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
August 5, 2026, 5:30 p.m.

Members Present:
Earl Arbuckle, Chair
Nelly Clotter-Woods, Vice Chair – *participated remotely*
Piedad Blake, Member – *participated remotely*
Chris Hooper, Member
Maria Mancinas, Member
Norma Muñoz, Member
Essen Otu, Member
Steven Pettigrew, Member
Eileen Sullivan, Member – *participated remotely*
Wayne Tormala, Member

Members Absent:
Glenda Cota, Member
Aime Ishimwe, Member

Others/Guest Presenters:
Michelle Barker, DHSc, Chief Executive Officer of the Federally Qualified Health Centers
Michael D. White, MD, MBA, President & Chief Executive Officer, Valleywise Health
Paige Pataky, JD, Assistant General Counsel
Melanie Talbot, Chief Governance Officer and Clerk of the Board – *participated remotely*
Frank Hemeon, Interim Executive Vice President, Chief Financial Officer
Mattew Meier, MBA, Vice President, Financial Services – *participated remotely*
Sam Chamas, Manager FQHC
Nicole Parker-Walker, Manager FQHC – *participated remotely*
Jason Vail Cruz, Senior Clinic Manager – *participated remotely*

Recorded by:
Denise Tapia, Deputy Clerk of the Board

Call to Order:

Chair Arbuckle called the meeting to order at 5:30 p.m.

Roll Call

Ms. Tapia called roll. Following roll call, she noted nine of the twelve voting members of the Valleywise Community Health Centers Governing Council (Governing Council) were present, which represented a quorum. Ms. Sullivan joined after roll call.

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

Call to the Public

Chair Arbuckle called for public comment. There were none.

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:

   a. Minutes:

      i. Approve Valleywise Community Health Centers Governing Council Meeting minutes dated July 1, 2026

   b. Contracts:

      i. Intentionally Left Blank

   c. Governance:

      i. Approve letter of recognition from the Valleywise Community Health Centers Governing Council to Valleywise Community Health Center – North Phoenix on their inauguration into the 80's Club

      ii. Approve letter of recognition from the Valleywise Community Health Centers Governing Council to Valleywise Community Health Center – McDowell on their inauguration into the 80's Club

      iii. Approve letter of congratulations from the Valleywise Community Health Centers Governing Council to Steve Purves, Chief Executive Officer Valleywise Health, on his retirement

      iv. Approve letter of congratulations from the Valleywise Community Health Centers Governing Council to Dr. Michael White on his appointment to Chief Executive Officer of Valleywise Health

   d. Medical Staff:

      i. Acknowledge the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

MOTION: Mr. Pettigrew moved to approve consent agenda. Mr. Hooper seconded.

VOTE: 9 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Blake, Mr. Hooper, Ms. Mancinas, Ms. Muñoz, Mr. Otu, Mr. Pettigrew, Mr. Tormala
0 Nays
3 Absent: Ms. Cota, Mr. Ishimwe, Ms. Sullivan
Motion passed.

NOTE: Ms. Sullivan joined at 5:33 p.m.

2. Mission Moment – A Patient Story

Mr. Chamas shared a patient care story that highlighted the staff at Valleywise Community Health Center - Chandler. After a patient arrived following a seizure and declined Emergency Medical Services (EMS) transport to the emergency department, the clinical staff provided immediate assessment, treatment, education, and support.

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

2. Mission Moment – A Patient Story, cont.

Staff worked collaboratively to keep the patient and his wife informed and followed up after clinic hours to check on the patient's condition. Mr. Chamas noted that this experience exemplified the Valleywise Health mission of providing exceptional care without exception, every patient, every time, and reflected the staff's compassion, communication, teamwork, and dedication to putting patients first.

3. Presentation on Project to Improve No-Show Rates

Ms. Parker-Walker mentioned the Valleywise Health Ambulatory No-Show Committee data was a review year-over-year comparisons with data gathered from May 2025 through May 2026. The data showed a slight increase in the no-show rate, with the average rising from 16.8% in 2025 to 17.1% in 2026. She reviewed the trends and highlighted the need for continued efforts to improve appointment attendance and reduce no-show rates across ambulatory clinics.

