

# *Public Health Performance Management Centers for Excellence*

2014 Quality Improvement Grantees  
Learning Congress

September 26, 2014

## Tribal Assistor Program Quality Improvement

Kalispel Tribe of Indians

Debbie Flett - Contract Health Coordinator

Ron Poplawski Jr. - Clinic Business Manager



# Public Health Performance Management Centers for Excellence

## Kalispel's Contract Health Service Delivery Area

- Total population: 565
- 25.13% residing in unincorporated areas
- 2 FTEs & an annual budget of \$615,442
- 1<sup>st</sup> QI Project

Kalispel Tribe of Indians  
Reservation



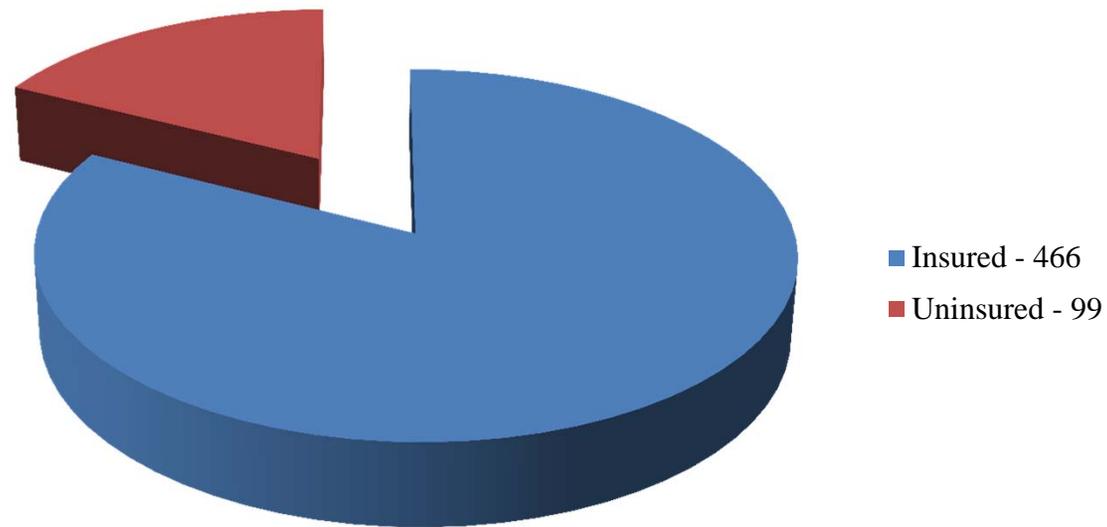
September 26, 2014

# Project Team

- Debbie Flett, Contract Health Coordinator
- Ron Poplawski Jr., Clinic Business Manager



# Project Identification



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## AIM Statement

- To reduce the percentage of uninsured AI/AN's in the Kalispel Tribe's CHSDA by  $\geq 35\%$ .



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# Project Activities

- Assess...
  - The Kalispel Tribe compacted with IHS to provide healthcare to eligible AI/AN's within its CHSDA and utilizes just under \$475,000 for their healthcare needs. 99 of their 565 CHSDA eligible AI/AN's were uninsured when we began this process. One catastrophic healthcare event could use all of the available funds.

