



Cherokee Nation Tribal Council Health Committee Report

Claremore Indian Hospital

Month/Year of the report: May 2012

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Accomplishments:

- **Staffing:** Still recruiting ER physicians and Internists.
- **Visits:** Outpatient visits for May increased 10.0% over the same period the previous year.
- **Revenues:** Revenues for FY2012 increased 25.05% over the same period the previous year.

Future Plans / New Initiatives:

- New Services:
 - Studying current layout of facility to see how to maximize space utilization.
 - Baby Friendly Initiative
 - IPC Initiative

Workload:

Actual numbers/month

Outpatient visits up	10.0%	23,306
Admissions down	30.7%	61
Newborns down	60.0%	8
New charts down	3.0%	324
Reactivated Charts down	17.4%	228

These statistics are compared to FY2011 statistics for the same time period. (May)
 Occupancy rate for May 2012: 19%

Third Party Collections:

May collections

Medicare: \$ 299,697.97
Medicaid: 533,134.79
Private Insurance: 605,411.09

\$ 1,438,243.85

Year-to-date collections for FY 2012: \$ 10,487,882.31

Amount billed for May 2012: \$ 2.22 million

Collections are up compared to FY2011 collections for same time period. \$ 2,101,134.12

Percentage of account receivables pending for claims > 120+ days: 7%

CHS Activities:

May cases

Funded: 758 cases: \$ 1,286,082.00
Denials: 684 cases: \$ 676,411.00
Deferred: 32 cases: \$ 20,025.00

Files to Committee 1568



Cherokee Nation Tribal Council Health Committee report

Report by: Connie Davis, Executive Director Health Services
Connie-Davis@cherokee.org

Month/Year of the report: June, 2012
Phone number 453-5557

I. From Connie's Desk:

- **Champions of Care** – Health Administration leadership and support staff hosted an event entitled “Champions of Care” to offer appreciation to our dedicated and hard working clinic staff. This event was held on June 22nd at the Hard Rock Hotel. The program was very well attended, as 325 clinic employees attended the event. The participants were provided live entertainment, a dinner and numerous awards. In addition we managed to raise \$3,540 for the “Make a Wish foundation”. These funds were matched dollar for dollar by the “Make a Wish foundation”. President/CEO of the Make a Wish foundation Mr. Jeff Summers was in attendance to receive the donation check on behalf of the foundation. This is the first ever event held to recognize the hard work of our clinic employees, I am enclosing a brief sample of positive employee responses we have received so far,

From: Mary L. Mueller
Sent: Tuesday, June 26, 2012 4:15 PM
To: RHONA-COCHRAN@CHEROKEE.ORG; Connie C. Davis
Subject: Thank You !

I just wanted to take a minute and say thank you for the awesome celebration we had Friday night at the Hard Rock Casino. I have only worked for Cherokee Nation since February 2012, but I absolutely love my job here and hope to be here for many years to come. I have never worked for any other health care provider that is so dedicated to truly taking care of their patients as the Cherokee Nation Vinita Clinic and I am proud to be a part of that. Thank you again for the celebration.

Mary L. Mueller, LPN
Cherokee Nation
Vinita Clinic

From: Melissa J. Davis
Sent: Tuesday, June 26, 2012 2:32 PM
To: Rhonda Cochran; Connie C. Davis
Subject: THANKS!!!

