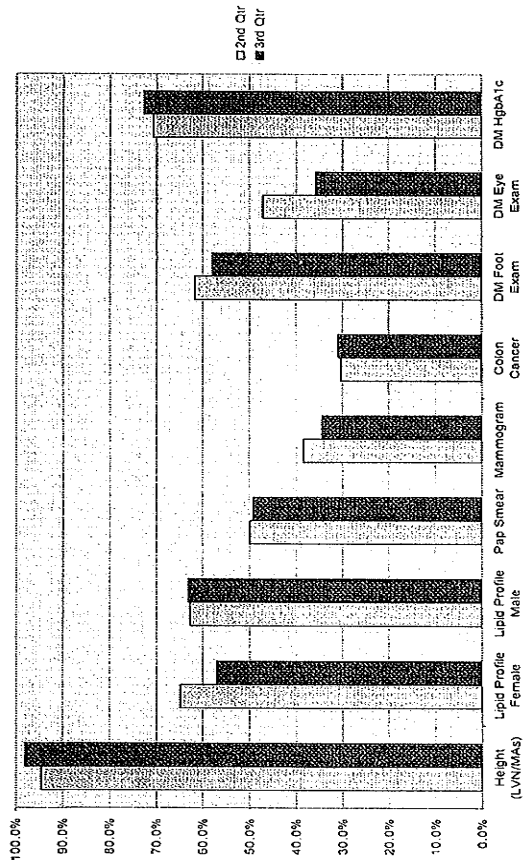
The charts on the last page present individual provider performance comparisons, from the first report period (2<sup>nd</sup> quarter FY2013) to this report period (3<sup>rd</sup> quarter FY2013). Dr. North performance was improved. Dr. Milton's and Lisa Rugg's performance was variable, but slight. Dr. Hess's performance was generally poorer, sometimes significantly so.

Discussions regarding these results will be held with each provider, with the objective of subsequent and consistent improvements in performance. Determining the reasons for variability among individual reminders, and establishing goals for improvement for each category should also be discussed at some level.

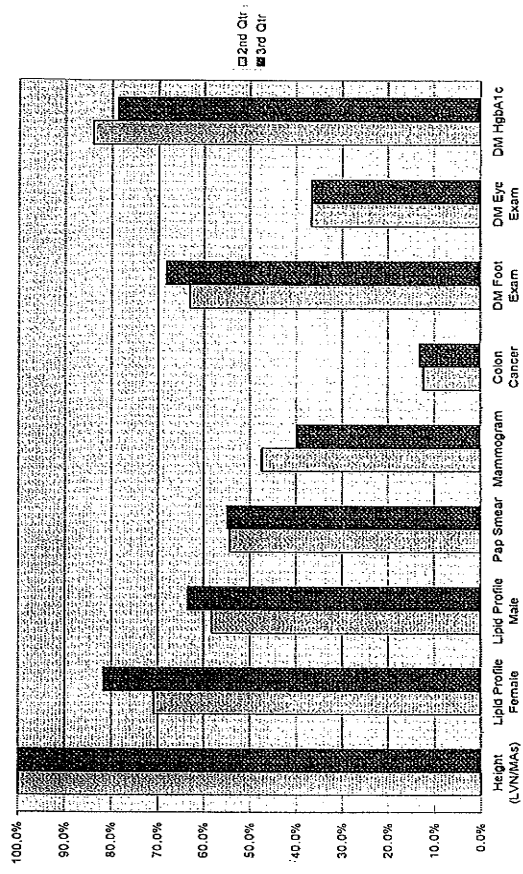
**Yreka Reminders Performance**  
**4/1/13 - 6/31/13**



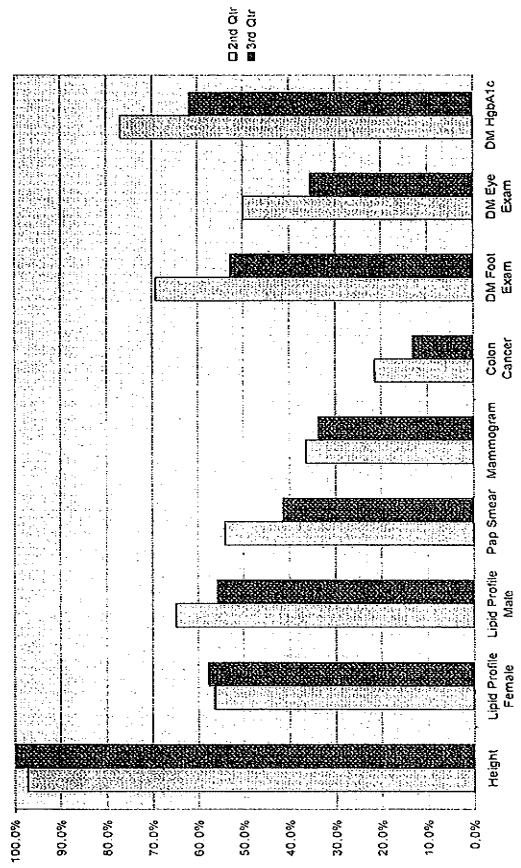
Dr. Milton Reminder Performance - Quarterly Comparison



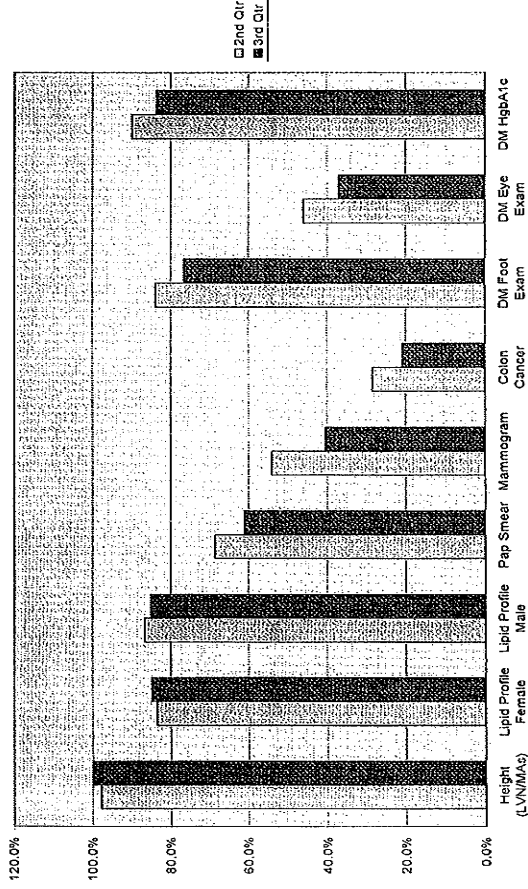
Dr. North Reminder Performance - Quarterly Comparison



Dr. Hess Reminder Performance - Quarterly Comparison



Lisa Rugg Reminder Performance - Quarterly Comparison





KARUK TRIBAL HEALTH CLINIC YREKA  
CHARTS PULLED – APRIL-JUNE 2013

PURPOSE :

IDENTIFY AREAS FOR IMPROVEMENT IN TH ELECTRONIC HEALTH RECORDS  
MANAGEMENT AND DOCUMENTATION PROCESSES.

GOALS :

IDENTIFY PROBLEMS IN THE ELECTRONIC HEALTH RECORDS MANAGEMENT

DATA: A COLLECTION OF 5 FEMALES AND 5 MALE 5 PEDIATRIC PATIENTS WERE  
CHOSEN RANDOMLY TO REVIEW DATA IN ELECTRONIC HEALTH INFORMATION .

PROBLEMS: THE BIGGEST PROBLEM FOUND WAS HEALTH QUESTIONAIRES.ALSO  
ONE INJECTION SITE WAS NOT ENTERED A BLOOD PRESSURE WHICH WAS ON A 4  
YR OLD CHILD AND ONE PAIN LEVEL.

