

Cow Creek Health & Wellness Center

NPAIHB Quarterly Board Meeting

July 29, 2021



Highlights for CCH&WC

2020-2021

- **New North Clinic & Expansion of Services**
- **Operational Work Plan**
- **Indian Managed Care Entity**
- **New Public Health Department**
- **Diabetes Prevention Program**
- **Working with our Local Community**









Together Strong

Family

Stay alive,
we as your people
will help you thrive.
Keep tradition alive.

**WARRIORS
CODE:**

IT'S NOT RIGHT
TO HURT OTHERS
OR YOURSELF.
BE A WARRIOR

**YOU'RE NOT
ALONE.**

**WE CAN
GET THROUGH THIS
TOGETHER.**

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Spirit Mind Body



COW CREEK HEALTH & WELLNESS CENTER

2021 Operational Work Plan



Operational Excellence



Effective Integrated Care Model



Financial Sustainability General & Grants






Strategic Growth & Expansion



Strong & Stable Workforce





COW CREEK HEALTH & WELLNESS CENTER (CCH&WC) 2021 Operational Work Plan

Effective, Integrated Care Model

| AREA | STATUS | GOAL & RESPONSIBLE LEAD | ACTION | PROGRESS UPDATE/NOTES |
|-----------------------|---|--|---|---|
| COVID Vaccinations |  | Clinic Director to work with the management team and clinic staff to implement the COVID vaccine plan with the least amount of impact to the day to day operations in the clinic by 01-4-2021. | <ol style="list-style-type: none"> 1. Clinic Director to implement the COVID vaccine plan, to include all training of key personnel administering the vaccine, identify a vaccine provider and ensure all electronic medical record and vaccine information systems are adhered to by 1/4/2021. 2. Clinic Director to manage the administration of the vaccine to add more staff to administer the vaccine and to detour resources from day to day clinic services to administration of the vaccine – ongoing. 3. Clinic Director to work with Revenue Cycle Manager on daily revenue impact to CCH&WC if we have to shift employees off of day to day clinic operations by 1/11/2021. | COVID Vaccine Plan for PH (at the Casino) implemented and COVID Vaccine Plan for Clinics Implemented. Service now ongoing. |
| Telemedicine Services |  | The Clinic Director to work with the CCH&WC Management Team to evaluate, recommend and implement a software technology to use for tele-video between all provider and patients by 02/2021. | <ol style="list-style-type: none"> 1. Clinic Director to identify software technology to utilize; to include equipment needed, costs of the product, training and implementation timeline by 01-15-2021. 2. Clinic Director to present findings to management team and team to select a product to recommend to CHO for approval by 01-31-2021. 3. Clinic Director and management team to deploy equipment and training for each employee on expectations for tele-video use with all patients and guidelines for those patients that are not appropriate or do not have the equipment to participate. Implementation includes all written procedures/processes by 02-2021. | Doxy.me successfully implemented to all locations. New CMS scripting for patient documentation implemented. |
| Patient Satisfaction |  | Clinic Management Team to patient satisfaction policy, procedure and surveys (due for AAAHC and PCMH) into the clinic annually due by 07-2021. | <ol style="list-style-type: none"> 1. Clinic to design survey monkey with survey questions 2. Clinic to administer paper and email survey monkey to patients by end of July 3. Clinic to collect results and present initial results to management team and CHO 4. Clinic to host large scale event in lobby's of each location with door prizes and collect patient satisfaction surveys in November 2021 and share the results. | <ul style="list-style-type: none"> • Survey tool being designed, looking into survey monkey, policy and procedure being drafted. • This project is delayed from March to July as IMCE took priority. • This goal is ahead of schedule. We will be rolling out the CAPS survey that is required by PCMH. And we will roll out a short patient satisfaction survey using survey gizmo and paper version by June, 2021 start. |
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COW CREEK HEALTH & WELLNESS CENTER (CCH&WC) 2021 Operational Work Plan