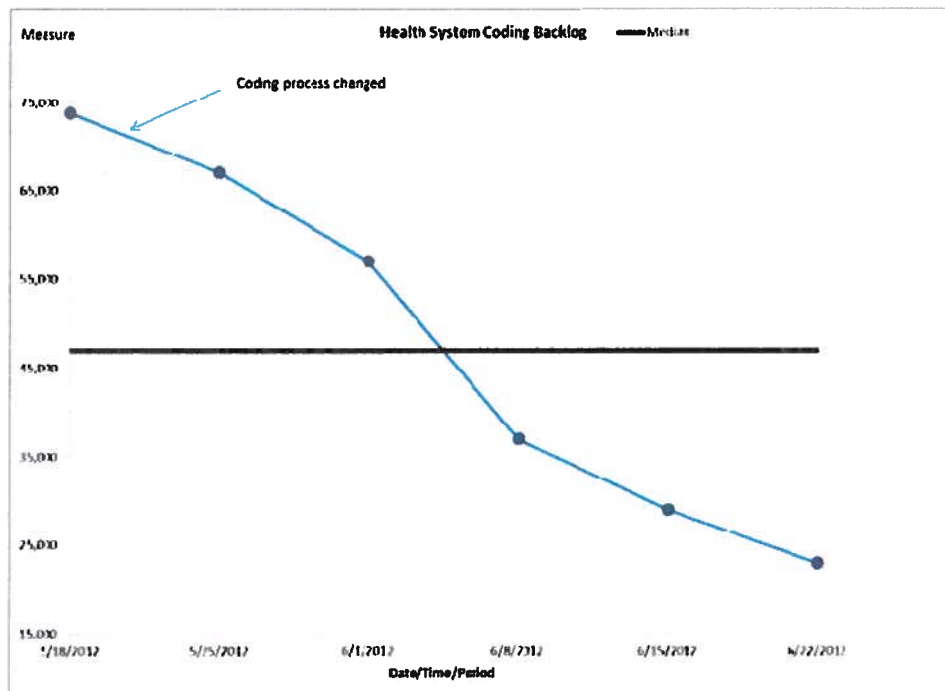
I WANT TO TAKE THE TIME TO THANK YOU GUY VERY MUCH FOR THROWING US A THANK YOU PARTY FOR THE CLINICS. THE DINNER WAS GREAT AND ALSO THE MUSIC. BUT MOST OF ALL FOR GIVING US A PAT ON THE BACK! RECOGNIZING HOW HARD WE WORK MEAN VERY MUCH AND JUST MAKES ME WANT TO WORK EVEN HARDER FOR CHEROKEE NATION HEALTH SERVICES. AGAIN, THANK YOU GUYS VERY MUCH!!!

From: Misty Mooney
Sent: Tuesday, June 26, 2012 3:01 PM
To: Rhonda Cochran; Connie C. Davis
Subject: THANK YOU

JUST WANTED TO SEND A THANK YOU FOR THE "CHAMPIONS OF CARE" CELEBRATION LAST FRIDAY NIGHT. IT WAS VERY FUN AND AWESOME. MY HUSBAND AND I CANT WAIT FOR THE NEXT TIME! KNOWING WHAT TO EXPECT WE WILL GET A ROOM THE NEXT TIME ALSO, WE WERE NOT EXPECTING IT TO BE SUCH A BLAST. I AM VERY HAPPY TO WORK FOR CHEROKEE NATION HEALTH SERVICES AND I FEEL I AM APPRECIATED FOR THE WORK I DO. I APPRECIATE ALL THE HARD WORK IT TOOK TO PULL THIS OFF.....GREAT JOB!!!!!!!!!!!!

- **Specialist Recruitment Update** – We are cognizant of ever expanding demands for sub-specialty care for our patients. As a result we are actively working on recruitment of various specialists. Currently we are at various stages in the recruitment process to bring in a Cardiologist, Pediatrician, Orthopedic surgeon, Neurologist, and Urologist.
- **Centralized Medical Coding Initiative** – The Health services leadership team, medical records and coding staff realized that a significant coding backlog exist across our entire health system. The team also found that this backlog affects how we deliver care to our patients, how we bill for the delivered care and how we collect third party revenues. After extensive deliberations a decision was made to consolidate and centralized the coding function and place it under a single leadership.

We have since developed a work plan where we can take advantage of the data consolidation and our conversion from paper based medical record to Electronic Health Record. The program supervisor can now conveniently distribute the coding workload between sites as necessary to accommodate natural fluctuations in workload and staff availability. Additionally, centralization allows for standardized auditing, productivity standards, and coding support as necessary. The coders have worked diligently to reduce our backlog by 68.8 % in five weeks. Thanks to the team work of our coding staff, we project that the backlog will be reduced to normal operating levels prior to the end of current fiscal year. Below is a graphic depiction of the coding productivity and corresponding backlog improvements.



