

KARUK TRIBE
ANNUAL HEALTH BOARD MEETING AGENDA
Thursday, April 10, 2014 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 (*March 13, 2014*)

F) GUESTS (*Ten Minutes Each*)

- 1.

H) OLD BUSINESS (*Five Minutes Each*)

- 1.

I) DIRECTOR REPORTS (*Ten Minutes Each*)

1. Annie Smith, Director of Community Services (written report)
2. Lessie Aubrey, Executive Director of Health & Human Services (written report)
3. Patricia White, RPMS Site Manager (written report)
4. Rondi Johnson, Deputy Director (written report)
5. Eric Cutright, IT Director
6. April Attebury, Children and Family Services

II) REQUESTS (*Five Minutes Each*)

- 1.

K) INFORMATIONAL (*Five Minutes Each*)

- 1.

M) CLOSED SESSION (*Five Minutes Each*)

1. CHS (dinner break)
2. Laura Olivas
3. Tribal Council Members

N) SET DATE FOR NEXT MEETING (*Thursday, May 8, 2014 at 3 PM in Happy Camp*)

OO) ADJOURN

**Karuk Tribe – Annual Health Board Meeting
March 13, 2014 – Meeting Minutes**

Meeting called to order at 3:17pm, by Buster Attebery, Chairman

Present:

Russell “Buster” Attebery, Chairman
Joseph “Jody” Waddell, Secretary/Treasurer
Amos Tripp, Member at Large
Alvis “Bud” Johnson, Member at Large
Arch Super, Member at Large

Absent:

Michael Thom, Vice-Chairman (travel – excused)
Elsa Goodwin, Member at Large (travel – excused)
Josh Saxon, Member at Large (travel – excused)
Crispen McAllister, Member at Large (leave – excused)

Agenda:

Arch Super moved and Bud Johnson seconded to approve the agenda with changes, 4 haa, 0 puuhara, 0 pupitihara.

Minutes of February 13, 2013:

Arch Super moved and Amos Tripp seconded to table the minutes of February 13, 2014, 4 haa, 0 puuhara, 0 pupitihara.

Director Reports:

1.) April Attebery, Children and Family Services:

No report provided, not present.

Jody Waddell moved and Arch Super seconded to table April’s report, 4 haa, 0 puuhara, 0 pupitihara.

2.) Dr. Vasquez, Medical Director:

Nothing to add at this time. No report to provide.

3.) Suzanna Hardenburger, Business Office Manager:

Suzanna is present to answer questions regarding her report. Suzanna’s report has closed session items.

4.) Annie Smith, Director of Community Services:

Annie is present to review her report. She noted that there are some changeovers in staffing. They are happy to announce that there were recently interviews for the CHR position in Happy Camp.

The group discussed the Obama Care and the Affordable Care Act regarding the effects on the Elders.

Amos asked that CRIHB do some onsite and assist in clarifying so many different opinions and unknown answers regarding Affordable Care. Amos would like the Health Managers and the Council.

Amos discussed the difference in “Members of Federally Recognized Tribes” and that leaves confusion for the classification of Descendants. The intent is to get the CRIHB staff brought to provide a presentation regarding this.

A Rave Report was received from Carol Thom and that is amazing and the notation from the client was that Carol “gave them their life back”, which was an accomplishment.

Annie noted that the transporter position needs to take place and evaluate where to get the funding for the position.

Annie understands that there needs to be funding in the bank. She commented that the needs are enormous at this time and the patients are the ones that feel those effects.

Laura commented that it’s about priorities and what the Council spends the funding on. The health program is the staff needs to provide the best recommendation.

Jody Waddell moved and Bud Johnson seconded to approve Annie’s report, 4 haa, 0 puuhara, 0 pupitihara.

5.) Eric Cutright, IT Director:

Eric is present to review his report. He first sought approval of agreement 14-A-003 with the County of Contra Costa for the Nurse Advice Hotline. HRSA requires having a nurse hotline and it was previously done for 2 years, with expired in 2012. The service is now ended. Dr. Vasquez noted that the nurse hotline is no longer but the answering service is provided. The answering service provides regular call screening. Eric explained the system with the providers being the medical screeners and the patients do not directly call the providers. Total cost is \$9,120 under contract with 14-A-033. The funding comes from Third Party.

Arch Super moved and Amos Tripp seconded to approve agreement 14-A-033, 4 haa, 0 puuhara, 0 pupitihara.

Eric then went on to seek approval of 14-A-036 with the California TeleHealth Network. Eric explained that the TeleHealth provides cheaper service for faster internet service

Amos Tripp moved and Arch Super seconded to approve agreement 14-A-036, 4 haa, 0 puuhara, 0 pupitihara.

Eric sought approval of agreement 14-A-037 with Pacific Gas and Electric. It is to provide PG&E to get power for the site where the broadband is going to be installed.

Amos Tripp moved and Jody Waddell seconded to approve agreement 14-A-037, 4 haa, 0 puuhara, 0 pupitihara.

Amos Tripp moved and Jody Waddell seconded to approve Eric’s report, 4 haa, 0 puuhara, 0 pupitihara.

6.) Lessie Aubrey, EDHHS:

Lessie is not present, she is on travel. Her report is included in the packets. Rondi is present to seek approval of the CRIHB Membership fees as an Associate Member.

Amos Tripp moved and Bud Johnson seconded to approve the annual members' dues with CRIHB for \$12,000, 4 haa, 0 puuhara, 0 pupitihara.

Her second action item is an agreement with AmerisourceBergen, under 14-A-039. It is for 340B pricing.

Arch Super moved and Jody Waddell seconded to approve agreement 14-A-039, 4 haa, 0 puuhara, 0 pupitihara.

She also sought approval of a marketing program with Supahan Consulting Group for \$15,000 to market the Tribes clinics under contract 14-C-048. Laura has an issue with the entire thing. Laura doesn't want to advertise if the clinics cannot see their patients and have waiting times currently. She believes this will create an influx of patients to the clinics that already have access issues. This contract will be tabled to Thursday's planning meeting.

Jody Waddell moved and Bud Johnson seconded to approve Lessie's report, 4 haa, 0 puuhara, 0 pupitihara.

7.) Patti White, Database Administrator:

Patti is not present, she is out ill. She provided her report and has one action item regarding the Indian Health Services mandatory training.

Consensus: to make the Indian Health Services training mandatory for the staff.

Jody Waddell moved and Amos Tripp seconded to approve Patti's report, 4 haa, 0 puuhara, 0 pupitihara.

8.) Rondi Johnson, Deputy Director:

Rondi has one action item. It is out of state travel May 5-9, 2014 Self-Governance Conference Arlington VA.

Arch Super moved and Bud Johnson seconded to approve out of state travel May 5-9, 2014 to Arlington VA.. 4 haa, 0 puuhara, 0 pupitihara.

Arch Super moved and Jody Waddell seconded to approve Rondi's report, 4 haa, 0 puuhara, 0 pupitihara.

9.) Flo Lopez, Safety Officer:

Flo is on travel status but her report was provided.

Amos Tripp moved and Jody Waddell seconded to approve Flo's report, 4 haa, 0 puuhara, 0 pupitihara.

Closed Session:

Amos asked for more information broken out in the billing report. After clarification the Council thanked Suzanna for staying to answer questions.

Arch Super moved and Jody Waddell seconded to approve Suzanna's report, 4 haa, 0 puuhara, 0 pupitihara.

Amos Tripp moved and Bud Johnson seconded to approve CA employment, same rate of pay, 6 month probation period, 4 haa, 0 puuhara, 0 pupitihara.

Informational: March 24, 2014 Eric and the Yurok representative will be named State of California Broadband Champions.

Amos Tripp moved and Bud Johnson seconded to approve the Health Program financial report, 4 haa, 0 puuhara, 0 pupitihara.

Arch Super moved and Jody Waddell seconded to allow the Enrollment Department release information to Indian Health Services, Barry Jarvis for HITS, 4 haa, 0 puuhara, 0 pupitihara.

Consensus: for Barbara and Jody to work on setting a meeting with CRIHB to obtain information regarding CHS, Descendants, Covered California, etc.

Arch Super moved and Jody Waddell seconded to send the newsletter and send to printing, 4 haa, 0 puuhara, 0 pupitihara.

Next Meeting: April 10, 2014 at 3pm in Happy Camp.

Bud Johnson moved and Jody Waddell seconded to adjourn at 7:49pm, 4 haa, 0 puuhara, 0 pupitihara.

Respectfully Submitted,

Russell "Buster" Attebery, Chairman

Recording Secretary, Barbara Snider

Please note! I'm on travel status at Region IX Consultation with Mike Thom.

IHS Tribal Consultation

March 11-13, 2014

Four people from the Karuk Tribe participated in the IHS Tribal Consultation on March 10-13, 2014. Michael Thom and Lessie Aubrey attended the Consultation while Debbie Bickford and Sharon Denz held an exhibit regarding Covered California. The majority of the conference was concern for the Affordable Care Act and Covered CA but no one pointed out our exhibit. Regardless I was very proud of them.

Margo spoke on the IHS budget, sequestration (going to have money returned to us), YTRC's and a new concept for building IHS surgical and specialty facilities in CA.

The Innova Group of Health Facilities Engineers gave an overview of their analysis of the study. Surprisingly, the Program Directors were not in favor of the idea. However, no final decision was made.

Committees and workgroups were asked to give a report on their activities.

An excellent presentation on the Drought was provided by the IHS engineers. I was not aware that we are in such serious condition, but we are.

Gary Ball presented his architectural plans for the YTRC's. I was impressed. Congress has set aside money for the construction of the southern YTRC, and for staffing. The northern

site is following by about a year. This is good news since it's been about 25 years since the idea began. Finally!

The Digital Storytelling has some use I think mostly for behavioral health. Some healing can come out of people telling their stories. Others may think otherwise; it's all in what one sees in it.