CHARLEEN DEALA  
MEDICAL RECORDS  
YREKA CLINIC

**DR. MILTON**  
**Record**

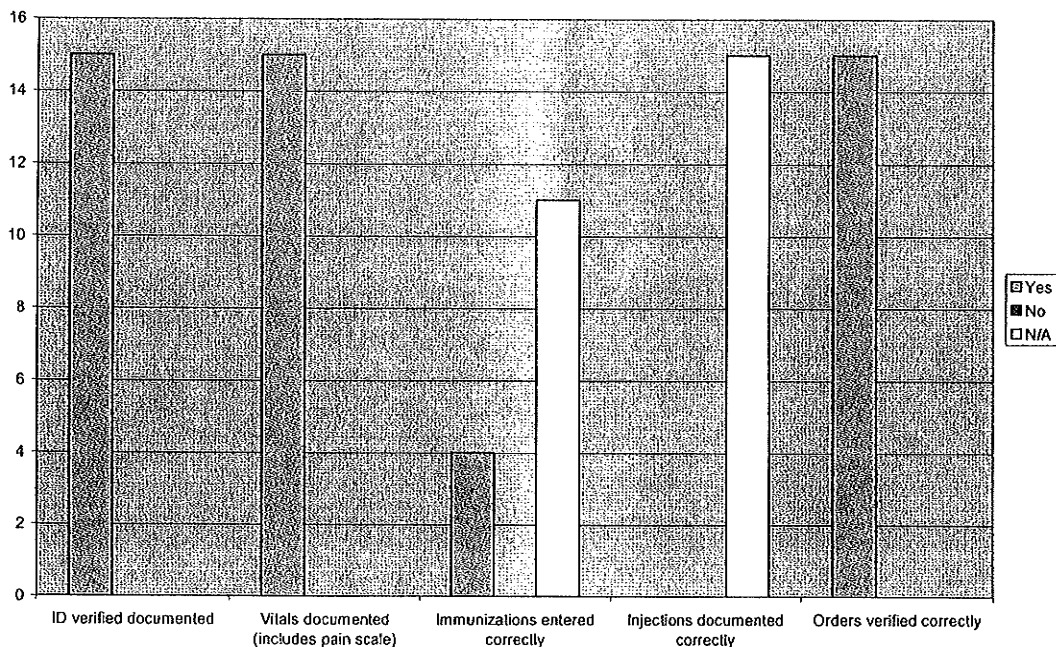
|  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Totals</b> |
|--|------------|-----------|------------|---------------|
| Problem list reviewed at last visit                | 15         | 0         | 0          | 15            |
| Medication list reviewed at last visit             | 14         | 0         | 1          | 15            |
| Allergies reviewed at last visit                   | 15         | 0         | 0          | 15            |
| Health questionnaire reviewed                      | 5          | 9         | 1          | 15            |
| Documentation and follow-up of missed appointments | 15         | 0         | 0          | 15            |
| ID verification documented by provider             | 15         | 0         | 0          | 15            |

**Nurses/Medical Assistants**

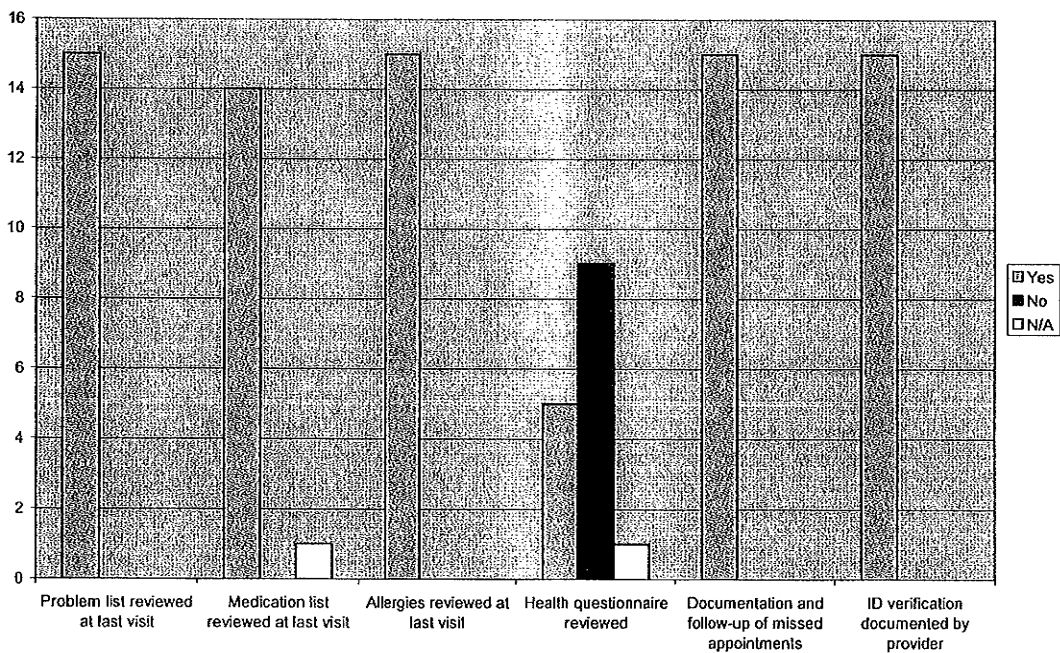
|   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Totals</b> |
|---|------------|-----------|------------|---------------|
| ID verified documented                  | 15         | 0         | 0          | 15            |
| Vitals documented (includes pain scale) | 15         | 0         | 0          | 15            |
| Immunizations entered correctly         | 4          | 0         | 11         | 15            |
| Injections documented correctly         | 0          | 0         | 15         | 15            |
| Orders verified correctly               | 15         | 0         | 0          | 15            |

# Dr. Milton

## Dr. Milton's LVN/MAs



# Dr. Milton



DR. Hess  
Record

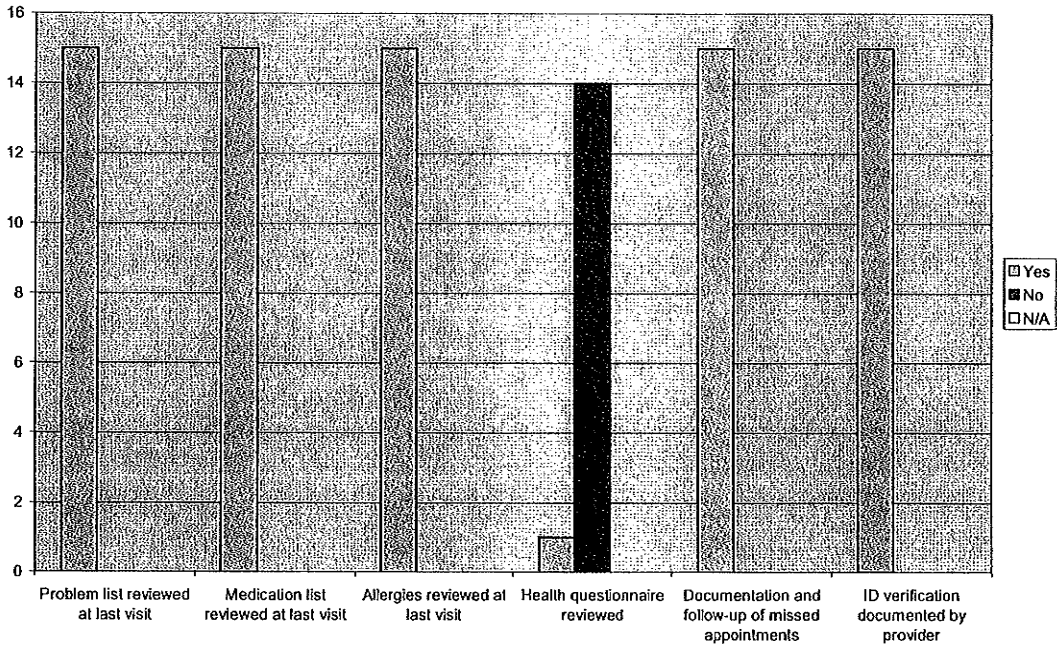
|  | Yes | No | N/A | Totals |
|--|-----|----|-----|--------|
| Problem list reviewed at last visit                | 15  | 0  | 0   | 15     |
| Medication list reviewed at last visit             | 15  | 0  | 0   | 15     |
| Allergies reviewed at last visit                   | 15  | 0  | 0   | 15     |
| Health questionnaire reviewed                      | 1   | 14 | 0   | 15     |
| Documentation and follow-up of missed appointments | 15  | 0  | 0   | 15     |
| ID verification documented by provider             | 15  | 0  | 0   | 15     |