Effective, Integrated Care Model

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|--|---|---|--|---|
| Panel Management |  | Clinic Director and Population Health RN will utilize data in all efforts to improve the health services utilization and health status of a clinical panel to which patients are administratively assigned. Panel management is performed by the personnel associated with the clinical site. This will be put into place by 08/2021. | <ol style="list-style-type: none"> 1. Clinic Director and PH RN will assign actions to teams in the clinic to include a patient list to conduct outreach to who are not obtaining needed preventive care, assignment of clinic RN and clinic team to patients with uncontrolled chronic disease, etc. by 02/2021. 2. Define final empanelment number and present to Providers at Quarterly Provider Meeting for discussion and implementation by 06-2021. 3. Clean up each panel by reviewing each patient, discharge following discharge criteria, reset by scheduling annual physical to re-start care, or conduct chart review to ensure patient and define treatment plans for each patient by 06-2021. | <ol style="list-style-type: none"> 1. 135 high risk pt. charts reviewed, calls made and letters sent to pts in need of f/u care. 2. 64 UHA listed diabetic pt. charts reviewed, calls made and letters sent to pts in need of f/u care. 3. List of pts. Awaiting discharge, once final discharge criteria is met, in progress. 4. Draft Policy written on CCH&WC Quality Measures, definitions input. 5. Need to define panel sizes. 6. We moved Bill Briggs North to take over Amy Lamb's panel. 7. <i>*This project is delayed from April to August as IMCE took priority.</i> |
| Quality Assurance/Quality Improvement Committee |  | Clinic Director to re-start the Quality Assurance and Quality Improvement Committee by 3/2021. | <ol style="list-style-type: none"> 1. Clinic Director to define membership and give additional administrative time to the primary care provider (PCP) to help lead this committee by 02/2021. 2. Clinic Director and PCP to define the agenda, meeting frequency, purpose, (to include occurrence report follow up, peer reviews, etc.) follow AAAHC 8 core goals by 03/2021. 3. Clinic Director to work with CHO to define the quality tracking system to produce data to review, trend and improve by 04/2021. | This Project will have to be pushed to FY 2022. We don't have a position filled and we don't have the time to work on these details. Occurrence Reports will be reviewed and managed through the management team. Day to day risk management issues will be managed real time. |
| Redesign Primary Care Practice (link to FENEX Operational Work Plan) |  | Clinic Director and Team will work to improve primary care practice at CCH&WC in order to enhance: quality of care, access to care, patient satisfaction, cost-effectiveness, workflow redesign, and the effectiveness of each staff member by 05-2021. | <ol style="list-style-type: none"> 1. Document and implement position reference manual. 2. Conduct re-training of all staff in new role expectations. | Done. Ongoing improvements. |
| Population Management (footnote 1) |  | Clinic Director and Population Health Nurse to design population management plan for CCH&WC incorporating patient quality measures by 06-2021. | <ol style="list-style-type: none"> 1. CHO, Clinic Director and Population Health Nurse to design and implement a population health program for CCH&WC by 05-2021. 2. CHO, Clinic Director and Team to define CCH&WC quality measures that is important to our mission and | <ol style="list-style-type: none"> 1. 3/17/21 outline for Cow Creek IMCE program parameters rough draft completed. 2. Quality measures rough draft started. |

A Warrior's Code:

Warrior

Salute your inner warrior.
Your life matters.
Believe in yourself.

**ADDICTIONS ARE
HARD TO STOP.
DON'T START!**

**RESPECT ANCESTORS.
RESPECT YOUR FAMILY.
ABOVE ALL,
RESPECT YOURSELF!**

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Indian Managed Care Entity



- In 2018, during Tribal Consultation on CCO 2.0 (Oregon's Medicaid Managed Care program), tribal and urban Indian representatives requested OHA assistance in implementing Indian Managed Care Entities (IMCEs) in Oregon.
- Tribes requested:
 - IMCEs not be risk-bearing
 - Tribes would directly enroll our own members
 - Preserve PPS/IHS (encounter) rate reimbursement
 - Primary Care Case Management Model (PCCM)
 - Each tribe/urban program would create their own independent IMCE

Primary Care Case Management model



- Seven areas of PCCM activities
 - Provision of Telephonic or Face-To-Face Case Management
 - Development of Enrollee Care Plans
 - Provision of enrollee outreach and education activities
 - Provision of a Call Center
 - Implementation of Quality Improvement Activities Including Administering Satisfaction Surveys
 - Conduct Outcome Measurement and Provide Outcome Reports to OHA
 - Provision of a Nurse Triage and Advice Line

Enrollment



- Submit monthly roster of IMCE members
- Receives a Per Member Per Month (PMPM) for each IMCE member
- 1,000 members enrolled = \$468,000 annually
- Put these funds back into the program to hire additional staff and provide vouchers for intensive care management (massage therapy, transportation, veggie Rx, eye glasses)
- Initially for all tribal members (Cow Creek and affiliated) then we will expand to all clinic users

Keep Tobacco

sacred

Do you know the difference between traditional and commercial tobacco?