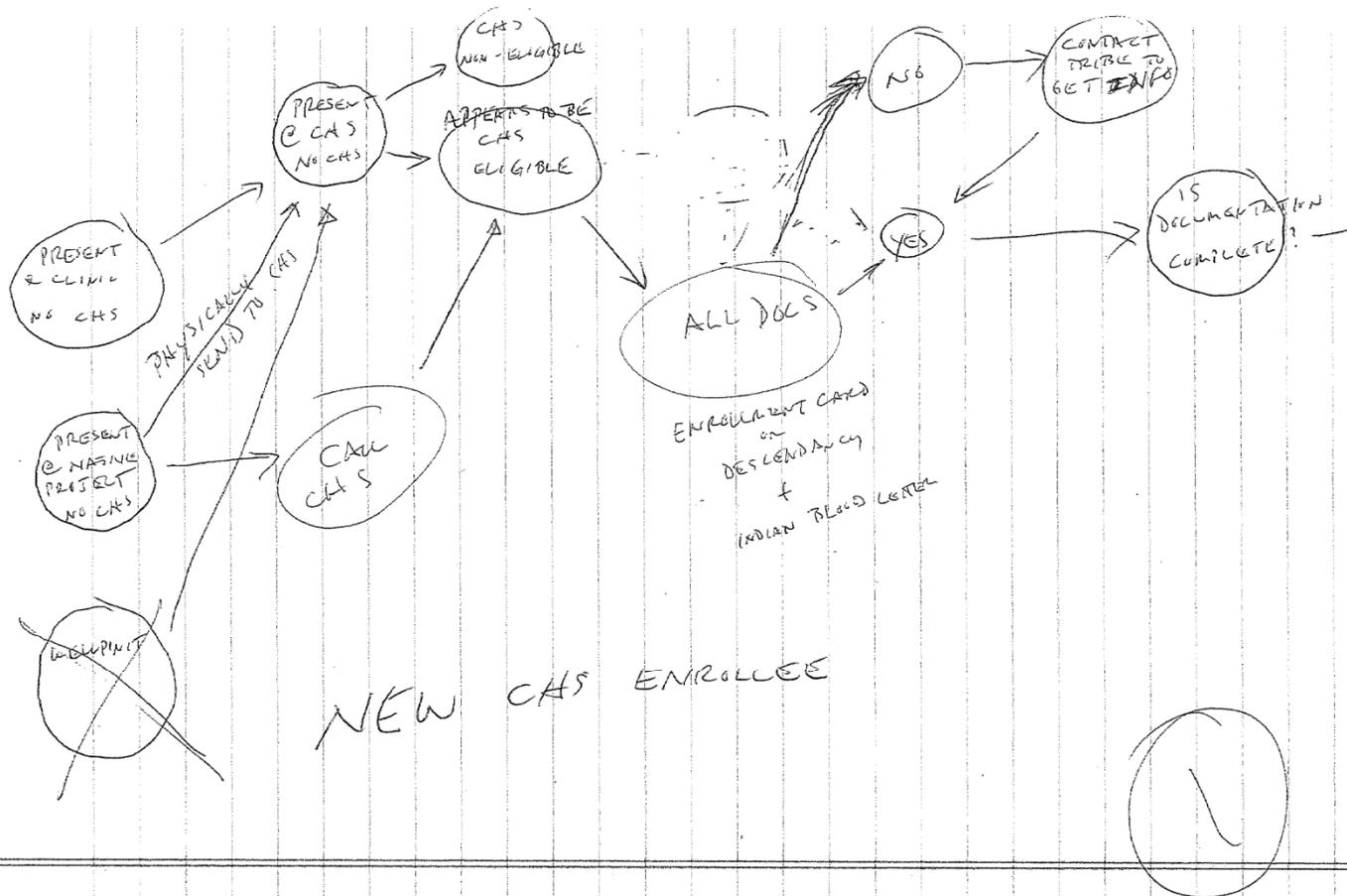
# Project Activities

- Define...
  - By having a trained tribal assistor and reviewing our processes, we expect to see a reduction in our uninsured population.
- Analyze...
  - All processes were committed to memory. We used a process flow chart to review what was currently being done.
- Change...
- Evaluate...