Nurses/Medical Assistants

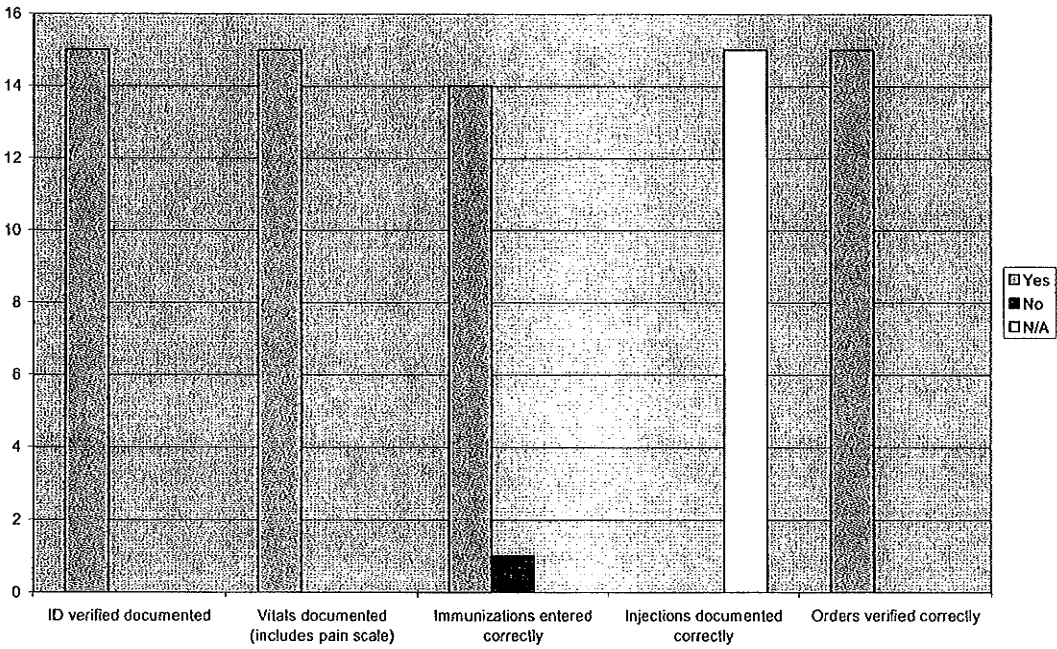
|   | Yes | No | N/A | Totals |
|---|-----|----|-----|--------|
| ID verified documented                  | 15  | 0  | 0   | 15     |
| Vitals documented (includes pain scale) | 15  | 0  | 0   | 15     |
| Immunizations entered correctly         | 14  | 1  | 0   | 15     |
| Injections documented correctly         | 0   | 0  | 15  | 15     |
| Orders verified correctly               | 15  | 0  | 0   | 15     |

# Dr. Hess

## Dr. Hess



## Dr. Hess LVN/MAs



**DR. NORTH**  
**Record**

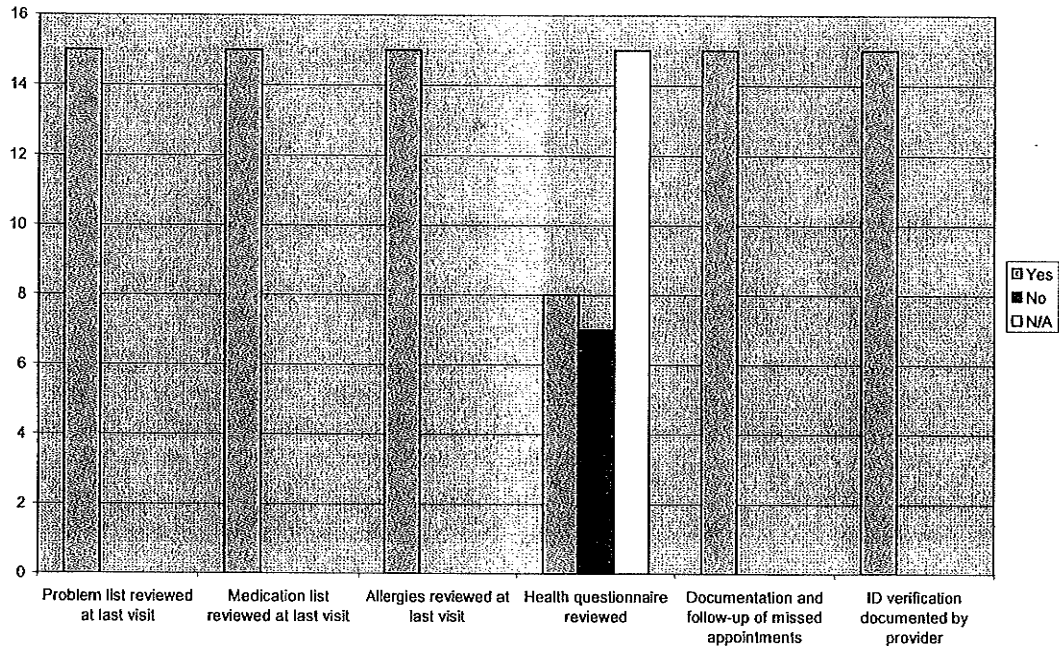
|  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Totals</b> |
|--|------------|-----------|------------|---------------|
| Problem list reviewed at last visit                | 15         | 0         | 0          | 15            |
| Medication list reviewed at last visit             | 15         | 0         | 0          | 15            |
| Allergies reviewed at last visit                   | 15         | 0         | 0          | 15            |
| Health questionnaire reviewed                      | 8          | 7         | 15         | 30            |
| Documentation and follow-up of missed appointments | 15         | 0         | 0          | 15            |
| ID verification documented by provider             | 15         | 0         | 0          | 15            |

**Nurses/Medical Assistants**

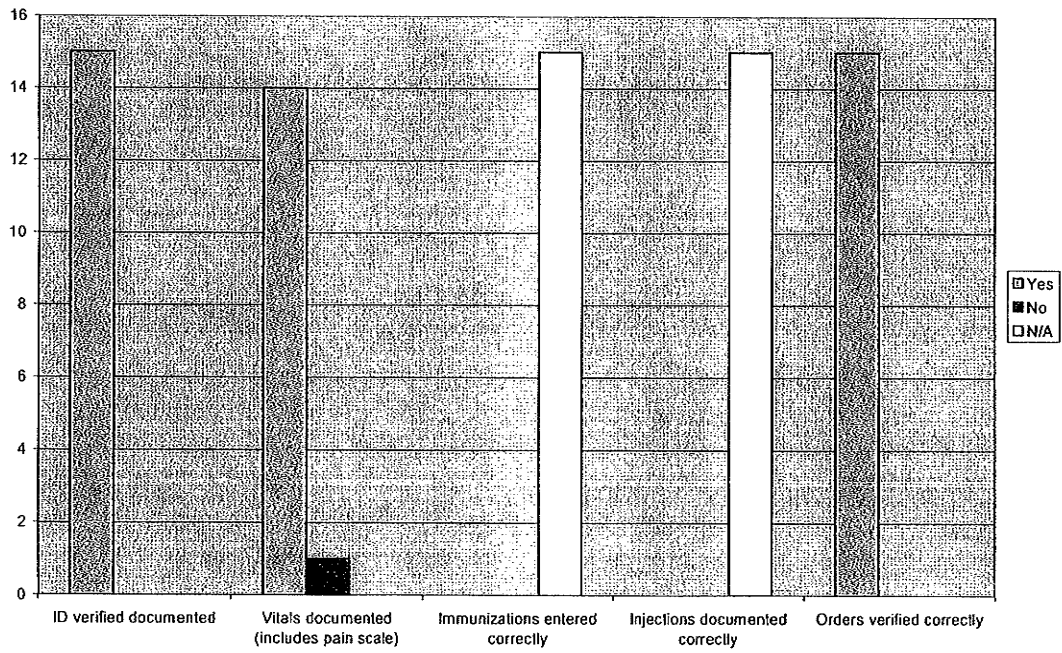
|   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Totals</b> |
|---|------------|-----------|------------|---------------|
| ID verified documented                  | 15         | 0         | 0          | 15            |
| Vitals documented (includes pain scale) | 14         | 1         | 0          | 15            |
| Immunizations entered correctly         | 0          | 0         | 15         | 15            |
| Injections documented correctly         | 0          | 0         | 15         | 15            |
| Orders verified correctly               | 15         | 0         | 0          | 15            |

# Dr. North

## Dr. North



## Dr. North LVN/MAs



**LISA RUGG**  
**Record**

|  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Totals</b> |
|--|------------|-----------|------------|---------------|
| Problem list reviewed at last visit                | 15         | 0         | 0          | 15            |
| Medication list reviewed at last visit             | 15         | 0         | 0          | 15            |
| Allergies reviewed at last visit                   | 15         | 0         | 0          | 15            |
| Health questionnaire reviewed                      | 11         | 4         | 0          | 15            |
| Documentation and follow-up of missed appointments | 15         | 0         | 0          | 15            |
| ID verification documented by provider             | 15         | 0         | 0          | 15            |

