![Valleywise Health logo]

Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

5:30 p.m.

Agenda

Council Members	AGENDA
Scott Jacobson, Chairman Eileen Sullivan, Vice Chairman Earl Arbuckle, Treasurer Nelly Clotter-Woods, Member Chris Hooper, Member Salina Imam, Member Norma Muñoz, Member William O'Neill, Member Essen Otu, Member Wayne Tormala, Member Jane Wilson, Member Mary Rose Garrido Wilcox, District Board, Non-Voting Member	**Valleywise Community Health Centers Governing Council** **Mission Statement of the Federally Qualified Health Centers** Serve the population of Maricopa County with excellent, comprehensive health and wellness in a culturally respectful environment.

· Virginia G. Piper Charitable Trust Pavilion ·
· 2609 East Roosevelt Street · Phoenix, Arizona 85008 ·
· 2nd Floor · Auditoriums 1 and 2 ·

Wednesday, January 3, 2024
5:30 p.m.

Access to the meeting room will start at 5:20 p.m., 10 minutes prior to the start of the meeting.

One or more members of the Valleywise Community Health Centers Governing Council may be in attendance by technological means. Council members attending by technological means will be announced at the meeting.

Please silence cell phone, computer, etc., to minimize disruption of the meeting.

5:30 **Call to Order**

Roll Call

Call to the Public
This is the time for the public to comment. The Valleywise Community Health Centers Governing Council may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism, or scheduling a matter for further consideration and decision at a later date.

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

12/28/2023 11:22 AM

General Session, Presentation, Discussion and Action:

5:40   1.   Approval of Consent Agenda: 5 min
              Any matter on the Consent Agenda will be removed from the Consent Agenda and discussed as a regular agenda item upon the request of any voting Governing Council member.

              a.   Minutes:

                    i.   **Approve** Valleywise Community Health Centers Governing Council meeting minutes dated December 6, 2023

              b.   Contracts:

                    i.   INTENTIONALLY LEFT BLANK

              c.   Governance:

                    i.   INTENTIONALLY LEFT BLANK

              d.   Medical Staff:

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

_____**End of Consent Agenda**_____

5:45   2.   Mission Moment – A Patient Story 5 min
              Jose Luis Madera, Manager, Integrated Behavioral Health Services

5:50   3.   Presentation on Outpatient Behavioral Health Services at Valleywise Health 15 min
              Gene Cavallo, MC, LPC, Senior Vice President, Behavioral Health Services
              Jose Luis Madera, Manager, Integrated Behavioral Health Services
              Vicki Staples, Director, Outpatient Behavioral Health Programs

6:05   4.   Discuss and Review Depression Screening Demographic Data 10 min
              Michelle Barker, DHSc, Chief Executive Officer, Federally Qualified Health Centers

6:15   5.   Discuss and Review the Semiannual Federally Qualified Health Centers Referral Report 5 min
              Matthew Meier, MBA, Vice President, Financial Services

6:20   6.   Discuss and Review the Semiannual Health Resources and Services Administration (HRSA) Grants Funding Utilization Report 5 min
              Matthew Meier, MBA, Vice President, Financial Services

6:25   7.   Discuss and Review the Semiannual American Rescue Plan Act (ARPA) Funding Report 5 min
              Matthew Meier, MBA, Vice President, Financial Services

6:30   8.   Discuss the Development of a Strategic Plan for the Federally Qualified Health Centers 10 min
              Michelle Barker, DHSc, Chief Executive Officer, Federally Qualified Health Centers

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

6:40   9.   Discuss Possible Governing Council Retreat 10 min
                    Michelle Barker, DHSc, Chief Executive Officer, Federally Qualified Health Centers

6:50   10.   Federally Qualified Health Centers' Chief Executive Officer's Report including Ambulatory Operational Dashboards 10 min
                    Michelle Barker, DHSc, Chief Executive Officer, Federally Qualified Health Centers

7:00   11.   Maricopa County Special Health Care District Board of Directors Report 5 min
                    Mary Rose Garrido Wilcox, Director, Board of Directors

7:05   12.   Valleywise Health's President and Chief Executive Officer's Report 5 min
                    Steve A. Purves, FACHE, President and Chief Executive Officer, Valleywise Health

7:10   13.   Governing Council Member Closing Comments/Announcements 5 min
                    Valleywise Community Health Centers Governing Council

7:15   14.   Review Staff Assignments 5 min
                    Melanie Talbot, Chief Governance Officer

             Old Business:

             December 6, 2023
             Presentation on Marketing/Communications in February/March 2024

7:20   **Adjourn**

Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

Item 1.

Consent Agenda

Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

Item 1.a.i.

Minutes
December 6, 2023

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** **December 6, 2023, 5:30 p.m.**

DRAFT

Members Present:	Scott Jacobson, Chairman Eileen Sullivan, Vice Chairman Earl Arbuckle, Treasurer Nelly Clotter-Woods, Member Chris Hooper, Member Salina Imam, Member William O'Neill, Member *– participated remotely* Wayne Tormala, Member Jane Wilson, Member
Members Absent:	Norma Muñoz, 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 A. Purves, FACHE, President and Chief Executive Officer, Valleywise Health Michael D. White, MD, MBA, Chief Clinical Officer Claire Agnew, CPA, MBA, Chief Financial Officer Melanie Talbot, Chief Governance Officer Martin C. Demos, JD, Acting General Counsel Crystal Garcia, RN, MBA, Vice President, Specialty Services, Quality and Safety Salvadore Avina, Project Manager, Valleywise Health Mobile Health Unit
Recorded by:	Denise Kreidler, Deputy Clerk of the Board

Call to Order:

Chairman Jacobson called the meeting to order at 5:32 p.m.

Roll Call

Ms. Kreidler called roll. Following roll call, she noted that seven of the ten voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Dr. Clotter-Woods and Ms. Imam joined after roll call.

For the benefit of all participants, Ms. Kreidler announced the Governing Council member participating remotely.

Call to the Public

Chairman Jacobson called for public comment.

Call to the Public, cont.:

Ms. Charmaine Jackson, Clinical Resource Leader, Valleywise Comprehensive Health Center-Phoenix, addressed the Governing Council to share a recent patient story. Ms. Jackson spoke of her experience with a four-year-old blind patient with disabilities, and of the struggles the patient's mother faced as a refugee. She emphasized how instrumental the cultural health navigators and care coordinators were to the refugee families.

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:

    a. Minutes:

        i. Approve Valleywise Community Health Centers Governing Council Meeting Minutes dated November 1, 2023

        ii. Approve Valleywise Community Health Centers Governing Council Meeting Minutes dated November 8, 2023

    b. Contracts:

        i. Acknowledge a Master Services Agreement (90-23-177-1) for professional medical, administrative, clinical and teaching services between the Maricopa County Special Health Care District dba Valleywise Health, and District Medical Group including, Statement of Work # 2, FQHC Services

        ii. Acknowledge a new agreement (MCO-20-045-MSA) between Envolve Dental, Inc., and the Maricopa County Special Health Care District dba Valleywise Health, to allow members to receive dental services through Valleywise Health dental providers

    c. Governance:

        i. Appoint Essen Otu to the Valleywise Community Health Centers Governing Council

    d. Medical Staff:

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

NOTE: Dr. Clotter-Woods arrived at 5:34 p.m.

MOTION: Mr. Arbuckle moved to approve the consent agenda. Vice Chairman Sullivan seconded.

VOTE: 8 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Mr. O'Neill, Mr. Tormala, Ms. Wilson
0 Nays
2 Absent: Ms. Imam, Ms. Muñoz
Motion passed.

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

1.   Approval of Consent Agenda, cont.

Ms. Talbot administered the Oath of Office to Mr. Essen Otu for appointment of membership to the Valleywise Community Health Centers Governing Council, as required by the Governing Council bylaws.

NOTE: Ms. Imam joined the meeting in person at 5:43 p.m.

2.   Discuss, Review and Approve the Quality Improvement/Quality Assurance Plan for the Federally Qualified Health Centers for Calendar Year 2024

Ms. Garcia reported that the goals for the Quality Improvement/Quality Assurance Plan were aligned with the recently approved Community Health Needs Assessment. She further reported that the only changes made to the Plan were references to the Governing Council's Compliance & Quality Committee, which were removed since the committee no longer exists. Additionally, the reporting structure was reviewed to ensure accuracy.

MOTION: Mr. Arbuckle moved to approve the Quality Improvement/Quality Assurance Plan for the Federally Qualified Health Centers for Calendar Year 2024. Ms. Wilson seconded.

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

3.   Discuss, Review and Approve Submission to Health Resources and Services Administration (HRSA) for a Change in Scope to add the Valleywise Health Mobile Health Unit as a Site on Form 5B

Dr. Barker reported that the mobile unit was close to completion. She needed to apply to HRSA to add the mobile health unit as a Federally Qualified Health Center (FQHC) site on Form 5B.

MOTION: Mr. Tormala moved to approve the submission to HRSA for a change in scope to add the Valleywise Health Mobile Health Unit as a site on Form 5B. Mr. Hooper seconded.

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

4.   Presentation on Valleywise Health Mobile Health Unit

Mr. Avina stated that the mobile health unit was near completion to be license ready.