The last day Dr. Roubideaux visited in person and heard from a few Tribal leaders before she had to leave for a Listening Session with Vice-President Joe Biden and Kathleen Sibelius. The session was on getting people signed up for Covered CA aka Affordable Care Act.

IPC5 Continues

Our pre-work conference calls have been completed. The next training Session will be a Webinar on April 8, 9, and 10th from 9AM – 2pm.

Happy Camp will be holding their sessions in the old gym. Council is invited to participate; please call Vickie Simmons and let her know if you will be attending.

Yreka will be using the Conference Room and breaking away into groups at individual computers.

The Happy Camp Clinic will be closed from 9AM – 2 PM each of those days, so the entire staff may participate. The Yreka clinic will have one provider seeing patients until 2:00 PM, while the others participate in the session. This

provider will be leaving us in May so the training isn't necessary for her at this time.

Michael Thom was notified of the closures.

Our goal is to become a Patient Centered Medical Home which may be an accreditation requirement in the near future.

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CHS Name Change

IHS has announced a new name for CHS and it is now "Purchased/Referred Care (PRC)". Please read article below:

Contract Health Service Name Changed to Purchased/Referred Care

The Consolidated Appropriation Act of 2014 that was signed by the President in January included approval of a new name for IHS' Contract Health Service (CHS) Program, which funds referrals for care in the private sector when those services cannot be provided in the IHS facility. Congress requested that IHS propose a new name for the program since it was often confused for other budget items, and the FY 2014 President's Budget proposed that the name be changed to Purchased/Referred Care (PRC). The name change was official with passage of the FY 2014 appropriation, and IHS will transition the name from CHS to PRC during the next year. The transition will take time, since in addition to getting used to the new name; multiple policy and administrative documents must be updated.

The new name better describes the purpose of the program funding, which is for both purchased care and referral care outside of IHS. The name change will not otherwise change the program, and all current policies, practices, and improvements will continue. This year's appropriation also included a \$77 million increase for CHS/PRC, which means there is more funding available to pay for the referrals our patients need.

Thank you for your cooperation and understanding as we transition to the new name

Posted on Feb 19, 2014

Article submitted by Vickie Simmons

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Dental Vacancies

We are still searching for two dentists to work in the Yreka clinic. The offer letter to the previous dental director was declined.

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Mid-Level Interview

The FNP we were to interview declined and did not show up. The pay she was currently making was over \$100,000 per year and we suspect that as her reason for declining. Somehow we have got to become more competitive for providers.

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Veteran MOU

I am in contact with the Veteran's Administration for our region and am in the process of preparing the MOU for the

Council. In addition, billing is working on the implementation plan (it regards billing) that must be sent in with the MOU. I am hoping that it will be ready for the HB meeting on April 10th.

The instructor was very good and used humor in his presentation.

A total of 6 CEU's were provided for this course.

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Evaluations

I have completed my evaluations for the year 2013.

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Developing Positive Emotional Habits

This is the name of a conference I attended on March 28, 2014 in Fortuna. It covered many subjects that dealt with emotional habits. Three categories of the topic included:

1. The Joyful Brain: The Neurobiology of Happiness. This included Understanding Emotional Habits, The Prefrontal Cortex, Mood regulation, etc. Hormones (cortisol) play a role in our emotional status.
2. Emotional Habits of Happy People. Internalized Habits, like savoring, awareness, and limitations. Externalized Habits resolving conflicts, having fun, gratitude and love.
3. Psychology to Strengthen Positive Emotions. Calming practices, our best self, expressive writing, and fulfillment.

Accreditation Workgroup

The Accreditation Workgroup met April 2, 2014 for 1 hour. This month we completed the Patient Rights and Responsibility standards and all but one policy. I hope to have policies finished for your review. Nest month we will begin review of the Governance Standards.

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ED Advisory Committee/ Conference Call

This committee met on Tuesday March 25, 2014. Minutes of the Jan 28th and February 25th meetings are attached. Minutes are somewhat behind but are being caught up.

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Senior Nutrition News

Lou Tiraterra, HC Cook for the last few years has been hired as the Senior Center Director. He is going to meet with several of us (Rondi, Laura O, Lessie and Babbie by conference call) | on Monday as sort of a program orientation.

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HC Clinic Pharmacy to Join Capture RX

I have received a contract for the Clinic Pharmacy to become Capture Rx and I hope to have this contract available for you to sign/approve.



ED Advisory Committee Meeting Conference Call

Tuesday, February 25, 2104
Modular Conference Room
Call-in #: 493-1695, Pin: 4321

Minutes

Meeting called to order by Lessie at 8:20 am.

In Attendance:

Happy Camp: Vickie Walden, Debbie Bickford, Tom Waddell, Michael Thom, Lessie Aubrey, Eric Cutright

Yreka: Amy Coapman, Mike Lynch,

Orleans: Babbie Peterson

Motion to approve the Agenda was made by _____ and seconded by _____.

Motion to approve the minutes from Jan. 28, 2014 was made by Lessie and seconded by Vickie.

Outreach and Enrollment (Debbie Bickford)

- Website has been down, but working with paper applications
- Normal work day has 2 to 3 interviews
- Visiting COS (Weed) campus to sign up students on March 4, 2014
- Sharon Denz now certified, doing a little training with her.
- Clinics good about referrals.

Orleans Clinic Update (Babbie Peterson)

- Pharmacy visit went well. Impressed with all work done to get pharmacy up to standard.
- Community happy there is now a doctor on site.
- Working hard to make things good in Orleans. Filing getting caught up.
- Trying to get referrals responded to more quickly.

PCMH Grant (Tom Waddell)

- *Patient Center Medical Home Grant*
- HRSA Grants – short turnaround time; Training Grant – ideas from committee?
 - *Lessie* – trying to become a Patient Center Medical Home
 - *Mike* – coordination and follow through for patients (Continuity of Care?)
 - If cared for in Medford, need to get reports and updates, etc...
 - *Lessie* - Patient needs to have his own team (physician, nurse, MA, etc.)

- *Tom* – ACA Patient Centered Home Grant (deadline March 14, 2014) will look into this one.
- *Lessie* ask how many case managers needed in Yreka? per Mike, need one Case Manager to start. Registered Nurse would be helpful. Registration Intake. Grant would be helpful to increase staff.
- Yreka needs larger waiting room but grant cannot expand square feet.

Yreka Clinic (Mike Lynch)

- Mike to develop guidelines for a scribing process. Person to follow doctor and take notes as the doctor works. Need trial run. Possible Sharon West? (MA) replace by Alana Brown?

Medical Director Updates (Tony Vasquez) TABLED

Telehealth and other issues (Amy Coapman)

- Meaningful Use 2014 Training

IT (Eric Cutright)

- Security Cameras in Orleans this week – outside only.

Dental (Vickie Walden)

- Problem with computer systems not communicating.

CHS / Pharmacy (Anna Myers) TABLED

Evaluations complete? Some done, some in process for those who do them

Health Fair – (Lessie)

- Time to get orders in for handouts for Reunion
- End of June?
- Dental Screenings – too involved for Health Fair. (privacy, consent,etc)
- Orleans ? No overnight facilities. Discussion but not set. For space reasons, most likely go to the park. Prepare food here? Bus people back and forth? No one seems to know. Need to check with Leloni.

Adjourned at 10:00 am.

Next meeting is March 25, 2014



ED Advisory Committee Meeting Conference Call

Tuesday, Jan. 28, 2104

Modular Conference Room

Call-in #: 493-1695, Pin: 4321

Minutes

The meeting was called to order at 8:20 am by Lessie Aubrey.

Roll Call was taken by Vickie Walden. The following were in attendance:

Yreka (call in): Amy Coapman, Michael Lynch (in and out)
Happy Camp: Lessie Aubrey, Rondi Johnson, Vickie Simmons, Vickie Walden, Anna Meyers, Suzanna Hardenburger, Patti White, Eric Cutright, Debbie Bickford
Orleans: none

Motion to Approve the Agenda: Vickie S. and seconded by Patti White
Approve the minutes of Dec. 17, 2013 (TABLED)

Items of Business:

- **Suzanna Hardenburger** – CHDP paperwork for partnership, especially partial CHPD for medical needs completion. PM160 not being received on billing side. BEACON (new Medi-Cal carrier for Behavioral Health) – no paperwork in at all. Suzanna will be responsible for getting this going. Providers took survey to test their knowledge... came back ZERO.
 - 1CD10 middle of fiscal year / Oct 2013 in effect
 - 2 take IHS so far, 5 more in February. New codes? Not started yet.
 - Providers need to hold quarterly meetings. Emails sent but no interest to date. April forwards emails to providers with approval from Vasquez. "We know it exists. Know it is coming" attitude.
 - ICD10 – 8/9 won't pay (generic)
 - Lessie asked if we are signed up with the Partnership. Which plans? Debbie to look into if there is something we need to do?
- **Patti White** – Calendars sent out last month. Need to update committee members.
 - Add ICD10 to calendar
 - Issue with sorting for reports. Different sorts provide different information. Which data is correct?
 - Discussion with Eric regarding changing systems. Would lose one year of productivity.
 - EHR into RPMS is ok. Data into RMPS does not cross over.
- **Rondi Johnson** – Personal Restraining Order in HC Dental, how effect transportation and assistance at other clinics.
 - New Alarm System for Orleans Clinic
 - Safety/Infection – just started back up
 - Need to have minutes forwarded (Patti)
 - CQI needs to be brought back up

