

KARUK TRIBE
HEALTH BOARD MEETING AGENDA
Thursday, August 6, 2015 3 PM, Yreka, 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 (July 9, 2015)

F) GUESTS (Ten Minutes Each)

- 1.

H) OLD BUSINESS (Five Minutes Each)

- 1.

I) DIRECTOR REPORTS (Ten Minutes Each)

1. Patricia White, RPMS Site Manager (written report)
2. Eric Cutright, IT Director (written report)
3. Vickie Walden, Dental Office (written report)
4. Lessie Aubrey, Grants, Compliance, Accreditation Manager (written report)
5. Raul Recarey, Health CEO (written report)
6. Pat Hobbs, Children & 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. Troy Hockaday
3. Eric Cutright

4. Pat Hobbs
5. Barbara Snider
6. Tribal Council Members

N) SET DATE FOR NEXT MEETING (Thursday, September 10, 2015 at 3 PM in Orleans, CA.

OO) ADJOURN

RPMS
Karuk Tribal Health and Human Services Program

Health Board Meeting-Yreka
August 6, 2015
Patricia White, RPMS Site Manager



Workload reports

Below is the June 2015 "Operations Summaries" and Tribal Statistics. During June 2015 there were 2,195 visits at all locations. This is an increase of 385 visits over May 2015 numbers. Happy Camp was up by 122 visits, Yreka was up by 268 visits, and Orleans was down by 5 visits. 721 of these visits were for Native American Patients (33%) See Tribal Statistic chart at the end of the operations summary.

Meeting / Conference Calls / Training June 2015

- 06/29 to 07/12 - Vacation
- 07/16 – RPMS/EHR office hours call
- 07/23 – RPMS/EHR office hours call
- 07/23-24 – AAAHC Accreditation
- 07/27 – EHR upgrade patch 14 (evening install)

Projects in Process

- **AAAHC**- On July 23-24, AAAHC had a 3 person team here to review our program. During the time they were here, I had limited involvement with the process. I was available for questions as needed.
- **EHR Patch 14**- Monday, July 27th Dale and I worked in the evening with IHS for the install. During the week preceding the install, I checked our program for system requirements. We had 2 programs that need updates, and server updates to be completed prior to the install. Prior to IHS signing into our server we backed up EHR and RPMS. The install took 2 ½ hours where approximately 10 patches were applied to RPMS plus the EHR upgrade.

When the patch was completed there were some post install configurations that needed to be done on our side. It was a upsetting to find out at this time that Amy as our CAC should have been here to configure template and other items with in EHR. One of the technicians at IHS walked me through the setup, so all worked out, but it would have been nice to know that Amy's presence was also needed.

- **Security Training**- 99% of our Health Staff that has computer access has completed the IHS HIPAA Security Training for 2015. One contractor did not take the training, but is up to date in his other HIPAA requirements. For the remainder of the Tribal departments 64% completed the course this year. That leaves 36% (44 of 124) that did not take the training or did not turn in their proof of completion.

Budget: At the time of writing I am under budget for this fiscal year.

Program	RPMS
Budget Code	3000-75
Program Year	2014-2015
Appropriation	\$235,336.60
Expenses to Date	\$161,789.80
Balance	\$73,549.80
Percent used	68.75

Respectfully Submitted,

Patricia C White, RPMS Site Manager

OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR JUN 2015
Prepared for August 6, 2015
Health Board Meeting-Yreka

(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 19,198 (+4.1) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 72 (+35.8) new patients, 0 (**) births, and 3 (-50.0) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,884 (+0.2) patients enrolled in Medicare Part A and 2,750 (+0.2) patients enrolled in Part B at the end of this time period.

There were 118 (+9.3) patients enrolled in Medicare Part D.

There were also 7,302 (+4.6) patients enrolled in Medicaid and 6,437 (+7.1) 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 72,239.38 (+53.3). The number and dollar amount of authorizations by type were:

57 - DENTAL	22	16915.85
64 - NON-HOSPITAL SERVICE	891	55323.53

DIRECT INPATIENT

[NO DIRECT INPATIENT DATA TO REPORT]

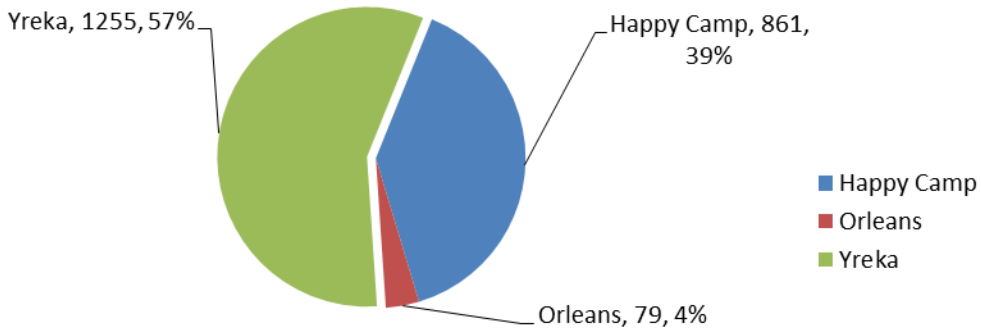
AMBULATORY CARE VISITS

There were a total of 2,195 ambulatory visits (+34.8) 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	2,195	(+34.8)
By Location:		
YREKA	1,255	(+64.3)
KARUK COMMUNITY HEALTH CLINIC	861	(+18.6)
ORLEANS	79	(-42.8)