Mr. Avina listed the objectives for the unit. Some of the included primary care, dental screenings, immunizations, integrated behavioral health (IBH) and laboratory.

He touched on the timeline including delivery of the unit, the unit's current location, staffing of the unit, and security for the unit. There would be a ribbon cutting ceremony as well as a community event.

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

4.   Presentation on Valleywise Health Mobile Health Unit, cont.

Mr. Avina discussed sustainability and the development of a fleet of units. He stated that information was being collected from other organizations with fleets of mobile health units.

Ms. Wilson asked if pharmaceuticals would be dispensed from the mobile health unit.

Mr. Avina reported that the unit would be able to dispense certain medications.

Dr. Clotter-Woods inquired if the geographic travel of the unit would include the rural areas of Arizona.

Mr. Avina reported that it would travel throughout Valleywise Health's service area, which was Maricopa County.

Ms. Imam questioned if the unit was a fixed location.

Mr. Avina said that the mobile health unit was currently stationed at Valleywise Comprehensive Health Center-Peoria, however, that would not be the permanent location. As Valleywise Health partners with different organizations, the unit would be offered as an option since it could visit different sites.

Ms. Wilson asked if the mobile health unit was only for uninsured patients.

Mr. Avina stated that it would serve the uninsured, underserved and those that needed medical services who could not otherwise receive care due to transportation issues.

Mr. Hooper asked if the organizations that Valleywise Health partnered with were focused on the underinsured populations inside of Maricopa County.

Mr. Avina reported that was correct. A process was in development to identify the disadvantaged youth, elderly, and the unsheltered so those populations were targeted.

Dr. Clotter-Woods asked if the unit would be open 24-hours a day or if there would be specific hours of operation.

Mr. Avina noted that clinic hours would be established. There would be exceptions for special events that could take place in the evenings or during the weekend.

Mr. O'Neill asked if there were a certain number of patients to see each day.

Mr. Avina reported that an estimated 20 patients per day could be seen.

Chairman Jacobson questioned if other FQHCs in the valley had mobile health units.

Dr. Barker commented that there were several other FQHCs that had mobile health units. A mobile health unit coalition coordinates activities and locations to ensure no populations were missed.

Mr. Otu asked if other FQHCs outside of Arizona were consulted concerning a long-term goal to provide better access through the mobile health unit and the potential to develop a fleet of units.

Mr. Avina shared that there was an organization based in Boston that his team researched because of the success of their mobile health clinic and how it could be emulated at Valleywise Health.

Dr. Barker said that one of the goals were to get people engaged in Valleywise Health thereby creating referrals. This would allow the team to strategize about integration of mobile health care and if there was an opportunity to add more units.

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

4.   Presentation on Valleywise Health Mobile Health Unit, cont.

Ms. Wilson asked how the mobile health unit would be staffed to manage specialized care.

Mr. Avina noted that staff would consult with partners to coordinate services that targeted the needs of the population.

Dr. Barker commented that the mobile health unit would function the same as a brick-and-mortar clinic. Social Determinants of Health (SDOH) such as homelessness, food insecurity, and financial instability would been assessed. Resources based on the needs assessment would be referred to Valleywise Health's Care Management Department or other parts of the organization that collaborate with the team.

Ms. Imam asked how patients without identification would be handled.

Mr. Avina said that the organization could assist the homeless and undocumented. Those occurrences would be overseen case by case. Valleywise Health had various partners and staff would coordinate with them before the mobile health unit arrived at the site.

Dr. Barker reported that Valleywise Health partnered with Central Arizona Shelter Services (CASS) and other organizations that specifically help the unsheltered obtain identification or sign up for Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid system. The unit could address an immediate concern, however, persons without documentation would need additional support outside of what the mobile unit could provide.

5.   Discuss, Review and Accept the Maricopa County Special Health Care District dba Valleywise Health, annual audit for fiscal year ending June 30, 2023, including information related to the Federally Qualified Health Centers

Ms. Agnew reviewed Valleywise Health's annual audit. The audit was completed by Ernst & Young (EY). She reported that there were no material weaknesses, no material corrections, and no audit adjustments. EY also reviewed other liabilities and rules. Moss Adams audited the Prop 480 bond funds to ensure that they were spent appropriately.

Mr. Arbuckle asked if the audit was the same one previously reviewed by the Governing Council.

Ms. Agnew said that Governing Council reviewed the Uniform Guidance (UG) audit for fiscal year (FY) 2022, in September 2023. The UG audit for FY 2023, would be reviewed in January 2024. She stated that the purpose of the UG audit was to ensure Valleywise Health's compliance with spending, reporting, and handling of federal grant funds.

MOTION: Dr. Clotter-Woods moved to accept the Maricopa County Special Health Care District dba Valleywise Health, annual audit for fiscal year ending June 30, 2023, including information related to the Federally Qualified Health Centers. Mr. Hooper seconded.

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

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

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

Dr. Barker briefly reviewed the FQHCs dashboard. The FQHCs referrals rate was at 91.3% and the appointment fill rate was 89.7 percent. All but one of the quality metrics were meeting the established benchmarks.

Dr. Barker said that there was one finding out of 94 elements from the operational site visit (OSV). After further review with HRSA, they overturned the finding. She proudly announced that Valleywise Health received a 100% score.

She commented that there was an orientation scheduled in January 2024 for new Governing Council members.

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

This item was not discussed.

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

Mr. Purves reported on priorities including the opening of the new medical center in April 2024. He said that strategic planning efforts were underway.

Ms. Wilson asked the number of beds in the new hospital.

Mr. Purves replied there were 230 beds.

Dr. White added that the medical center was licensed for 256 beds.

9.   Governing Council Member Closing Comments/Announcements

Mr. Hooper asked what Governing Council could expect because of the new tagline. He expressed the importance of outreach for community awareness.

Mr. Purves suggested that a presentation from marketing/communications might be helpful.

10.   Review Staff Assignments

Ms. Kreidler reiterated the outstanding old business from the November 1, 2023, meeting.

Adjourn

MOTION: Mr. Arbuckle moved to adjourn the December 6, 2023, Valleywise Community Health Centers Governing Council Meeting. Ms. Imam seconded.

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

Meeting adjourned at 7:06 p.m.

_____
Denise M. Kreidler
Deputy Clerk of the Board

Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

Item 1.b.

Contracts
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Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

Item 1.c.

Governance
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Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

Item 1.d.i.

Medical Staff
Credentials

VALLEYWISE HEALTH
CREDENTIALS AND ACTION ITEMS REPORT
MEDICAL STAFF

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

INITIAL MEDICAL STAFF APPOINTMENT				
NAME	**CATEGORY**	**SPECIALTY/PRIVILEGES**	**APPOINTMENT DATES**	**COMMENTS**
Omair Hasan, M.D.	Courtesy	Internal Medicine	12/01/2023 to 11/30/2025	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	**SPECIALTY/PRIVILEGES**	**RECOMMENDATION EXTEND or PROPOSED STATUS**	**COMMENTS**
Jodi P. Carter, M.D.	Pediatrics	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Pediatric & Adolescent Core Privileges.
Rex H. Ragsdale, M.D.	Family & Community Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Addiction Medicine Privileges.
Shelly Sood, M.D.	Obstetrics & Gynecology	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Ambulatory and Referral OB & Gyn Core, Obstetrics Core and Gynecology Privileges.

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	**CATEGORY**	**SPECIALTY/PRIVILEGES**	**APPOINTMENT DATES**	**COMMENTS**
Jodi P. Carter, M.D.	Active	Pediatrics	12/01/2023 to 11/30/2025	
Dean V. Coonrod, M.D.	Active	Obstetrics & Gynecology	12/01/2023 to 11/30/2025	
Mohammad Khatib, M.D.	Active	Internal Medicine	12/01/2023 to 11/30/2025	
Shawn R. McMahon, M.D.	Active	Pediatrics	12/01/2023 to 11/30/2025	
Laura Terese Mercer, M.D.	Courtesy	Obstetrics & Gynecology	12/01/2023 to 11/30/2025	
Kama Sibbell White, M.D.	Active	Internal Medicine	12/01/2023 to 11/30/2025	

WAIVER REQUEST			
NAME	**SPECIALTY/PRIVILEGES**	**CATEGORY**	**COMMENTS**
Marie Elizabeth Oberst, D.O.	Family & Community Medicine	Active	Requesting a permanent waiver from the Initial Clinical Activity requirement for *In-Patient Neonate, Infant, Children-Pediatric Cognitive & Procedural Privileges*, specific to having demonstrated current competency in the provision of services, reflective of the scope of the privileges requested in the care of neonates, infants, children for at least twenty (20) patients in a combination of ages treated during the past twelve (12) months in a family medicine department similar in scope and complexity to Valleywise Health. Department Chair recommended that first five (5) cases to be proctored by Dr. Roberta I. H. Matern, followed by regular FPPE of retrospective review of five (5) cases.
Rex H. Ragsdale, M.D.	Family & Community Medicine	Active	Requesting a permanent waiver from the Initial Clinical Activity requirements for *In-Patient Core Adult Cognitive and Adult Procedural Privileges,* specific to having demonstrated current competency in the provision of services, reflective of the scope of the privileges required for at least twenty (20) adult patients during the past twelve (12) months in a family medicine department similar in scope and complexity to Valleywise Health. Department Chair recommended that first ten (10) cases to be proctored by Dr. Marie Elizabeth Oberst, followed by regular FPPE of retrospective review of five (5) cases.