- Rondi to start to attend all meetings and enforce standards.
- **Vickie Simmons** – GPRA info not in RPMS.
 - Provider to review form to make sure info is correct in system.
 - MA and Provider need training. Need to establish consequences or change the process.
 - Amy Coapman – Eric to review procedures and pass along. Eric commented he is behind schedule but that it is on To-Do List
 - Two Sticks no longer with us. New person will start soon.
- **Debbie Bickford** – Covered California at a standstill. Waiting for background check to be cleared (since mid-October) before can set up more interviews. Virginia Hedricks and Antoinette from CRIHB are involved as well as Erin Dutton and Maeve Gannon from RHAinc (coordinates training for Covered California). Should be resolved within days. Meanwhile, still meeting with client, just not actively broadcasting.
- **Anna Meyers** – Capture Rx Update – CFO is asking for info that the tribe does not want to provide, so the future is dim.
 - CHS/HRSA – sending everyone to Medical Center.
 - Also having hard time with Luke's Pharmacy. Scheduled to be ready for Jan. 1 but is not yet working.
 - Phasing out Raley's because they are not cooperating.
 - Private insurance can go wherever they want.
 - Dental running out of money, used over 50% and only 3 months into the year.
- **Eric Cutright** – received a directive from the Council to research security cameras for outside of the Tribal Offices in Orleans.
 - Flo hired Advanced Security – they couldn't get red box to work, so took it back.
 - Council discretionary fund of \$50K to cover DNR, Council, Clinic and Senior Center
 - Recently \$100K in damage, not only burglary but now wanton destruction to property.
 - Bandwidth – final year of Orleans project. This spring should have internet service to Orleans. Easy to add services to, that grant does not cover.
- **Michael Lynch** – This is the last week for Dr. Hess.
 - The Yreka Clinic is drowning in walk-ins. 6-12 per each walk in period.
 - IPC5 website problem, called several times.
 - May have OT problems with training webinars during lunch hour. Suggested one person watch and report back. Be sure to allow lunch and breaks. Or can listen at a different time.
 - New form from Medi-Cal in April.
 - Videos – providers need to watch. Some not available yet.
 - Medical Records Review on Feb. 16, 2014
 - Right now no one goes back to make corrections.
 - Discussion on scribes for providers. HRSA suggests to used them. Dr. Milton feels he could see twice as many patients with a scribe.
- **Amy Coapland** – "Meaningful Use" Ash/Scherr- paymt (of \$21,000 ea) processing. For Lisa and invoice has been printed. Verification for Dr. Milton and Dr. North. -\$ 8,300 each- to tribe because signed over. Checks soon. About \$67,000 total.
 - 2015 Challenge regarding Clinical Quality Requirements-Colon, Breast, and Pap Smear.
 - Telehealth – CTRC 10 in attendance.
- **Vickie Walden** – Per LeLoni, there are no dental applications, to post on IHS website.
 - Review **Scope of Services** procedures prior to new providers joining our clinic.
 - Working with previous provider to contract to finish comprehensive work only she is qualified to do.

- Identify Dr. Ashe's patients, see where billing has not been completed. Patient by patient, chart by chart. Completed around 200.
- New Providers need training? Patti to do research on Dental Receptionist Training. (MAY)
- **EDHHS:**
 - Tribal Reunion Health Fair (mtg 1/31)
 - Ideas for booths:
 - Childcare, vision chart, height, weight, temp, immunizations, etc...
 - Diabetes: blood tests
 - Nutrition: how to read labels, shopping lists, planned menus, etc...
 - HRSA – too much last year \$4,000. May have to take from your own budget.
 - Set up to look professional. Simple.
 - Physical Activities for kids: hula hoops, jump ropes, hacky sacks
 - Healthy snacks
 - Get group together and let Lessie know what you are going to do.
 - Dental check
 - **Evaluations** - If not done, you are behind.
 - **HRSA** – doing well, except for UDS, all reports are caught up. Nothing outstanding.
 - **IPC 5 Discussion** – Improve Patient Care – TABLE
 - **CRIHB** – any expectations? FREE trainings?
 - **Tribal Consultation in March** – any concerns to have Lessie bring to attention?
 - **Future Emergencies Planning** –
 - **Northern CA Round Table** – Feb 6 & 7 – lessie to attend
 - **Tribal Designee Concerns** – email to Lessie
 - **Next meeting** – February 25, 2014
 - **FYI** – Council directed that Lessie and Rondi may not travel together. One must be in office at all times.
 - **ERIC** – after hours care – providers ON CALL – recordings to reflect in Yreka and HC. If have own providers On-Call, do not need Contra Costa Nurse on line – discontinue services? Not paid – not renewed. Dr. Byrnes was in charge, but he is gone. “Ask a Nurse” was taken out of recording. Per Lessie, Pay and Cancel program. \$4500 per year for 22 calls in 2013.
 - **Meeting adjourned.**

	MONTHLY REVENUE REPORT			BUSINESS OFFICE	
	March 2014	Happy Camp	Yreka	Orleans	KTHP
	Revenue Medical	\$43,994.77	\$55,655.62	\$1,398.90	\$101,049.29
	PHC Capitation	\$5,269.41	\$8,951.26	\$1,406.01	\$15,626.68
	HPSA Quarterly Incentive	\$0.00	\$0.00	\$0.00	\$0.00
	Revenue Dental	\$43,310.80	\$41,671.65	\$0.00	\$84,982.45
	Revenue Mental Health	\$11,013.84	\$2,561.70	\$0.00	\$13,575.54
	Revenue Total	\$103,588.82	\$108,840.23	\$2,804.91	\$215,233.96
		Happy Camp	Yreka	Orleans	KTHP
	Billing Mar Medical	\$74,868.83	\$ 69,592.74	\$4,944.14	\$149,405.71
	Billing Mar Dental	\$83,941.10	\$ 98,682.80	\$0.00	\$182,623.90
	Billing Mar Mental Health	\$0.00	\$ 1,545.69	\$330.00	\$1,875.69
	Billed Grand Total	\$158,809.93	\$ 169,821.23	\$5,274.14	\$333,905.30
	BILLING DEPARTMENT BUDGET 2014				
					AVAILABLE %
PROGRAM	YEAR END ANNUAL	EXPENSES TO			Could be spent
YEAR	BUDGET	DATE	BALANCE	% USED	at this date
FY 2014	\$491,898.13	\$236,127.89	\$255,134.26	48.13%	50.04%

KARUK TRIBAL HEALTH PROGRAM
BUSINESS OFFICE HEALTH BOARD REPORT

APRIL 10, 2014

At this time I am still enrolling our new providers with our different insurance payers. It is a slow process but will hopefully be completed within the next 60 days. Most of our claims will be able to be back billed; so there shouldn't be much of a loss.

Due to some RPMS programming issues our private insurance billing and some of the secondary billing is on hold for the time being. The IHS programmers are working on the problems. This is not specific just to our Tribe but to all California Tribes using RPMS. Even the new billing forms, that became mandatory on April 1st, cannot be printed as of yet. This is giving the billers an opportunity to catch up on some small issues that frequently get "put aside" . It will all work out in the near future I am sure.

As I am sure you are aware at this time the U.S. Senate and the House of Representatives have passed a bill to postpone the new coding format referred to as ICD 10. This is an internationally used disease classification system, that only the United States does not participate in. At the time of this report we are just waiting to see if President Obama agrees and signs the bill. But actually of more interest to me was another feature of this same bill. There is another point of it that would have allowed us to be paid 24% LESS for each Medicare visit than we receive now. This would have caused us a financial hardship. Hopefully this part of the bill has not been split out and that fee reduction will be postponed for another year also. By the time of this meeting it should all be settled and we will know the outcome.

I just passed my annual AHIMA certification exam, and turned in my CEUs to continue my Coding Credential.

We have no major problems in the department and the staff seems to be functioning well. Just very busy with all the changes and increased work load. In the past I have held monthly departmental meetings and due to the busy atmosphere this past year we discontinued that process. But I have decided to renew that process for the purpose of better communication and more team effort.

Respectfully Submitted

Suzanna Hardenburger, CCS-P

RPMS
Karuk Tribal Health and Human Services Program
Health Board Meeting
April 13, 2014
Patricia White, RPMS Site Manager

Uniform Data Systems Report (UDS)

I completed the 2013 UDS report and it was accepted by HRSA. It will be a few months before we will be able to run comparison reports that show where we are as compared to State programs and National programs. If you want a copy of this report, please email or call me and I will get a copy to you (29 pages of data).

Workload reports

Attached are the January 2014 and February 2014 "Operations Summaries" including Tribal Statistics. I ran data for two months to catch up after the annual report presented last month.

During January 2014, there were 1922 visits at all locations. 959 of these were for Native American patients (50%). The total visits are up by 296 over December 2013.

During February 2014, there were 1696 visits at all locations. 864 of these were for Native American patients (51%). The total visit counts were down by 226 visits compared to January. Most of these are in Dental (191). Graphs are included with summaries.

Meeting / Conference Calls and other Activities March 2014

- 3/5-AAAHC Group-Accreditation Meeting
- 3/5-Modular Staff meeting
- 3/5-Personal Health Record and Direct Messaging Teleconference call.
- 3/6-RPMS EHR Office Hours-Weekly Teleconference call.
- 3/7- VistA Imaging Bi-weekly call for Karuk
- 3/11-VistA Imaging Demo Teleconference call.
- 3/12-ACQI Monthly Meeting.
- 3/12- BMW-Patient Management Demo Teleconference call.
- 3/19-Front Office Quarterly Meeting.
- 3/19-Medical Record Quarterly Meeting.
- 3/21-VistA Imaging Bi-weekly call for Karuk
- 3/25-Executive Directors Monthly Meeting.
- 3/25-California VistA Imaging monthly Teleconference call.
- 3/27-RPMS EHR Office Hours-Weekly Teleconference call.

Projects in process

- BMW- Practice Management Application-A graphical user interface (GUI) to handle Patient Registration and Scheduling. Dale has created/built the server to house the program, but we are waiting on technical assistance from IHS to complete the link to our RPMS database.
- VistA Imaging-This program will allow for the scanning and capture of data to be electronically placed in the EHR. Registration forms, health histories, and reports from outside providers are a few of the documents that will be scanned. Once the document is linked to the patient, the providers will be able to view through a connection in EHR. We have been working on creating our document list and setting up the note titles to be used.
- Current Security Training has been pushed out to the employees of the Tribe. At this time I have received certificates from 41 of approximately 275 users in our programs (Health, Tribal Administration, Housing, KCDC, DNR, etc.). I have to report to IHS in early June and set a May 31st deadline for completing the training. This year's training takes around 1 hour to complete compared to 2-3 hours the past few years.
- Amy is continuing to work on Meaningful Use. This year, her goal is to Adopt/Implement/Upgrade for MU in Dental and to attest for new providers in Medical.
- Personal Health Record- We are in the preliminary stages of this project. It is still in testing at IHS. This will allow patients to access some of their health information on line. Patient will need to

request access and provide identification before they are set up. The access will be HIPAA compliant.