Chair Arbuckle requested clarification regarding the no-show rate data, specifically asking how to interpret the differences shown between May 2025 and May 2026. Using Internal Medicine as an example, he asked what the comparison indicated about the department's performance relative to the established 18% no-show benchmark.

Ms. Parker-Walker explained that the chart compared no-show rates from May 2025 and May 2026 across departments. Using Internal Medicine as an example, she stated that the department exceeded the 18% no-show benchmark in May 2025. In May 2026, the no-show rate increased slightly compared with the prior year, indicating a further decline in performance relative to the benchmark.

She reviewed key focus areas of the no-show reduction initiative, including patient-centered communication, technology enhancements, and external benchmarking. The overall goal of these efforts was to improve patient attendance, patient outcomes, provider productivity, and clinic efficiency.

Ms. Parker-Walker highlighted strategies implemented by clinic managers to consistently use recommended patient engagement phrases designed to make patients feel welcome, demonstrate empathy and understanding, reinforce the importance of keeping appointments, and create a supportive, nonjudgmental experience. Expected outcomes of these efforts include stronger patient relationships, increased appointment adherence, and a reduction in no-show rates.

Dr. Barker noted that providers with higher patient engagement scores, larger patient panels, and longer tenure with the organization tended to have significantly lower no-show rates. She emphasized that the information previously shared regarding patient engagement was important because stronger provider-patient relationships appeared to contribute to improved appointment attendance. Although the connection may not seem intuitive, analysis of provider-specific data consistently shows that providers with the lowest no-show rates shared these characteristics.

Mr. Hooper commented that many of the provider's expectations discussed, such as showing empathy and building strong relationships with patients, seem like common-sense practices. He asked how the organization identified providers who may need improvement in these areas and what training or support was provided to help strengthen patient engagement and communication skills.

Dr. Barker explained that the organization emphasized hiring providers who align with its culture and mission. To reinforce expectations around patient engagement and service, the organization had implemented culture-building initiatives and patient satisfaction programs. She noted that providers were evaluated quarterly using a performance rubric or scorecard that included metrics such as productivity, patient panel size, no-show rates, scheduling utilization, billing performance, and patient satisfaction scores. The rubric helped identify areas for growth and professional development. Although the process was still relatively new, the organization would continue to track results and support ongoing provider improvement efforts.

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

3. Presentation on Project to Improve No-Show Rates, cont.

Dr. White added that the leadership relied on medical directors, department chairs, and other clinical leaders to identify providers who may be struggling with patient relationships or engagement. He noted that when such issues arose, it was often related to workflow or process challenges rather than a lack of empathy or commitment. Dr. White emphasized that improving provider support and job satisfaction was a priority because provider satisfaction was closely linked to patient satisfaction and the quality of patient-provider interactions.

Ms. Muñoz questioned whether the patient satisfaction scores presented were derived from patient survey results and whether those survey responses were used to calculate the figures and measures presented.

Dr. Barker explained that the organization tracked a variety of patient satisfaction metrics, many of which were derived from survey data. She noted that some survey questions assessed provider performance, while others evaluate staff interactions and the overall patient environment. Those measures were reviewed separately to assess different aspects of the patient's experience.

Mr. Tormala asked whether patient experience training was provided to all staff who interact with patients, including front office personnel, clinical staff, and physicians. He noted that patients' first impressions were often formed through interactions with front office staff and that those experiences could significantly impact overall patient satisfaction.

Dr. Barker said that all staff receive patient experience training during onboarding and through annual refresher courses. Additional coaching was provided when needed, and patient feedback was reviewed through the Patient Experience Improvement Committee to identify improvement opportunities. She added that new providers were paired with mentors and received support during their onboarding period to help them adapt to the organization's expectations and culture.

Ms. Mancinas mentioned that while internal factors may contribute to no-show rates, external factors affecting patients should also be considered. She explained that patients may miss follow-up appointments for various reasons, including improvements in their condition, transportation challenges, or other personal barriers. Given the vulnerabilities many public health patients face, she emphasized that missed appointments were not always related to patient satisfaction or issues within the organization.