- **CHS Special funding initiative update**– The program was established as a result of passage of “Cherokee Nation Corporation Health Dividend Act of 2011 (Cherokee Code Annotated: Title 18, Article 3 § 18) which was amended in November 2011 to increase the amount of the monthly dividend from CNB profits from 30% annually to 35%. The additional 5% of the corporate dividend will be used exclusively to provide services to Cherokee Nation citizens living within the jurisdictional boundaries of the Cherokee Nation. The services covered include, but are not limited to, eyeglasses, dentures, prosthesis, cancer treatments and hearing aids. At present, the process of handling these claims are as follows:

- Most of these referrals are termed “Call In’s”. These are emergent referrals where patient access health care services via an ambulance or an emergency room, bypassing the typical Indian Health Services route. Once we receive the request one of three outcomes are possible the referral can be **approved**, **deferred** pending further medical information or **denied**.
- Referrals are deferred pending further medical information for a few reasons. For example, the medical information on these referrals is minimal due to the emergent nature of the situation. Here is a case example: “Purpose/Services Requested: C-I/ER FOR THORACIC BACK STRAIN/REC 2-12-11. PT WENT TO CRAIG GEN HOSPITAL ER ON 2-9-11 FOR BACK STRAIN/NEED MED REC/AM-CHS”.

This is an example of a referral that still may be approved at the CIH level. If it’s not approved at that level we would need complete medical information to review these referrals on our end to make an informed decision.

- Some referrals are deferred because we were not provided enough medical information to make a valid determination. We are working very closely with the staff at CIH to communicate our need for detailed medical information on the referrals that we review. We expect that this communication will improve in the future.
- To date, we have denied three referrals. These are referrals that were either outside of the scope of care that is covered or the referrals didn’t meet the threshold for medical necessity for approval.
- This is a very new and precedent setting initiative and the process is still evolving. It is worth noting that this type of initiative has never been attempted in the world of Indian Health Services – requiring coordination and communication between various IHS and Tribal health facilities. As we continue to manage this program, we are confident that with the cooperation all partners we will be able to smooth out all issues and the processes will improve.

CIH Review Summary							
	Eligible	Approved		Deferred		Denied	
		#	\$	#	\$	#	\$
5/9/2012	96	26	9,650	69	125,745	1	50
5/17/2012	57	28	40,750	29	62,500	0	0
5/24/2012	26	14	6,400	12	12,500	0	0
6/1/2012	72	24	8,265	46	114,500	2	1,600
Totals	251	92	65,065	156	315,245	3	1,650

- **Introducing Dr. Roger Montgomery, Medical Director; Cherokee Nation Health Services**– It is my distinct honor to introduce Dr. Roger C. Montgomery as the new **Medical Director** for Cherokee Nation health services, under the leadership of Chief Bill John Baker. Dr. Montgomery is a proud **Cherokee Citizen** and as the Medical Director of the Cherokee Nation health services, he will work within the Tribal health care system to ensure health and wellness of its citizens. He will oversee clinical services, community services, and preventative services to ensure all are delivered in a high quality, culturally appropriate and in a timely manner.

Dr. Montgomery graduated from the **Harvard Medical School**, Boston, Massachusetts and completed his internship and **residency in Internal Medicine** at **Boston City Hospital**. Prior to his admission into medical school he graduated from Northeastern State University, Tahlequah, Oklahoma in December 1980. He is **Board Certified by the American Board of Internal Medicine**. Dr. Montgomery held a position as the **Adjunct Clinical Assistant Professor at the University of Arkansas for Medical Sciences**, Washington Regional Medical Center, in Fayetteville, Arkansas.

Dr. Montgomery had been involved in many **research activities** including serving in Summer Research Fellow, University of Wisconsin – Parkside, Kenosha, Wisconsin. He then served as a

Research Assistant at the Lawrence Livermore National Laboratory, Livermore, California. Dr. Montgomery has served as Volunteer Medical Director to the Northwest Arkansas Free Health Center in Fayetteville, Arkansas since 2000. He is married to his wife Colene of 29 years and they have three wonderful children.

