

Minutes

**Valleywise Community Health Centers Governing Council Meeting
Virginia G. Piper Charitable Trust Pavilion
2609 East Roosevelt Street, Phoenix, AZ 85008
2nd Floor, Auditoriums 1 and 2
February 5, 2025, 5:30 p.m.**

Members Present:

Scott Jacobson, Chairman
Eileen Sullivan, Vice Chairman – *participated remotely, then in-person*
Earl Arbuckle, Treasurer
Nelly Clotter-Woods, Member
Chris Hooper, Member
Salina Imam, Member
Norma Muñoz, Member
William O'Neill, Member – *participated remotely*
Essen Otu, Member
Wayne Tormala, Member – *participated remotely*
Jane Wilson, Member – *participated remotely*

Others/Guest Presenters:

Michelle Barker, DHSc, Chief Executive Officer of the Federally Qualified Health Centers
Steve Purves, FACHE, President and Chief Executive Officer – *participated remotely*
Michael D. White, MD, MBA, Chief Clinical Officer – *participated remotely*
Melanie Talbot, Chief Governance Officer; and Clerk of the Board
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
Matthew Meier, MBA, Vice President, Financial
Crystal Garcia, RN, MBA, Vice President, Specialty Services, Quality and Safety
Sean Stallings, FHC Manager

Recorded by:

Denise Tapia, Deputy Clerk of the Board

Call to Order:

Chairman Jacobson called the meeting to order at 5:30 p.m.

Roll Call

Ms. Tapia called roll. Following roll call, she noted nine of the eleven voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Vice Chairman Sullivan and Mr. Otu arrived after roll call.

For the benefit of all participants, Ms. Tapia announced the Governing Council members participating remotely.

Call to the Public

Chairman Jacobson called for public comment. There were no comments.

NOTE: Mr. Otu arrived at 5:31 p.m.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – February 5, 2025**

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:
 - a. Minutes:
 - i. Approve Valleywise Community Health Centers Governing Council meeting minutes dated January 2, 2025
 - b. Contracts:
 - i. Accept amendment #3 to the intergovernmental agreement (IGA) (90-22-167-1-03) between Maricopa County, Ryan White Part A Program and Maricopa County Special Health Care District dba Valleywise Health for the Emergency Relief Project Grant to revise Number 3
 - c. Governance:
 - i. Approve revisions to Policy - 89104 T Valleywise Community Health Centers Governing Council Members Attendance Expectations
 - ii. Appoint the following to the Valleywise Community Health Centers Governing Council's Connecting with the Community Ad Hoc Committee:
 - a. Rebecca Birr
 - b. Vicki Staples
 - d. Medical Staff:
 - i. Intentionally Left Blank

MOTION: Mr. Arbuckle moved to approve the consent agenda. Ms. Muñoz seconded.

VOTE: 10 Ayes: Chairman Jacobson, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Imam, Ms. Muñoz, Mr. O'Neill, Mr. Otu, Mr. Tormala, Ms. Wilson
0 Nays
1 Absent: Vice Chairman Sullivan
Motion passed.

2. Mission Moment – A Patient Story

Mr. Stallings mentioned the community had come to consider Valleywise Health Center – South Central location as a trusted place to receive healthcare with dignity, without judgment and typically with associated costs that allowed patients to receive care without the fear of not being able to afford it.

The clinic did not provide emergency care, but a teenage boy arrived at the clinic with two missing fingers, with a third nearly missing, resulting from an accident after playing with fireworks. The clinic staff immediately grabbed tourniquets and wrapped his wounds as best as possible, then called 911. Phoenix Fire stabilized the patient and transferred him to the Valleywise Health Emergency Department, where he was treated for his injuries.

The situation encompassed how the patient visualizes the clinic as a trusted resource and a trusted advisor of the community.

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General Session, Presentation, Discussion and Action, cont.:

2. Mission Moment – A Patient Story cont.

Ms. Muñoz expressed her gratitude and thanked Mr. Stallings for the care provided to the community.

NOTE: Vice Chairman Sullivan joined at 5:37 p.m.

10. Valleywise Health's President and Chief Executive Officer's Report

Mr. Purves provided an overview of the items staff was monitoring with respect to the new federal administration.

The most significant items were related to the financial impact on Valleywise Health if changes were made to the Medicaid program and if the Safety Net Service Initiative (SNSI) program was not approved.

Another concern was the subsidies for the Affordable Care Act (ACA), noting that removing the subsidies may create more uncompensated care.

Other concerns were related to the immigration policy changes and the impact it had on the community. Valleywise Health had policies in place that outlined the procedures if law enforcement officials showed up at any Valleywise Health facility, stating that Valleywise Health's primary objective was to provide patient care.

Mr. Otu mentioned with the executive orders, there was fear around immigration and the Lesbian, Bisexual, Gay, Transgender, Queer (LGBTQ+) communities with the collection of data, and asked if Valleywise Health leveraged any other community partners to help advocate for some of those concerns.

Mr. Purves stated there was a lot of confusion, but the staff was using all avenues to ensure that people could seek care if they needed it. Valleywise Health was collaborating with the Arizona Alliance for Community Health Center (AACHC).

