

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
May 1, 2024, 5:30 p.m.**

Members Present: Scott Jacobson, Chairman
Eileen Sullivan, Vice Chairman
Earl Arbuckle, Treasurer – *participated remotely*
Nelly Clotter-Woods, Member
Chris Hooper, Member
Norma Muñoz, Member
William O’Neill, Member
Essen Otu, Member
Wayne Tormala, Member
Jane Wilson, Member – *participated remotely*

Members Absent: Salina Imam, Member

Non-Voting Member Absent: Mary Rose Garrido Wilcox, District Board

Others/Guest Presenters: Michelle Barker, DHSc, Chief Executive Officer of the Federally Qualified Health Centers
Steve Purves, FACHE, President and Chief Executive Officer, Valleywise Health
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
Martin C. Demos, JD, Acting General Counsel
Melanie Talbot, Chief Governance Officer; and Clerk of the Board
Runjhun Nachal, MHA, Senior Vice President, Strategy, Marketing and Communications
Misty Vo, Director, Pharmacy

Recorded by: Denise Tapia, Deputy Clerk of the Board

Call to Order:

Chairman Jacobson called the meeting to order at 5:31 p.m.

Roll Call

Ms. Talbot called roll. Following roll call, she noted that ten of the eleven voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum.

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

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Call to the Public

Chairman Jacobson called for public comment.

Dr. Barker announced that Mr. Brandon Fisher was the new Director of Nursing of Ambulatory Care.

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:
 - a. Minutes:
 - i. Approve Valleywise Community Health Centers Governing Council meeting minutes dated April 3, 2024
 - b. Contracts:
 - i. Acknowledge an intergovernmental agreement (90-24-286-1) between Arizona Department of Health Services and Maricopa County Special Health Care District dba Valleywise Health, for funding for HIV care and services to eligible clients, under Ryan White Part B
 - c. Governance:
 - i. Approve revisions to policy #23624 D - Federally Qualified Health Centers Sliding Fee Discount Program/Policy
 - d. Medical Staff:
 - i. Acknowledge the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

MOTION: Mr. Otu moved to approve the consent agenda. Mr. Hooper seconded.

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

2. Mission Moment – A Patient Story

Ms. Vo shared a story with the Governing Council about a patient who left their prescriptions on the public transit bus. The prescriptions were not turned in, therefore, the patient returned to the Valleywise Health pharmacy, where the pharmacy refilled the prescriptions for the patient with no issues.

Mr. Purves thanked Ms. Vo for her leadership and the pharmacy staff's customer service.

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

3. Discuss and Review Federally Qualified Health Centers Uniform Data System (UDS) Quality Metrics for the First Quarter of Calendar Year 2024

Ms. Garcia reviewed the Uniform Data System (UDS) data for the first quarter of calendar year (CY) 2024.

She compared the first quarter of CY 2024 colorectal cancer screening results to the first quarter of CY 2023 and noted an increase in the number of patients screened. The age group for screening was changed to capture younger adults which could have contributed to the increase.

The number of patients screened for depression improved significantly when compared to the prior year.

The results for childhood counseling and weight assessment missed the benchmark. The benchmark for childhood immunization was not met due to specifications for the pneumococcal vaccine and how it was administered.

Ms. Garcia explained the process to recheck blood pressure of patients as part of the action plan to improve the results related to controlling high blood pressure. Results of the measure were monitored for each Federally Qualified Health Center (FQHC) in order to provide guidance when needed.

Results for screening for clinical depression and follow up plan if positive screen were reviewed for each FQHC's clinical department so that staff could analyze trends.

Ms. Garcia provided an overview of which FQHCs were or were not meeting the UDS measures. With this information, staff could work with each clinic's leadership to learn any best practices that could be share with the clinics not meeting the quality benchmarks.

Mr. O'Neill asked who set the benchmarks for the quality measures.

Dr. Barker explained the process of how the UDS report was created and how the data was used to set the national benchmarks.

Ms. Muñoz asked about Valleywise Health's performance with screening for depression compared to other FQHCs.

Ms. Garcia stated that Valleywise Health was performing better than the national benchmark.

Mr. Tormala asked Ms. Garcia to explain the process for the blood pressure recheck.