CHANGE IN PRIVILEGES			
NAME	**DEPARTMENT/SPECIALTY**	**ADDITION / REDUCTION / WITHDRAWAL**	**COMMENTS**
Jodi P. Carter, M.D.	Pediatrics	Addition: Basic Pediatric & Adolescent Emergency Medicine Core Privileges	FPPE
Rex H. Ragsdale, M.D.	Family & Community Medicine	Addition: In-Patient Core Adult Cognitive and Adult Procedural Privileges	Requesting a permanent waiver from the initial criteria for the privilege
Marie Elizabeth Oberst, D.O.	Family & Community Medicine	Addition: In-Patient Neonate, Infant, Children-Pediatric Cognitive & Procedural Privileges	Requesting a permanent waiver from the initial criteria for the privileges

STAFF STATUS CHANGE			
NAME	**DEPARTMENT**	**CHANGE FROM/TO**	**COMMENTS**
May Mokbelpur, M.D.	Internal Medicine	Leave of Absence to Active	

Recommended by Credentials Committee: November 7, 2023
Recommended by Medical Executive Committee: November 14, 2023
Submitted to MSHCDB: November 21, 2023

RESIGNATIONS *Information Only*			
NAME	**DEPARTMENT/SPECIALTY**	**STATUS**	**REASON**
Anthony M. Dunnigan, M.D.	Internal Medicine	Active to Inactive	Resigned effective November 17, 2023
Ashley Danielle Ermann, M.D.	Pediatrics	Courtesy to Inactive	Resigned effective October 11, 2023

Definitions:

Active $\geq$ 1,000 hours/year – Active members of the medical staff have voting rights and can serve on medical staff committees

Courtesy   < 1,000 hours/year – Courtesy members do not have voting rights and do not serve on medical staff committees

Reappointments Renewal of appointment and privileges is for a period of two years unless otherwise specified for a shorter period of time.

FPPE   Focused professional practice evaluation is a process by which the organization validates current clinical competence. This process may also be used when a question arises in practice patterns.

VALLEYWISE HEALTH
CREDENTIALS AND ACTION ITEMS REPORT
ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL STAFF

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – INITIAL APPOINTMENTS				
NAME	**DEPARTMENT**	**PRACTICE PRIVILEGES/ SCOPE OF SERVICE**	**APPOINTMENT DATES**	**COMMENTS**
Nothing to report				

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
	DEPARTMENT/SPECIALTY	**RECOMMENDATION EXTEND or PROPOSED STATUS**	**COMMENTS**
Moriah Raashell Harris, C.N.M.	Obstetrics & Gynecology	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Certified Nurse Midwife Core Privileges.
Ashley Nicole Rush, F.N.P.	Obstetrics & Gynecology	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practice Core Privileges, Minor Surgery, IUD, Endometrial Biopsy and Subdermal Contraceptive Capsule Privileges.

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – REAPPOINTMENTS				
NAME	**DEPARTMENT**	**PRACTICE PRIVILEGES/ SCOPE OF SERVICE**	**APPOINTMENT DATES**	**COMMENTS**
Michelle Harbottle, P.A.-C	Family & Community Medicine	Practice Prerogatives on file	12/01/2023 to 11/30/2025	
Moriah Raashell Harris, C.N.M.	Obstetrics & Gynecology	Practice Prerogatives on file	12/01/2023 to 11/30/2025	
Ashley Nicole Rush, F.N.P.	Obstetrics & Gynecology	Practice Prerogatives on file	12/01/2023 to 11/30/2025	
Katie Elizabeth Wenzel, P.A.-C.	Family & Community Medicine	Practice Prerogatives on file	12/01/2023 to 11/30/2025	

CHANGE IN PRIVILEGES			
NAME	**DEPARTMENT**	**ADDITION / REDUCTION / WITHDRAWAL**	**COMMENTS**
Michelle Harbottle, P.A.-C	Family & Community Medicine	Withdrawal: Minor Surgery privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges.
Giovanna Marie Love, F.N.P.	Obstetrics & Gynecology	Addition: IUD Removal/Insertion.	Direct supervision of 5 insertions and 1 removal; followed by retrospective review of 5 insertions.

CHANGE IN PRIVILEGES			
Katie Elizabeth Wenzel, P.A.-C.	Family & Community Medicine	<u>Withdrawal</u>: Minor Surgery and IUD Insertion/Removal privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges.

STAFF STATUS CHANGE			
NAME	**DEPARTMENT**	**CHANGE FROM/TO**	**COMMENTS**
Maribeth Lynn Diver, C.N.M.	Obstetrics & Gynecology	Leave of absence to Allied Health Professional	

RESIGNATION (Information Only)			
NAME	**DEPARTMENT/SPECIALTY**	**STATUS**	**REASON**
Rachel Marissa Friedman, F.N.P.	Family & Community Medicine	Allied Health Professional to Inactive	Resigned effective November 8, 2023

General Definitions:

Advanced Practice Clinician — An Advanced Practice Clinicians (APC) means individuals other than Medical Staff members who are licensed healthcare professionals who are board certified and have at least a master's degree. APCs are trained to practice medicine and prescribe within the scope of their training as outlined by their specific scope of practice and are authorized by law and by the Hospital to provide patient care services.

Allied Health Professional — An Allied Health Professional (AHP) means individuals other than Medical Staff members or APCs who are qualified by training, experience, and current competence in a discipline permitted to practice in the hospital and are authorized by law and by the Hospital to provide patient care services.

Practice Prerogatives — Scopes of practice summarizing qualifications for the respective category, developed with input from the physician director of the clinical service and the observer/sponsor/responsible party of the AHP, Department Chair, and other representatives of the Medical Staff, Hospital management, and other professionals.

Supervision Definitions:

(1) General Supervision — The procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure or provision of the services.

(2) Direct Supervision — The physician must be present in the office suite or on the premises of the location and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

(3) Personal Supervision — A physician must be in the room during the performance of the procedure.

Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

Item 2.

Mission Moment
No Handout

Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

Item 3.

Outpatient Behavioral Health Services

Behavioral Health Updates
January 2024

Presented by:

Gene Cavallo, MC, LPC
Senior VP
Behavioral Health Services

Vicki Staples, MEd
Director of Outpatient BH

José Luis Madera, LPC
Manager of IBH

Valleywise Health

Outpatient Behavioral Health Programs

Integrated Behavioral Health Program
- IBH Clinicians, Specialists and Peer Support
- Psychiatry (Adult and Child & Adolescent Fellows)
- Medication Assisted Treatment

Behavioral Specialty Centers
- Assertive Community Treatment
- First Episode Centers- Mesa & Avondale
- Mesa Behavioral Health Specialty Ctr.

Behavioral Health Centers (inpatient)
- Phoenix
- Mesa
- Maryvale

Integrated Behavioral Health Program

José Luis Madera, LPC
Manager of Integrated Behavioral Health

Integrated Behavioral Health (IBH) Program

The goal of the IBH program is to support primary care and our patients in developing practical knowledge and skills to promote and improve emotional and physical health. IBH focuses on improving whole-health outcomes by collaborating with the primary care teams to provide a whole-health approach.

Here are examples of how IBH supports patients receiving
-Screening and Assessments
-Evidence-Based Brief Interventions
-Individual & Family Therapy
-Psychiatry Services
-Assistance to address social determinants of health to reduce barriers that may keep patients and their families from achieving their goals.

Patients need to be receiving primary care from Valleywise Health.
Patients will not be seen for only behavioral health services.

IBH Program Sites

- Comprehensive Health Center – Phoenix
- Comprehensive Health Center – Peoria
- Community Health Center – West Maryvale
- Community Health Center – South Central
- Community Health Center – South Phoenix/Laveen

- Community Health Center – North Phoenix
- Community Health Center – Mesa
- Community Health Center – Guadalupe
- Community Health Center – Avondale
- Community Health Center – Chandler

Integrated Behavioral Health Program

IBH team has continued to grow to over 45 team members and currently recruiting an additional 4 positions including:

- 3 – Clinicians
- 1 – Associate Level Clinician

Currently 29 positions are partially or fully supported with grant and/or Foundation funds.

Since the start of the IBH program 7 positions have successfully transitioned to become 100% self-sustaining.

Director of OPBH Services

Manager of IBH

- IBH Clinic Support Specialist (1 FTE)
- IBH Referral and Support Specialists (7 FTEs)
  - Adult Psychiatry & Child/Adolescent Fellowship (4 Fellows)
- IBH Clinical Coordinator/ Clinical Trainer
  - Clinicians (10 FTEs)
- IBH Clinical Coordinator
  - Clinicians (12 FTEs)
- IBH Clinical Coordinator
  - Clinicians-Assoc. Level (5 FTEs)
  - IBH Behavioral Health Specialists (3 FTEs)
  - IBH Peer Support Specialists (4 FTEs)

Once fully staffed, the IBH Team will have 46 FTEs plus the adult psychiatrists (2+ FTEs) and child/adolescent fellows in the department.