Dr. Barker acknowledged that patient no-show rates were influenced by many external factors, such as transportation issues, work schedules, weather, and other personal challenges that were beyond the organization's control. She explained that because of these variables, the organization focused on addressing factors it could control, while recognizing that reducing no-shows remained a complex challenge.

Mr. Vail Cruz stated that, in addition to staff coaching and patient engagement efforts, the organization was exploring ways to better leverage technology to help patients keep their appointments. He explained that improvements to MyChart, a patient portal system, communications, appointment reminders, and other digital tools could give patients more control over managing their healthcare and reduce missed appointments.

He noted that the organization's immediate priority was to expand appointment reminder communications. Currently, patients must opt in to receive reminders, while patient satisfaction surveys were automatically sent unless a patient opted out.

Mr. Vail Cruz discussed several technology-based strategies aimed at improving appointment attendance and reducing no-show rates, including enhancements to Epic, the electronic health record system, and MyChart that would allow patients to confirm appointments by text message, add appointments directly to their personal calendars, and receive reminders through multiple communication channels, while the organization continued to evaluate expanding appointment reminders via text, email, and phone calls, with staff support to maintain current patient contact information and enhance the overall patient experience.

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

3. Presentation on Project to Improve No-Show Rates, cont.

Mr. Vail Cruz highlighted future initiatives that included implementing a digital waitlist, refining how no-shows were tracked, using predictive analytics to identify patients at risk of missing appointments, and exploring successful practices from other Federally Qualified Health Centers (FQHCs). Those efforts aimed to enhance patient engagement, address barriers to care, improve scheduling convenience, and increase appointment attendance.

Chair Arbuckle emphasized the importance of having a consistent and meaningful definition of a no-show when comparing performance with other organizations. He noted that differences in how no-shows were defined could make benchmarking difficult and cautioned against relying on comparisons that may not be based on the same criteria.

Dr. Barker shared that the healthcare industry typically considered appointments canceled less than 24 hours in advance to be no-shows. However, the organization uses a two-hour window because of how appointments were managed in Epic. If a patient canceled more than two hours before the appointment, staff may be able to fill the slot with another patient, so it was recorded as a cancellation rather than a no-show. Appointments canceled within two hours were considered no-shows because there was little opportunity to fill the vacant time. She added that preliminary review suggested other FQHCs used similar or even broader definitions, and staff continued to study their successful strategies for reducing no-show rates.

Mr. Vail Cruz explained that progress on technology enhancements to reduce no-show rates was initially delayed while the organization completed its Epic Refuel project. Now that the project was largely complete, a dedicated staff member had been assigned to the initiative and work was moving forward on evaluating and implementing new technology solutions to improve appointment attendance and patient engagement.

Dr. White informed the Governing Council that improving patient engagement through a stronger digital experience, or digital front door, was a key organizational priority for the current fiscal year. He noted that the organization planned to implement Epic's hello world customer engagement module, which would enhance communication tools and expand patient interaction capabilities.

4. Discuss and Review Federally Qualified Health Centers Uniform Data System (UDS) Quality Metrics for the Second Quarter of Calendar Year 2026

Dr. White provided an overview of the Uniform Data System (UDS) Quality metrics for the second quarter of calendar year (CY) 2026. He explained that UDS measures were the quality metrics reported to the Health Resources and Services Administration (HRSA) and were used to evaluate the quality of care provided across the organization's FQHC.

He reminded the Governing Council that the UDS metrics were based on the calendar year, from January through December. Some patients were only seen annually or semiannually, there could be delays in completing required screenings and interventions, which may temporarily affect reported performance. As the end of the reporting year approached, opportunities to improve outcomes diminish if patients had not yet been seen.

Dr. White noted that the primary focus was ensuring consistent processes for every patient encounter, including providing recommended screenings, preventive services, and clinical interventions. Those measures served as indicators of the quality of care delivered throughout the organization.