II. Notable Program Accomplishments:

- **Wilma P. Mankiller Health Center** – Kathy DeSpain, Patient Benefits Advocate, received IHS Area Director's Award. Audiotape refill system beginning July 9th. The clinic has been accepted to I H S Quality and Innovative Learning Network. Podiatry Clinic opening back up beginning June 20th, with podiatry services being offered one day per week. 23 participants lost collectively 134 LBS so far in the DPP. The customer satisfaction rate is 84%. Immunizations rates for children 0-27moths is 87%. Ideal glycemic control is at 40% of diabetic patients. Cycle time tracking (toe in toe out, including the pharmacy) is 76 minutes.
- **A-Mo - Salina Community Clinic** – Pharmacy remodel will start this month, a temporary pharmacy is being established in a trailer. The customer satisfaction rate is 96%. Immunizations rates for children 0-27moths is 94%. Ideal glycemic control is at 46% of diabetic patients. Cycle time tracking (toe in toe out, including the pharmacy) is only 55 minutes.
- **Redbird Smith Health Center** – The clinic passed COLA lab inspection, which revealed no deficiencies. The customer satisfaction rate is 82%. Immunizations rates for children 0-27moths is 86%. Ideal glycemic control is at 41% of diabetic patients. Cycle time tracking (toe in toe out, including the pharmacy) is 69 minutes.
- **Sam Hider Jay Clinic** – The clinic staff hosted prenatal classes, annual diabetes clinics, diabetic shoe clinic, and smoking cessation classes. The customer satisfaction rate is 85%. Immunizations rates for children 0-27moths is 100%. Ideal glycemic control is at 44% of diabetic patients. Cycle time tracking (toe in toe out, including the pharmacy) is 71 minutes.
- **Three Rivers Health Center** – Dental clinic expansion is complete. TRHC Pink Pearls Relay for Life Team raised over \$12,000 for Muskogee County Relay for Life, which is currently ranked 8th in the State of Oklahoma. May 22nd-Three Rivers Health Center Planned Care Team was selected for IPC 4 and attended the kickoff web conference. Dr. Tom Kincade will be recognized in July for receiving the Cherokee Nation Merit Award. Russ Smith will be recognized in July for receiving the Three Rivers Health Center PEER Award. The customer satisfaction rate is 81%. Immunization rate for children 0-27moths is 88%. Ideal glycemic control is at 48% of diabetic patients.
- **Will Rogers Health Center** – The Public Health Educator presented a workshop to the Nowata Boys and Girls Club on Cherokee history and culture. Clinic medical director and nurse case managers attended mid America diabetes training at Wichita State University. The customer satisfaction rate is 58%. Immunizations rates for children 0-27moths is 80%. Ideal glycemic control is at 52% of diabetic patients. Cycle time tracking (toe in toe out, including the pharmacy) is 85 minutes.
- **Vinita Clinic** – The clinic administrator attended the University of Oklahoma recruitment fair in Tulsa, and met several applicants interested in the positions at Vinita. In addition, he attended a recruitment meeting with two physicians in Catoosa. The Vinita Clinic teamed up with the Grand Lake Lions Club to host a 5k run across Grand Dam in Langley. There were over 500 registration packets completed for the first annual run. Several members of the Clinic Staff ran, walked or worked the event. The customer satisfaction rate is 96.7%. Immunizations rates for children 0-27moths is 100%. Ideal glycemic control is at 61.4% of diabetic patients. Cycle time tracking (toe in toe out, excluding the pharmacy) is 43 minutes. **Vinita clinic construction project update**– the project continues to make progress. The dry wall is almost complete on the first floor and a majority is complete on the second floor. Exterior window frames and windows are being installed. They continue to pour concrete for the parking lot and pharmacy drive through areas
- **CN W.W. Hastings Hospital**– New CEO Brian Hail is implementing a strong emphasis on patient care and satisfaction throughout the facility. Staff is excited about the new ideas and creating a culture of improving customer (patient) service. Dr. Stephen Jones will soon be the new Director of Dental services. Hastings Pharmacy filled over 20,000 prescriptions in May. Pharmacy is implementing a new Audiotape system that allows patients to call in and access the refill program. It will allow our patients the freedom to request a refill and/or check the status of one or more prescriptions through a single telephone call or internet session. It processes prescription refill and renewal requests, reminds patients to pick up their prescriptions, processes prescription and renewal requests and provides educational information. A major feature of this suite is the

automation of the complete order-taking and entry process, which, in turn, helps eliminate human error and gives much-needed time back to pharmacy personnel to perform their highly specialized duties.