Ms. Garcia explained that if a patient came in with high blood pressure, before they left the appointment, a medical assistant would retake their blood pressure in case it may have come down since first arriving.

Mr. Tormala asked if there was a recheck plan for someone presenting with an issue.

Dr. Barker stated if a patient had hypertension, there was a protocol in place and the physician would treat the hypertension. In addition, there was a hypertension task force to adequately identify if a patient truly had hypertension.

Dr. White stated the data was measured on how well a patient's blood pressure was controlled. Hypertension was the single largest diagnosis in the adult population in the United States. Patients need to be educated on the importance of being compliant with medications and build trust with their providers.

Mr. O'Neill asked if patients were being educated about lifestyle changes.

Dr. White stated that the first thing that was discussed with patients was lifestyle modifications and how important it was to get their blood pressure under control.

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

4. Discuss and Review Federally Qualified Health Centers Patient Safety Report for the Third Quarter of Fiscal Year 2024

Ms. Garcia reviewed patient safety events for the third quarter of fiscal year (FY) 2024. Events were entered into the Continuous Healthcare Evaluation & Quality Improvement Tool, or CHEQ-IT, by staff. It was used to track any trends to make process improvements based on information received. 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 were mostly when a patient left against medical advice. Other events were when the patient called into the nurse triage line or refused to go to the Emergency Department.

For specimen handling /lab events, there was an increase in incorrectly labeling. Staff will look into the process to determine where a breakdown might be so improvements can be made.

For Health Information Management (HIM) events, there were missing consents, however, Ms. Garcia pointed out events were down for the second quarter.

5. Discuss and Review Federally Qualified Health Centers National Research Corporation (NRC) RealTime Platform Patient Experience Data for the Third Quarter of Fiscal Year 2024

Ms. Garcia presented the patient experience survey results and noted that the response rate was 29.7% fiscal year to date (FYTD).

For the month of March, the net promoter score (NPS) for all FQHCs combined for the question “would recommend facility” was 75.6% compared to the benchmark of 72 percent.

Ms. Garcia noted some of the work being done for a better patient experience. Results for the question “was registration staff helpful” was significantly below the benchmark. The Patient Experience Improvement Committee developed action plans to improve the scores. One of the action items was to make sure office staff and registration staff had the same scripting and keeping patients informed if a provider was running late.

6. Discuss and Review Federally Qualified Health Centers Financials and Payor Mix for the Third Quarter of Fiscal Year 2024

Mr. Meier presented the financial statement for the FQHCs for the second quarter of FY 2024.

Visits at the Community Health Centers missed budget by four percent, total operating revenues were at budget and the margin before overhead allocation had a \$749,433 positive variance.

Outpatient behavior health visits were 12% better than budget. Total operating revenues were better than budget by 14%, total operating expenditures missed budget by 35% which caused a negative margin after overhead allocation of \$633,285.

Visits to the Comprehensive Health Center-Phoenix were better than budget by one percent. Total operating revenues missed budget by one percent, and the total operating expenses missed budget by two percent, which left the margin after overhead allocation at a negative variance of \$358,644.

Comprehensive Health Center-Peoria visits missed budget by nine percent. Due to the negative variance in visits, total operating revenues and expenses also missed budget.

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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 Third Quarter of Fiscal Year 2024, cont.

Visits to the dental clinics were better than budget, however total operating revenues did not meet budget. Total operating expenses had a negative variance resulting in a negative variance of \$380,881 margin after overhead allocation.

For all the FQHCs combined, the visits had a negative two percent variance, and a negative \$1,006,940 variance margin after overhead allocation.

Mr. Meier reviewed trends in the payor mix noting a decrease in Medicaid and an increase in self-pay patients.

Ms. Muñoz asked is staff knew why the number of Medicaid patients were decreasing.

Dr. Barker stated some of the Medicaid patients no longer qualified for Medicaid and were now considered self-pay patients.

Mr. Hooper asked if there was a trend in the summer where patient visits go down.

Dr. White stated no that it depended on provider availability. There might be a dip during spring break and vacations, however, summer heat did not impact visits.