Overall, performance on UDS measures remained strong, with most metrics meeting or exceeding organizational benchmarks. The report included trend indicators and variance data to show progress toward desired outcomes.

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

4. Discuss and Review Federally Qualified Health Centers Uniform Data System (UDS) Quality Metrics for the Second Quarter of Calendar Year 2026, cont.

Dr. White reviewed the UDS quality measures that missed their benchmark and continued to be recurring focus areas for improvement. While the organization performed well overall on most quality measures, several measures indicated opportunities for continued attention and intervention.

The primary areas identified for improvement included high blood pressure control, diabetes management, aspirin use for patients with ischemic vascular disease, colorectal cancer screening, and pediatric weight assessment and nutrition counseling.

Dr. White explained that blood pressure control missed the desired benchmark and had been the focus of recent efforts to improve blood pressure measurement practices within clinics. Diabetes control also remained a priority, with the goal of maintaining hemoglobin A1C levels under nine percent for diabetic patients. Additional opportunities were to improve aspirin therapy rates among eligible patients with ischemic vascular disease and to increase colorectal cancer screening compliance, recognizing that annual screening requirements could create reporting delays.

He noted that the most challenging measure continued to be pediatric weight assessment and nutrition counseling, which required both consistent patient counseling and accurate documentation of those discussions.

Dr. White stated that detailed quality performance data was provided by clinic and specialty area, allowing leaders to compare results, identify best practices, and learn from high-performing teams. Clinic managers and medical directors received monthly reports to monitor progress and support ongoing quality improvement efforts throughout the organization.

Dr. Barker shared that the national UDS data for CY 2025 for all FQHCs was recently released. She explained that national quality data was reviewed annually, and benchmarks were adjusted based on FQHC performance across the country. As a result, some benchmarks may increase or decrease, which could change the color-coded performance indicators in future reports. She cautioned that any changes in performance status may reflect updated national benchmarks rather than actual changes in the organization's performance. While significant shifts were uncommon, modest fluctuations were expected as new national benchmark data was incorporated.

Mr. Hooper asked how the UDS quality measures were affected when a patient had an initial visit, such as a blood pressure screening, but did not return for follow-up care.

Dr. White mentioned that patients seen during a qualifying visit were included in UDS metrics. As a result, if a patient presented with an uncontrolled condition, such as high blood pressure, but did not return for follow-up care the patient remained included in the metrics reported results.

Mr. Tormala questioned whether there was a way, through Press Ganey or another tool, to track patients who regularly return for care, such as for blood pressure management or depression treatment. He suggested using that information in a more proactive manner to better understand patient engagement and outcomes.

Dr. White said that the organization tracked patients from a population health perspective to measure the impact of ongoing care and treatment outcomes. He said that this type of analysis was routinely conducted in partnership with managed care payers to monitor quality metrics, evaluate patient outcomes, demonstrate performance, and assess the cost and effectiveness of care provided to the insured patient populations.

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

5. Discuss and Review Federally Qualified Health Centers Patient Safety Report for the Fourth Quarter of Fiscal Year 2026 and Fiscal Year End 2026

Dr. White presented the patient safety report explaining that staff entered patient safety events into the Continuous Healthcare Evaluation & Quality Improvement Tool (CHEQ-IT), which was used to track trends to make process improvements based on information. He noted that the clinics averaged 60 reported safety events per month, with 192 events reported during the fourth quarter of fiscal year (FY) 2026.

Most of the reported events were safety and security events, primarily code white events involving patients experiencing unexpected symptoms, such as fainting or lightheadedness following blood draws.
He explained that other commonly reported event categories include specimen handling and laboratory labeling errors, behavioral events, medication-related incidents, disclosure events, and patient falls.

Dr. White discussed ongoing patient safety initiatives focused on patient identification and informed consent procedures. He emphasized the importance of using two patient identifiers to ensure the correct tests and services were provided to the correct patient. Since many patients had similar names, staff were required to verify additional identifiers, such as date of birth, to reduce the risk of errors.