On June 22nd Oklahoma Heart will be touring our facility and conducting training for IC professional staff. Respiratory Therapies sleep studies are going well. We now have a 500 patient waiting list. The hospital serves 614 patients daily.

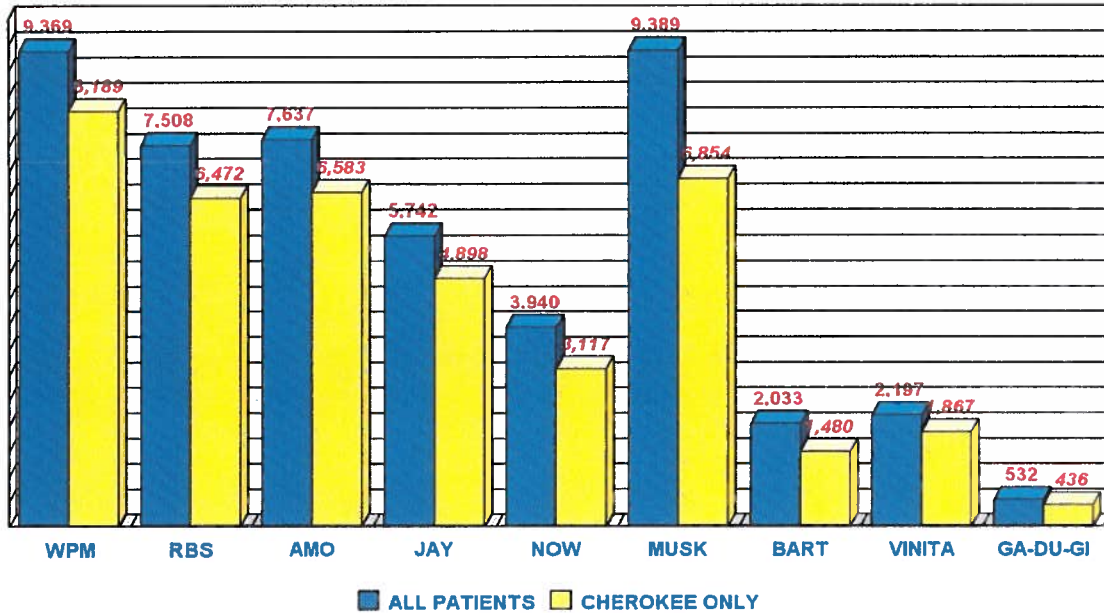
- **Diabetes program**– 107 patients attended the Diabetes Self-Management Education classes in May. Annual IHS Diabetes Care and Outcomes Audit was completed for all eight clinics and Hastings and submitted on May 2nd.
- **IPC (Improving Patient Care Project)**– The monthly webinar for the Home Blood Pressure Monitoring telehealth pilot project at the Salina clinic which is a pilot site.
- **Diabetes Prevention Program (DPP)** – DPP Group 20 at Redbird Health Clinic completed sessions 8-12. At the end of May, 12 patients lost a total of 170.4 pounds. With the support persons that attend, a total of 264.6 pounds were lost. Seven participants met their weight loss goal (58%). DPP Group 21 at Wilma P. Mankiller Health Center completed sessions 2-6 with 23 patients on Mondays at 3pm and Tuesday at 6pm. Monday's class lost a total of 51 pounds. Tuesday's class lost a total of 61 pounds. **Spring Into Motion** had 82 participants. After the 6 week challenge, 58 had lost or maintained their weight (71%).
- **Cancer Program** – The program served 198 women during the month at a cost of \$17,398. 96 Clinical Breast Exams, 77 Mammograms and 80 Pap Smears were performed. **Comprehensive Cancer Control** staff provided outreach/education throughout Cherokee Nation on skin cancer, colorectal cancer, kidney cancer, blood borne cancers, and tobacco, diet and cancer risk; twelve such events were held. **Cancer Registry Report**– We now have 5,630 Cancer cases in our registry. Lung, Breast, Prostate, Kidney, Urinary Bladder and multiple sites make up the top five cancer sites.
- **WIC program**– served 7,305 clients and spent \$438,841 on these services. The program also promotes Breastfeeding and has served 174 clients during March.
 - **Summer Nutrition Project for Children**– Notification of selection and schedule training mail outs were made to about 3,544 households participating on the Summer Nutrition project.
 - **The Breastfeeding Services**– Celebrated Mother's Day with several of our breastfeeding moms and babies also, mother's -to-be. The program which promotes breastfeeding and has served 174 clients during May.