Dr. Barker noted that she is on a weekly call with the other Federally Qualified Health Care Clinics (FQHCs) and the AACHC to discuss legislative actions. She was confident that nothing was at risk for the services and programs at Valleywise Health.

3. Discuss and Review Federally Qualified Health Centers Press Ganey Patient Experience Data for the Second Quarter of Fiscal Year 2025

Ms. Garcia stated there was a successful transition to the new Press Ganey vendor on October 1, 2024.

NOTE: Vice Chairman Sullivan arrived at 5:57 p.m.

Ms. Garcia outlined how surveys were sent to patients via text message, and if the patient did not have a mobile phone number, it was automatically send to an email. She also explained that they were trying to add a third option, Interactive Voice Response (IVR), to see if the response rates would increase.

She explained that the previous vendor used the net promoter score metrics, and with Press Ganey, they utilized the top box metrics. She outlined the percentile rankings and provided an overview of peer groups and data types.

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General Session, Presentation, Discussion and Action, cont.:

3. Discuss and Review Federally Qualified Health Centers Press Ganey Patient Experience Data for the Second Quarter of Fiscal Year 2025 cont.

Ms. Garcia said 3,167 dental services surveys were distributed, with 6.1% of those surveys returned. The average response rate for Press Ganey metrics was 8.8 percent. The Valleywise Health response rate for medical practice was 6.8% with the average response rate being 12.9%. There was some work to be done to reach the average standard.

Mr. Otu asked if the response rates were industry standard.

Ms. Garcia stated the average was based on all the Press Ganey peer groups.

The net promoter score and the top box score were not comparable. For example, the survey question asked about the likelihood of recommending the facility. The goal was 80.8%, and the quarterly results were 78.73% and continued to improve.

She noted that the individual FQHC clinics were doing well, and staff would continue to monitor.

Ms. Garcia outlined the action items, including meetings with the FQHC leadership to help with action plans, emailing comments to all FQHC leadership and medical directors, and working with Press Ganey on survey mode and response rate.

4. Discuss and Review Federally Qualified Health Centers Patient Safety Report for the Second Quarter of Fiscal Year 2025

Ms. Garcia reviewed patient safety events for the second quarter of fiscal year (FY) 2025. Staff entered events into the Continuous Healthcare Evaluation & Quality Improvement Tool (CHEQ-IT), which was used to track any trends to make process improvements based on information received. There were approximately 25,000 visits per month from October through December 2024, with 135 incidents that were reported.

The most frequent class of events reported were safety and security, which included Code White events. A Code White was when a patient, visitor, or staff was in distress and needed medical assistance.

Behavioral health events included, but were not limited to, patients leaving the clinic against medical advice and refusing to seek a higher level of care upon staff's recommendations was the number one event.

Ms. Garcia highlighted specific events for each category and outlined how staff would track and monitor those events to ensure process improvements were implemented.

Vice Chairman Sullivan asked about the safety report that noted a Health Insurance Portability and Accountability Act (HIPPA) complaint.

Ms. Garcia stated when there is a HIPPA violation, it goes to the compliance department and does the requirements that are needed.

Ms. Agnew mentioned that when there is a HIPPA violation, the compliance department investigates and takes it very seriously.

Ms. Garcia reiterated that HIPPA violations go through compliance and are handled according to Valleywise Health policies and regulations.

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General Session, Presentation, Discussion and Action, cont.:

5. Discuss and Review Federally Qualified Health Centers Uniform Data System (UDS) Quality Metrics for Calendar Year End 2024

Ms. Garcia provided an overview of the Uniform Data System (UDS) for calendar year end 2024. She mentioned the data was gathered on a calendar year as opposed to the fiscal year. There were no metrics that were negatively outside of the established benchmark. The updated goals were received in August, and Valleywise Health continued to meet the metrics.

The metric related to the control of diabetes completed the year at 29.14%, with the national average at 28.81%, the metric was being met.

Mr. Otu asked for clarification on the trend line for FY 2023 versus FY 2024.

Ms. Garcia stated that there was always a large spike in January, which made the numbers look bad due to the limited number of qualified visits. The comparison for the previous year was shown so staff could see if the trend was to meet the goal.

The benchmark for the blood pressure metric was 58.07%, with the organization meeting the goal ending the year at 60.75 percent.

Depression screening and follow-up met the benchmark of 71.6%, ending the year at 80.39 percent.

Childhood immunization met the benchmark, ending the year at 39.16 percent. She noted the previous issues with the logic in calculating the metric, but it had been corrected.

6. Discuss and Review Federally Qualified Health Centers Financials and Payor Mix for the Second Quarter of Fiscal Year 2025

Mr. Meier presented the financial statements for the FQHCs for the second quarter of FY 2025. Visits at the Community Health Centers were two percent better than budget, total operating revenues were one percent better than budget, and total operating expenses were missed budget by six percent, resulting in a negative operating margin variance of \$621,325. An unbudgeted lease for Valleywise Community Health Center–McDowell contributed to the negative operating margin.