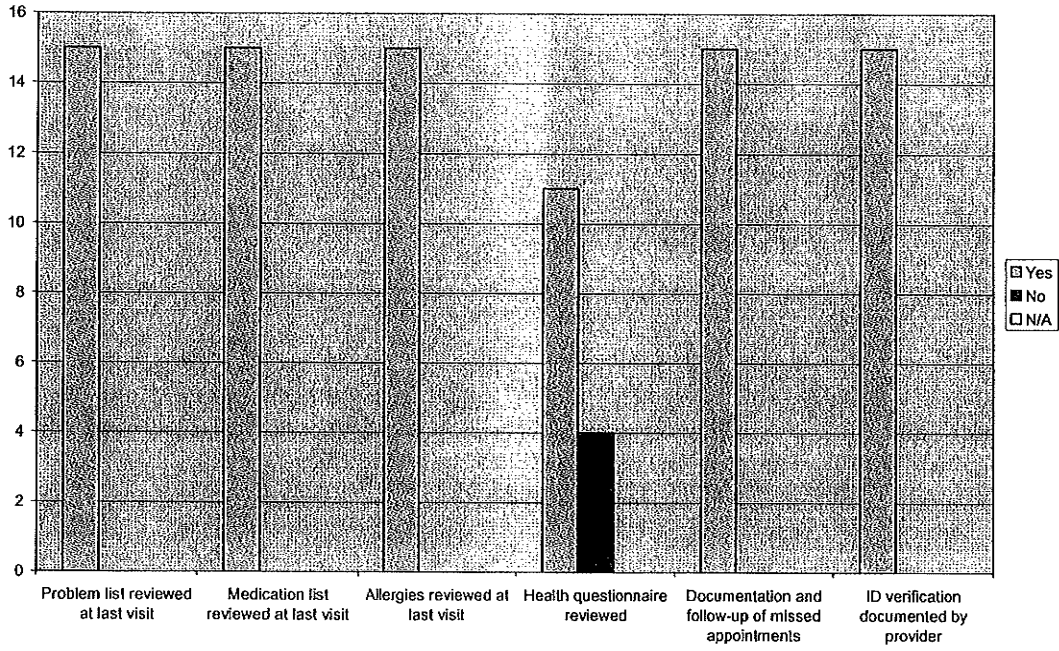
**Nurses/Medical Assistants**

|   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Totals</b> |
|---|------------|-----------|------------|---------------|
| ID verified documented                  | 15         | 0         | 0          | 15            |
| Vitals documented (includes pain scale) | 15         | 0         | 0          | 15            |
| Immunizations entered correctly         | 0          | 0         | 15         | 15            |
| Injections documented correctly         | 0          | 0         | 15         | 15            |
| Orders verified correctly               | 15         | 0         | 0          | 15            |

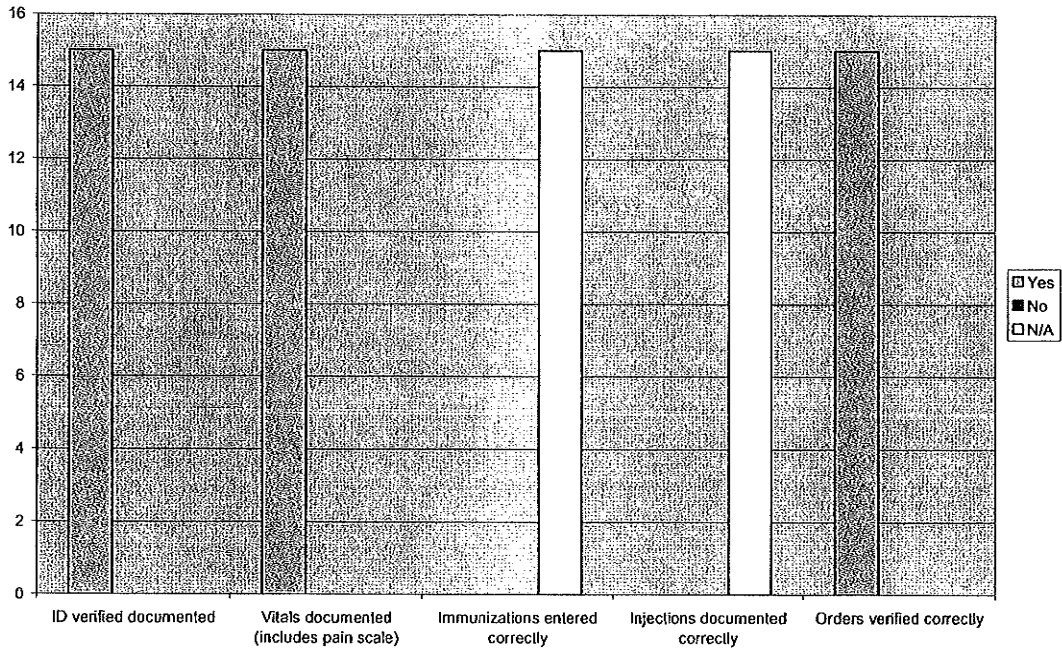


# Lisa Rugg

## Lisa Rugg



## Lisa Rugg LVN/MAs



# **KARUK TRIBAL HEALTH AND HUMAN SERVICES PROGRAM**

August 14, 2013

Major Change to CQI Project

**Pap Smear Rates: Will increase by 2% per year for women 24 to 64 years of age**

## **I. Purpose of Study**

The purpose of this performance improvement project is to increase by 2% (beginning August 2013) per year the number of women who receive a Pap smear once every three years or in the case of women age 30 to 64 years every five years if accompanied by an HPV test. This goal is a HRSA goal (for all women ages 24 to 64).

## **II. Identification of the Performance Goal**

The goal is to increase our UDS Cervical Cancer Screening results by 2% each year. Past data indicates that this may be possible. However, the 2013 Cervical Cancer Screening Measure has changed and so this year will be our baseline year.

Past Data: The UDS report for 2008 indicated that 36% (41.5% in 2009, 45.2% in 2010, 53.2% in 2011, 48.6% in 2012 and 40.1% through August 5, 2013) of our female population received a pap smear. The Karuk Tribal Health and Human Services (KTHHSP) program serviced 935 (853 in 2009, 757 in 2010, 767 in 2011, 611 through August 5, 2013) female patients between the ages of 24 and 64 in 2008. A Pap test can save a woman's life. Pap tests can find the earliest signs of cervical cancer. If caught early, the chance of curing cervical cancer is very high. Pap tests also can find infections and abnormal cervical cells that can turn into cancer cells. Treatment can prevent most cases of cervical cancer from developing.

Getting regular Pap tests is one service KTHHSP providers can do for our female patients to prevent cervical cancer. In fact, regular Pap tests have led to a major decline in the number of cervical cancer cases and deaths.

## **III. Description of the Data**

The baseline data for this performance improvement project will be taken from the 2013 final UDS Report.

## **IV. Evidence of Data Collection**

We will not have a final number of female clients who received a Pap test until the end of 2013. The KTHHSP computer system has the capability of monitoring Pap test data. The program will use the UDS report data to track our Pap smear rates.

## **V. Data Analysis**

At this point we do not have our baseline UDS data. Further analysis will ensue over the next years.

## **VI. Comparison of Current Performance Against Performance Goal**

Patti White pulled an 8/5/13 UDS report. Our Pap rate was 40.1%. We still have time to improve.

## **VII. Implementation of Corrective Actions to Resolve Identified Problem**

The following key steps will be instituted with the intended result that our Pap smear rates will increase by 2% per year

- Define when pap smears are due (i.e. every three years or every 5) and define parameters for providers.
- Identify women needing Paps. (**EHR reminders, lists, WH package**)
- Contact patients needing Paps by phone/letter to schedule appointment during Pap clinics.
- Update the list of women who have had hysterectomies.
- Send out letters explaining the importance of cancer screens and offering incentives to women who are compliant each year; small non-coercive incentives. Begin by December of 2013, sooner if possible.

### **VIII. Re-Measurement**

At the designated re-measurement time, repeat steps IV and V. Compare the results of the second round of data collection and analysis to the performance goal identified in step II, and determine whether the corrective actions have achieved the desired performance goal.

### **IX. Implementation of Additional Corrective Actions if Performance Goals Not Met**

If the initial corrective actions did not achieve and/or sustain the desired improvement in performance, implementation of additional corrective actions and continued re-measurement will be instituted until the problem is resolved.