Budget: For period ending March 31, 2014, we are under budget at 44.81% for half way through the fiscal year.

Program	RPMS
Budget Code	3000-75
Program Year	2013-2014
Appropriation	\$230,739.83
Expenses to Date	\$103,402.89
Balance	\$127,336.94
Percent used	44.81%

Respectfully Submitted,

Patricia C White, RPMS Site Manager

OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR JAN 2014
Prepared for April 13, 2014 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 18,182 (+4.6) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 65 (-16.7) new patients, 0 (**) births, and 5 (+25.0) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,735 (-0.2) patients enrolled in Medicare Part A and 2,613 (+0.0) patients enrolled in Part B at the end of this time period.

There were 93 (+0.0) patients enrolled in Medicare Part D.

There were also 6,289 (+3.7) patients enrolled in Medicaid and 5,254 (+19.7) 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 64,676.9 (+6.5). The number and dollar amount of authorizations by type were:

57 - DENTAL	15	10080.25
64 - NON-HOSPITAL SERVICE	849	54596.65

DIRECT INPATIENT

[NO DIRECT INPATIENT DATA TO REPORT]

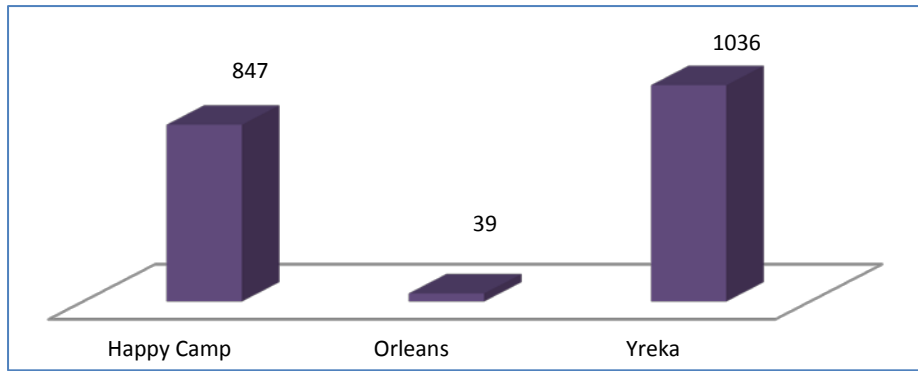
AMBULATORY CARE VISITS

There were a total of 1,922 ambulatory visits (-7.1) 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	1,922	(-7.1)
By Location:		
YREKA	1,036	(-4.4)
KARUK COMMUNITY HEALTH CLINIC	847	(+8.6)
ORLEANS	39	(-81.1)

Visits by Location January 2014



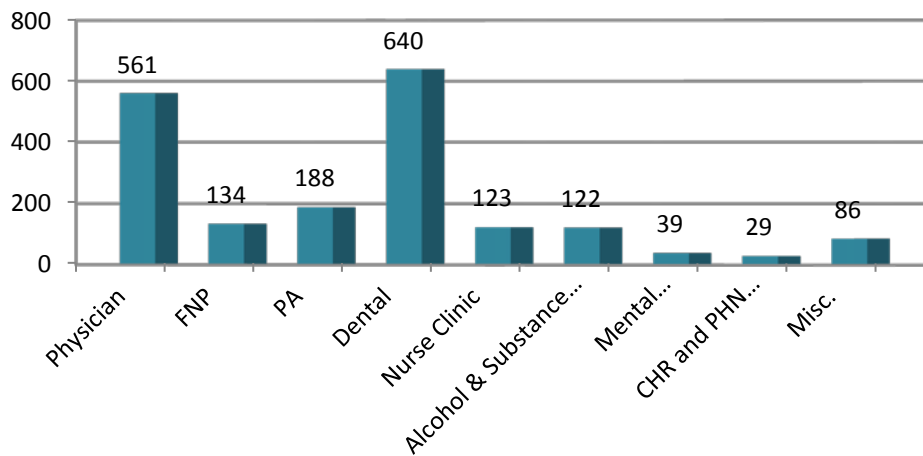
By Service Category:

AMBULATORY	1,880	(-7.4)
TELECOMMUNICATIONS	42	(+5.0)

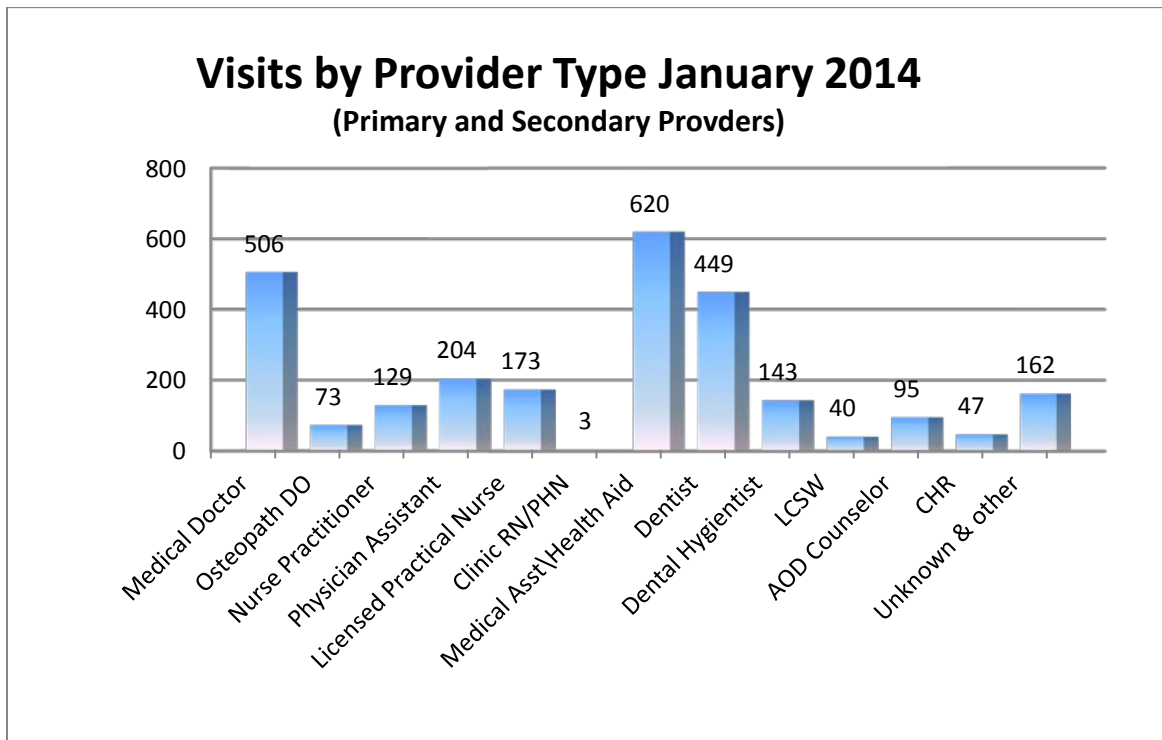
By Clinic Type:

DENTAL	640	(+10.0)
PHYSICIAN	561	(-2.8)
PHYSICIAN ASSISTANT	188	(+12.6)
FAMILY NURSE PRACTITIONER	134	(-58.4)
NURSE CLINIC	123	(+16.0)
ALCOHOL AND SUBSTANCE	122	(+23.2)
TRANSPORT	73	(+65.9)
MENTAL HEALTH	39	(-62.1)
CHR	23	(-23.3)
TELEPHONE CALL	8	(-55.6)
PHN CLINIC VISIT	6	(+50.0)
TELEMEDICINE	3	(**)
CHART REV/REC MOD	1	(-87.5)
NO CLINIC	1	(**)

Visits by Clinic Type January 2014



By Provider Type (Primary and Secondary Providers):		
HEALTH AIDE	595	(-6.3)
MD	579	(-1.2)
DENTIST	489	(-15.3)
PHYSICIAN ASSISTANT	289	(+7.4)
MEDICAL ASSISTANT	205	(-8.9)
DENTAL HYGIENIST	157	(+121.1)
NURSE PRACTITIONER	147	(-56.6)
ALCOHOLISM/SUB ABUSE COUNSELOR	122	(+18.4)
UNKNOWN	121	(**)
LICENSED PRACTICAL NURSE	113	(-53.7)
COMMUNITY HEALTH REP	96	(+35.2)
LICENSED CLINICAL SOCIAL WORK	39	(-63.2)
DENTAL ASSISTANT	38	(**)
PUBLIC HEALTH NURSE	6	(+0.0)
CLINIC RN	5	(-50.0)
HEALTH RECORDS	1	(-98.4)
LABORATORY TECHNICIAN	1	(**)
OTHER	1	(**)



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	653	(+13.0)
2). VACCIN FOR INFLUENZA	182	(+8.3)
3). HYPERTENSION NOS	109	(-3.5)
4). OTHER SPECIFD COUNSELING	109	(+98.2)
5). OBESITY NOS	69	(+165.4)
6). ALCOHOL ABUSE-UNSPEC	68	(+1.5)
7). LUMBAGO	57	(+3.6)
8). DMII WO CMP NT ST UNCNTR	57	(-20.8)
9). HYPERLIPIDEMIA NEC/NOS	52	(-13.3)
10). TOBACCO USE DISORDER	50	(-12.3)

CHART REVIEWS

There were 1,258 (-14.4) chart reviews performed during this time period.