Visits by Location June 2015



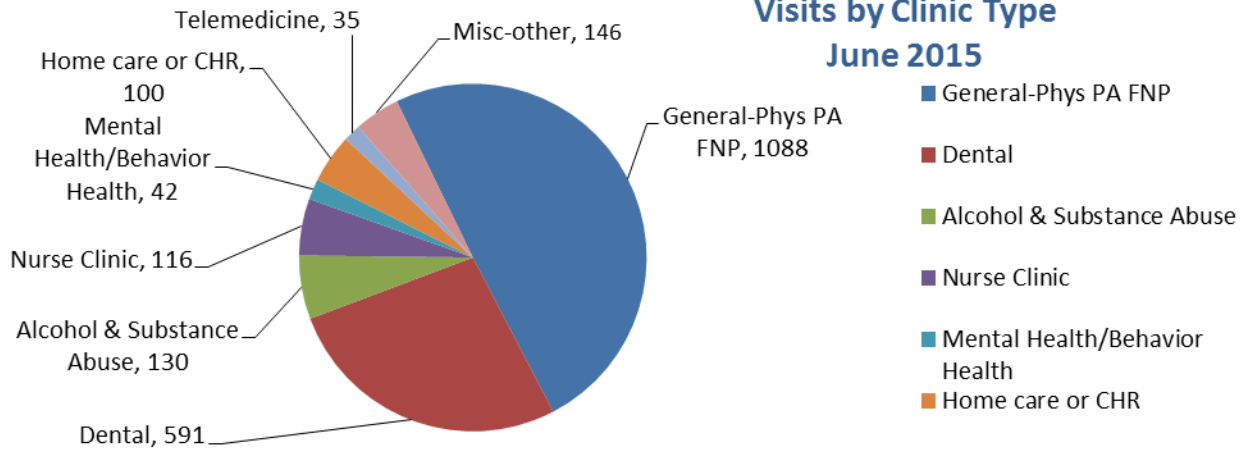
By Service Category:

AMBULATORY	2,136	(+34.0)
TELECOMMUNICATIONS	59	(+73.5)

By Clinic Type:

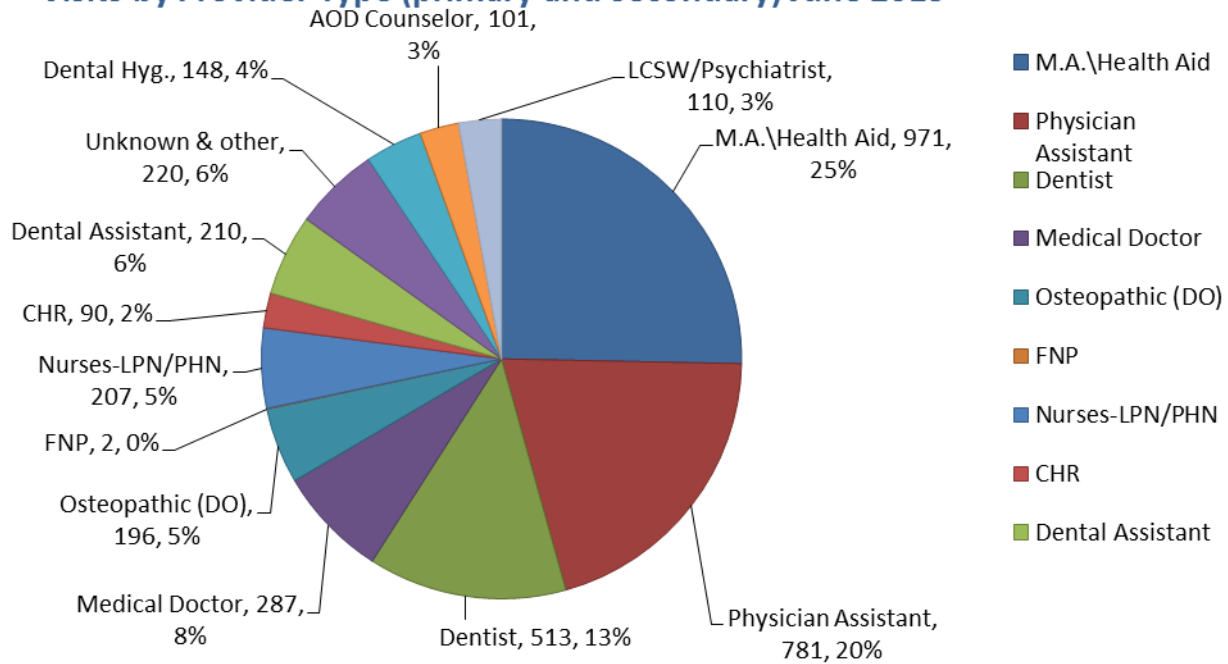
GENERAL	1,088	(+115.4)
DENTAL	591	(+17.3)
ALCOHOL AND SUBSTANCE	130	(+28.7)
NURSE CLINIC	116	(+3.6)
MENTAL HEALTH	100	(+92.3)
HOME CARE	48	(+242.9)
OTHER	42	(+68.0)
BEHAVIORAL HEALTH	35	(**)
TELEMEDICINE	33	(+1,000.0)
CHART REV/REC MOD	6	(-14.3)
PHYSICAL THERAPY	4	(**)
TELEPHONE CALL	2	(-80.0)