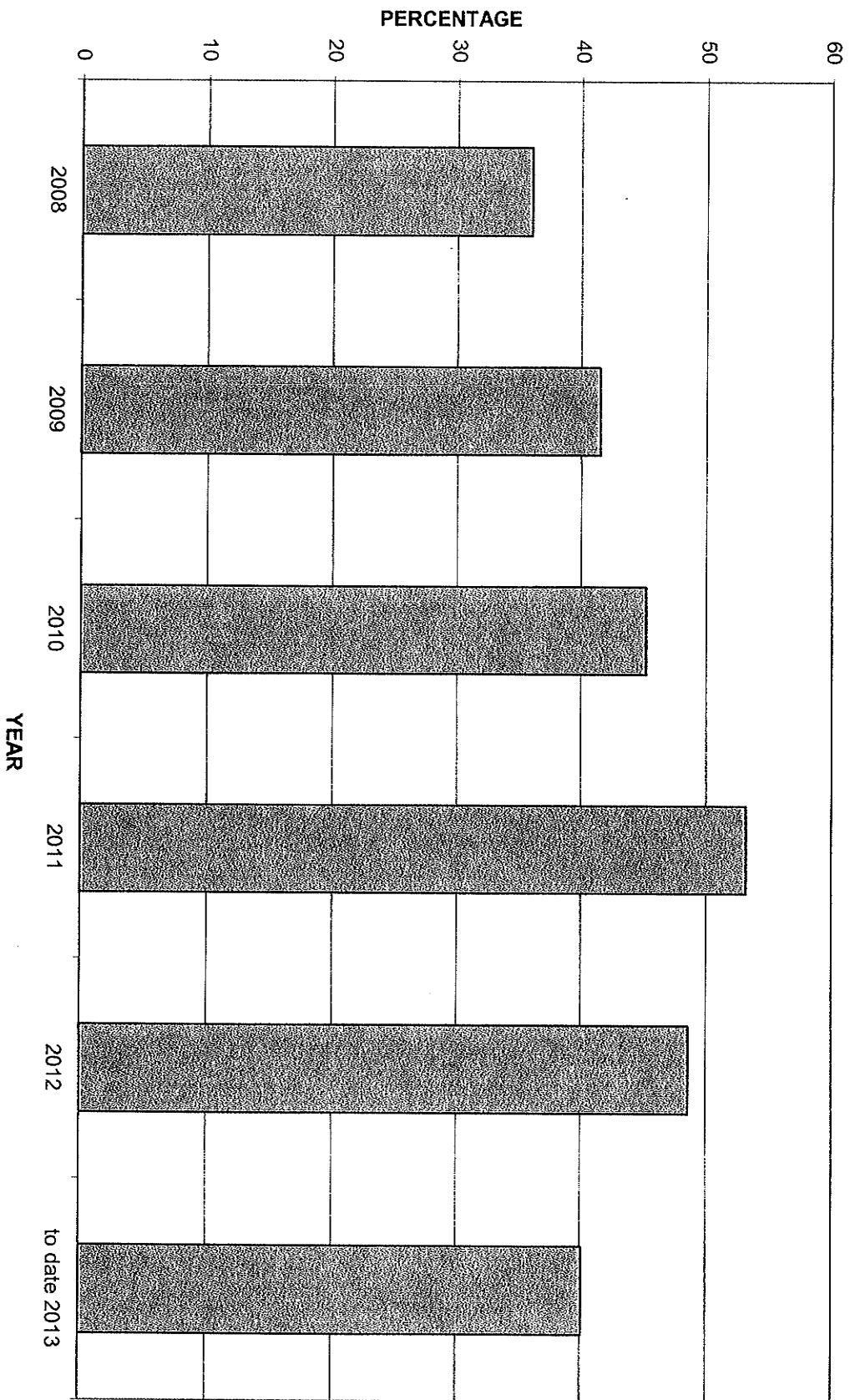
### **X. Communication to Governing Body**

All performance improvement projects are reported monthly to our ACQI Committee and to the Tribal Council.

Respectfully Submitted,

Vickie Simmons

UDS: KARUK PAP SMEAR RATES



I am on vacation from September 3rd through the 16th

**Pending Action Items:**

- Bay Alarm Fire & Security Monitoring Agreement for Happy Camp IT Room
- Contract for installation of a communications tower in Orleans
- Agreement with Humboldt County for Utility Right of Way on Ishi Pishi Road

**Current Activities:**

- The Verizon phone lines in Orleans for the Medical Clinic and DNR failed 144 times in August. This is consistent with the annual pattern in which warmer weather causes more outages. This is a decrease from July, which had 372 outages.
- The Orleans Broadband Project is proceeding well. The remaining permits needed to begin construction are from Humboldt County and the Forest Service. The Humboldt County Special Permit for the tower was approved on July 18. A Building permit is still forthcoming from Humboldt County. The final permit required from Humboldt County is a right-of-way permit for a short section of the project along Ishi Pishi road. That agreement is being reviewed and may be attached to this report.
- The new Acronis Backup system is fully functional and working well. Backups are still checked daily, especially finance and RPMS. Several restores of lost files have succeeded, which is where our former backup system failed.
- The new phone service for the Yreka offices has been installed. To address the problems with faxing, separate analog lines have been ordered for all the faxes in the clinic. Unfortunately, the fax lines for the clinic require equipment that is back ordered, and may not be available until October. Analog lines have also been ordered for Housing, the Education Center, TANF and Head Start, and should be installed this month.
- The new clinic in Orleans is slated to open on September 11. On September 4, the internet connection and the IT equipment in the existing clinic will be moved over. Services will be down for most of the week during the move.

- The issues in Yreka regarding slow logins, broken e-mail and scanning have all been resolved.
- IT is working with the Disaster Preparedness Department to deploy internet and phones at their new office in Happy Camp. We are going to use secure wireless connections to keep the cost down.

**Current project priorities for the IT department:**

- 1) Dealing with real-time outages and emergencies
- 2) Completing the IT infrastructure for the Orleans Health & Wellness Center
- 3) Troubleshoot and repair ongoing issues at the Yreka Clinic
- 4) Deploy internet for the new Disaster Preparedness office in Happy Camp
- 5) Orleans Broadband Project, getting ready for deployment in summer of 2013
- 6) Fiber optic deployment on the HC Admin Campus
- 7) Closeout of the Fiber Project in Happy Camp
- 8) Setup automatic updates for software to all computers in the network
- 9) Repair or replace the tape backup unit in the Admin building
- 10) Upgrading all computers and servers before the old versions expire in 2014

**Budget Report for 1020-15 for August, 2013**

- Total annual budget: \$308,001.59
- Expenses to date: \$278,594.95
- Balance: \$29,406.64
- Percent Used: 78.20%
- Percent of Fiscal Year: 91.66%

**Budget Report for USDA RUS Community Connect Grant 2061-00 for August, 2013**

- Total budget: \$1,141,870.00
- FY 2012 expenses: \$ 102,405.30
- FY 2013 expenses to date: \$ 197,916.55
- Balance: \$ 841,548.05
- Percent Used: 26.30%
- Percent of Project Period: 63.88%

**Attachments:**

Cell phone usage log

\*\*\*\*\*

Action Items

- 1. CRIHB Revision
- 2. Fairchild Medical Center
- 3. Barbara North Raise – if ready
- 4. Annual Selection of Medi-Cal Tribal Designee

\*\*\*\*\*

TAC-G Conference Calls

At Thomas Fielden request I sat in on several Northern California Wildfires Smoke Event calls. This was through the BIA Emergency line with Sid Caesar, Chief Division of Emergency Management Office of Justice Services - Bureau of Indian Affairs. The purpose of these calls is to continue the discussion, dialog, and information sharing regarding the Northern California Wildfires/Smoke Event that is impacting the Hoopa, Karuk, and Yurok Tribal Nations. Other agencies are participating on the calls, (counties, etc) and helping to provide supplies where needed. This was very effective.

\*\*\*\*\*

Covered California Enrollment Grant We received funds from HRSA to hire someone to go around the 3 locations and enroll patients in the California Health Care Insurance Exchange. In addition, our eligibility clerks will assist in this endeavor and have received training already as Certified Educators through the Siskiyou County Community Services program.

\*\*\*\*\*

After Hours Call

Nothing has changed spoke with Buster and Michael. Our providers do not want the responsibility of after-hours-call even when supplied with mobile devices. So Rondi is seeking out several hospitals as an alternative and we would pay them a certain amount per year. I hope we

find someone as going with a hospital feels more reliable in that someone would always be available.

\*\*\*\*\*

Medi-Cal Designee

Begin thinking about who you would like to be your Medi-Cal designee this year. The State is asking for you to select someone to provide advice on Medi-Cal matters affecting American Indians. Your incumbent is Michael Thom. See letter attached.

\*\*\*\*\*

ED Advisory Committee Meeting

The last meeting of the ED Advisory meeting was held on August 27, 2013. Council representation was covered by Elsa Goodwin, Councilwoman. Minutes of this meeting are attached thanks to Patti White recorder.

\*\*\*\*\*

Budget Review Disappointment

Budget reviews for the 2013-2014 budget years have been completed. However, the sequester hit us so to continue as we have been we must use our reserves. Employees may be disappointed as well in that raises could not be granted. We truly did our best to balance the budget with the amount of funding we received.