INJURIES

There were 53 visits for injuries (-44.8) reported during this period. Of these, 8 were new injuries (-73.3). The five leading causes were:

- 1). INJ NEC CAUSED BY ANIMAL 1 (**)
- 2). ACC-CUTTING INSTRUM NEC 1 (-75.0)
- 3). EXCESS PHYSICAL EXERT 1 (+0.0)

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL

There were 442 patients (+3.5) seen for Dental Care. They accounted for 640 visits (+10.0). The seven leading service categories were:

- 1). PATIENT REVISIT 193 (-53.5)
- 2). FIRST VISIT OF FISCAL YEAR 190 (+17.3)
- 3). PREVENTIVE PLAN AND INSTRUCTION 175 (+103.5)
- 4). LOCAL ANESTHESIA IN CONJUNCTION WIT 156 (-5.5)
- 5). INTRAORAL - PERIAPICAL FIRST RADIOG 127 (-19.1)
- 6). TOPICAL APPLICATION OF FLUORIDE VAR 120 (+103.4)
- 7). SEALANT - PER TOOTH 97 (+56.5)

IN-HOSPITAL VISITS

[NO IN-HOSPITAL VISITS TO REPORT]

PHARMACY

There were 1,511 new prescriptions (-32.2) and 0 refills (**) during this period.

KTHHSP Tribal Statistics for January 2014

	Registered Indian Patients	Indian Patients Receiving Services Jan 2014	APC Visits by Indian Patients Jan 2014
Karuk	2069	438	571
Descendants residing in CA	1873	196	230
All other Tribes	2138	124	158
Total	6080	758	959

OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR FEB 2014
Prepared for April 13, 2014 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 18,227 (+4.4) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 47 (-42.7) new patients, 0 (**) births, and 2 (-33.3) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,738 (-0.3) patients enrolled in Medicare Part A and 2,618 (+0.0) patients enrolled in Part B at the end of this time period.

There were 93 (+0.0) patients enrolled in Medicare Part D.

There were also 6,324 (+3.7) patients enrolled in Medicaid and 5,262 (+19.6) 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 57,107.1 (-12.7). The number and dollar amount of authorizations by type were:

57 - DENTAL	16	10164.65
64 - NON-HOSPITAL SERVICE	775	46942.45

DIRECT INPATIENT

[NO DIRECT INPATIENT DATA TO REPORT]

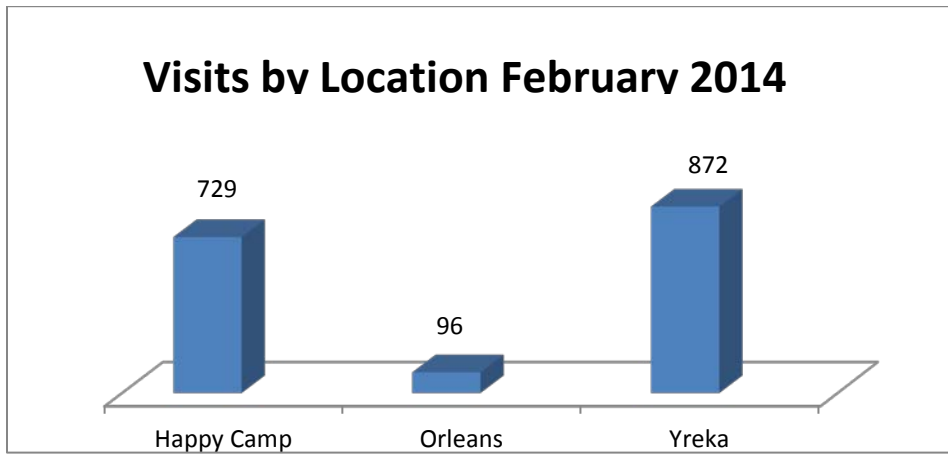
AMBULATORY CARE VISITS

There were a total of 1,697 ambulatory visits (-7.0) 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	1,696	(-7.1)
TRIBE-COMPACTED TRIBAL PROGRAM	1	(**)
By Location:		
YREKA	872	(-11.6)
KARUK COMMUNITY HEALTH CLINIC	729	(+1.4)
ORLEANS	96	(-20.0)

Visits by Location February 2014



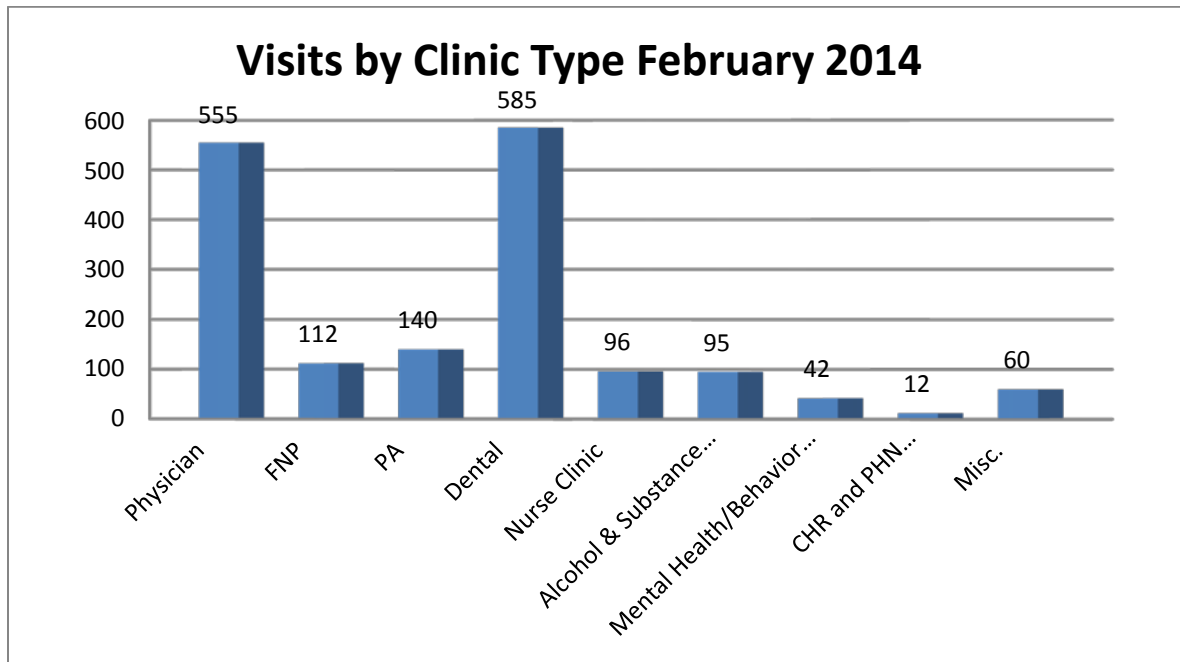
By Service Category:

AMBULATORY	1,658	(-8.1)
TELECOMMUNICATIONS	39	(+95.0)

By Clinic Type:

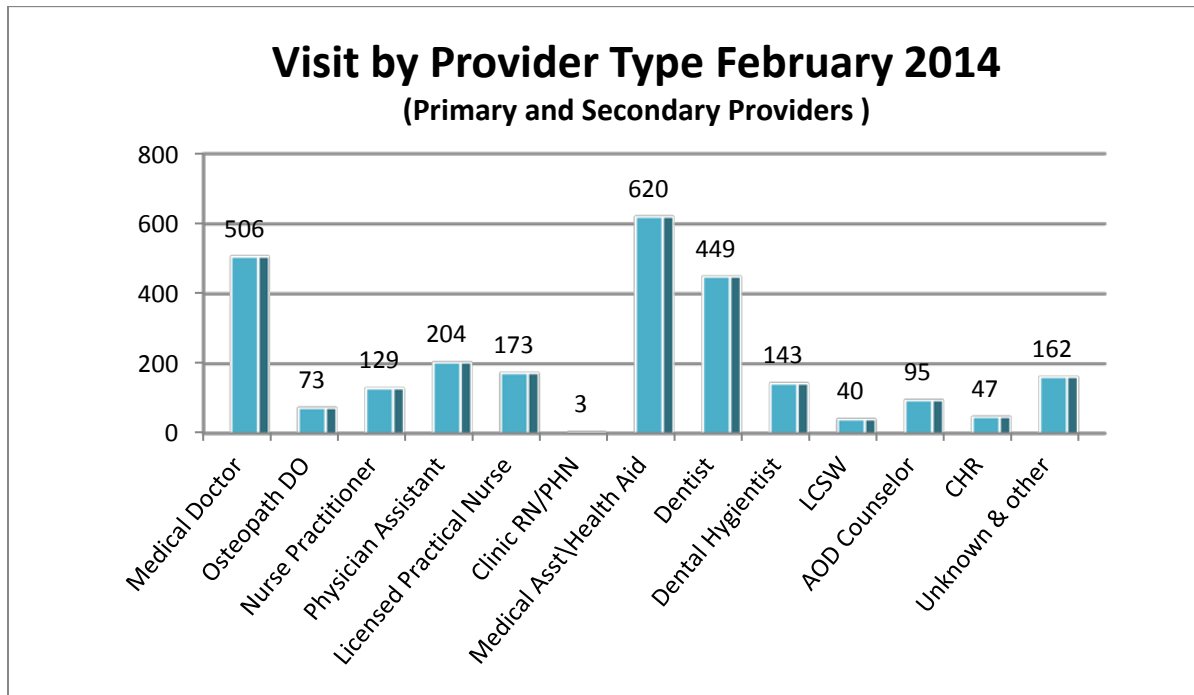
DENTAL	585	(-3.9)
PHYSICIAN	555	(+6.5)
PHYSICIAN ASSISTANT	140	(-16.2)
FAMILY NURSE PRACTITIONER	112	(-41.1)
NURSE CLINIC	96	(+18.5)
ALCOHOL AND SUBSTANCE	95	(+28.4)
MENTAL HEALTH	42	(-59.2)
TRANSPORT	36	(-14.3)
TELEPHONE CALL	14	(+40.0)
CHR	11	(-8.3)
CHART REV/REC MOD	5	(+400.0)
PHARMACY	3	(+200.0)
LABORATORY SERVICES	1	(**)
PHN CLINIC VISIT	1	(-50.0)
TELEMEDICINE	1	(**)