Visits by Clinic Type June 2015



By Provider Type (Primary and Secondary Providers):		
PHYSICIAN ASSISTANT	781	(+125.7)
MEDICAL ASSISTANT	763	(+67.7)
DENTIST	513	(+7.5)
MD	287	(-27.9)
UNKNOWN	216	(**)
DENTAL ASSISTANT	210	(+50.0)
HEALTH AIDE	208	(+11.2)
OSTEOPATHIC MEDICINE	196	(+10.7)
LICENSED PRACTICAL NURSE	195	(+19.6)
DENTAL HYGIENIST	148	(-2.6)
LICENSED CLINICAL SOCIAL WORK	110	(+197.3)
ALCOHOLISM/SUB ABUSE COUNSELOR	101	(+0.0)
COMMUNITY HEALTH REP	90	(+130.8)
PUBLIC HEALTH NURSE	12	(+1,100.0)
OTHER	4	(**)
NURSE PRACTITIONER	2	(**)

Visits by Provider Type (primary and secondary) June 2015



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	596	(+23.9)
2). HYPERTENSION NOS	156	(+95.0)
3). OTHER SPECIFD COUNSELING	109	(+109.6)
4). LUMBAGO	91	(+59.6)
5). DMII WO CMP NT ST UNCNTD	85	(+73.5)
6). HYPERLIPIDEMIA NEC/NOS	77	(+37.5)
7). DEPRESSIVE DISORDER NEC	58	(+81.3)
8). ALCOHOL ABUSE-UNSPEC	56	(-12.5)
9). POSTTRAUMATIC STRESS DIS	51	(+466.7)
10). OBESITY NOS	50	(+6.4)

CHART REVIEWS

There were 1,062 (-6.3) chart reviews performed during this time period.

INJURIES

There were 108 visits for injuries (+71.4) reported during this period.

Of these, 26 were new injuries (-7.1). The five leading causes were:

- 1). ACC-POWER HAND TOOL NEC 2 (**)
- 2). FALL FROM LADDER 1 (**)
- 3). ANIMAL BITE NEC 1 (**)
- 4). FB ENTERING OTH ORIFICE 1 (+0.0)
- 5). OBJ W-W/O SUB FALL NEC 1 (**)

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL

There were 449 patients (+14.0) seen for Dental Care. They accounted for 591 visits (+17.3). The seven leading service categories were:

- 1). PATIENT REVISIT 397 (+1.5)
- 2). HYPERTENSION SCREENING 240 (+31.9)
- 3). PREVENTIVE PLAN AND INSTRUCTION 135 (-0.7)
- 4). LOCAL ANESTHESIA IN CONJUNCTION WIT 132 (-7.0)
- 5). INTRAORAL - PERIAPICAL FIRST RADIOG 124 (+17.0)
- 6). TOPICAL APPLICATION OF FLUORIDE VAR 110 (+0.9)
- 7). SEALANT - PER TOOTH 108 (+52.1)

IN-HOSPITAL VISITS

[NO IN-HOSPITAL VISITS TO REPORT]

PHARMACY

There were 2,057 new prescriptions (+62.9) and 0 refills (**) during this period.

Tribal Statistics June 2015

	Registered Indian Patients	Indian Patients Receiving Services May 2015	APC Visits by Indian Patients May 2015
Karuk	2107	422	446
Descendants residing in CA	1901	211	182
All other Tribes	2216	113	93
Total	6224	746	721

Eric Cutright Information Technology Health Board Report July 30, 2015

Expenditure/ Progress Chart – IT Dept Indirect Budget July 29, 2015

Program	Code	Total Budget	Expensed to date	Balance	% Expended
IT Systems	1020-15	\$336,073.60	\$274,485.40	\$61,588.20	81.67%
Term Dates	Total Months	Month # for report period	# Months Remaining	% Completed.	Extension Option Y/N
10/1/2014 to 9/30/2015	12	10	2	83%	N
Comments:					
This is the budget to maintain the IT Department and the IT resources spread throughout tribal offices. The majority of the budget goes to salaries for IT personnel.					

IT Department Activities:

- IT replaced old equipment in the council chambers in Orleans, and the wireless internet in the building is working again.
- The website redesign of www.karuk.us is nearly complete. Final changes and updates are being made before the new website is posted live to the internet.

Project Title: Orleans Broadband Project

Expenditure/ Progress Chart – USDA Community Connect Grant

Program	Code	Total Budget	Expensed to date	Balance	% Expended
USDA RUS	2061-00	\$1,141,870.00	\$790,851.39	\$351,018.61	69.26%
Term Dates	Total Months	Month # for report period	# Months Remaining	% Completed.	Extension Option Y/N
10/24/2011-10/24/2017	72	45	27	61%	N
Progress Report Due Date	Completed?	Date Completed.	Fiscal Report Due Date	Completed?	Date Completed.
03/31/2015	Yes		10/17/2017	No	
Comments:					
This grant funds the construction of broadband infrastructure to Orleans.					