7. Discuss, Review and Approve Fiscal Year 2025 Patient Volumes; Discuss and Review Capital Target for the Federally Qualified Health Centers

Mr. Meier stated that the overall assumptions were the same as when presented to the Governing Council last month. The capital contingency fund had historically stayed the same at \$100,000.

MOTION: Ms. Sullivan moved to approve fiscal year 2025 patient volumes for the Federally Qualified Health Centers. Mr. Hooper seconded.

VOTE: 10 Ayes: Chairman Jacobson, Vice Chairman Ms. Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Muñoz, Mr. O'Neill, Mr. Otu, Mr. Tormala, and Ms. Wilson

0 Nays

1 Absent: Ms. Imam

Motion passed.

8. Discuss, Review and Approve the Maricopa County Special Health Care District dba Valleywise Health, Uniform Guidance audit for fiscal year ending June 30, 2023 and 2022, including information related to the Federally Qualified Health Centers

Ms. Agnew stated the audit was required for entities that received or spent more than \$750,000 in federal funding during a single fiscal year. The audit was for all Valleywise Health, not just for the FQHCs. She summarized the results and stated there were no audit findings and the for Valleywise Health; the amount spent was \$49,653,305.

Ms. Agnew stated that the financial statement had a clean opinion.

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

8. Discuss, Review and Approve the Maricopa County Special Health Care District dba Valleywise Health, Uniform Guidance audit for fiscal year ending June 30, 2023 and 2022, including information related to the Federally Qualified Health Centers, cont.

MOTION: Ms. Muñoz moved to approve the Maricopa County Special Health Care District dba Valleywise Health, Uniform Guidance audit for fiscal year ending June 30, 2023 and 2022, including information related to the Federally Qualified Health Centers. Mr. Tormala seconded.

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

MOTION: Vice Chairman Sullivan moved to recess general session and convene in executive session at 6:56 p.m. Mr. Otu seconded.

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

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

Chairman Jacobson reconvened general session at 7:31 p.m.

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

Dr. Barker noted the mobile unit grand opening was postponed until September.

There were four FQHCs without managers, so they are spreading staff around to try and accommodate. Visits to the FQHCs have decreased for the month of April due to provider callout.

Dr. Barker reviewed the dashboard for March and noted the appointment fill rate was 90.2 percent. The new patient availability was at 16.2% compared to a goal of 15 percent. The no-show rate was at 16.7 percent.

Mr. Hooper stated that it had been more difficult to get through on the phone to schedule an appointment, usually a 20–30-minute wait.

Ms. Muñoz asked if the FQHCs did callbacks.

Ms. Agnew stated that there was a callback assist option. She noted there were nine vacancies in the Patient Assistant Center (PAC). In addition, there had been an increase in the volume of calls. There was also daily monitoring of the abandonment rate which was reviewed with senior leadership.

10. Maricopa County Special Health Care District Board of Directors Report

This item was not discussed.

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

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

Mr. Purves stated that June 13, 2024 was when patients would move into the new hospital.

He mentioned that the Chief Information Officer, for Kelly Summers, would be retiring and a interim Chief Human Resource Officer would be starting. Valleywise Health leadership was recruiting to fill those positions.

Mr. Purves gave accolades to Dr. White who was named one of the top Chief Medical Officers in the United States.

12. Concluding Items

a. Old Business:

January 2024

Future presentation on behavioral health services offered at Valleywise Community Health Center-McDowell

Future presentation on effectiveness of depression interventions

December 6, 2023

Future presentation on Marketing/Communications – *(scheduled for April)*

b. Governing Council Member Closing Comments/Announcements

Ms. Talbot reviewed old business and noted there were no requests made throughout the meeting.

Adjourn

MOTION: Ms. Muñoz moved to adjourn the May 1, 2024, Valleywise Community Health Centers Governing Council Meeting. Mr. Hooper seconded.

VOTE: 10 Ayes: Chairman Jacobson, Vice Chairman Ms. Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Muñoz, Mr. O'Neill, Mr. Otu, Mr. Tormala, and Ms. Wilson

0 Nays

1 Absent: Ms. Imam

Motion passed.

Meeting adjourned at 7:55 p.m.



Denise Tapia
Deputy Clerk of the Board