Traditional tobacco, as a sacred part of traditional Native Ceremonies or as a gift of offering, should be maintained and encouraged as part of people's culture.

Commercial tobacco is harmful. There are 4,000 chemical compounds in secondhand smoke. Of these, 200 are poisons and more than 69 cause cancer.

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Cow Creek Band of Umpqua Tribe of Indians
Public Health





Newly Formed Public Health Department

















Your Decisions Last

Forever

Be smart,
your decisions affect
the lives around you.

**ADDICTION
CAN COST
YOU YOUR
FAMILY.
STAY CLEAN
AND SOBER.**

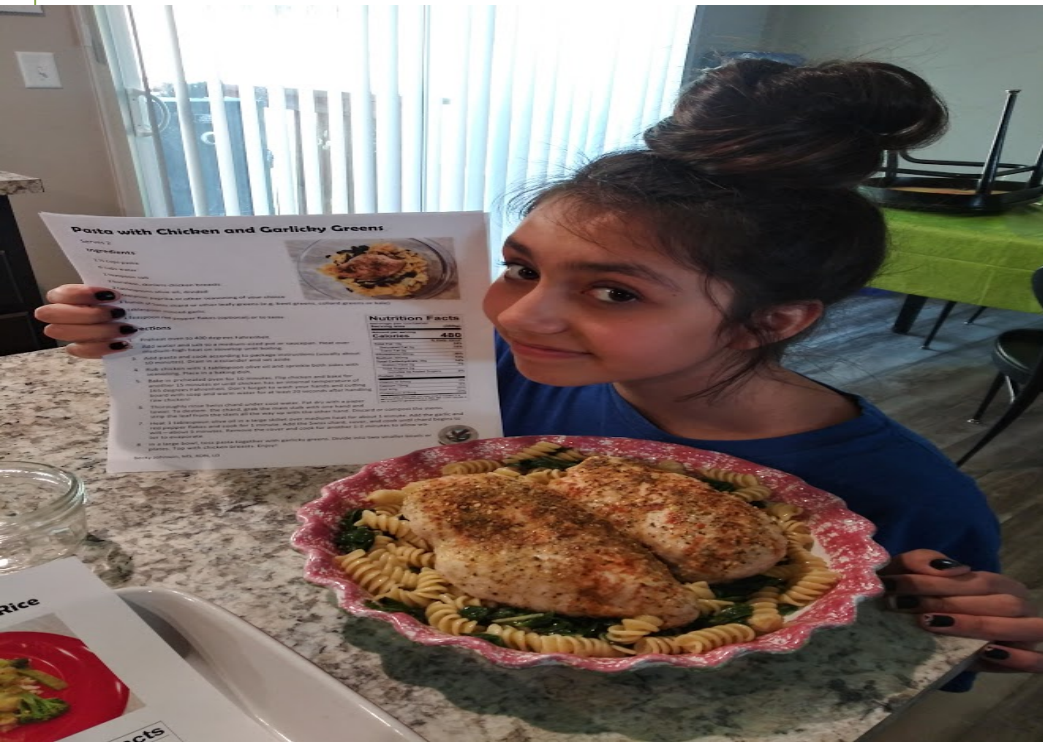
**ADDICTION CAN
NEVER OVERCOME
THE STRENGTH OF
YOUR FAMILY.**

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Diabetes Prevention Program

- ✓ Expanded to include all Douglas County Medicaid-covered individuals/families
- ✓ Added Veggie Rx to all visits
- ✓ Robust Walking Program & fitness classes
- ✓ Certified DPP Program
- ✓ GREAT Reimbursement per individual \$25,000 over 2 years





You Matter. *Choose life*

Take any suicidal talk or behavior seriously. It's not just a warning sign that the person is thinking about suicide—it's a cry for help. Learn more visit: suicidepreventionlifeline.org, us.reachout.com, or call 1.800.273.TALK (8255)



REACH FOR YOUR
FAMILY! DANCE SING
AND PRAY LIFE
BEGINS TODAY,
ITS THE NATIVE WAY!

ANCESTORS
WHISPER,
LET LIFE FLOURISH.
PREVENT SUICIDE.

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COW CREEK HEALTH & WELLNESS CENTER

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