Construction Progress:

- The fiber optic installation from Orleans down Ishi Pishi road to the final Verizon telephone pole is complete. Only 600 feet of gap exists between the Karuk fiber and Siskiyou Telephone's fiber. The trench needed to span the gap is scheduled to be dug starting August 3.
- The communications tower and hut are fully constructed. The tower still needs a generator and utility power installed. Utility Power installation is scheduled for August 5. The propane installation for the generator is scheduled for August 14.
- The installation of the core wireless network is complete, pending inspection and the final report from the contractor.
- All construction must be complete and the network fully functional by October 24, 2015, else the Karuk Tribe cannot meet the requirements of the USDA RUS grant agreement.

Reimbursement Status:

- \$736,049.39 has been spent. \$430,889.00 has been reimbursed.
- The fourth reimbursement request for \$272,540.09 was submitted on June 5, and has not yet been approved.

Permitting Services:

- All government permits in hand as of December, 2013.
- All extensions to existing permits have been filed and received to match the current construction schedule.

Project Title: Klamath River Rural Broadband Initiative (KRRBI)

Deliverables:

Project Management Services:

- 3rd quarter report due by October 10, 2015.

Engineering Services:

- Fiber engineering field survey completed on April 9. The GPS data from the trip is currently being processed, and installation methods determined for the entire route.
- Wireless engineering primarily consists of distribution for the town of Orick. A primary tower site and two backup locations have been identified in Orick. Evaluation of the primary site is underway.

Environmental Review:

- A site visit for both the NEPA and CEQA review teams is scheduled for August 25 & 26. This will allow the environmental reviewers to become familiar with the area of the project.

Permitting Services:

- Negotiations with Redwood National Park are underway for an easement on Bald Hill Road and on the West Side Access Road. The NEPA and CEQA teams will visit Redwood National Park during the environmental review site visit to continue the negotiations.

Expenditure/ Progress Chart – KRRBI – California Advanced Services Fund (CASF)

Program	Code	Total Budget	Expensed to date	Balance	% Expended
KRRBI - CASF	6661-00	\$6,602,422.00	\$196,429.00	\$6,405,993.00	0.03%
Term Dates	Total Months	Month # for report period	# Months Remaining	% Completed.	Extension Option Y/N
10/17/2013-10/17/2015	48	21	27	42%	Y
Progress Report Due Date	Completed?	Date Completed.	Fiscal Report Due	Completed?	Date Completed.
07/10/2015	Yes		At 25% Expended	No	
Comments:					
This grant expands on the Orleans Broadband Project and partners with the Yurok Tribe to provide internet service to several unserved and under-served communities in Northern Humboldt County.					

Report Attachments:

- Cell phone usage report for June 2015 billing period



KARUK TRIBE

Print Close Window

*Should you experience any difficulty printing this page, please adjust your printer margin settings or set printer layout to landscape. If report has many columns, use legal size paper and select the "Advanced..." printer options to Fit to Page.

Usage Per Line

User Name: Eric Cutright

Structure Name: Default

Location: KARUK TRIBE

Report Details

Period Range Jun-15 To: Jun-15

Summary by WirelessNumber

Total minutes: 24,835 / 30,703

Wireless Number	Billing Cycle Date	User Name	Min	Total Allowance Mins	Data Usage
530-598-7067	06/18/2015	LISA AUBREY	1,574	0	--
530-598-6829	06/18/2015	TANYA BUSBY	1,435	400	1,192,700.00KB
530-643-0921	06/18/2015	KAREN HOGUE	1,255	400	--
530-598-7089	06/18/2015	RICHARD BLACK	1,187	400	255,089.00KB
530-598-8790	06/18/2015	CLARENCE BARGER	1,169	400	--
530-598-4615	06/18/2015	ANN ESCOBAR	1,081	400	1,071,980.00KB
530-598-8628	06/18/2015	DANIEL GOODWIN	960	0	--
530-598-7940	06/18/2015	LESTER ALFORD	943	400	972,332.00KB
530-598-2248	06/18/2015	APRIL ATTEBURY	932	400	315,523.00KB
530-643-2625	06/18/2015	RUSSELL ATTEBERY	783	400	238,985.00KB
530-643-6176	06/18/2015	BUCKY LANTZ	713	400	--
530-643-0799	06/18/2015	CAROL THOM	694	400	--
530-598-9992	06/18/2015	LESLIE MOORE	671	400	87,135.00KB
916-207-8294	06/18/2015	CRAIG TUCKER	609	400	494,487.00KB
530-643-2565	06/18/2015	ANNIE SMITH	577	400	512,398.00KB
530-598-8944	06/18/2015	BARRY HOCKADAY	520	400	--
530-598-8654	06/18/2015	MELODEE BREWINGTON	483	0	--
530-598-9880	06/18/2015	CHARLES SARMENTO	424	400	4,301,909.00KB
530-643-1468	06/18/2015	SANDI TRIPP	385	400	265,668.00KB
530-598-8652	06/18/2015	KRISTEN KING	365	0	--
530-598-8006	06/18/2015	ERIC CUTRIGHT	355	400	13,328.00KB
530-643-6177	06/18/2015	BRIAN GONZALES	337	400	38,367.00KB
530-598-0191	06/18/2015	LAURA MAYTON	335	400	79,536.00KB
530-598-5174	06/18/2015	HAROLD TRIPP	332	0	--
530-598-8745	06/18/2015	MIKE TIRATERRA	332	0	--
530-643-6130	06/18/2015	PRESTON WILSON	326	400	53,799.00KB
530-643-3628	06/18/2015	RACHEL LENT	316	400	777,907.00KB
530-598-7357	06/18/2015	LISA MARIE SOBOLIK	312	387	60,221.00KB
530-215-8192	06/18/2015	JOSHUA SAXON-WHITECRANE	306	400	742,369.00KB