- **Public health nursing**– made 471 home visits to provide services dressing changes/wound care, monitoring vital signs, education, management of medication planners, blood draws, B12 injections, assessment of home safety/environment, DM self management and education. PHN staff also performed 66 post partum follow ups, and provided transportation to 86 clients to our clinics, WIH, CIH and contract facilities.
- **CN Emergency Medical Service**– handled 377 calls, of those 152 required emergency transport, 128 were transferred. In addition program provided EMS training to 700 participants of those 304 were Native Americans.
- **Dental Services**– As of May 31, 2012 the Prosthodontic Program has provided 394 patients with dentures or partials. **Current visits** – AMOHC -687, RSHC -437, SHCC -785, TRHC -1233, WPMHC -890, WWH -1274, **Total - 5396**
- **Jack Brown Center**– currently has 19 residential clients and an additional nine clients on the waiting list. Staff offered educational sessions though out tribal jurisdiction.
- **Dietary Services**- Reports that they served 881 clients during the month. 585 clients served were inpatients. Their worksite activities included weight management classes, Lipid control classes, food exhibits and cooking demonstrations, creating diet menus for patients, nutritional therapy coverage, Cherokee youth shelter menu review and advice, SHS menu review and advice.
- **Contract Health Services**– the CHS program processed 4,837 referrals, of those 4,564(96%) were approved at the cost of \$1,813,689.
- **Pharmacy Services**– the program filled 145,052 prescriptions (an increase of 16.5% from last year) @ the cost of \$10.54/per Rx, which is 2.45% less than last year's cost.
- **Healthy Nation Program**– The program assisted in hosting National Indian Health Board meeting at the Hard Rock Hotel. The program also hosted a "Digital Story Telling Workshop" for the health staff. Staff created 16 unique health related videos as a part of the training. The director provided consultation to Centers for Disease Control and Prevention regarding School Health and Tribal communities. Program awarded 42 schools within TJSA. There are 5,520 active WINGS program members. Tobacco Free Living Program offered services at 14 schools located within our jurisdiction. **The Recreation center** located in Tahlequah