Visits by Clinic Type February 2014



By Provider Type (Primary and Secondary Providers):

MD	506	(-5.4)
DENTIST	449	(-26.5)
HEALTH AIDE	446	(-16.9)
PHYSICIAN ASSISTANT	204	(-12.8)
MEDICAL ASSISTANT	174	(-23.0)
LICENSED PRACTICAL NURSE	173	(+27.2)
UNKNOWN	161	(**)
DENTAL HYGIENIST	143	(+107.2)
NURSE PRACTITIONER	129	(-35.2)
ALCOHOLISM/SUB ABUSE COUNSELOR	95	(+11.8)
OSTEOPATHIC MEDICINE	73	(**)
COMMUNITY HEALTH REP	47	(-13.0)
LICENSED CLINICAL SOCIAL WORK	40	(-61.2)
DENTAL ASSISTANT	7	(+600.0)
CLINIC RN	2	(-33.3)
HEALTH RECORDS	1	(-97.9)
PUBLIC HEALTH NURSE	1	(+0.0)



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	594	(-2.6)
2). HYPERTENSION NOS	112	(+36.6)
3). OBESITY NOS	82	(+141.2)
4). ALCOHOL ABUSE-UNSPEC	63	(+14.5)
5). DMII WO CMP NT ST UNCNTN	56	(-17.6)
6). TOBACCO USE DISORDER	55	(+34.1)
7). VACCIN FOR INFLUENZA	55	(-12.7)
8). OTHER SPECIFD COUNSELING	53	(+23.3)
9). THERAPEUTIC DRUG MONITOR	48	(-9.4)
10). HYPERLIPIDEMIA NEC/NOS	47	(-19.0)

CHART REVIEWS

There were 1,201 (-2.2) chart reviews performed during this time period.

INJURIES

There were 57 visits for injuries (-38.7) reported during this period. Of these, 16 were new injuries (-5.9). The five leading causes were:

- 1). FIREARM ACCIDENT NOS 2 (**)
- 2). CUMLTV TRMA-REPETV MOTN 2 (**)
- 3). NONVENOM ARTHROPOD BITE 1 (**)
- 4). FALL NOS 1 (+0.0)
- 5). OVERXRT-PROLNG STC POSTN 1 (**)

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL

There were 452 patients (-1.1) seen for Dental Care. They accounted for 585 visits (-3.9). The seven leading service categories were:

- 1). PATIENT REVISIT 226 (-51.5)
- 2). PREVENTIVE PLAN AND INSTRUCTION 165 (+54.2)
- 3). FIRST VISIT OF FISCAL YEAR 154 (+7.7)
- 4). INTRAORAL - PERIAPICAL FIRST RADIOG 133 (-1.5)
- 5). LOCAL ANESTHESIA IN CONJUNCTION WIT 120 (-24.1)
- 6). INTRAORAL - PERIAPICAL EACH ADDITIO 116 (+26.1)
- 7). HYPERTENSION SCREENING 92 (-57.2)

IN-HOSPITAL VISITS

[NO IN-HOSPITAL VISITS TO REPORT]

PHARMACY

There were 1,557 new prescriptions (-13.8) and 0 refills (**) during this period.

KTHHSP Tribal Statistics for February 2014

	Registered Indian Patients	Indian Patients Receiving Services Feb 2014	APC Visits by Indian Patients Feb 2014
Karuk	2069	407	498
Descendants residing in CA	1873	208	241
All other Tribes	2138	615	125
Total	6080	734	864

DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting

April 10, 2014

Rondi Johnson

March Report



ACTION ITEMS: None.

MARCH ACTIVITIES:

Financial Meeting March 4th, AAAHC Workgroup March 5th, Policy Meeting March 5th, Application Screenings, HC Ofc Meeting March 6th, CHR Interviews March 11th, ACQI Meeting March 12th, Dentist Interviews in Yreka March 12th, HC Ofc Meeting March 13th, Health Board Meeting March 13th, Sr. Nutrition On Call Cook Interviews March 24th, Nutrition Center Supervisor Interviews March 24th, ED Meeting March 25th, Yreka Clinic visit March 26th, HC Ofc Meeting March 27th,

MARCH TRAININGS/CONFERENCES & WEBINARS:

QIP Partnership webinar March 3rd, IPC5 Workgroup meeting March 4th, IPC5 Webinar March 11th, IPC5 Webinar March 25th, HCCA Conf March 30th – April 3rd,

ACQI COMMITTEE MEETING:

The March 12th, ACQI meeting agenda, performance improvement projects, minutes and reports are attached.

BUDGETS:

See below. Budget through 3/28/14. At this time I'm well under budget.

Program	CQI
Budget Code	300002
Program Year	2013-2014
Expenses to Date	67,390.52
Balance	126,068.09
Percent Used	34.88
Period Usage	6 months

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

**Karuk Tribal Health & Human
Services Program
ACQI Committee Meeting/Conference
Call
KCHC Teleconference Room
March 12, 2014
9:00 am-10:00 am**



1. Call Meeting to Order – Patti White
2. Roll Call/Sign In – Vickie Walden
3. Approve Agenda – Patti White
4. Approve Minutes of February 12, 2014 – Patti White
5. Performance Improvement Reports Due
 - 5.1 Happy Camp/Orleans Eligibility Report – Nadine McElyea
 - 5.2 Yreka Eligibility Report – Sharon Denz (written report – on travel)
 - 5.3 HC CHDP Callback – Tracy Burcell
 - 5.4 Diabetes Report – Annie Smith
6. GPRA Reports
 - 6.1 Improve Childhood Immunization Rates Project – Vickie Simmons (written report)
7. New Business
 - 7.1 Complaints/Incidents/Suggestions –Rondi Johnson (Tabled)
8. Old Business
 - 8.1 KCHC Medical Records Audit – Carrie Davis – (Tabled)
 - 8.2 Orleans Medical Records Audit – Isha Goodwin (Tabled)
9. Next Meeting April 9, 2014 at 9:00 am
10. Adjourn



**Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
KCHC Teleconference Room
February 12, 2014
9:00 am-10:00 am**

MINUTES

Meeting called to Order by Rondi at 9:01 am.

In Attendance:

Happy Camp: Debbie Bickford, Elsa Goodwin, Tony Vasquez, Dr. Brassea, Vickie Simmons, Rondi Johnson, Cheryl Asman, and Vickie Walden

Yreka: Mike Lynch, Dr. Milton, Charlene Deala, Dr. Walters, and Susan Beatty

Orleans: none

Agenda approved by Mike Lynch, seconded by Vickie Simmons

Minutes from December 11, 2013 approved by Vickie Simmons and Mike Lynch

Minutes from January 15, 2014, correction by Mike Lynch, (not a doctor) approved by Vickie Simmons and Mike Lynch

Performance Improvement Reports Due

5.1 HTN– TABLED

5.2 KCHC Medical Records Audit – *Carrie Davis* (TABLED)

5.4 Orleans Medical Records Audit – *Isha Goodwin* (TABLED)

5.4 Yreka Medical Records Audit – *Charleen Deala*

- See attached Audit. Everyone did very well. A few files needed work.
- Blood Pressure Check – person came in ONLY for BP check

5.5 EHR Reminders – *Mike Lynch*

- See Performance Improvement Project Report for 4th Qtr
- Dr. Milton and Dr. Hess see an average two patients per hour. Directly related by performance on documentation. Dr. North sees one per hour.
- Expect improvements, if not, revisit the process
 - *Vickie Simmons* – good data to have for upcoming IPC. Will need a data board. Needs to be a TEAM being reviewed. TEAM = IPC Team (whoever works closely – provider, MA)
 - *Mike Lynch* - Sometimes one MA for two providers. Visit from Lessie and Rondi regarding time for meetings and other improvements. Need more discussion and communication with the Tribe. Issues that information has not been properly dispersed. Only choice few are informed. For example, change in which pharmacy to use. We are all terribly busy.
 - We need a communication protocol that works, from front office to back office and everything in between.
 - We need training. We don't have time to provide adequate training.
 - Additional staff for support.
- *Rondi* to talk to Anna about pharmacy issue and get back to Mike. *Vickie Walden* called CHS Office and was told to use Medical Center Pharmacy. Private Insurance is a patient's choice. HRSA is still paying for native prescriptions only.

6. GPRA Reports Increase Pap Smears Project – *Vickie Simmons (see attached report)*

- Want to increase these by 2% per year for women ages 24-64.
- Need to go further than doctor's notes. Hopefully, Data Entry to help out.
- Define when pap smears are due, get info to providers and MA.
- HPV not being done? Point of Care of send it out? Need to check with Lisa.
- Need consistent way to contact patients. Need to decide what to say and how to distribute. Also, if using incentives and what account to take it out of.

7. New Business

7.1 Complaints/Incidents/Suggestions –Rondi Johnson

- Plenty of complaints. Appears that everyone needs to take some sort of course that helps with assisting patient's needs.
- Couple of rave reports for MA in Yreka and Medical Clinic in Happy Camp.

8. Old Business

8.1 HIV/AIDS – Lisa Rugg/Mike Lynch (see attached report)

- 15 active patients, 4 females, 10 males, and 1 transgender
- All on highly active antiretroviral medications
- With one exception, all have had excellent DC4s and low or undetectable viral loads.
- All screened for vitamin D levels with 10 patients found deficient.

8.2 Yreka Dental Records – Susan Beatty (see attached report)

- 20 random charts
- Medical History Update and Signed – we went down from 90% down to 75%, with 5 charts not having the dentist initials on the visit dates.
- Medical Alerts dropped from 85% to 65%
- Medications Alert dropped from 70% to 60%
- Goal is to be at 90% in all areas by 4th quarter report in 2013.