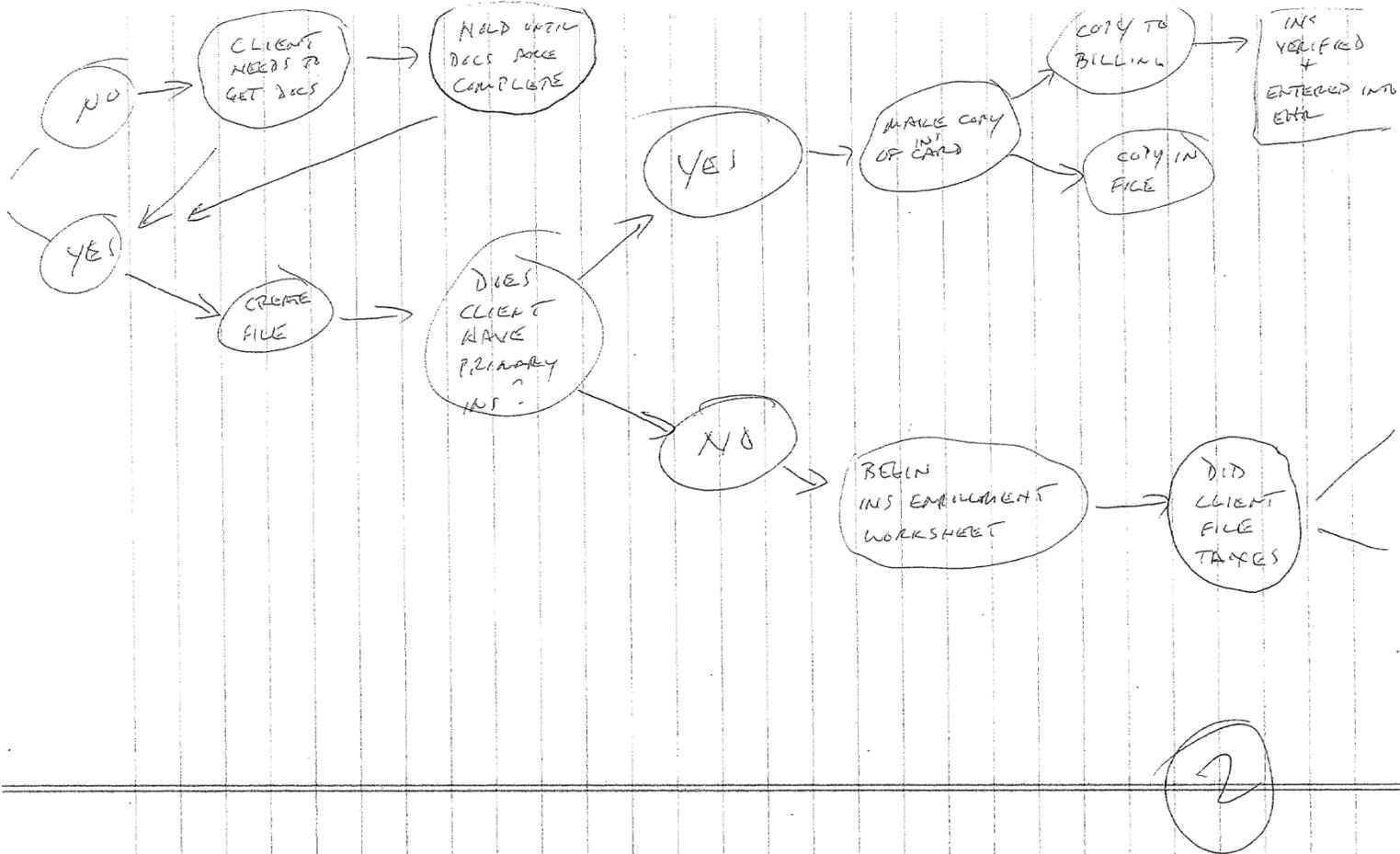
# Project Activities

- Change...
  - The process underwent multiple iterations as we identified gaps and weaknesses. Each process change was tested with several clients to determine its effectiveness.
- Evaluate...
  - The project was an overwhelming success.