Karuk Tribal Health Board Report
For August, 2015 Yreka Meeting



Dental Department May 2015

1. *Dental Action Items*

a. **Approvals for Dental Policy**

- i. **New Policy # 14-001-010 Dental Scope of Services: Written by Vickie Walden, copies sent to Mr. Recarey, Dr. Millington DDS, and Nikki Hokanson RDH for review and feedback. I got responses from Nikki and Mr. Recarey made changes to the procedures.**

b. **Approval of Dr. Ash's Contract**

2. ***Dental Activities and Reports***

- a. **New Hire** - Talked with Mr. Raul Re: the need for a full time hygienist to work at the Yreka Dental Clinic. We were in agreement that we could increase our patients' access to care and generation additional revenue by doing this. Currently the Yreka Hygienist is working 3 days a week and they are scheduling into the first week of November 2015.
- b. **No update** on Installing Dental Intra-Oral Cameras – This is on the It project/work list and is not a high priority.
- c. **AAAHC Dental update** – Over all the AAAHC Survey went well. We do have some follow-up work to do once we get the final review report.
- d. **Digital X-Rays** – No update on this project, still a work in progress.
- e. August 26, 2015 is the next date for the Orleans Hygiene Fluoride Varnish & Dental Screening Clinic.
- f. On August 3 in Orleans - August 17 in Yreka- August 18 in Happy Camp- Working with Debbie Bickford, the Dental staff will host a Give a Kid a Smile Day.
i. We are offering free screenings and Fluoride Varnish treatments to the patients scheduled by Debbie Bickford, as an incentive for signing up for insurance under the Covered California Affordable Health Care Act program.

3. **No Dental Budgets** concerns, we currently working within our 2014/2015 FY budget.

Report Respectfully Submitted by Vickie Walden RDA on July 30th, 2015

Attachments:

New Policy # 14-001-010 Dental Scope of Services
Dental Staff Travel and Training Reports

Karuk Tribal Health and Human Services Policy Manual

Policy Reference Code: 01 () 02 () 03 () 04 () 13 () 14 () 15 () 16 ()	05 () 06 () 07 (X) 08 () 17 () 18 ()	09() 10 () 11 () 12 ()
Function: <p style="text-align: center;">Dental</p>	Policy #: <p style="text-align: center;">14-001-010</p>	Policy Title: <p style="text-align: center;">Karuk Dental Scope Of Services</p>
Tribal Chairman: Date: Signature:	Medical Director: Date: Signature:	Cross References:

Purpose/Introduction: The Karuk Clinics provide care under the direct supervision of the Karuk Health Program CEO and the Karuk Health Board.

Oral diseases are a significant health problem in our communities. Access to all aspects of health care such as: promoting a healthy life style, preventive health education, early diagnosis and treatment, play a key role in our goal to improve oral health in our communities. This scope of services prioritizes the oral health services available in the Karuk Dental Clinics.

The Karuk Tribal Health Program has organizational wide guidelines, protocols, criteria, policies, and set process for all services i.e. patient services, travel and training, ordering supplies and conducting other routine business. The health program works within and strives to maintain the approved fiscal year budget, which is based on I.H.S funding, other available resources, along with their projected revenue. The program offers an income based discount program for some preventive and restorative dental services.

The Karuk Dental Employees will do their best to provide equal access to: emergency evaluations; preventive care; basic restorative: limited periodontal treatment and maintenance and limited/simple endodontic procedures.

The Clinics will maintain adequate flexibility in their appointment scheduling systems for evaluation of emergency problems, walk-in patients, patients with special problems, and new patients. It being understood that should demand for care exceed a clinic’s capability to provide such care, measures to place limitations on the availability and type care, may be necessary and appropriate.

The Karuk Dental Providers must always recommend the best treatment options for every patient. This scope of services includes a list conditions, procedures and things that will be used as treatment modifiers when developing and presenting treatment options to patients. When a patient chooses or asks for a treatment option not offered at a Karuk Dental Clinic, the provider will give the patient a written referral to an appropriate outside provider.

Professional care is to be provided by qualified staff working together within; the scope of their licenses’, which governed by The California Dental Practice Act; the programs current budget; and by adhering to the Karuk Tribes current program policies.

Policy Statement: All Karuk Dental employees must comply with and work within the Karuk Dental Scope of services. This policy will be reviewed by, signed and dated by all dental employees.

Guidelines and Procedures

Treatment Modifiers -

- Arch Integrity
- Patients behavior or motivation
- Disease Activity
- Periodontal Status
- Teeth w/Poor Prognosis
- Diabetes or other Health conditions
- Patients Oral Hygiene
- Patients dependability
- Treatment Longevity > 5 years

Procedural Scope of Services-

Level I – Acute Emergency Services:

Includes those dental services which are necessary to relieve pain or control acute oral conditions, such as serious bleeding, a potentially life-threatening difficulty, maxillo-facial fractures, and swelling, severe pain, or signs of infection. Such as:

- Diagnosis
- Tooth Extractions
- Temporary Restorations
- Periodontal Therapy
- Endodontic Access
- Other conditions that require urgent attention e.g. prosthodontic repairs, denture adjustments, and etc.
- Pulp Therapy
- Palliative Treatment
- Fillings
- Prescriptions of Medications

Temporary/Locum Tenens are to perform Limited Oral Evaluations, diagnosis and/or perform treatment procedures that can be completed in 1-2 visits or procedures that can be completed within their limited term of employment.