Staffing Overview

Manager – Provides administrative and clinical oversight for all service lines.

Clinical Coordinators – Independently Licensed Clinician oversees the clinical and administrative aspects of the IBH program, supervises and supports IBH teams, clinically supervises behavioral health specialists, and delivers limited services to patients and their families.

Psychiatric Services – Psychiatrist that provides assessments and ongoing psychiatry services plus E-Consultation to Medical providers and IBH teams.

Clinicians – (Independently Licensed and Associate Level) who manages their IBH site, supports medical staff, and delivers treatment and support services to staff and services to patients.

Clinical Support Specialist – Supports the team with managing administrative tasks and work queues.

Behavioral Health Specialist (BHS) & Peer Support Specialist – Master Degree has associate license, under the supervision of the site Clinician supports their site(s), provides treatment and support to staff and direct services to patients and their families.

Child and Adolescent Fellows and Attending – Mesa IBH has psychiatric fellows serving children and adolescents with psych evaluations and medication services including but not limited to autism, ADHD and other psychiatric childhood disorders.

Referral and Support Specialist – MAs coordinate referrals, schedule appointments and assist our psychiatry providers.

Going to the MAT to Fight OUD

SAMHSA
Substance Abuse and Mental Health
Services Administration

Total Award – $2.6M for 5-Year Period (9/21- 9/26)

Provide prevention, treatment, and recovery assistance for *at least 605* low-income, racially/ethnically diverse and at-risk individuals who battle prescription drug and opioid addition.

- Our Medication Assisted Treatment (MAT) services have expanded from 1 clinic to 6 clinics. In the next quarter, projected to be in 4 additional clinics with 9 medical providers.

- Continuing to see increases in the number of patients receiving MAT services and supports, currently at 84 patients.

- Funding will be used to expand IBH office space at Avondale Community Health Center.

- Currently 4 grant funded IBH Peer Support Specialists (PSSs) have been hired to assist in the engagement of patients.

- Collaborating with pharmacy to expand availability of MAT medications and lab services to identify a point of care urine analysis to support those providers who are prescribing MAT services.

More than five people die every day from opioid overdoses in Arizona.

Integrated Behavioral Health Referrals

Over 2,800 IBH referrals for Valleywise Health patients were received during the past 4 months. This is an average of 700 per month.

Referrals to IBH
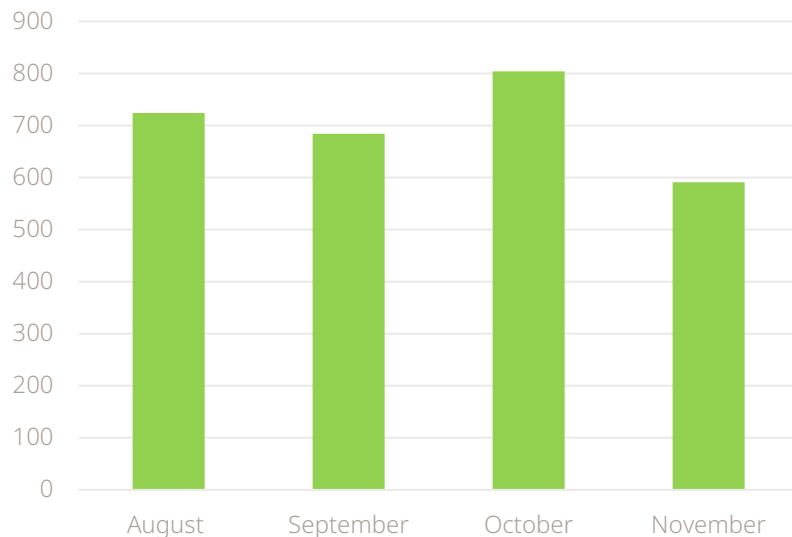
Non-Billable Activities and RSS Scheduled Visits
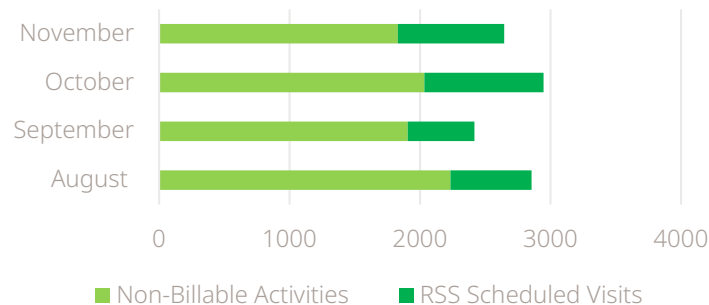
- The Referral Support Specialist (RSS) Team scheduled over 2,862 appointments for the IBH psychiatrists and fellows.

- The IBH team (Clinicians, BHSs & RRS) including completed 8,001 non-billable activities (i.e., scheduling and patient outreach).

Integrated Behavioral Health (IBH) Visits

In the past 4 months, the IBH psychiatrists and fellows have completed 1,488 visits.

In the past 4 months, the IBH psychiatrists and fellows completed 7,102 visits.

In the past 4 months both the IBH team supported 2,163 patients and Psychiatry supported 774 patients.

* It is important to note that some patients are seen by both the Psychiatry team and the IBH team.

Completed Visits

Legend:
- Completed Visits (IBH)
- Completed Visits (Psych)
- Total Patients (IBH)
- Total Patients (Psych)
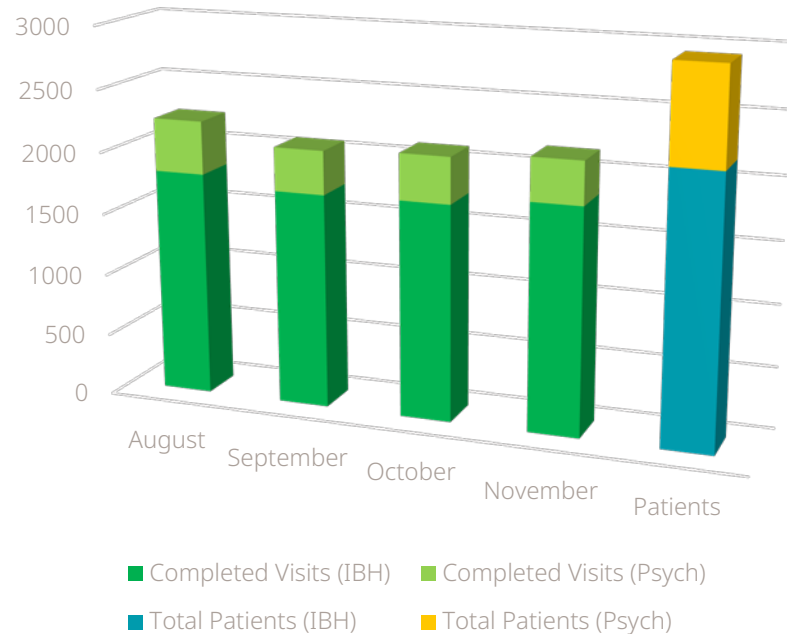
Specialty Behavioral Health Programs

Assertive Community Treatment

The Assertive Community Treatment (ACT) program, based at Valleywise Behavioral Health Center Mesa, opened for business on August 1, 2016

- Currently serving 97 enrolled members (maximum capacity of 100).

- Mesa Riverview ACT again achieved one of the highest scores in Maricopa County on the Mercy Care ACT Fidelity Review. Scoring 4.29 (5 highest) on 28 fidelity metrics. Due to the continued high scores achieved Valleywise is not required to participate in this year's AHCCCS/WICHE review.

- Valleywise Health Foundation was awarded $125,000 by the BHHS Legacy Foundation to support the Forensic ACT program that we hope will be starting at the new Maryvale Hospital Outpatient Behavioral Health Clinic.

First Episode Center (Avondale and Mesa)

This evidence-based program, which began in February 2017, and is based at our Avondale Community Health Center.   Our new Mesa First Episode Center (FEC) opened in June 2023.

- Avondale FEC currently at 85 members (capacity 90).

- Mesa FEC now has 24 members, new staff recruitment underway.

- Each program offers a variety of educational, physical health, skill building and social workshops

- Media coverage of Valleywise Health FECs highlighted in recent articles and news stories.

  [Valleywise opens behavioral health hub in Mesa for young people](#)

Mesa Behavioral Health Specialty Clinic

Mesa Behavioral Health Specialty Clinic opened in February 2019.

- Membership has been steadily growing, currently serving 244 members. Program capacity is 300.

- Visits were 30% higher than projected in November because many of the new members have high needs (e.g., discharging from inpatient settings) requiring more frequent contacts for follow up and coordination of care.

- Continuing to add new groups as the team grows, including WRAP group, Walking Group, Self-care Workshop, Employment Groups, Relapse Prevention, Sounds of Recovery, Social Skills, Art Group, and a Young Adult Group.