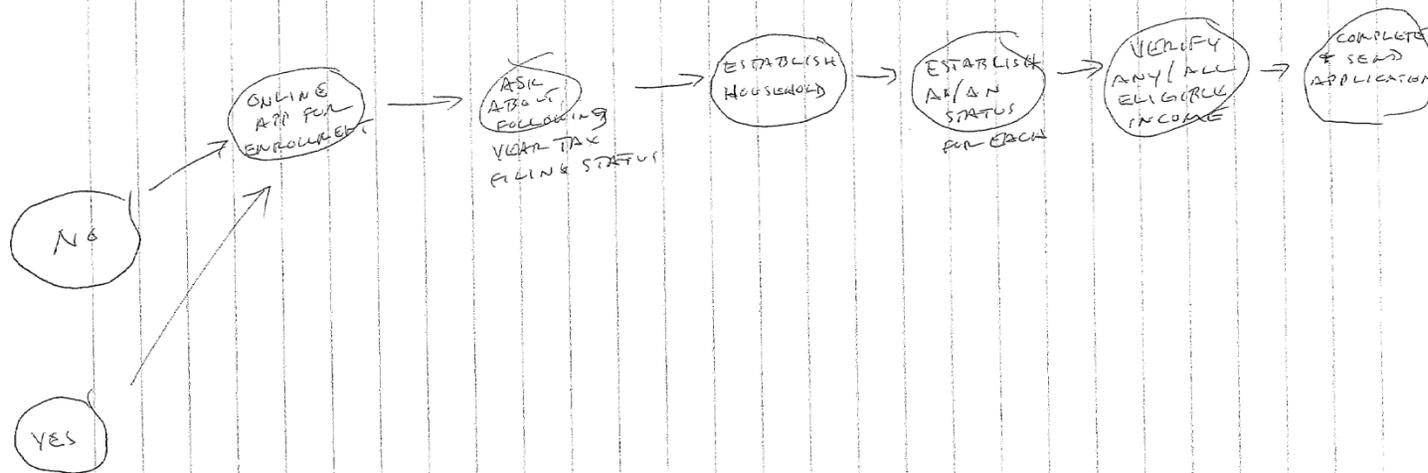
# Quality Tools - Improvement



# Quality Tools - Improvement

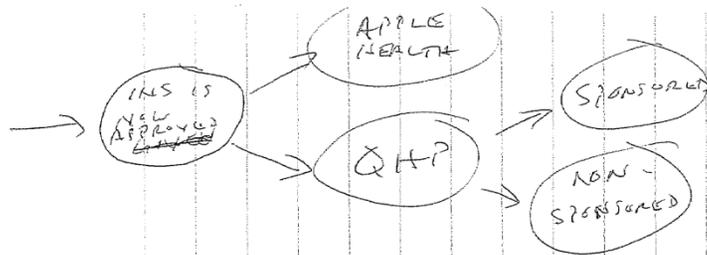


# Quality Tools - Improvement



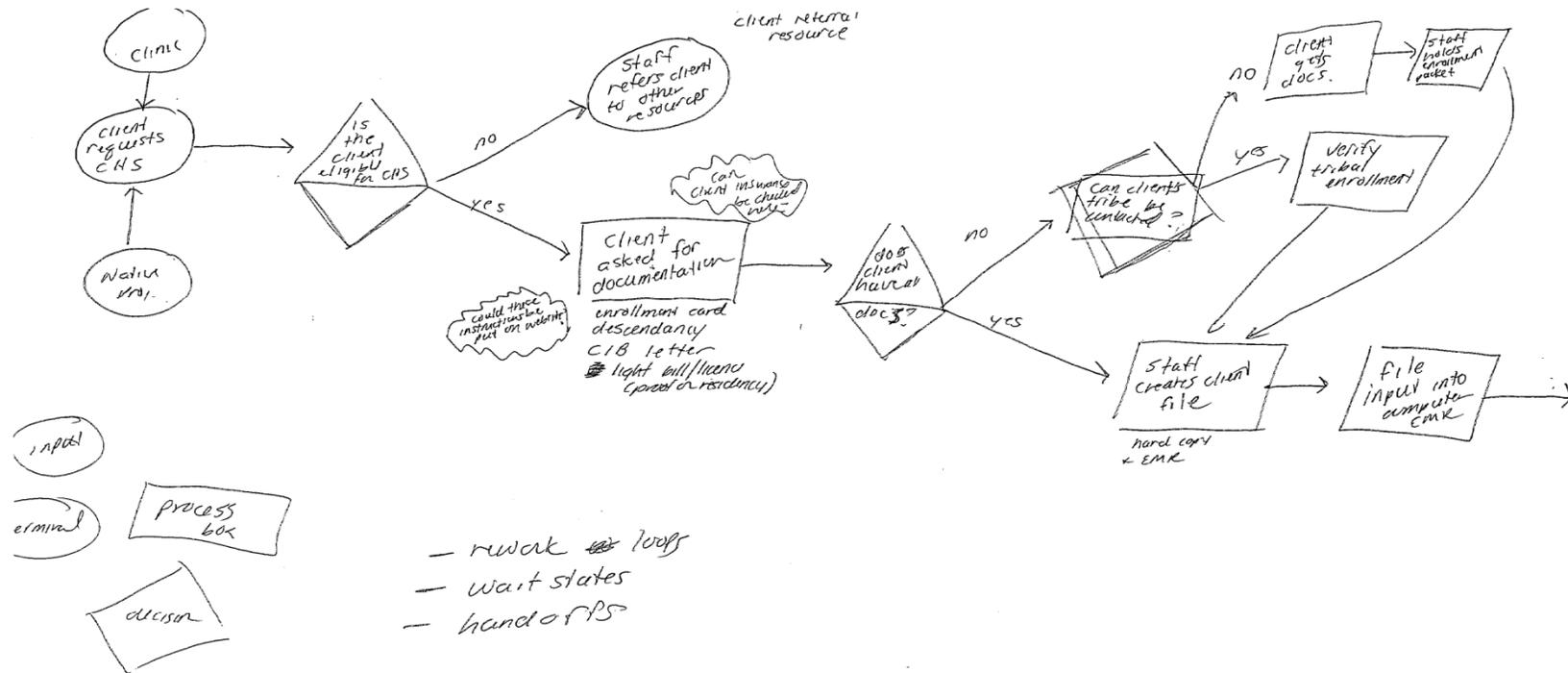
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# Quality Tools - Improvement