\*\*\*\*\*

HRSA Progress Report

This report is due September 11, 2013 and Lisa Morehead has been working on it intensely. We have just a couple more questions to complete and then it will be finished.

\*\*\*\*\*

Veteran Visit 9/5/13

George B. Jennings and Daniel Barrows from the department of Veterans Affairs stopped by to today just for a visit. Mr. Barrows said they really needed the feedback we gave them in regards to the MOU. They are now in discussions

\*\*\*\*\*

about using other means as evidence of compliance for quality healthcare, like our AAAHC Accreditation certificate. In addition, he said he has been thinking that they should open our services to all Veterans not just Native Americans. We agreed because we serve the entire community. They clarified the eligibility requirements for us and this is what we learned.

- Any Veteran making less than \$35,000 a year is eligible for care.
- Any Veteran with a Military related condition is eligible regardless of income.
- Only Native Americans, but he is going to work on opening it up to all Veterans.

Some reasons for care may require co-pay.

This sounds better so I told him the contract needed to be written this way. This visit explained more than any other visit that we've had with them.

\*\*\*\*\*

Medi-Cal Managed Care

We are five days into MediCal Managed Care and I haven't heard any complaints.

\*\*\*\*\*

Provider Update

Good news Dr. Vasquez has accepted the position as Medical Director and physician for the Happy Camp clinic. We have a physician and a PA interested in the Orleans position. I'm very happy about all this news.

\*\*\*\*\*

HVAC System in Yreka Clinic

Message from Fred Burcell: the I.H.S. engineers in Sacramento have decided that it would be preferable to have an independent design firm design any and all repairs. We have been told that the ducting will have to be rebuilt. Right now we are looking at a bid to hire for

evaluation/design and another bid to hire installers to do the work, if we can get the funding for the repairs, which the I.H.S. has verbally agreed to provide.

\*\*\*\*\*

New Office Furniture

My office was dark and overcrowded so I ordered two 6 foot steel bookcases and one small table. The bookcases are now in place and they have greatly improved the look and space. The table has been ordered and it will provide me with additional workspace. I have much cleaning to do but will have to do a little at a time as time allows.

\*\*\*\*\*

Immunize Please

Annie Smith, PHN is notifying patients and staff that there is an outbreak of whooping cough in the nearby areas. She recommends that all get a booster at their earliest convenience. Remember, if passed to an infant it may be fatal.



\*\*\*\*\*

Attachments

1. Fairchild Agreement
2. CRIHB Revision
3. Medi-Cal Designee Letter
4. ED Minutes 8/27/13



Executive Director of Health and Human Services

Board Report

September 12, 2013

Lessie Aubrey, EDHHS

\*\*\*\*\*

| MONTHLY REVENUE REPORT                     |                 |                     | BUSINESS OFFICE     |                    |                     |
|--|-----------------|---------------------|---------------------|--------------------|---------------------|
| AUGUST 2013                                |                 | Happy Camp          | Yreka               | Orleans            | KTHP                |
| Revenue Medical                            |                 | \$62,253.81         | \$88,095.86         | \$16,778.23        | \$167,127.90        |
| Revenue Dental                             |                 | \$57,212.86         | \$79,482.09         |                    | \$136,694.95        |
| Revenue Mental Health                      |                 | \$4,244.19          | \$1,561.70          | 850.22             | \$6,656.11          |
| <b>Revenue Grand Total</b>                 |                 | <b>\$123,710.86</b> | <b>\$169,139.65</b> | <b>\$17,628.45</b> | <b>\$310,478.96</b> |
|  |                 | <b>Happy Camp</b>   | <b>Yreka</b>        | <b>Orleans</b>     | <b>KTHP</b>         |
| Billing August Medical                     |                 | \$64,715.95         | \$91,716.17         | \$12,524.92        | \$168,957.04        |
| Billing August Dental                      |                 | \$44,878.90         | \$114,914.40        |                    | \$159,793.30        |
| Billing August Mental Health               |                 | \$6,969.00          | \$4,906.50          | \$440.46           | \$12,315.96         |
| <b>Billed Grand Total</b>                  |                 | <b>\$116,563.85</b> | <b>\$211,537.07</b> | <b>\$12,965.38</b> | <b>\$341,066.30</b> |
| <b>BILLING DEPARTMENT BUDGET JULY 2013</b> |                 |                     |                     |                    |                     |
| PROGRAM                                    | YEAR END ANNUAL | EXPENSES TO         |                     |                    | AVAILABLE %         |
| YEAR                                       | BUDGET          | DATE                | BALANCE             | % USED             | at this date        |
| FY 2013                                    | \$460,955.78    | \$339,372.44        | \$120,767.79        | 73.80%             | 83.40%              |

**KARUK TRIBAL HEALTH PROGRAM**

**Business Office Health Board Report**

**Meeting Date September 12, 2013**

We knew this would be a very difficult 3-6 month period, but little did we expect all the problems and set backs we have encountered. All the way from enrollment issues to computer problems. But even though it is slowly, we do continue to progress.

CRIHB Options and CRIHB Care is almost ready to begun to be billed for the first time. We have had quite a time getting RPMS to work with the CRIHB and Office Ally electronic clearing house for billing. It took 3-4 weeks of testing to complete. But we hope to create the first claims this week We have had a difficult time signing Native American patients up for this program. But we have done what we can up to this point.

Partnership Healthplan of California (PHC) , our new Medi-cal Managed Care Program “went live” on September first. We were able to enroll a very limited number of patients at each clinic but some patients will be assigned to us and some will transfer to us if they become assigned by PHC to a different clinic I am sure. Either way, it has begun, clinic receptionists are now able to check a patient’s eligibility for both state medi-cal AND PHC. It is mandatory to check BOTH websites for eligibility each visit. Slowly the receptionists have signed up for accessibility privileges. Karuk Community Health Clinic was ready to “go live” on the first of the month. And now we just need to get the rest of our front office staff on board. PHC has a month in which we continue to assign our patients and continue learning the PHC system. We have continued to work on the billing package as it is cumbersome with RPMS, as are all programs. Toni Johnson, from HIS, will assist us In this endeavor. Hopefully within a month we will have all the problems worked out. PHC also has many new requirements for the medical staff to accomplish also. This action by the state of California has double and sometimes tripled people’s work load for the same amount of reimbursement.

Noridian, the new Medicare carrier, is almost ready to be tested also. Thursday the 5<sup>th</sup> of September will be our first electronic billing test with them and I believe it will go well. Time will tell.

I have just completed the “financial analysis” section of the HRSA report for this year.

Data entry and billing continue, but their trial and tribulations will now begin. Especially for biller and account receivable clerks as they learn the new systems for each of the three transitions above. This new fiscal year will be one of many transitions including getting all the staff trained in ICD-10. This will include the medical staff also. It is difficult to find time when Providers are available to work on projects such as this as all their day is taken up caring for patients. Provider documentation must be more complete and detailed. Even though unpopular the data analysts will need to send notes back to providers to make documentation more complex. Hopefully when we find a full time Medical Director he/she will be able to give us some direction and strength in this arena.

In total, things continue as usual within our department. And as usual no matter what the project we meet it head on and “make it work”

Respectfully submitted

Suzanna Hardenburger, CCS-P

**RPMS**  
**Karuk Tribal Health and Human Services Program**  
**Health Board Meeting**  
**September 12, 2013**  
**Patricia White, RPMS Site Manager**

**Action Item:**

No Action Items

**User Assistance and Requests**

There were a total of 35 new documented requests for HHS users in August:

- 18 were assigned to Amy Coapman – All were completed along with one ticket from a previous month.
- 17 were assigned to Patti White – All were completed along with another 4 from previous months.

**Workload reports**

Attached is the July 2013 *Operations Summary* along with Tribal Statistics. During July we had 1892 visits at all locations. This is up by 200 visits over June. 952 of these visits were for Native American patients (51%). Graphs are also included with this report.