8.3 Happy Camp Dental Records – Cheryl Asman (see report)

- 10 random adult dental records – dropped to 90% with 1 Tx plan not completed
- 10 random children dental records remain at 100%
-

9. Next Meeting March 13, 2014 at 9:00 am

10. Adjourn

Eligibility Report
 ACQI Meeting
 October – December 2013
 March 12, 2014

During this period I have primarily helped clients with follow up for their original applications. After Jan. 1, 2014 there is no longer a CMSP program, those applications will now be MediCal applications.

	October 2014	November 2014	December 2014	
MediCal	1	0	4	5
CMSP	3	0	0	3
SSD/SSI	1	0	0	1
	5	0	4	10
Clients	12	2	8	22
Services Provided	16	2	9	27

At this point I am still doing MediCal applications for people who know they will not be over income for that program. Other people see Debbie Bickford for a Covered California application. I am working with 12 people on their SSD/SSI applications. While I can file the application and help with follow up, I am unable to devote the time and detail work necessary to properly act as an advocate for their applications. Some people get denials, not because they're not disabled, but because seeking medical care and of attempting to work are not properly documented. I do help with the appeal, which is often nearly as detailed and time-consuming as the original application. Some people seek an attorney to help with that appeal. Some people seek disability when it appears from the beginning that they will not be eligible. I do not refuse application help to anyone.

I foresee the need for the Tribe to eventually have a full-time Benefits Coordinator to pursue disability applications as well as helping people apply for MediCal and Covered California. There's also a huge need for someone to help people with their choices and options for Medicare.

Nadine McElyea, Administrative Assistant/Patient Eligibility Worker
 Child and Family Services, Happy Camp

Activity

Progress Report 4th Quarter

October, November, December 2013

TITLE ELIGIBILITY REPORT

Purpose: To provide good services to all clients.

Problems: None for this quarter.

Data: Applicants for this quarter I had processed from the various programs, Medi-Cal, CMSP, and Medicare Part D for the 4th quarter.

Findings: Total applicants for 4th Quarter are (5)

OCTOBER 2013 IS (2)

(1) For CMSP approved

(1) For Medicare Part D enrolled

NOVEMBER 2013 (1)

(1) For CMSP was approved

DECEMBER 2013 (2)

(1) For Med-Cal was pending at the time.

(1) For Medicare Part D enrolled

Sharon Denz

Eligibility Worker for Yreka

03/03/2014

KARUK TRIBAL HEALTH PROGRAM
Performance Improvement Activity
Progress report
March Report

PURPOSE/Problem:

1. Identify areas for improving the follow-up on CHDP's for patient's ages 0-18 years:
2. Objective is to make sure children are receiving their immunizations and CHDP's on time.

Objective/GOALS:

1. To establish a follow-up system that will help track patients who need CHDP's.
2. Data will be collected by keeping copies of completed CHDP's and entering into a system that will show when patients are due for their next CHDP.
3. This data will be collected on a continuous basis.

DATA:

1. A list has been compiled of all patients meeting the criteria age as listed above; this list will be reviewed to see which patients are current with their CHDP's; patients that are past due; and patients that will have CHDP's coming up in the future. Currently there are 89 patients, with 8 delinquencies.
2. The created list allows patients to be added or deleted as necessary, and is checked on a weekly basis to allow upcoming CHDP patients to be notified of upcoming appointments.

Corrective Action:

A follow up folder has been created for completed CHDP's so we have a continuous tracking system of pending patients due for their immunizations and CHDP's, and that appointments are being made in a timely manner.

RE-Measure:

The tickler file and Excel spreadsheet that has been created for follow up on CHDP's is helping to keep track of patients who have moved, who have registered as new patients and who are delinquent/no show patients. This system has the capability of allowing us to easily update data on a daily basis and stay on top of getting all CHDP patients scheduled with letters being sent to remind parents that their child is due for their CHDP.

Additional Corrective Action:

We have found that we have not had to correct our new implementation of the Tickler System/Data Entry sheets because they are allowing us to stay on top of knowing when patients are due for their next CHDP's, before this system was implemented we were falling behind in getting patients appointments made in a timely manner.

Tracy Burcell
Referral Coordinator

Karuk Tribal Health and Human Services Program

Performance Improvement Activity

Diabetes Program

Progress Report, March 5, 2014

Indian Health Services, Special Diabetes Program for Indians (SDPI) Grant Program ACQI performance improvement project.:

1. Purpose:

The problem exists that over the past 3 years our Diabetes Audit has shown improvement in the statistics that are measured through this grant program. This past year we have seen a decline in the audit numbers and they need to improve.

It is important to improve these numbers to prevent the insidious effects of diabetes for our patients through regular screenings and care.

2. Objectives/goals:

The yearly diabetes audit runs from 1/1/2013 – 12/31/2013 and measures through the RPMS/EHR system the current data. Additionally reports are run through the year for quarterly reports on the measurements. This data will be measured regularly as long as we are funded by IHS for this grant program.

The standards that we measure against are first measured by the IHS California and then the National IHS measurements.

3. Data:

The data measured is the most accurate we can through the EHR system; there are variances due to non-reporting and through ability of multiple providers able to document accurately into the EHR.

4. Findings:

Due to recent medical staff turnover, lack of our ability to replace them in a timely manner and thereby delaying their ability to understand both the screening requirements and their ability to actually do these screenings in limited time during visits, the audit numbers have significantly declined.

5. Corrective Action:

The Community Outreach Team, consisting of a Public Health Nurse and Community Health Representative (CHR), are taking on the task of dividing up the patients that are registered on the

diabetes grant and each CHR will be assigned to a list of patients to insure tracking through their Medical Providers. We hope this will facilitate the screenings and required action for those patients with a diabetes diagnosis to make available comprehensive care for patients as they are escorted through the system of care.

This corrective action will be rechecked quarterly and adjustments made as needed in the plan.

Annie Smith BSN, PHN, RN

Director of Community Health Outreach

Karuk Tribe

Karuk Happy Camp IHS Diabetes Audit Comparison 2009 to Preliminary 2014*

	DM 2009	DM 2010	DM 2011	DM2012	DM2013	DM2014
N=	126	114	115	123	119	
Std of Care in %						
A1c<7.0	52%	46%	45%	44%	43	
A1c<8.0				62	60	
BP < 130/<80	40	33	31	32	41	
BP < 140/<90			62	70	74	
LDL<100	43	46	37	41	43	
HDL>50 (women)					20 New	
HDL>40 (men)					31 New	
Non-HDL<130					36 New	
A1c<8+LDL<100+BP<140/90					20 new	
Urine protein test done	80	79	67	83	87	
Alb:Creat Ratio UACR	16	81	79	92	95	
Both eGFR &UACR done					76 new	
ACE use in pts w/HTN				66	65	
ACE use w/+urine protein				64	68	
Anti-platelet use in CVD					80 new	
Statin use in dx/d CVD					48 new	
Foot exam	69	61	69	84	89	
Eye exam	60	61	44	49	58	
Dental exam	55	52	51	56	54	
Nutrition education	58	45	36	41	56	
Exercise education	60	42	30	58	61	
Any diabetes education	68	68	64	75	84	
Depression screening	56	79	85	92	89	
Flu immu.	58	44	48	59	72	
PV immun.	78	80	79	84	83	
Tet/D immun.	80	83	83	93	95	
Hep B series				24	26	
Ht or Wt missing	2	4	5	2	4	
BMI >=30	74	75	75	75	78	
Undoc. A1c	3	2	4	5	2	
A1c>9				18	18	
BP undetermined	24	9	10	7	2	
Tob use not documtd	18	1	0	0	0	
Current tob user	18	27	31	26	24	
Tob user not counseled				22	48	
Pos urine pro/albumin				23	26	
TB status unknown	36	37	40	39	38	
Diagnosed CVD					42 new	
Diagnosed Depression				28	24	
3+ Diabetes meds					13 new	
Tx: Diet & Exercise alone	28	30	21	19	15	

*selected data items only; all data in percentages except for N; see 4 complete reports on the WebAudit including Cumulative report, Kidney Disease, Cardiovascular, and Mean Values reports
 Note year in header is year data reported; data is collected the previous calendar year
 For the first block of data, the higher the percentages the more positive; for the second block (starting with "Ht or Wt Missing"), the higher the percentage the more negative

California Area IHS Diabetes Audit Summary Table 2008 – 2013* (6/25/13)

	2008	2009	2010	2011	2012	2013
N**=	4960	5172	5538	5605	6020	6002
Std of Care in %						
A1c<7.0	44%	44%	42%	42%	44%	43%
A1c<8					62	61
BP < 130/<80	35	36	37	38	36	38
BP <140/<90					68	69
LDL<100	45	50	46	48	50	50
HDL>50 (females)						26 (new)
HDL>40 (males)						35 (new)
Non-HDL <130 mg/dl						46 (new)
A1c<8+LDL<100+BP<140/90						25 (new)
Urine protein testing done		75 (new)	77	81	83	82
UACR done	41 (new)	81	78	81(+1 U:PC)	80	82
Both eGFR & UACR done						63 (new)
eGFR>=30 & UACR done						77 (new)
ACE use in pts w/HTN	71	71	74	75	74	72
ACE use w/+Urine Protein					71	74
Anti-platelet use in CVD						67% (new)
Statin use in dx'd CVD						56% (new)
Foot exam	72	75	68	74	72	72
Eye exam	53	57	56	59	57	58
Dental exam	52	52	52	54	52	55
Diet education – all prov.	65	67	69	74	72	73
Diet education - RD					33	29
Exercise education	61	64	64	67	65	66
Any diabetes education	80	84	85	89	87	87
Depression screening	56	65	69	74	77	84
Flu immun.	62(11)***	60	57	56	57	58(9)
PV immun.	82(6)	83	82	84	84	86
Tet/D immun.	82(3)	83	83	86	88	90
Hep B series					21	25
Diagnosed CVD						28 (new)
Diagnosed depression	25	27	24	25	26	27
HTN Dx or Tx	75	77	78	79	79	80
Tx: Diet & Exercise alone	23	22	19	19	19	19
>=3 Glucose lowering meds						16 (new)
% pts prescribed insulin					28	29
Ht or Wt missing	1	1	2	1	2	2
BMI>=30	76	76	76	77	76	75
Undoc. A1c	7	7	7	6	5	4
No date of dm diagnosis	5	5	5	5	4	2
BP undetermined #	13	13	6 #	6	5	6
Current tob user	23	23	25	28	28	24
Pos urine protein/albumin					25	23
eGFR 30-59 ('Stage 3' CKD)				12	12	11
TB status unknown	32	32	33	33	34	35

* selected data items only; all data in percentages except for N; Year is title is reporting year, ie, "2013 DM Audit" data is from CY2012

**Calif. Clinics audit 100% of Active Diabetes Pts. (Active=AI/AN w/at least 1 medical visit for diab care in audit year)

***numbers in parentheses are percent refusals

#Blood pressure measurements required was changed from 3 to 2 in 2010

KARUK TRIBAL HEALTH AND HUMAN SERVICES PROGRAM

2014

Create an Immunization Recall System

I. Purpose of the Study

The purpose of this study is to create an immunization recall system so that our childhood immunization rates for two year olds will increase by 1% over the baseline rate reported in 2014 on the 2013 UDS Report.