He mentioned the efforts to improve the organization's consent process, by explaining that procedures beyond routine visits or laboratory testing, such as biopsies and other medical interventions, required separate informed consent. Staff were working to ensure patients understood the risks, benefits, and alternatives of procedures and that the information was properly documented.

Dr. White noted that patient safety events were reviewed daily through a structured huddle process involving clinic staff, operational leaders, and executive leadership. Staff followed-up with affected patients as appropriate, and trends were monitored across the organization. He identified proper use of two patient identifiers and improvements to the consent process were ongoing areas of focus to further strengthen patient safety and reduce the risk of errors.

6. Discuss and Review Federally Qualified Health Centers Press Ganey Experience Data for the Fourth Quarter of Fiscal Year 2026 and Fiscal Year End 2026

Dr. White highlighted the likelihood to recommend metric, noting that the FY 2026 benchmark was set at 77.25 percent. Performance was better than benchmark across all reporting periods, demonstrating substantial progress.

Dr. White shared a substantial increase in patient survey participation, with more than 13,000 Press Ganey survey responses received from approximately 78,000 patient visits, providing valuable feedback and demonstrating strong patient engagement.

Mr. Pettigrew asked for clarification regarding the meaning of the Safety Net Hospital (SNH) ranking on the Press Ganey data and noted that the organization was ranked ninth.

Dr. White explained that SNH rank referred to the organization's national ranking among Safety Net Hospitals. He reported Valleywise Health was ranked ninth nationally, placing it among the top ten safety net hospital systems. He commended the staff for their outstanding work and expressed confidence that the organization's performance would continue to improve.

He reported that the Press Ganey survey included a measure on how well staff worked together to care for the patient, while performance remained strong, the metric did not meet the benchmark of 77.62%, achieving 75.59% for the year.

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

6. Discuss and Review Federally Qualified Health Centers Press Ganey Experience Data for the Fourth Quarter of Fiscal Year 2026 and Fiscal Year End 2026, cont.

Dr. White mentioned that the measure reflected the effectiveness of communication and handoffs among healthcare team members, both within clinics and across the healthcare system. Which included coordination during referrals and transitions of care. He emphasized the importance of ensuring patients experienced seamless care across all locations and providers rather than feeling they were receiving care from separate entities. Improving care coordination, communication, and patient handoffs would remain a key focus area.

Mr. Hooper asked whether patient survey scores were affected when referrals were made outside of Valleywise Health.

Dr. White explained that referrals made outside the Valleywise Health system could affect the patient survey scores because the measure was based on the patient's overall perception of how well their care team worked together. He noted that patients were not asked to distinguish between Valleywise Health providers and external providers when responding to survey questions. As a result, negative experiences outside referral partners may influence patient perceptions of care coordination.

He noted that patient experience results were reviewed at the individual clinic level and explained that data was broken down by location and shared with clinical teams so that targeted improvements could be implemented at each site and progress could be monitored over time.

He highlighted the strong performance of the dental clinics, in patient likelihood of recommending scores and staff worked together to care for you.

Dr. White emphasized that patient experience remained a key focus, with clinic managers and teams meeting monthly and participating in collaborative committees dedicated to improving patient engagement and overall experience.

Mr. Otu asked for clarification regarding the difference between the SNH ranking and all practice sites ranking displayed on the Press Ganey data.

Dr. White explained that all practice sites ranking compares Valleywise Health's performance against all healthcare practice sites nationwide, while the SNH ranking compares the organization only to other safety net hospital systems.

7. Discuss and Review Federally Qualified Health Centers Financials and Payor Mix for the Fourth Quarter of Fiscal Year 2026

Mr. Meier presented the financial statements for the FQHCs for the fourth quarter of FY 2026.

He reported visits at the Community Health Centers missed budget by 12%, total operating revenues missed budget by 11%, and total operating expenses were better than budget by seven percent, resulting in a negative operating margin variance of $444,212.

Outpatient behavioral health visits were 28% better than budget; total operating revenues were better than budget by 21%, and total operating expenses missed budget by five percent, resulting in a positive operating margin of $450,095.