Level II – Primary Care

The procedures classified as primary care are:

- Patient & Community Education on Self Maintenance and Disease Prevention
- Dental Sealants
- Prophylaxis (Cleaning)
- Pediatric Screenings to access need
- Tobacco Education & Cessation
- Sports Mouth Guards
- Periodontal Debridement to enable Comp. Exam and Diagnosis-
- Topical Fluorides-
- Supplemental prescriptions
- Periodontal Maintenance
- Group Education
- Nutrition Education
- Occlusal Guards for Bruxism

Level III – Secondary Dental Care

The procedures deemed necessary for routine diagnosis and treatment. Most of these procedures are not complicated in nature, and one or more of these services can usually be completed in one to two appointments and/or can be completed by another general dentist.

- Comprehensive Exam
- Limited Oral Exams
- Periodontal Scaling and Root Planing
- Amalgam fillings
- Stainless Steel Crowns
- Periodic Exams
- X-ray-
- Composite Fillings
- Space Maintainers

- Therapeutic Pulpotomy (primary teeth only)
- Endodontic Therapy on Anterior teeth
- Biopsy, excision of lesion
- Diagnostic casts

Level IV – Limited Rehabilitation

Rehabilitative care is that which restores oral structures in an improved condition and form. Limited rehabilitation is defined by the Karuk Tribe as those dental procedures which are more complex and costly to provide than Level III care in controlling disease and restoring function.

-1 to 4 Single Full Cast crowns with or without porcelain, per exam and treatment plan-
Multiple treatment plans to circumvent the 4 crown limitation is not permitted.

- Non-Cosmetic Labial Veneer-
- Direct (in-house) Crown Build-ups-
- Bicuspid Endodontic Tx. (two canals)
- Indirect or Lab processed Post and Core (No gold/high noble metal lab processed posts or cores)
- Direct (in-house) Post and Core restoration
- Gingivalplasty / Gingivectomy

Level V – Rehabilitation

The dental services classified in this level are rehabilitative procedures which require more Clinical chair time, additional knowledge and skill of care provider, and usually greater expense than the limited rehabilitative services listed in Level IV care. Level V services usually require multiple appointments to complete, are usually associated with a rehabilitative plan for the entire mouth and could require a substantial patient copayment to cover professional fees in dental insurance and other third party programs.

Restrictions: Patients must have: all their restorative fillings done, healthy gums & good oral hygiene, good and/or maintained Periodontal health, be in routine recall, and a good prognosis for long term retention for the tooth/teeth being treated (3> 7) years, before for fixed partial dentures (bridges) and endodontic treatment can be done.

- Non- Emergency Surgical Extractions-
- Molar Endodontic treatment-
- Acid Etch Bridge (Maryland)-
- Removable Complete Dentures (including Immediate)-
- Removable Acrylic Partial Dentures-
- Removable Cast Partial Dentures (Not included in the tribal discount program)-

Level VI – Complex Rehabilitation

The dental services classified in this level are rehabilitative procedures which require more Clinical chairtime, additional knowledge and skill of care provider, and usually greater expense than the limited rehabilitative services listed in Levels VI and V care. A substantial portion of the patients may require referral to a specialist for complex rehabilitative treatment.

-Fixed Partial Dentures that include more than 4 units - per exam and treatment plan. Multiple treatment plans to circumvent the 4 crown limitation is not permitted. (Not included in the tribal discount program)

- Cephalometric X-Rays-
- Overdentures-
- Endodontic re-treatment-
- Bony Impaction Surgical Extractions-

Level VII - Program Exclusions – Dental Treatment Procedures not done in Karuk Dental Clinics

- Removal of existing Amalgam Fillings if they are intact and have no recurrent decay.
- Most Cosmetic Procedures, including external bleaching
- Initial and/or Replacement Inlays, and Onlays when used as a single restorative or part of a fixed partial denture (bridge).
- Veneers when used as a cosmetic single restorative or as part of a fixed partial denture (bridge).
- Complete Occlusal Adjustment
- Endodontic Apicoectomy / Periradicular Procedures
- Limited, Interceptive and Comprehensive Orthodontic Treatment Procedures
- Any treatment plan that calls for 4 or more single full cast crowns (Multiple treatment plans to circumvent the 4 crown limitation is not permitted.)
- Any Fixed partial denture that includes 4 or more units including crowns & pontics (Multiple treatment plans to circumvent the 4 crown limitation is not permitted.)
- Full Mouth Rehabilitation
- TMJ Treatment Procedures other than minor occlusal adjustments or occlusal guards
- Bone Grafts
- Tissue Grafts
- Osseous Surgical Procedures –(Other than when done in conjunction with Surgical Extractions)
- Implants and implant prosthetics

Employee
Print Name: _____ Date _____

Signature: _____ Date _____

Staff Person doing Orientation

Signature: _____ Date _____

California Area Indian Health Service
Dental Continuing Education Meeting
May 11th – 15th
Sacramento, Calif.

I just want to thank the council for the opportunity to attend this conference. It really helps with the overall understanding of I H S. To be able to talk with other tribal employees that may be having some of the same issues we are and to be able to see how they solve this issues are a great asset.