II. Identification of the Performance Goal

The baseline rate for immunizations is 51.4%. This low rate must be increased because it is important that children receive the appropriate vaccinations at an early age in order to prevent death and disability from transmissible and infectious childhood diseases. Low immunization rates can result in deadly epidemics that affect both the children who are patients of our clinics as well as children in the communities where our clinics are located.

In 2014 we considered an increase of 1% per year to be reasonable **and** achievable.

III. Description of the Data

The baseline data for this performance improvement project was taken from the 2013 UDS Report. This information came from results for both Native American and Non-Native American, two year old children. HRSA now requires the same immunizations as GPRA.

UDS: 4DTaP, 3IPV, 1MMR, 3Hib, 3HepB, 1VZV, 4PCV

DTaP – Protects against diphtheria, tetanus, and pertussis (whooping cough)

IPV – Protects against polio

MMR – Protects against measles, mumps and rubella

Hib – Protects against *Haemophilus influenzae* type b.

HepB – Protects against Hepatitis B

VZV – Protects against chickenpox

PCV – Protects against pneumococcal disease

HRSA and GPRA will require that children be properly immunized by their 3rd year.

IV. Evidence of Data Collection

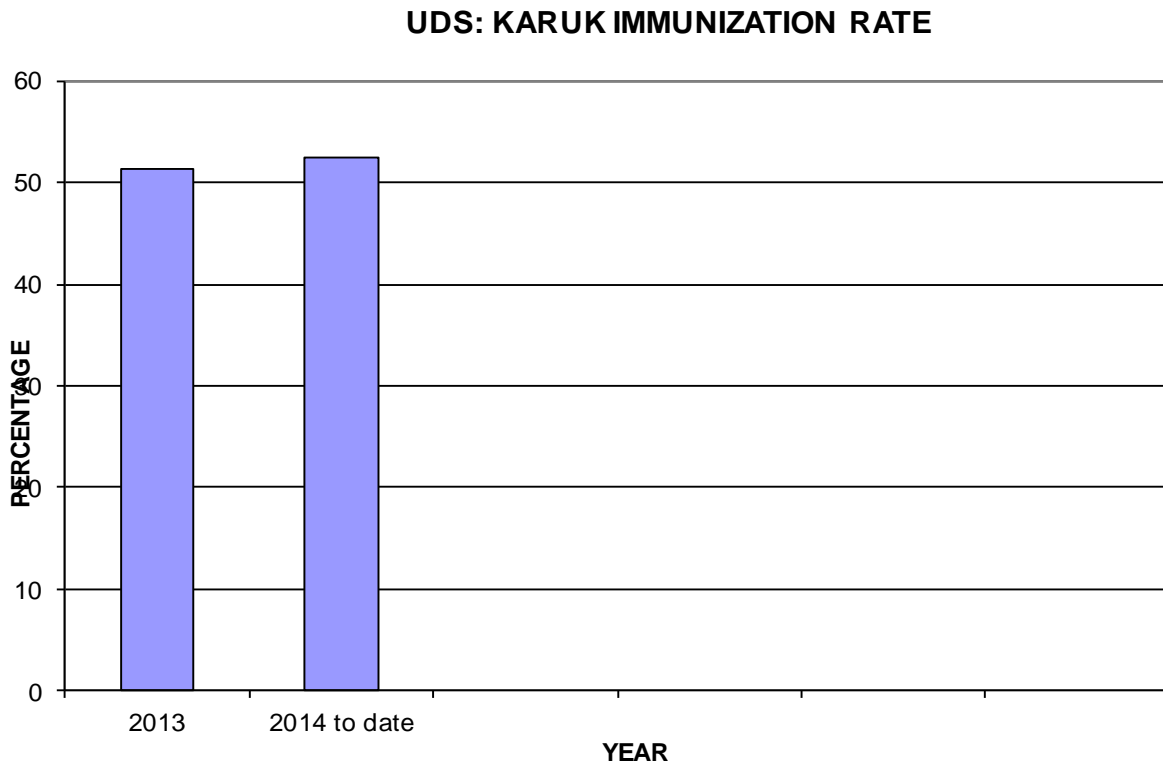
We are able to pull quarterly results from RPMS' UDS section so, in the future, we will be able to monitor improvement on a continuous basis.

V. Data Analysis

The 2013 UDS result for immunizations was 51.4%. The UDS result for the period of January 1, 2014 thru March 7, 2014 is at 52.4%.

VI. Comparison of Current Performance Against Performance Goal

The rate has already increased by 1% but we will need to wait and see if there is fluctuation in these numbers.



VII. Implementation of Corrective Action to Resolve Identified Problem

The following key steps will be initiated with the intended result that immunizations for **all** children who frequent our Karuk Clinics will be up to date by their 3rd birthday.

- Clinic receptionists will make recall appointments.
- Ensure that patients do not leave clinic without a follow-up appointment being made.
- Receptionists will make reminder calls the day before the appointment and also instruct the parent/guardian to bring current immunization card/record to appointment.
- A dynamic spreadsheet will be kept to track children's immunization needs using information gathered from RPMS.
- Reminder letters will be sent out to parents/guardians notifying them of the needed immunizations.
- Outreach workers will be sent out when parent/guardians do not respond.

VIII. Re-Measurement

Every three months (quarter) a UDS Table 6A Report or equivalent will be run for comparison with the last report. This is to determine whether the corrective actions have achieved the desired performance goal.

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

If the initial corrective actions did not achieve and/or sustain the desired improved performance, implement additional corrective actions and continue re-measurement until the problem is resolved.

X. Communication to Governing Bodies

Communicate findings of this quality improvement activity on a quarterly basis to the ACQI committee which in turn will report to the Tribal Health Board in the form of meeting minutes and report copies. In addition, these results will be posted on the ACQI bulletin board at each facility for review by clinic staff.

Respectfully Submitted by Vickie Simmons



Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
KCHC Teleconference Room
March 12, 2014
9:00 am-10:00 am
MINUTES

1. Meeting called to Order by Patti at 9:00 am
2. Roll Call by Vickie Walden
Happy Camp: Vickie W, Patti, Chelsea, Nadine, Suzanna, Tracy, Dr.Brassera, Dr. Vasquez,
Yreka: Mike Lynch; Annie, Dr. Milton, Dr. Walter
Orleans: Babbie, Dr. Colas
3. Motion to approve Agenda was made by Dr. Vasquez and seconded by Chelsea.
4. Minutes from February 12, 2014 correction by Mike Lynch, Motion to approve by Dr. Vasquez; seconded by Vickie W.
5. Performance Improvement Reports Due
 - 5.1 Happy Camp/ Orleans Eligibility Report -Nadine –
 - o Medi-Cal applications, changed assets requirements
 - o Debbie and Sharon doing Covered Ca.
 - o Disability and SSI applications.
 - o Returns due to lack of evidence.
 - o Picked up this first quarter.
 - 5.2 Yreka Eligibility Report Oct/Nov 2013 for Sharon Denz (out of town)
 - 5.2.1 Patti read written report– see attached
 - 5.3 HC CHDP Call back – Tracy Burrell
 - 5.3.1 Follow up system to track patients
 - 5.3.2 Currently 89 patients (0-18) with 8 delinquencies – habitual no show patients.
 - 5.3.3 New system allows us to keep track who moved, etc... it can easily updated.
 - 5.3.4 Chelsea suggested we discontinue this report. Patti suggest continue through end of next quarter
 - 5.4 Diabetes Report – Annie Smith
 - 5.4.1 Past 3 years, steady improvement in statistics.
 - 5.4.2 Due to recent staff turnover, the audit numbers have significantly declined.
 - 5.4.3 Corrective Action: The Community Outreach Team, consisting of a Public Health Nurse and Community Health Representative, are taking on the task of dividing up the patients that are registered on the diabetes grant. Each CHR will be assigned to a list of patients in insure tracking through their Medical Providers.
 - 5.4.4 Patti – UDS Report, fell down in diabetic area, patients not being treated in clinics, A1C and Hypertension – need to address and see patients, document purpose of visit. Report for HRSA grant, quality measures, number of patients, nurse/doctor visits. Must report to government.
 - 5.4.5 Suzanna – need documentation, must make comments for compliance audits.
 - 5.4.6 Mike commented he assumes providers will need to make the documentation and may need some education on how it should be done. Start having meetings on the 27th. Some discussions about MA's helping out with this.
6. GPRA Reports
 - 6.1.1 Improve Childhood Immunization Rates Project – Vickie Simmons See written report
7. New Business -Complaints/ Incidents / Suggestions – Rondi Johnson TABLED
8. Old Business
 - 8.1 KCHC Medical Records Audit – Carrie Davis (TABLED)
 - 8.2 Orleans Medical Records Audit – Isha Goodwin (TABLED)

Meeting adjourned at 9:40.