Valleywise Comprehensive Health Center–Phoenix visits missed budget by 12%; total operating revenues missed budget by 24%; and total operating expenses were eight percent better than budget, resulting in a negative operating margin variance of $492,848.

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

7. Discuss and Review Federally Qualified Health Centers Financials and Payor Mix for the Fourth Quarter of Fiscal Year 2026, cont.

Valleywise Comprehensive Health Center–Peoria visits missed budget by 20%; total operating revenues missed budget by 29%; and total operating expenses were eight percent better than budget, resulting in a negative operating margin variance of $358,371.

Dental clinic visits were seven percent better than budget, total operating revenues better than budget by 43%, and total operating expenses missed budget by seven percent, resulting in a positive operating margin variance of $437,552 due to some grant funding.

In reviewing the statistics for all clinics combined, Mr. Meier noted visits missed budget by three percent, total operating revenues missed budget by four percent, and total operating expenses missed budget by one percent, resulting in a negative operating margin variance of $3,967,632.

The six-month payer-mix trend showed an increase in commercially insured patients, rising from 18.9% in January 2026 to 20.8% in June 2026. During the same period, Medicaid decreased by 0.9% and self-pay/other decreased by 1.2%, while Medicare and other government payer categories remained relatively stable.

The four-year trend continued to show a decline in Medicaid of 1.1%, with most of the shift moving into the commercial payer category, which increased by 1.5 percent.

Mr. Otu noted the positive trend of Medicaid volumes appearing to stabilize rather than continue declining year over year. He asked whether any interventions had been implemented to improve Medicaid patient retention and whether there was evidence that those efforts were contributing to the stabilization in Medicaid enrollment.

Dr. Barker mentioned that the organization had focused on three key strategies to improve Medicaid patient retention and access. First, priority appointment slots were created for new Medicaid patients, reducing wait times to fewer than 10 days. Second, targeted marketing campaigns were implemented in specific communities and clinics to increase awareness and attract Medicaid patients. Third, outreach campaigns using text messages and emails were being sent to Medicaid patients who had not had a visit within the past 12 months, encouraging them to schedule annual appointments. Dr. Barker noted that it was too early to determine which strategy had been most effective.

8. Discuss and Review Federally Qualified Health Centers Capital Expenditure Report from Fiscal Year 2026

Mr. Meier presented the capital expenditure report, explaining that it provided the netbook value of the FQHCs assets, which included land, buildings, and equipment. He noted that the netbook value represented the remaining value of assets, after accounting for depreciation, amortization, and depletion costs. The report illustrated how the original purchase value of assets decreases over time due to aging and normal wear and tear. Mr. Meier emphasized that the report was being provided for informational purposes to give the Governing Council visibility into the various assets held at each clinic's location.

NOTE: Ms. Sullivan excited at 6:42 p.m.

9. Discuss and Review the Annual Federally Qualified Health Center Service Area Competition (SAC) Funding Award No. 2 H80CS33644-07-00 Budget Report for Year 1

Mr. Meier reviewed the FQHC Service Area Competition (SAC) award, noting that it was reviewed annually as part of the HRSA requirements.

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

9. Discuss and Review the Annual Federally Qualified Health Center Service Area Competition (SAC) Funding Award No. 2 H80CS33644-07-00 Budget Report for Year 1, cont.

Mr. Meier explained the importance of the annual SAC grant, which the organization was eligible to receive because it operated as an FQHC. For the current year, the total grant award was $1,579,415 and was allocated across three program areas: Primary Care HIV Prevention, the Family Resource Center, and Behavioral Health Service Expansion. He noted that the grant funds were used to support personnel costs, with the majority of expenditures related to employee salaries and benefits.

10. Meeting Update/Report from Valleywise Community Health Centers Governing Council's Connecting with the Community Committee

Mr. Hooper provided an update from the Valleywise Community Health Center Governing Council Connecting with the Community Committee (Committee) regarding community engagement efforts. Over the past year, the Committee gathered information on clinic outreach activities and identified seven clinics that stood out for their participation in community events and strong collaborative relationships. Clinics with lower levels of community involvement were encouraged to explore opportunities for outreach and learn from the more active clinics.