The classes I attended were the Dental Billing and Coding, Oral Health and the Heart, Speaking from the Heart, Dentrix training and Infection Control to name a few. The dental billing and coding was very helpful as were the other classes, but trying to understand the billing and what insurance covers what procedures what doesn't can at times get a bit confusing. It was good to get my questions answered, which in turn helps me do my job better.

Thank you again

Susan Beatty, RDA

Yreka Dental Clinic

Allison Ortiz, RDH
1519 S. Oregon St.
Yreka, CA 96097
June 8, 2015

Karuk Council Members
Happy Camp, CA

Dear Council Members:

I wanted to thank you for the opportunity to attend the IHS seminar that was held in Sacramento, CA on May 11-14, 2015. The experience was educational, informative and positive. It allowed me to converse with other dental professionals that work in similar surroundings and environments. We were able to learn from each other and bring back to our respective clinics.

The classes that I attended are as follows:

1. *Dental Jurisprudence/Ethics 2CEU*

- Updated on new laws and ethical perspectives in dentistry
- What does it mean to be ethical
- How to incorporate ethics into your practice

2. *Multi-disciplinary topics including ECC, GPRA, BSS updates .5 CEU*

- Updated on ECC, GPRA, BSS

3. *Dentrix 2CEU*

- Updated on all aspects of Dentrix
- What is new with Dentrix

4. *Understanding Health Literacy 2CEU*

- Understand how to communicate with low health literacy in healthcare and dentistry
- Appreciate the relationship between low health literacy and poor oral health
- How to create appropriate literature

5. *Dentistry for Medically Compromised- Oral Health and the Heart 2CEU*

- Review of the correlation between periodontal disease and heart disease
- What to look for
- How to treat heart patients

6. *Pharmacology 2CEU*

- Review federal agencies that control distribution and prescription drugs
- Drugs used in pain control
- Role of dental professionals in preventing opioid abuse

7. *Creating Culturally Competent Service Delivery 1.5CEU*

- Native speaker bringing light to the culture differences of the Native community and the White man's community. How things have progressed and changed over the years.
- The prejudices that still exist and how to overcome them.

8. *Practice Management- Exceptional Customer Service 2CEU*

- Overview of customer service
- Providing excellent customer service
- Implementing exceptional customer service into the dental practice

9. *Infection Control 2CEU*

- Review infection control
- New laws and required procedures

10. *California Dental Practice Act 2CEU*

- Review state laws regarding dentistry

11. *Patient Centered Dental Home 2CEU*

- A look at the Chapa-De Clinic and how they operate their Dental and Medical Departments more efficiently and effectively with their patients at the center.

12. *Pediatric Anesthesia 1.5CEU*

- Using anesthesia to effectively anesthetize pediatric patients
- Dosage review

13. *Expanding Oral Health 2CEU*

- Telehealth
- Expanding dentistry beyond the clinic
- Virtual Dentistry

14. Table Clinics 1.25CEU

- Review Table Clinics

Again, thank you for this opportunity. It is greatly appreciated!

Very truly yours,

Allison Ortiz

Allison Ortiz
Yreka Dental
Registered Dental Hygienist

June 8, 2015

Karuk Tribe

64236 Second Avenue

PO Box 1016

Happy Camp, CA 96039

Thank you for giving me the opportunity to attend the Continuing Education Meeting in Sacramento May 11-14, 2015.

The classes I attended were:

Infectious Disease Control

Anesthesia and Pain Control

Oral and Maxillofacial Surgery

Ethics in Dental Clinic Practice

Denti-Cal

California Dental Practice Act

Creating Culturally Competent Service Delivery

Patient Centered Dental Home

Dental Billing and Coding

Using Glass Ionomer

Expanding Oral Health Services

Problem Solving in Endodontics

Risk Management

Dentrix

Blunt Force Trauma to the teeth

I received 32.25 CDE credit hours. The new things presented at this training were Medical restored adult dental services, Dentrix 8.0.1 2014 meaningful use, managing caries changes that will help me when performing my current tasks.

I am recommending this training to others and I brought back good information to share with my co-workers.

Sincerely,

Dr. Veronica Brassea

Dentist, Karuk Tribal Clinic at Happy Camp

Email: vbrassea@karuk.us

530 493-1600 Ext. 2112



Grants, Compliance and Accreditation

Board Report

August 6, 2015

Lessie Aubrey, Manager

Financial Report: Period Ending 7/31/15: We are 4% under budget.

CQI Reports:

1. CHDP (Child Health and Disability Prevention) Increase rate of CHDP exams on time. A 3% improvement this quarter is seen.
2. Yreka Dental Records Audit: A decline was seen in four areas.
 - Medical History Update – Provider didn't initial times one
 - 2 x-rays not initialed by staff
 - X-ray label not completed times 3
 - Informed Consent signed by patient and Dental Assistant but not dentist
3. HC Dental Record Audit: Down in two categories.
 - Documentation of Pain at 10%. Goal is 90%
 - Missing 3 Treatment Plans
4. BMI Project: Top assess appropriate data collection, assessment and treatment of obesity. Decrease of approximately 1%.
5. Yreka Dental Blood Pressures: Up 10% from last quarter.
6. EHR Reminders: Colorectal screening has reached the national average but PAP and Mammograms are below it.