now has 8,314 members, total numbers of visits: 9,140. **Public Health Accreditation** – completing Tribal Public Health Assessment, Tribal Public Health Improvement Plan, and Strategic Plan.

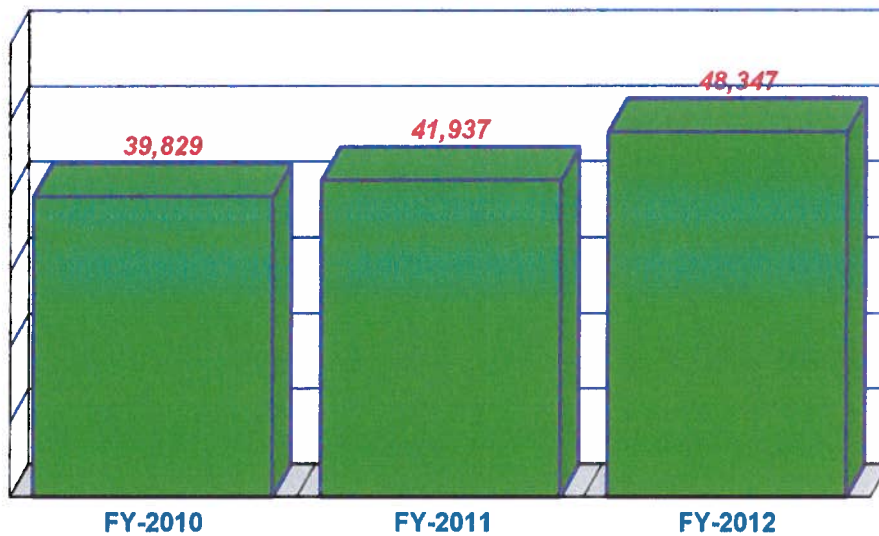
- **Cherokee Elder Care (CEC)** – May enrollment was 99 with an average daily attendance of 45 participants. Staffing increased to 41 FTE's and 5 PTE's; as Lori Medina LCSW has joined our team in our efforts to address the needs of our participants in regards to Behavioral Health. The program has added an additional van for transportation needs.
- **Staffing Summary**– Health services currently has 1,868 employees, of these 284 are Providers(129 PRN's)
- **Health Facilities**– Biomedical installed new Colposcope at Redbird Smith Health Center. We have completed installation of temporary pharmacy at Salina. The staff transported Portable X-Ray Machine from Redbird Smith to Hastings Hospital. Our staff moved Health Admin offices to new location within the main complex.
- **Cherokee Health Professional Recruitment Initiative:** During Fiscal Year 2012 the recruitment office made contact with **157 health professionals (111 physicians/mid-levels, 37 pharmacists, 7 dentists, and 2 physical therapist)** of those **60** were offered positions (**6 were Cherokee**) in our system, and **36** providers were successfully hired (**5 were Cherokee**). It is worth noting there were **ten declinations** from Native American physicians, and of those **six declinations** were Cherokee. These physicians opted to accept employment with other health systems. Currently, we employ **232 health professionals** and have a total of **19 vacancies** within Cherokee Nation Health Services (CNHS) a total of **251 positions**.

CHARTS

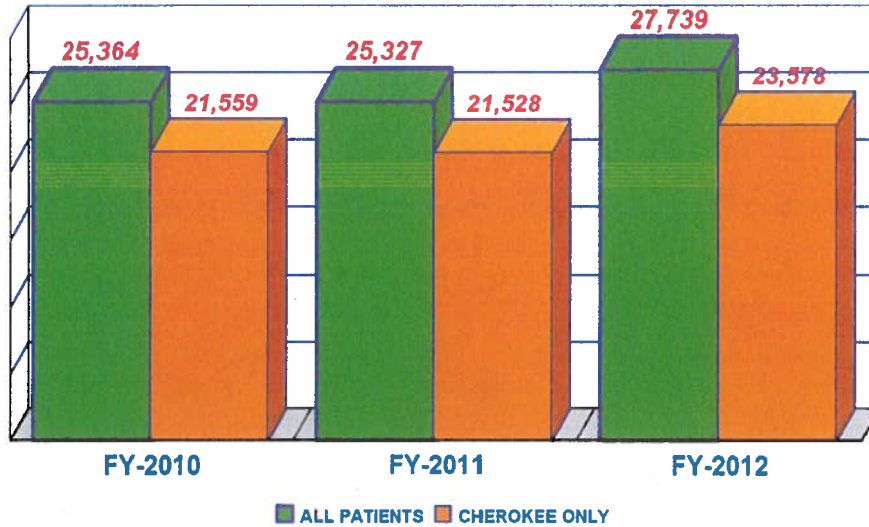
AMBULATORY PATIENTS VISITS BY CLINIC, MAY 2012



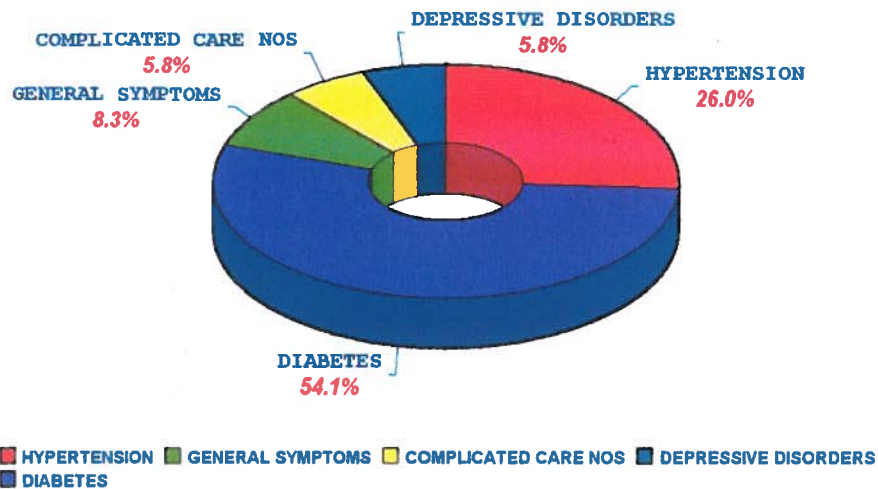
TOTAL AMBULATORY PATIENTS VISITS BY CLINIC, MAY 2012