He shared that the Committee was focused on increasing member participation in community outreach efforts and would be seeking volunteers to support these activities. The Committee was relaunching its storytelling program, which trained ambassadors to share personal and patient stories that highlighted Valleywise Health's mission and values. Mr. Hooper noted that participants would use those stories to engage with the community and may also share their experiences at future Governing Council meetings.

11. Federally Qualified Health Centers' Chief Executive Officer's Report, Including Ambulatory Operational Dashboards

Dr. Barker reviewed the FQHC operational dashboard and reported that average appointment fill rates were 95.2%, exceeding the established benchmark. She noted a potential discrepancy in the new patient priority appointment metric, which was currently reported as 16 days. After reviewing the Strategic Action Plan data with the Director of Operations, she indicated the figure may be inaccurate, as her records show five days.

Non-priority new patient appointments averaged 28 days, performing better than the 30-day benchmark. She noted that the 17.5% no-show rate continued to be a challenge. Patient satisfaction remained strong, with the organization achieving a Press Ganey score of 78.6%, exceeding the 78% benchmark.

Dr. Barker noted that the organization ended the fiscal year with a four percent negative revenue variance; however, the variance remained within the acceptable threshold of less than five percent.

She reported that Governing Council members received an email with the Centers for Medicare & Medicaid Services (CMS) overall quality star rating information earlier in the month explaining the decrease in the organization's CMS star rating from three stars to one star. She stated that the information provided an explanation of the reasons for the change and offered to provide a formal presentation if the Governing Council would like additional information.

Dr. Barker summarized key topics from the most recent Maricopa County Special Health Care District Board of Directors (Board) meeting. She stated that the Board did not hold regular meetings during July but met to appoint Dr. White as the new President & Chief Executive Officer (CEO) and to discuss the organization's CMS Star Ratings. She also noted that the Board was developing its FY 2027 strategies which would be presented to the Governing Council at a future meeting.

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

11. Federally Qualified Health Centers' Chief Executive Officer's Report, Including Ambulatory Dashboards, cont.

Dr. Barker encouraged the Governing Council member to participate in the FQHC site visits and noted that the first visit would take place on August 19, 2026, at Valleywise Community Health Center - North Phoenix. The clinic would be recognized for achieving patient satisfaction scores above 80 percent.

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

Dr. White expressed his appreciation for the opportunity to serve the organization in his new leadership role. He thanked the Governing Council members for their dedication to improving ambulatory clinics and enhancing the patient care environment. He acknowledged the Governing Council members' commitment to helping the organization better serve the community and stated that he looked forward to working with the Governing Council in his new role and continuing to support the organization's mission and goals.

Ms. Mancinas stated that she received an email regarding the recent appointment of Dr. Jodi Carter as Chief Medical Officer. She asked whether it was the position previously held by Dr. White and sought clarification on whether Dr. Carter's appointment was an interim position.

Dr. White responded that Dr. Carter had agreed to serve as the organization's Interim Chief Medical Officer during the leadership transition. He noted that while the role may differ somewhat from his previous position, Dr. Carter would serve in a similar capacity as the system's Interim Chief Medical Officer.

He announced that Dr. Merima Bucaj would serve as the Interim FQHC Medical Director. He noted that several leadership positions were being filled on an interim basis and explained that the organization planned to formally post the leadership positions and conduct recruitment processes to transition the interim appointments into permanent roles.

13. Governing Council Member Closing Comments/Announcements

There were no comments.

Adjourn

MOTION: Mr. Otu moved to adjourn August 5, 2026, Valleywise Community Health Centers Governing Council Meeting. Ms. Mancinas seconded.

VOTE: 9 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Blake, Mr. Hooper, Ms. Mancinas, Ms. Muñoz, Mr. Otu, Mr. Pettigrew, Mr. Tormala
0 Nays
3 Absent: Ms. Cota, Mr. Ishimwe, Ms. Sullivan
Motion passed.

Meeting adjourned at 7:23 p.m.

Denise Tapia
Deputy Clerk of the Board