**Meeting / Conference Calls and other Activities –August 2013**

|                |  |
|----------------|--|
| August 1st     | HRSA Meeting with Lessie and others. Regarding the NCC Progress Report due September 11, 2013 (30 min) |
| August 1st     | RPMS EHR Office Hours Call (1.5 hours)   |
| August 2nd     | Referred Care Recorded Training (15 minutes)   |
| August 2nd     | VistA Imaging Recorded Training-2 modules (1 hour)   |
| August 8th     | Health Board Meeting-Yreka CA  |
| August 12-16th | IHS Partnership Conference: Denver CO- Travel Report Attached  |
| August 21st    | VistA Imaging Recorded Training-6 modules (1/2 hour)   |
| August 22nd    | VistA Imaging Recorded Training-3 modules (1.5 hours)  |
| August 22nd    | Meaningful Use Webinar-"Patient Health Record"-(1 hour)  |
| August 27th    | Executive Directors Meeting (2 hours)  |
| August 28th    | Broadband Project Overviews with Forest James-(1.5 hours)  |
| August 28th    | IT staff Meeting-New Backup (Acronis) Setup (1 hour)   |
| August 29th    | RPMS EHR Office Hours Call (1.5 hours)   |

**RPMS – EHR - EDR**

- BMW- We have not yet completed this set up. As you may recall this is a program that will replace the current patient registration and clinical scheduling programs that are used in the health program.
- Work has begun on building the interface between Dentrix and RPMS. I am in contact with Tom Love from Cimarron Medical Informatics regarding this project. Henry Schein has installed the HL7 interface that will make the link between Dentrix and RPMS possible.
- The new Medical Fee Schedule was loaded into RPMS on August 12, 2013. There have not been any issues reported at this time. The Dental Fee Schedule that was loaded back in July has had some fees revert to \$0. I have opened a ticket with CAO/IHS regarding this.

- VistA Imaging-The agreement approve at last month's Health Board Meeting has been sent back to IHS for signatures. Once all is signed we will move ahead with configuration and install. This has been a long time in coming. Amy said that we have been waiting for scanning capability since the beginning of EHR (2009). This will allow us to scan all paper into the EHR. We will be able to phase out the paper charts.

**Budget:** Period ending August 31, 2013. We are under budget for this time period having only used 77.48% of the total budget in month 11 of the budget year (92%).

|                  |              |
|------------------|--------------|
| Program          | RPMS         |
| Budget Code      | 3000-75      |
| Program Year     | 2012-2013    |
| Appropriation    | \$235,220.84 |
| Expenses to Date | \$182,245.05 |
| Balance          | \$52,975.79  |
| Percent used     | 77.48        |

Respectfully Submitted,

Patricia C White, RPMS Site Manager

**OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit**  
**FOR JUL 2013**  
**Prepared for September 12, 2013 Health Board Meeting**

(Note: In parentheses following each statistic is the percent increase or decrease from the same time period in the previous year. '\*\*' indicates no data is present for one of the two time periods.)

**PATIENT REGISTRATION**

There are 17,797 (+4.8) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 76 (+20.6) new patients, 0 (\*\*) births, and 5 (+66.7) death(s) during this period. Data is based on the Patient Registration File.

**THIRD PARTY ELIGIBILITY**

There were 2,677 (-0.2) patients enrolled in Medicare Part A and 2,560 (-0.2) patients enrolled in Part B at the end of this time period.

There were 90 (+15.4) patients enrolled in Medicare Part D.

There were also 5,976 (+1.2) patients enrolled in Medicaid and 4,397 (+2.5) patients with an active private insurance policy as of that date.

**CONTRACT HEALTH SERVICES**

Total CHS expenditures (obligations adjusted by payments) for this period were 53,274.84 (-12.0). The number and dollar amount of authorizations by type were:

|                           |     |          |
|---------------------------|-----|----------|
| 57 - DENTAL               | 6   | 5140     |
| 64 - NON-HOSPITAL SERVICE | 869 | 48134.84 |

**DIRECT INPATIENT**

[NO DIRECT INPATIENT DATA TO REPORT]

**AMBULATORY CARE VISITS**

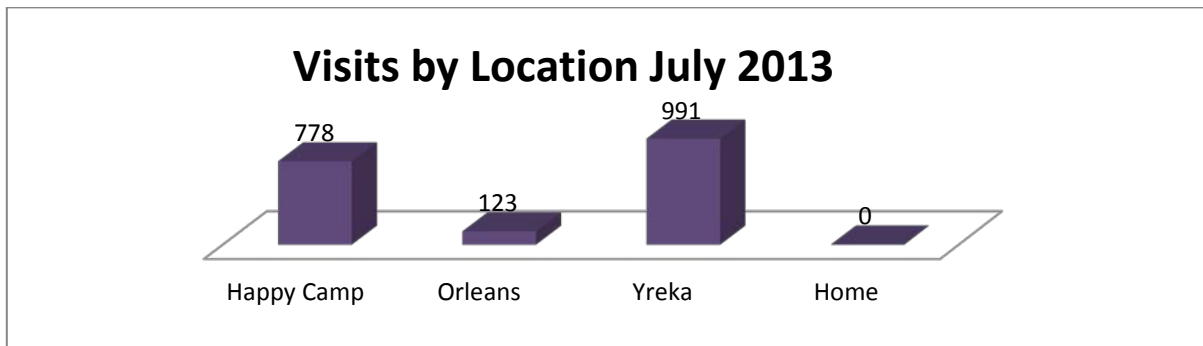
There were a total of 1,892 ambulatory visits (+12.7) during the period for all visit types except CHS.

They are broken down below by Type, Location, Service Category, Clinic, Provider Discipline and leading Diagnoses. These do not equate to 'official' APC Visits which are identified in other PCC Reports.

- By Type:
 

|                   |       |         |
|-------------------|-------|---------|
| TRIBE-638 PROGRAM | 1,892 | (+12.8) |
|-------------------|-------|---------|
  
- By Location:
 

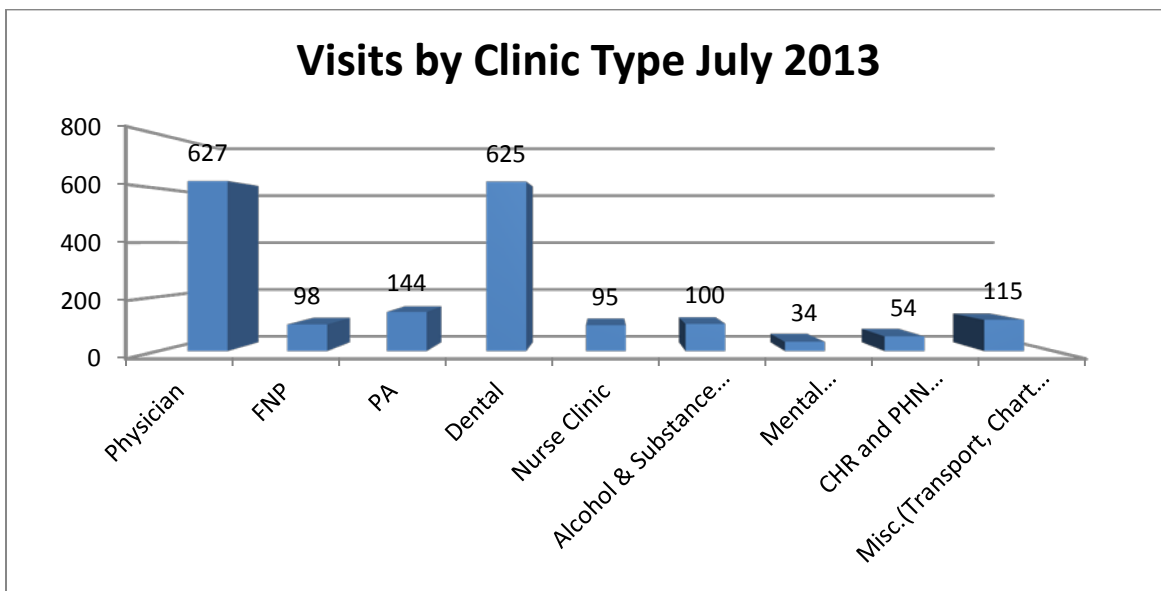
|                          |     |         |
|--------------------------|-----|---------|
| YREKA                    | 991 | (+4.0)  |
| KARUK COMM HEALTH CLINIC | 778 | (+33.0) |
| ORLEANS                  | 123 | (-12.8) |



- By Service Category:
 

|                    |       |          |
|--------------------|-------|----------|
| AMBULATORY         | 1,845 | (+11.0)  |
| TELECOMMUNICATIONS | 46    | (+187.5) |
| NOT FOUND          | 1     | (**)     |
- By Clinic Type:
 