MBHS Clinic Enrollment 2022-2023

Month	Enrolled Members
Jul-22	191
AUG	196
SEP	197
OCT	195
NOV	196
DEC	206
JAN	214
FEB	219
MAR	229
APR	239
MAY	238
JUN	242
Jul-23	253
AUG	256
SEPT	254
OCT	252
NOV	241
DEC	244

■ Enrolled Members
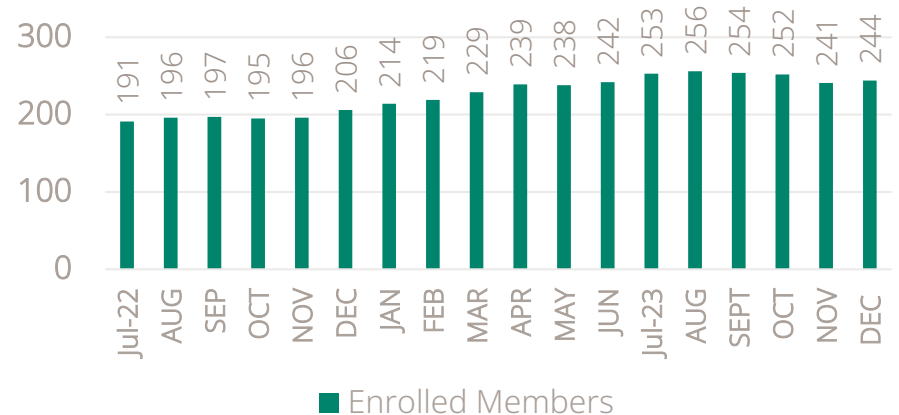
Future Behavioral Health Projects

In April 2022, Maricopa County provided to Valleywise Health, as a subrecipient, a total of $16 million in ARPA funds, to be spent on capital expenditures and improvements of behavioral health facilities as follows:

- $7 Million for establishing an SMI Direct Care Clinic and Assertive Community Treatment (ACT) program in the West Valley for SMI behavioral services, through either the expansion of its Avondale Federally Qualified Health Center, or infrastructure improvements in the Maryvale Hospital;

- $6 Million to expand the Mesa-Desert Vista facility; and

- $3 Million for interior and exterior improvements at the Mesa-Desert Vista facility.

The expenditure of these funds must be incurred by December 31, 2024.

These funds will enable us to create space for new clinics to serve individuals with a Serious Mental Illness in both the East Valley and West Valley.

Funds for a long overdue parking lot renovation and expansion at the Mesa (Desert Vista) facility are included in the project.

Both projects are well under way and are expected to be completed in late 2024.

Outpatient Behavioral Health Specialty Clinics
Current State – 2022/2023

Future State – 2024

Community Health Center - Avondale
First Episode Center
NPI#1043679327

Mesa Community Health Center Clinic
Mesa BH Specialty Clinic
NPI#1104331115

Behavioral Health Center – Mesa
(inpatient)
Mesa Outpatient Clinic
(Residency Program)
Mesa Riverview ACT Clinic
NPI#1003273855

1201 SOUTH ALMA SCHOOL ROAD MESA, AZ
THE MESA TOWER
Rental August 2023
Valleywise Community Health Center – Mesa
First Episode Center
NPI#1124710199

Behavioral Health Center – Mesa
(inpatient)
Mesa Outpatient Clinic
(Residency Program)
New Clinic Build
Specialty Clinic
(3 teams - ACT, Mesa BH Specialty & TBD)
Effective Aug-Sept 2024

Mesa Community Health Center
First Episode Center
Effective Aug-Sept 2024

Community Health Center - Avondale
First Episode Center

Behavioral Health Center - Maryvale
(inpatient)
New Space Build
Specialty Clinic
(3 Teams- TBD) NPI#_____
Effective June 2024

Mesa Towers Center Rental
Effective until 2024

Maryvale BH – Proposed Entry & Access

Maryvale Outpatient BH – Floor Plan
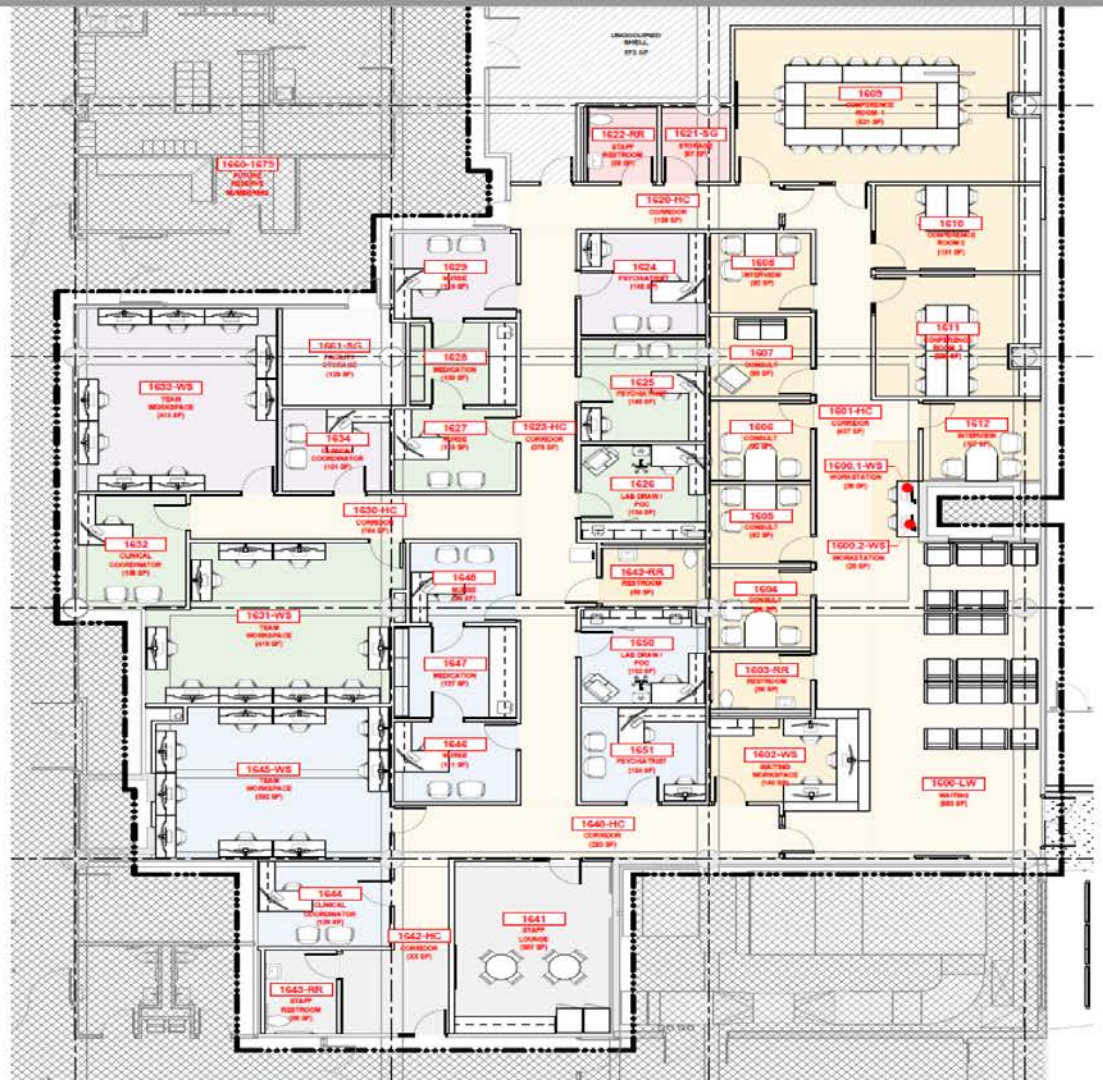
Mesa Behavioral Health
Main Entrance

Brown Plaza

Brown Plaza

Mesa Outpatient Floor Plan

Currently - Design in progress

Tentative Timeline - finish date by phase:

Design & Permit – Apr 2023

Construction – May 2024

Building improvements – Oct 2024

Budget Closeout – Oct 2024

Grant Deadline – Dec 2024

DEPARTMENT

SF	Department
983 SF	ACT
670 SF	ADDITIONAL SPECIALTY
1165 SF	CIRCULATION 17%
2110 SF	COMMON
875 SF	SPECIALTY
609 SF	STAFF
6413 SF	INTERIOR AREA

7076 SF   TOTAL BUILDING AREA

Thank You!

Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

Item 4.

Depression Screening Demographics Data

Depression Screening Analysis

Analysis Review Criteria

Date Range

✓ Ambulatory visits between January 2023 thru November 2023 with depression screening documented

Positive Scoring

✓ Based on PHQ-2 Screening Scores *(score > 3)*

Exclusions/Exceptions

✓ None *(all patients included regardless of diagnosis)*

Patient Health Questionnaire-2 (PHQ-2)   ✉ Share

The PHQ-2 inquires about the frequency of depressed mood and anhedonia over the past two weeks. The PHQ-2 includes the first two items of the PHQ-9.