AAAH Accreditation:

The Surveyors have come and gone saying we should know in about 4-6 weeks. However, it seems their exit conference went well.

Now that the survey is over I have been trying to clean up my office to bring materials over from the previous Quality Manager's office so Debbie Bickford can finally put her things away in there.

HEALTH BOARD REPORT

Raul Recarey – CEO HHS - August 6, 2015

- We completed our AAAHC audit/inspection and had an exit interview conducted by the auditors. I believe we were able to demonstrate competency in all 3 medical centers as related both to our AAAHC application and Medical Home designation. We will receive a report in approximately 30 days after they left, but I am expecting us to receive both the AAAHC accreditation and the Medical Home designation as well.

Designation as Medical Home is important – particularly as we move forward with health and payment reform. It is important for the board to understand the operational implications we will have as we gradually migrate away from Fee For Service and towards Fee For Value.

Example:

Fee For Service (FFS)	Fee For Value (FFV)
<p>Payment is received per each patient visit. It doesn't matter if we resolve 1 patient complaint or 5 during the visit. Itemizing the patient visit into separate encounters maximizes revenue, increase number of visits.</p> <p>Decreased visit time.</p>	<p>Monthly capitation received per patient, regardless of how many times we see a patient. In a FFV scenario, it is more cost effective to maximize the effectiveness of the patient encounter by resolving as many issues for the patient as is possible. Increased visit time.</p>
<p>Result: A patient presents with 2 complaints, the patient is seen for 1 complaint and asked to return to handle the 2nd issue.</p>	<p>Result: Attempt is made to resolve both patient complaints during the single encounter, increasing the length of time for the encounter.</p> <p>Result: Expanding non-medical services becomes important. In a FFV world, we have a financial liability for each patient so it is in our best interest to practice prevention in as many facets as possible, even beyond healthcare delivery – including social services (social determinants of health).</p> <p>Result: requires increased collaboration between behavioral services, medical and public health.</p>

A significant difficulty with the migration from **FFS** to **FFV** is that there is no clear cut-off points. We will not have a set “date” where we change from one system to another, for quite some time, we will continue to experience a blend of reimbursement modalities, so determining the timing of when to make changes to our processes will be as much an art as it is science.

JULY STATISTICS:

Patient Visits by Clinic by Month				MONTHLY TOTALS
Month	YREKA	HC	OR	
Jan	497	332	66	895
Feb	515	336	77	928
Mar	593	332	67	992
Apr	455	253	37	745
May	425	318	30	773
Jun	570	387	47	1004
Jul	507	349	68	924
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	3,562	2,307	392	6261

- We saw 924 patients in July – 80 less than we saw in June.
- Orleans saw an INCREASE in patients seen (June = 47 and July = 68)
- **Provider Chris Rotin** was out for a week and this impacted our numbers the greatest. Rotin saw 50 patients less in July than she did in June.
- **Chelsea Chambers** saw 23 less patients in July than June and **Jennifer Cronin** had a similar drop resulting in her seeing 24 patients less than the previous month.
- Most providers stayed consistent in their quality scores – the only exception was Dr. North with a drop of 12 points (June = 64% and July = 52%).
- Our bonus program formally started on August 1st. All providers and teams are aware of the start date, the rules on how bonuses will be measured and paid.

July 2015

Measure	Provider Name						Improved
	Rotin	Cronin	North	Vasquez	Chambers	Chau	
	% Resolved (Reminders that are DONE)						Worsened
							Same
DM Hgb A1c	95%	95%	71%	89%	75%	73%	
DM Nephropathy Screen	88%	75%	38%	59%	70%	62%	
DM Eye Exam	25%	22%	33%	40%	35%	27%	
DM Foot Exam	89%	68%	46%	76%	75%	55%	
DM EKG	91%	74%	67%	83%	90%	68%	
DM ACE/ARB	72%	74%	54%	71%	85%	81%	
TSH Test	100%	73%	79%	91%	100%	87%	
Hepatitis C Screening	68%	69%	64%	52%	67%	73%	
Osteoporosis Screening	44%	23%	39%	50%	42%	30%	
Activity Screen	89%	82%	76%	76%	86%	65%	
Lipid Screening	81%	72%	53%	48%	54%	65%	
Colon Cancer Screening	24%	18%	18%	27%	20%	9%	
Pap Smears	39%	47%	50%	41%	61%	51%	
Mammograms	41%	46%	28%	29%	51%	21%	
Depression Screening	89%	82%	71%	77%	74%	72%	
Average Completed:	66%	60%	52%	56%	64%	54%	
Total Patients Seen	120	154	41	192	170	179	

Average Visit Time:	1:12	1:12	1:06	0:47	0:44	1:12	July
Average Patients Daily:	9	8	4	11	10	9	July
Average Visit Time:	1:22	1:08	1:23	0:57	0:46	1:22	June
Average Patients Daily:	8	8	5	10	11	9	June
Average Visit Time:	1:43	1:26	1:22	0:57	0:47		May
Average Patients Daily:	8	9	6	12	10		May
Average Visit Time:	1:26	1:16	1:31	0:48	0:48		April
Average Patients Daily:	7	9	6	11	12		April

Patient Visits by Clinic by Month

Month	YREKA	HC	OR	MONTHLY TOTALS
Jan	497	332	66	895
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Total Patient Volume by Clinic