Outpatient behavioral health visits were five percent better than budget; total operating revenues were six percent better than budget, and total operating expenses missed budget by 19%, resulting in a negative operating margin variance of \$205,842.

The Comprehensive Health Center-Phoenix visits were four percent better than budget; total operating revenues were 10% better than budget; operating expenses missed budget by three percent, resulting in a positive operating margin variance of \$156,929.

The Comprehensive Health Center-Peoria visits were five percent better than budget; total operating revenues were two percent better than budget; total operating expenses missed budget by eight percent, resulting in a negative operating margin variance of \$108,859.

Dental clinic visits were three percent better than budget, total operating revenues were nine percent better than budget, and total operating expenses missed budget by two percent, resulting in a positive operating margin variance of \$41,396.

The Mobile Health Unit visits were 30% better than budget; total operating revenues were 219% better than budget, and total operating expenses were 14% better than budget, resulting in a positive operating margin variance of \$72,160.

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General Session, Presentation, Discussion and Action, cont.:

6. Discuss and Review Federally Qualified Health Centers Financials and Payor Mix for the Second Quarter of Fiscal Year 2025 cont.

In reviewing the statistics for all clinics combined, Mr. Meier noted visits were three percent better than budget, total operating revenues were four percent better than budget, total operating expenses missed budget by six percent, resulting in a negative operating margin variance of \$665,541.

The six-month review of the payor mix showed a 0.8% decrease in Medicaid utilization, a 1.4% increase in commercial utilization, and a 0.7% decrease in self-pay utilization.

When reviewing the four-year trend, Mr. Meier highlighted that self-pay and commercial utilization increased every year.

Mr. Otu asked if the increase in commercial patients compensated for the decrease in Medicaid patients.

Mr. Meier stated the payor mix was continually monitored, noting that while there was an increase in commercial utilization, the reimbursement rate for Medicaid was higher, creating a shortfall.

Ms. Agnew stated that the self-pay patients had doubled compared to other FQHCs in the area and the same size as Valleywise Health. Despite that, there is still a positive variance in the budget. Some work remains on what is being done differently at other FQHCs.

7. Discuss, Review and Approve revision to Valleywise Health Policy: 21531 D - Ambulatory Clinics Management of No-Shows and Late Arrivals

Dr. Barker noted there were a few adjustments to the language from the first draft that was presented to the Governing Council in December 2024. She noted the language was clarified to state that patients would be seen even if they were late for their appointments.

Mr. Otu stated he appreciated the human element by giving grace and accommodations to patients who show up late.

MOTION: Mr. Hooper moved to approve revisions to the Valleywise Health policy: 21531 D - ambulatory clinics management of no-shows and late arrivals. Mr. Otu seconded.

VOTE: 11 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Imam, Ms. Muñoz, Mr. O'Neill, Mr. Otu, Mr. Tormala, Ms. Wilson
0 Nays
Motion passed.

8. Discussion and Possible Action on a Charter for the Valleywise Community Health Centers Governing Council's Connecting with the Community Ad Hoc Committee

Dr. Barker stated that the Connecting with the Community Charter outlined the purpose and overall responsibility of the Connecting with the Community Ad Hoc Committee.

Mr. Otu asked If the responsibilities would include the recruitment of more Governing Council Members.

Dr. Barker mentioned the responsibilities of recruitment rely on the current Governing Council.

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General Session, Presentation, Discussion and Action, cont.:

8. Discussion and Possible Action on a Charter for the Valleywise Community Health Centers Governing Council's Connecting with the Community Ad Hoc Committee, cont.

MOTION: Mr. Arbuckle moved to approve the charter for the Valleywise Health Centers Governing Council's Connecting with the Community Ad Hoc Committee. Ms. Muñoz seconded.

VOTE: 11 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Imam, Ms. Muñoz, Mr. O'Neill, Mr. Otu, Mr. Tormala, Ms. Wilson
0 Nays
Motion passed.

9. Federally Qualified Health Centers' Chief Executive Officer's Report, including Ambulatory Operational Dashboards

Dr. Barker reviewed the Valleywise Health FQHC strategic dashboard for December 2024. She planned on revising the metrics included and would present those metrics to the Governing Council.

She was in the midst of a campaign to recruit new Governing Council members.

She announced Dr. Merima Bucaj, was the interim FQHC medical director, noting Dr. Christina Smarik-Snyder stepped down but would still be involved.

11. Governing Council Member Closing Comments/Announcements.

Chairman Jacobson mentioned he attended the grand opening event for the Mesa Behavioral Health Specialty clinic on January 23, 2025.

Adjourn

MOTION: Mr. Hooper moved to adjourn the February 5, 2025, Valleywise Community Health Centers Governing Council Meeting. Ms. Wilson seconded.

VOTE: 11 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Imam, Ms. Muñoz, Mr. O'Neill, Mr. Otu, Mr. Tormala, Ms. Wilson
0 Nays
Motion passed.

Meeting adjourned at 6:52 p.m.

Denise Tapia
Deputy Clerk of the Board