- The purpose of the PHQ-2 is to screen for depression in a "first-step" approach.
- Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

Over the **last 2 weeks**, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	○ 0	○ +1	○ +2	○ +3
2. Feeling down, depressed or hopeless	○ 0	○ +1	○ +2	○ +3

OVERALL POSITIVE DEPRESSION SCREENING RATE

4.9%

95.1%

■ 49,978 unique negatives   ■ 2,565 unique positives
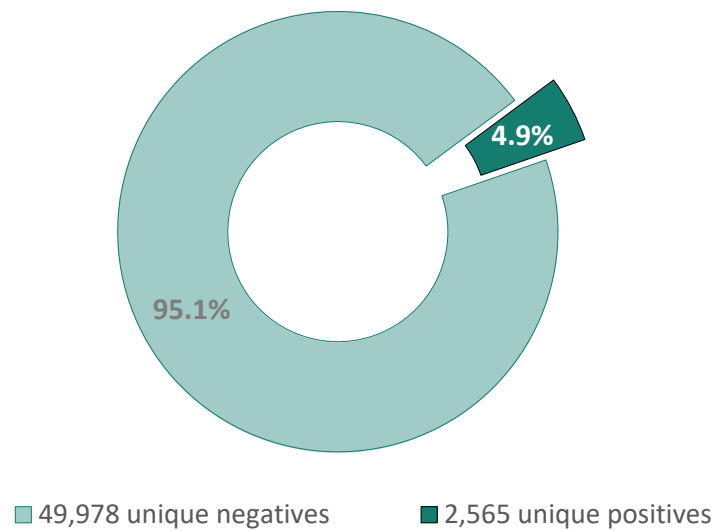
*based on positive PHQ-2 screening

POSITIVE DEPRESSION SCREENING BY GENDER

696 male 27%

1,869 female 73%
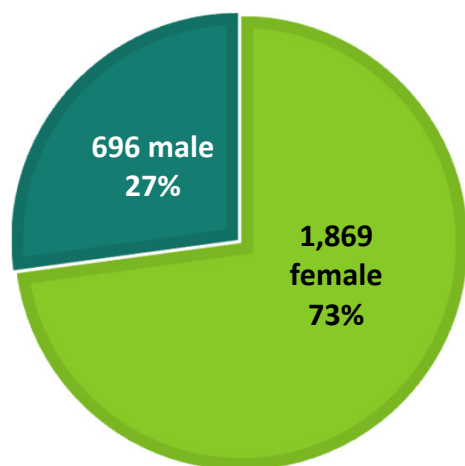
POSITIVE DEPRESSION SCREENING BY AGE GROUP

Age Group	Percentage
12 to 17	6%
18 to 29	19%
30 to 39	17%
40 to 49	19%
50 to 59	21%
60 to 69	13%
70+	5%
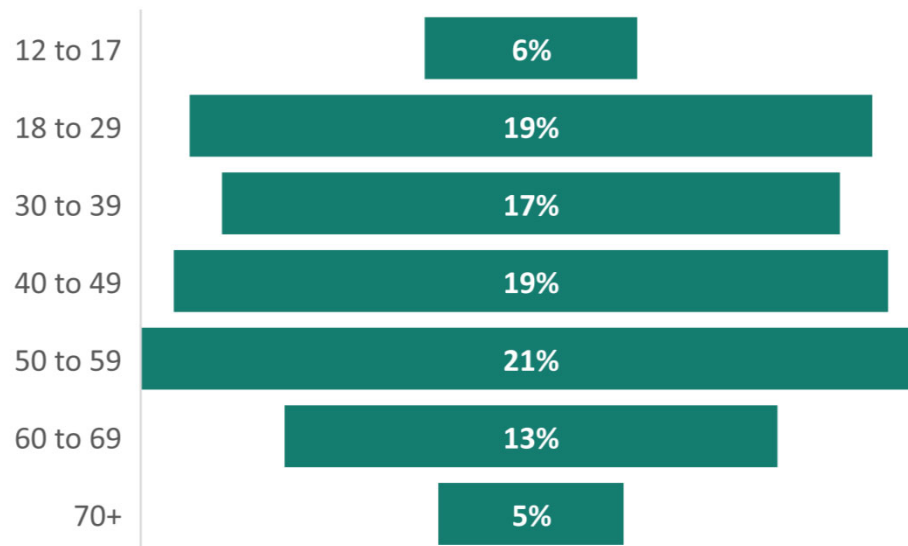
*based on age of last positive screening

POSITIVE DEPRESSION SCREENING BY RACE

1.8%	11.7%	0.9%	0.5%	2.6%	81.6%	1.0%
American Indian or Alaska Native	Black or African American	Other Asian	Other Pacific Islander	Refuse to Report/ Unable to Answer	White	All Others (Combined)
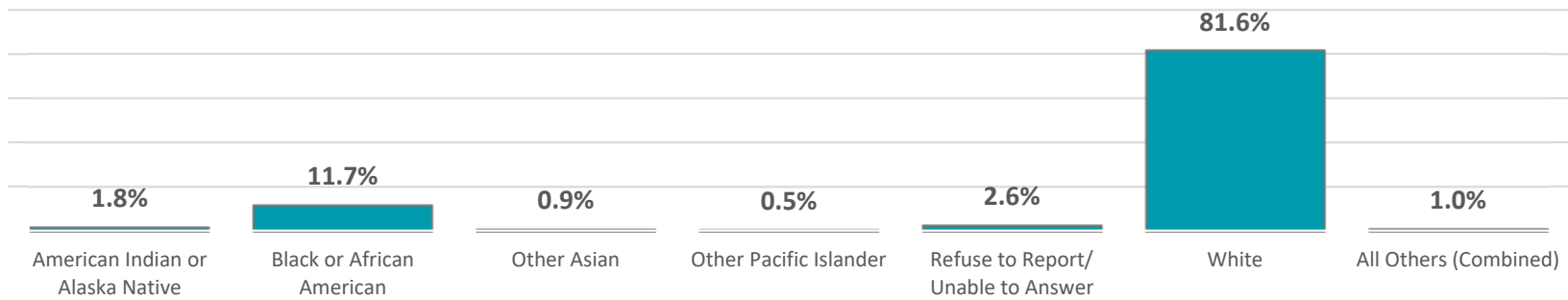
POSITIVE DEPRESSION SCREENING BY ETHNICITY

17.9%	41.4%	38.5%	0.7%	0.5%	0.9%
Another Hispanic, Latino/a, or Spanish Origin	Mexican, Mexican American, Chicano/a	Non-Hispanic, Latino/a, or Spanish Origin	Refuse to Report/Unable to answer	Unknown	All Others (Combined)
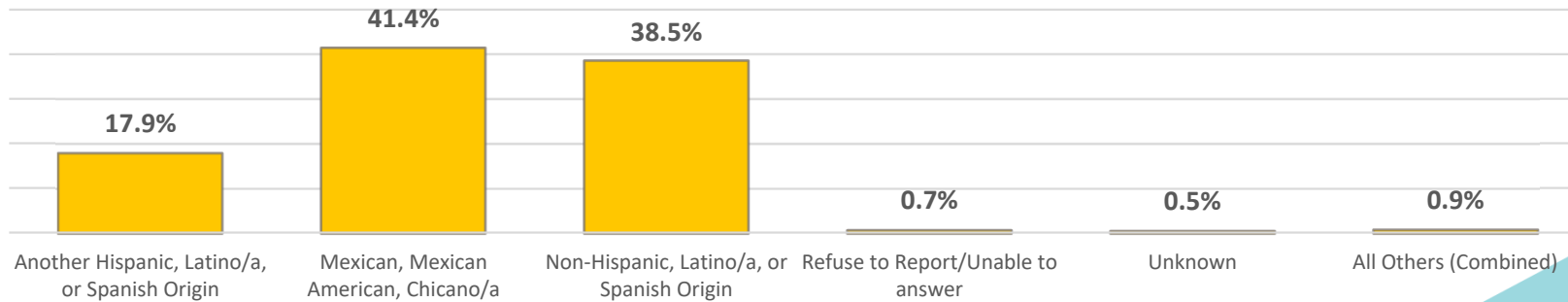
Positive Depression Scoring by Zip code Heatmap
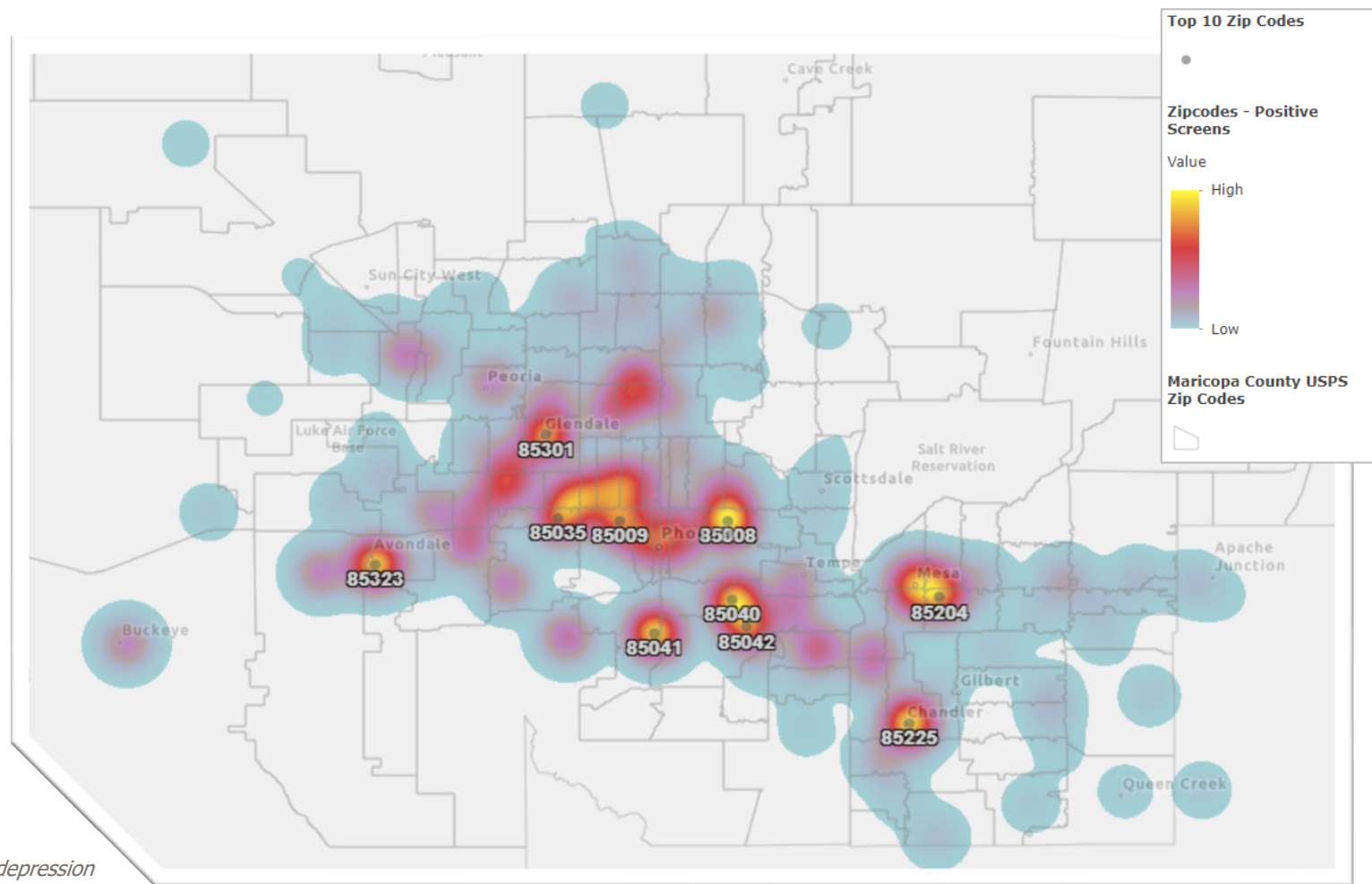
*based on count of depression screenings by patient zip code