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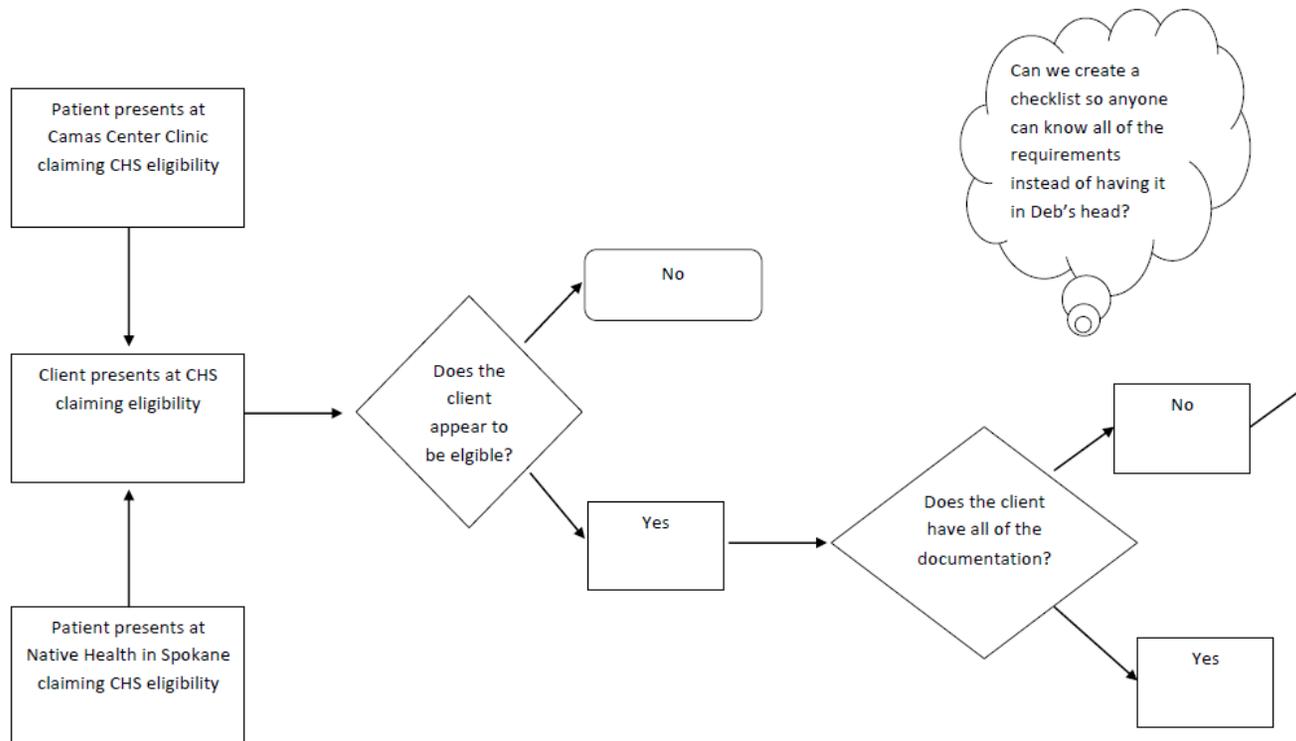
# Quality Tools - Improvement