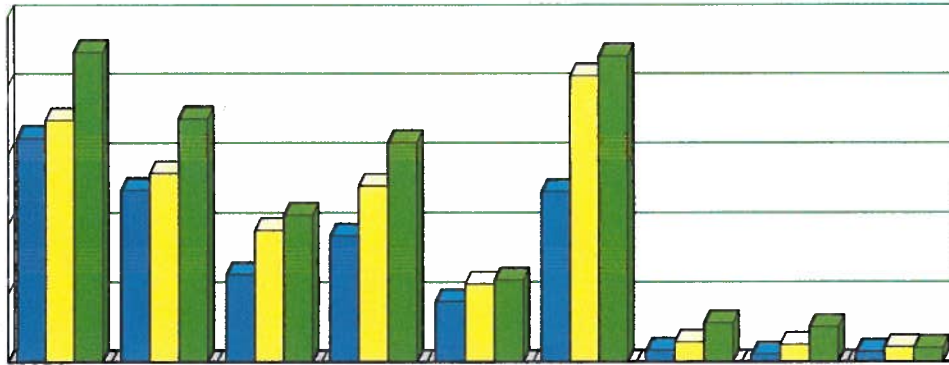
AMBULATORY PATIENTS VISITS CN-HASTINGS HOSPITAL, MAY 2012



TOP FIVE AMBULATORY CARE DIAGNOSIS FOR CNHSG, MAY 2012

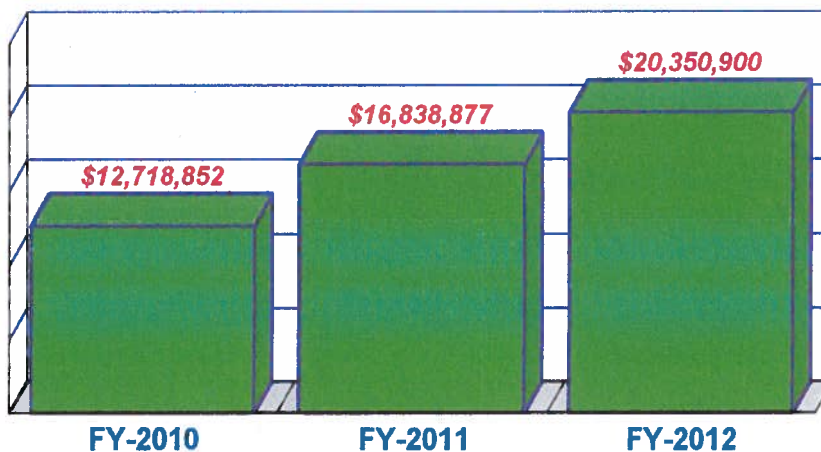


Third Party Revenue By Clinic, MAY 2012 (YEAR TO-DATE)



	WPM	RBS	JAY	AMO	NOW	MUSK	BART	VINITA	GA-DU-GI
FY2010	\$3,258,710	\$2,499,476	\$1,289,577	\$1,846,758	\$889,790	\$2,474,526	\$180,652	\$124,997	\$154,366
FY-2011	\$3,509,702	\$2,749,791	\$1,928,142	\$2,558,206	\$1,147,380	\$4,156,049	\$301,082	\$259,610	\$228,915
FY-2012	\$4,504,312	\$3,534,127	\$2,152,966	\$3,184,083	\$1,204,019	\$4,451,313	\$576,112	\$523,762	\$220,206

TOTAL THIRD PARTY COLLECTIONS CN-CLINICS ONLY(YEAR TO DATE)



TOTAL THIRD PARTY COLLECTIONS HASTINGS HOSPITAL ONLY(YEAR TO DATE)