Esri, US Census Bureau | City of Phoenix, Esri, HERE, Garmin, SafeGraph, METI/NASA, USGS, Bureau of Land Management, EPA, NPS, USDA | City of Phoenix, City of Tempe, Esri, HERE, Garmin, SafeGraph, METI/NASA, USGS, Bureau of Land Management, EPA, NPS, USDA | City of Phoenix, City of Tempe, Esri, HERE, Garmin, SafeGraph, METI/NASA, USGS, Bureau of Land Management, EPA, NPS, USDA

Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

Item 5.

Semiannual FQHCs Referral Report

VALLEYWISE HEALTH
REFERRALS ANALYSIS
FQHC Designated Clinics[1]

Summary: Internal referrals for the 1st quarter of FY24 were 0.5% greater than the prior 12 months.

SUMMARY BY REFERRAL CLASS
SOURCE: EPIC referrals data
SCOPE: Referrals entered into Epic during the period July 1, 2022 through September 30, 2023.

Referral Class	QTR				
	Q1-23	Q2-23	Q3-23	Q4-23	Q1-24
Internal	41,137	36,124	42,256	43,229	41,552
Outgoing	13,209	11,219	12,858	12,703	12,440
Grand Total	**54,346**	**47,343**	**55,114**	**55,932**	**53,992**

[1] The CHC is included in total; a sub-report would be needed to filter down to just the Primary Care clinics.
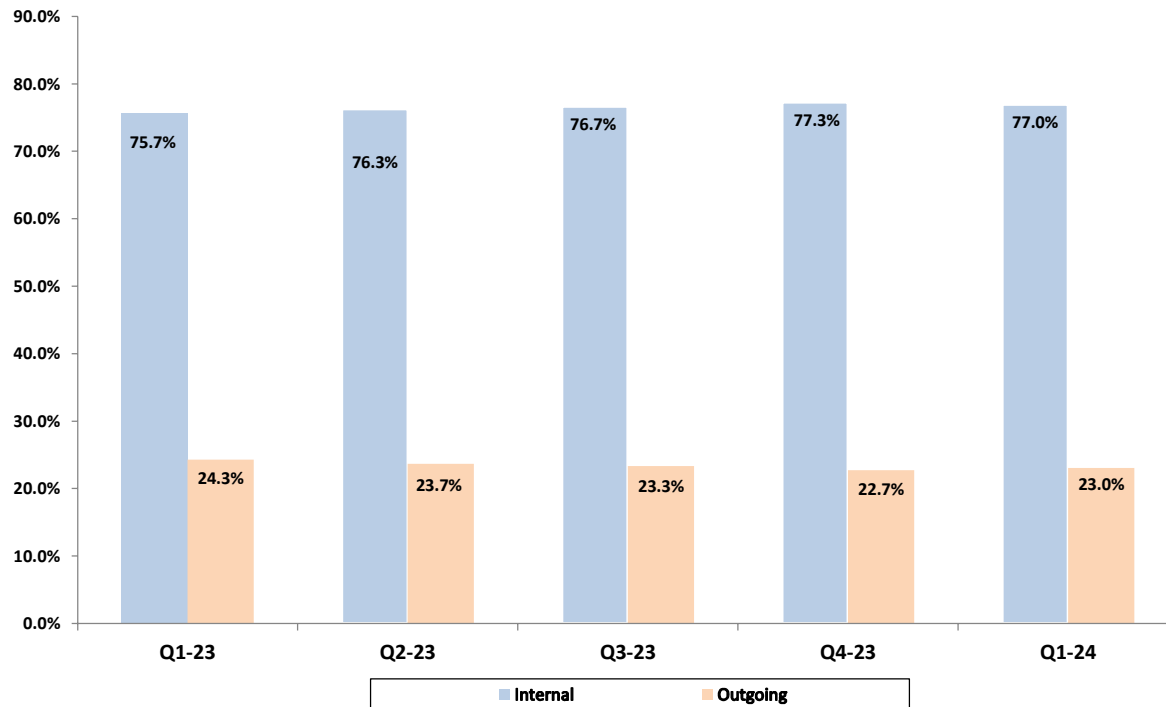
Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

Item 6.

Semiannual HRSA Grants Funding Utilization Report

FQHC Grants

Grant Description (Name)	Purpose of the Grant	Current Grant Period	Current Grant Period Award Amount	Total Spent as of Oct'23	Comment
FQHC-NAP Grant	This grant is to be used for the Operational support of behavioral health service delivery.	09/01/2021 - 08/31/2022	$650,000	$650,000	Program has been closed since 8/31/22. New SAC Award (Service Area Competition) began 9/1/22
FQHC-ECT Grant	This grant is to cover expenses related to purchasing, administering, and expanding capacity for testing to monitor and suppress COVID-19.	05/01/2020 - 04/30/2022	$1,408,999	$1,408,999	Program has been closed since 4/30/23. This is an H80 Supplemental award that will not be reissued
FQHC-Cares ACT	This grant is to cover expenses related to preventing, diagnosing, and treating COVID-19 and maintaining and increasing staff levels during a public health emergency.	04/01/2020 - 03/31/2022	$2,389,132	$2,389,132	Program has been closed since 3/31/23. This is an H80 Supplemental award that will not be reissued
FQHC-SAC Grant	This grant is to be used for the Operational support of our Family Resource Centers. The SAC Grant also includes a supplemental award for Primary Care for HIV Prevention	04/01/2023 - 03/31/2024	$1,079,415	$536,804	This is the H80 award, which includes our main SAC award ($650K for Family Resource Centers) as well as supplemental HIV Funds ($429,415 - Ending the HIV Epidemic-Primary Care HIV Prevention)
FQHC-American Rescue Plan	This grant is to cover expenses to prevent, mitigate, and respond to COVID-19 and to enhance health care services and infrastructure.	04/01/2021 - 03/31/2024	$16,955,000	$12,968,150	No-Cost Extension granted to push end date to 3/31/24
FQHC-First Things First	This grant is to be used for the Operational support of our Family Resource Centers to service families with a pregnant month and/or with children birth to age five.	07/01/2023 - 06/30/2024	$750,000	$179,790	First Things First includes awards for Family Resource Centers in 2 different regions: $500K for Phoenix-South & $250K for East Maricopa. FTF is state funded - not a federal award - but FRC is in FQHC scope with our SAC award. $250K East Maricopa award was not included in FY24 budget, approval came late. 3rd award for West Maryvale region ($250K) approved to begin 1/1/24.

Valleywise

Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

Item 7.

Semiannual ARPA Funding Report

FQHC American Rescue Plan

In April, we were granted a No Cost Extension from HRSA, extending the project end date to 3/31/24.