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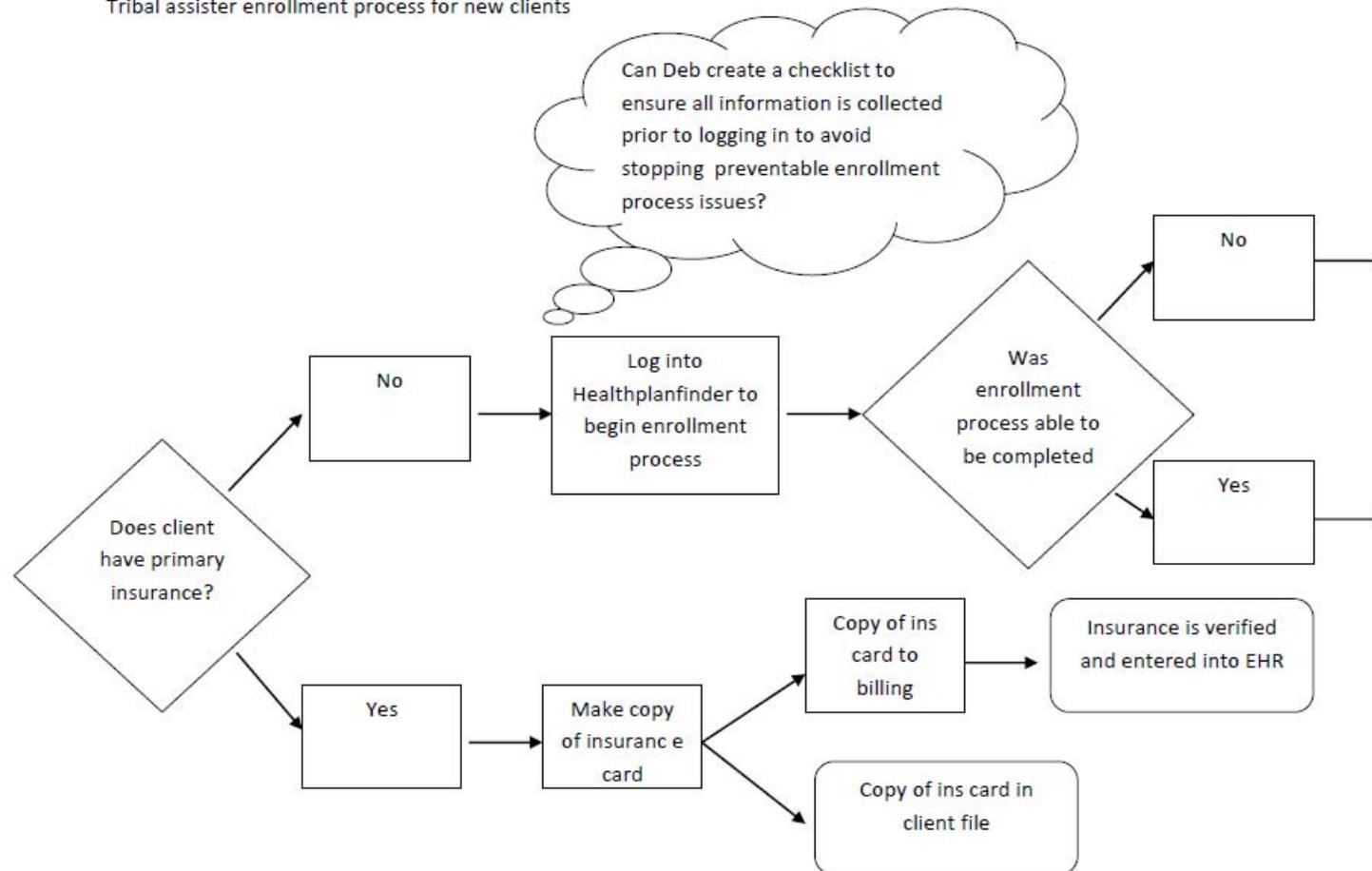
# Quality Tools - Improvement