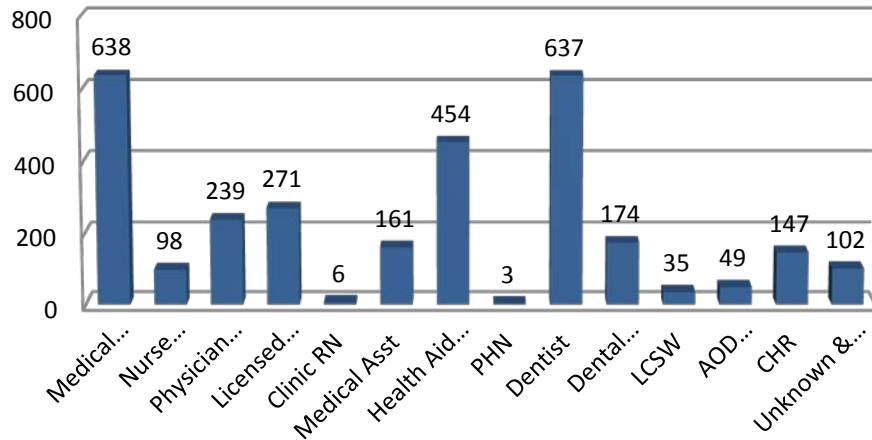
|                           |     |          |
|---------------------------|-----|----------|
| PHYSICIAN                 | 627 | (+54.4)  |
| DENTAL                    | 625 | (+33.3)  |
| PHYSICIAN ASSITANT        | 144 | (-4.0)   |
| ALCOHOL AND SUBSTANCE     | 100 | (-11.5)  |
| FAMILY NURSE PRACTITIONER | 98  | (-68.2)  |
| TRANSPORT                 | 96  | (+200.0) |
| NURSE CLINIC              | 95  | (+21.8)  |
| CHR                       | 53  | (+35.9)  |
| MENTAL HEALTH             | 34  | (-37.0)  |
| CHART REV/REC MOD         | 7   | (+250.0) |
| PHARMACY                  | 7   | (-41.7)  |
| TELEMEDICINE              | 4   | (+300.0) |
| PHN CLINIC VISIT          | 1   | (**)     |
| TELEPHONE CALL            | 1   | (-90.0)  |



- By Provider Type (Primary and Secondary Providers):
 

|                                |     |            |
|--------------------------------|-----|------------|
| MD                             | 638 | (+42.1)    |
| DENTIST                        | 637 | (+35.0)    |
| HEALTH AIDE                    | 454 | (-12.0)    |
| LICENSED PRACTICAL NURSE       | 271 | (-14.8)    |
| PHYSICIAN ASSISTANT            | 239 | (+25.1)    |
| DENTAL HYGIENIST               | 174 | (+35.9)    |
| MEDICAL ASSISTANT              | 161 | (+35.3)    |
| COMMUNITY HEALTH REP           | 147 | (+107.0)   |
| NURSE PRACTITIONER             | 98  | (-69.6)    |
| HEALTH RECORDS                 | 51  | (+2,450.0) |
| UNKNOWN                        | 51  | (**)       |
| ALCOHOLISM/SUB ABUSE COUNSELOR | 49  | (-57.8)    |
| LICENSED CLINICAL SOCIAL WORK  | 35  | (-35.2)    |
| CLINIC RN                      | 6   | (+100.0)   |
| PUBLIC HEALTH NURSE            | 3   | (**)       |

### Visits by Provider Type (Primary & Secondary Providers) June 2013



The ten leading purposes of ambulatory visits by individual ICD Code are listed below. Both primary and secondary diagnoses are included in the counts.

| By ICD Diagnosis              |     |          |
|-------------------------------|-----|----------|
| 1). DENTAL EXAMINATION        | 625 | (+33.0)  |
| 2). OTHER SPECIFD COUNSELING  | 144 | (+269.2) |
| 3). HYPERTENSION NOS          | 114 | (+0.0)   |
| 4). OBESITY NOS               | 99  | (+266.7) |
| 5). ALCOHOL ABUSE-UNSPEC      | 76  | (+16.9)  |
| 6). DMII WO CMP NT ST UNCINTR | 63  | (+10.5)  |
| 7). HYPERLIPIDEMIA NEC/NOS    | 59  | (+43.9)  |
| 8). LUMBAGO                   | 58  | (+18.4)  |
| 9). DIETARY SURVEIL/COUNSEL   | 57  | (**)     |
| 10). HEALTH EXAM-GROUP SURVEY | 56  | (+60.0)  |

#### CHART REVIEWS

There were 1,088 (-16.6) chart reviews performed during this time period.

#### INJURIES

There were 108 visits for injuries (+71.4) reported during this period. Of these, 37 were new injuries (+94.7). The five leading causes were:

|                              |   |         |
|------------------------------|---|---------|
| 1). ACC-CUTTING INSTRUM NEC  | 7 | (+75.0) |
| 2). DOG BITE                 | 2 | (**)    |
| 3). NONVENOM ARTHROPOD BITE  | 2 | (+0.0)  |
| 4). STRUCK BY FALLING OBJECT | 2 | (**)    |
| 5). FALL STRIKING OBJECT NEC | 2 | (**)    |

#### EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]



**DENTAL**

There were 495 patients (+34.9) seen for Dental Care. They accounted for 625 visits (+33.3). The seven leading service categories were:

- 1). PATIENT REVISIT 513 (+34.3)
- 2). HYPERTENSION SCREENING 253 (+37.5)
- 3). LOCAL ANESTHESIA IN CONJUNCTION WIT 170 (+50.4)
- 4). PREVENTIVE PLAN AND INSTRUCTION 166 (+53.7)
- 5). INTRAORAL - PERIAPICAL FIRST RADIOG 141 (+7.6)
- 6). TOPICAL APPLICATION OF FLUORIDE VAR 136 (+130.5)
- 7). FIRST VISIT OF FISCAL YEAR 114 (+29.5)

**IN-HOSPITAL VISITS**

There were a total of 0 In-Hospital visits (\*\*) during the period for all visit types, including CHS.

**PHARMACY**

There were 1,582 new prescriptions (+10.9) and 0 refills (\*\*) during this period.

RUN TIME (H.M.S): 0.2.0

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**KTHHSP Tribal Statistics for July 2013**

|                            | Registered Indian Patients | Indian Patients Receiving Services July 2013 | APC Visits by Indian Patients July 2013 |
|----------------------------|----------------------------|--|---|
| Karuk                      | 2055                       | 446  | 512                                     |
| Descendants residing in CA | 1858                       | 226  | 290                                     |
| All other Tribes           | 2122                       | 132  | 150                                     |
| Total                      | 6035                       | 804  | 952                                     |

**2013 Indian Health Partnership Conference**  
**“Accessing Healthcare through the Affordable Care Act”**  
**August 13-15, 2013**  
**Denver, Colorado**

This year’s conference highlighted the Affordable Care Act (ACA) and looked at the best practices and implementation of policies and regulations that will shape Indian Health systems in the near future. The Conference was held at the Sheraton Hotel in Denver, Colorado. This year IHS offered some of the sessions remotely through a program called “Adobe Connect”. This allowed people who were not able to attend to listen to the session and to view the power points over the internet. There were approximately 470 persons in attendance at this conference.

On Tuesday the conference opened with a general session that lasted the morning. Along with other speakers that morning, Yvette Roubideaux, Acting Director of IHS gave the Keynote Address. She spoke on the ACA and how we need to be prepared and be ready for change that comes with the act. She said that “ACA has potential to help us.” IHS has priorities for ACA that include but are not limited to:

- Renew and Strengthen Partnerships with Tribes
- Improve Contract Health Services (CHS)
- Reforms within IHS -
  - Insurance reforms
  - Health insurance marketplace
  - Medicaid Expansion
  - Medicare changes
  - Indian Health Care Improvement Act (IHCA) Reauthorization made permanent (2010).
- Learning about ACA and information on enrollment –(enrollment will launch 10/1/2013)
- Webinar Series for training on ACA.
- Assuring that our work is transparent; accountable, fair, and inclusive.

During the three days, I also attended eight other sessions including the closing session. I attended sessions on HIPAA, Security Risk Analysis, Meaningful Use, Vista Imaging, and a few on the ACA. This year’s conference was the best partnership conference that I have attended. The information was focused on strategies and techniques to meet the requirements of ACA beginning this year. Information was reinforced over and over through the conference of what is required, how to accomplish the requirements, and how ACA impacts American Indian, IHS, and Tribes.

I also volunteered some of my time by going down early and assisting the IT staff with setting up the laptops with Power Points for the day’s sessions. It gave me insight into what work it takes to put together a conference of this size. Over the three days there were 48 concurrent sessions available. There were two sessions offered each morning and afternoon. As I stated before I was only able to attend 8 of these sessions along with the opening and closing sessions. It was also nice to be able to network and meet those that we work with from California Area Office.

I appreciate the Health Board for allowing me to attend this year’s conference and to represent our health program. I feel that I have brought back information that will be useful to our Health and Human Services and also to the tasks that have been assigned to me.

Respectfully,

Patricia C White,  
RPMS Site Manager