Tribal assister enrollment process for new clients



# Quality Tools - Improvement

Tribal assister enrollment process for new clients



# Quality Tools

## Washington Healthplan Finder Information Sheet:

For **each** person in the household:

Full Name \_\_\_\_\_ Relationship to main applicant \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Tax Status current year – Examples = Married, filing jointly, Married filing separately,

Tax Dependent (list name of Whom they are dependent of), do not file taxes...

\_\_\_\_\_

Do you expect to file with the same status next year as you do this year? \_\_\_\_\_

Address where you live \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

E-mail address \_\_\_\_\_

Ethnicity \_\_\_\_\_

## If Member of a Federally Recognized Tribe:

Name of Tribal Member \_\_\_\_\_ Tribe Name \_\_\_\_\_

Member of Federally Recognized Tribe? Yes / No

Descendent of a Federally Recognized Tribe? Yes / No

Eligible for Indian Health Services, Tribal Health Services, Urban Indian Health Services? Yes / No

## Residency – Tobacco use:

Is everyone applying for health coverage a Washington State resident? Yes / No

If no, who is not \_\_\_\_\_

Has any household member on this application regularly used tobacco/tobacco products in the last 6 months? Yes / No

If yes, list name \_\_\_\_\_

## To apply for Free or low cost coverage:

Does anyone applying for coverage have (or will in the next 3 months) health insurance that meets minimum essential coverage other than Washington Apple Health? Examples: Medicare, VA, Tricare...  
Yes / No If yes, please list:

Name of Insurance Company \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

Policy and Group Numbers \_\_\_\_\_

Subscriber's/Employee's Name \_\_\_\_\_

Subscriber's/Employee's Date of Birth \_\_\_\_\_

Plan Cost \_\_\_\_\_ How often paid (monthly, weekly...) \_\_\_\_\_

## Children's Health Insurance: Answer Only if applying for coverage for the child.

Does your health insurance cover your child/children? Yes / No

Have you dropped health insurance coverage for your child/children within the last 4 months? Yes / No

If yes, when will coverage end? \_\_\_\_\_

## Unpaid Medical Bills:

Do you or anyone you are applying for need help to pay for unpaid medical bills incurred in any of the 3 months immediately before the current month? Yes / No

If yes, what month do you need help with? \_\_\_\_\_

## Pregnancy Information:

Are you or anyone in the household Pregnant? Yes / No

If yes, name of pregnant person \_\_\_\_\_ Due date \_\_\_\_\_ Number expected \_\_\_\_\_

## Gross Income Information:

Name of Person Employed \_\_\_\_\_ Name of Employer \_\_\_\_\_

Gross monthly income \_\_\_\_\_ (If Self Employed, enter income number after all deductions)

Have you had any Employment changes in the last 6 months, List \_\_\_\_\_

Any other income, List \_\_\_\_\_

What deductions do you claim on your tax return? \_\_\_\_\_

# Results

- Eliminated time wasting steps in process
- Developed a process that is replicable by others
- Reduced uninsured population by 90%
- Decreased 1/1/14 - 7/31/14 healthcare expenses by \$33,987.09 over the same period last year
- Obtained an ROI of 3.25 over the span of this project

# Results

## Tribal HPF Enrollment Data: Kalispel

### Total Persons Assisted By TA:

Tribal Enrollment Data Oct 13 - July 14 (through July 31)	First Name	Last Name	Medicaid Renewals	WAH-New	QHP/APTC	July 14 Total
Kalispel Tribe Contract Health	Deborah	Flett	30	92	16	136
	Deborah	Flett	35	112	17	162
	Deborah	Flett		1		1
<b>Totals</b>			<b>65</b>	<b>205</b>	<b>33</b>	<b>299</b>

# Next Steps

- Train second tribal assistor to cover for Debbie in her absence.
- Continue to utilize process for new enrollees.
- Maintain diligence to enroll the last few stragglers.

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