Grant Description (Name)	Purchases Categories	Spent by Category	Current Grant Period Award Amount	Total Spent as of Oct'23
FQHC-American Rescue Plan	Salaries	$4,739,552	$16,955,000	$12,968,150
	Fringe Benefits	$1,464,488		
	Supplies	$573,709		
	Contractual	$1,633,145		
	Equipment	$1,317,308		
	Travel	$7,737		
	Construction Projects	$499,006		
	Other	$139,574		
	Indirect	$2,593,630		

Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

Item 8.

Development of a Strategic Plan

No Handout

Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

Item 9.

Governing Council Retreat
No Handout

Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

Item 10.

FQHC CEO Report
CEO Dashboard

FQHC Measures

Access

Average of Appointment Fill Rates MTD

90.6%

New Patient Availability

16.1%

No Show Rate MTD

16.7%

Referrals Ready to Book in ≤ 3 Days by Percentage

88.2%

Patient Satisfaction

Net Promoter Score (Month)

73.7%

Quality

Quality measures at or Above Target YTD

Meet or Exceeding Target Goal	92%
Within 10% of the Target Goal	0.07%
>10% Outside target Goal	0%

Financial

% Variance of Budget YTD

1.0%

% Variance of Visits YTD

0.0%

Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

Item 10.

FQHC CEO Report
Ambulatory Operational Dashboard

Ambulatory Pillars Dashboard
November 2023

Valleywise Health

Community Health Centers	Other FQHC Clinics

PATIENT EXPERIENCE - Ambulatory

	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell **	McDowell - Mesa ***		VCHCs FYTD	Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary		Other FQHC-Peoria FYTD	Grand Total
Net Promoter Score FYTD (Would recommend facility)	≥73.0	73.2	71.5	67.3	80.5	68.4	74.4	73.9	72.1	82.6	87.0		73.9	73.4	72.5	74.3	84.4	72.8	73.5		73.2	73.7
	n-size	1,114	1,416	404	760	1,305	1,439	1,356	1,095	1,099	54		10,042	1,331	1,295	202	90	1,544	722		5,184	15,226

ACCESS - Ambulatory

	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell **	McDowell - Mesa ***		VCHCs FYTD	Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary		Other FQHC-Peoria FYTD	Grand Total
Appointments Scheduled FYTD		12,499	14,715	6,016	13,372	14,172	15,865	16,522	11,034	17,604	960		122,759	18,790	16,599	7,252	2,051	13,554	11,558		69,804	192,563
Appointment Fill Rate FYTD		86.5%	92.1%	92.0%	92.6%	92.4%	96.1%	94.6%	91.7%	94.6%	90.1%		92.2%	87.0%	91.1%	100.0%	n/a	96.1%	76.3%		87.4%	90.6%
Scheduled Appointment No-Shows FYTD		1,525	2,020	1,068	2,209	2,333	2,990	3,294	2,016	3,876	187		21,518	2,518	2,414	641	471	2,336	2,210		10,590	32,108
No Show Rate FYTD	<18%	12.2%	13.7%	17.8%	16.5%	16.5%	18.8%	19.9%	18.3%	22.0%	19.5%		17.5%	13.4%	14.5%	8.8%	23.0%	17.2%	19.1%		15.2%	16.7%

FINANCE - Ambulatory

	FYTD	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell **	McDowell - Mesa ***		VCHCs FYTD	Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary		Other FQHC-Peoria FYTD	Grand Total FQHC ****	FYTD FQHC *****
In-Person Visits FYTD		7,290	7,472	2,665	7,135	7,296	7,521	8,715	5,964	6,500	418		60,976	9,149	8,596	4,712	599	7,931	7,081		38,068		111,263
Virtual Visits FYTD		561	682	416	323	550	1,090	550	255	1,600	84		6,111	1,410	140	10	8	128	12		1,708		17,425
Total Actual Visits (includes Nurse Only Visits) FYTD		7,851	8,154	3,081	7,458	7,846	8,611	9,265	6,219	8,100	502		67,087	10,559	8,736	4,722	607	8,059	7,093		39,776		128,688
Budgeted Visits FYTD		6,310	9,093	3,628	7,881	8,406	8,738	8,908	6,829	6,989	417		67,199	11,910	8,357	4,005	602	8,312	7,463		40,649		128,628
Variance FYTD		1,541	(939)	(547)	(423)	(560)	(127)	357	(610)	1,111	85		(112)	(1,351)	379	717	5	(253)	(370)		(873)		60
Variance by % FYTD		24.4%	-10.3%	-15.1%	-5.4%	-6.7%	-1.5%	4.0%	-8.9%	15.9%	20.4%		-0.2%	-11.3%	4.5%	17.9%	0.8%	-3.0%	-5.0%		-2.1%		0.0%
Total Number of Patients seen by provider FYTD		7,548	7,906	2,957	6,805	7,538	8,300	9,076	5,968	6,829	379		63,306	10,264	7,920			7,935	6,803		32,922	96,228	

BEHAVIORAL HEALTH - Ambulatory

Finance	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen		BH Psychiatry		BH FYTD	PEC	PXC
In-Person Visits FYTD		244	210	148	190	501	259	53	119		72		2,384	294	294
Virtual Visits FYTD		974	619	766	433	1,255	471	1,210	693		1,733		9,606	1,452	0
Total Actual Visits FYTD		1,218	829	914	623	1,756	730	1263	812		1805		11,990	1,746	294
Budget Visits FYTD		1,286	733	664	624	1,616	550	1679	711		1202		11,063	1,824	174
Variance FYTD		(68)	96	250	(1)	140	180	(416)	101		603		927	(78)	120
Variance by % FYTD		-5.3%	13.1%	37.7%	-0.2%	8.7%	32.7%	-24.8%	14.2%		50.2%		8.4%	-4.3%	69.0%

DENTAL - Ambulatory

Finance		Avondale	Chandler						McDowell **			Dental FYTD	PEC	PXC
Actual Visits FYTD		1,141	1,199						1,430			9,835	2,110	3,955
Budget Visits FYTD		945	1,067						1,529			9,717	2,085	4,091
Variance FYTD		196	132						-99			118	25	-136
% Variance FYTD		20.7%	12.4%						-6.5%			1.2%	1.2%	-3.3%

LEGEND:

Not in Target	(red)
5% less than the target	(yellow)
Target ≥ 95%	(green)

** Specialty HIV Community Health Center
*** Specialty HIV Community Health Clinic - McDowell Services
**** Grand Total FQHC for Total Number of Patients seen by provider FYTD includes Community Health Centers & Other FQHCs
***** FYTD FQHC for Actual/Budgeted Visits includes Community Health Centers, Other FQHCs, Dental, & OP Behavioral Health Clinics

FQHC Grand Total Actual vs Budgeted Visits
FY 2024 Trend

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
FYTD Actual Visits	22,371	28,071	25,108	27,666	25,472
FYTD Budgeted Visits	23,039	27,639	25,218	26,692	26,040

Ambulatory Care

Quality /Regulatory Metrics

Unified Data System

Metric	Reporting Program	2022 UDS National Average	2021 UDS National Average	CYTD 2022	Desired Direction	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	YTD
Body Mass Index (BMI) Screening and Follow-Up Plan	HRSA	> 61.04%	> 61.32%	66.13%	⬆	89.54%	91.66%	92.88%	93.32%	93.53%	93.69%	93.79%	93.93%	92.11%	92.14%				92.14%
Numerator						10,145	15,782	23,877	29,014	33,454	37,711	40,393	43,747	46,251	48,689				48,689
Denominator						11,330	17,218	25,707	31,092	35,767	40,250	43,068	46,575	50,211	52,842				52,842
Cervical Cancer Screening	HRSA	> 53.99%	> 52.95%	53.62%	⬆	54.68%	54.81%	54.76%	54.84%	55.10%	55.59%	55.83%	56.38%	56.45%	56.45%				56.45%
Numerator						3,969	5,732	8,060	9,516	10,814	12,130	12,918	14,018	14,766	15,470				15,470
Denominator						7,259	10,458	14,718	17,351	19,625	21,821	23,137	24,865	26,158	27,403				27,403
Childhood Immunization Status (CIS)	HRSA	> 33.23%	> 38.06%	9.40%	⬆	3.13%	36.63%	38.85%	40.77%	39.78%	39.51%	39.72%	39.07%	38.40%	38.63%				38.63%
Numerator						11	200	312	373	397	416	431	436	442	452				452
Denominator						352	546	803	915	998	1,053	1,085	1,116	1,151	1,170				1,170
Colorectal Cancer Screening	HRSA	> 42.82%	> 41.93%	51.39%	⬆	37.75%	33.64%	35.97%	37.79%	38.80%	39.90%	40.89%	42.43%	43.24%	44.24%				44.24%
Numerator						2,222	3,712	5,666	6,988	8,078	9,164	9,910	10,937	11,642	12,387				12,387
Denominator						5,886	11,034	15,750	18,494	20,820	22,969	24,237	25,777	26,927	28,000				28,000
Controlling High Blood Pressure	HRSA	> 63.40%	> 60.15%	53.68%	⬆	46.59%	48.74%	51.35%	53.49%	55.36%	56.29%	58.15%	59.19%	59.10%	59.03%				59.03%
Numerator						2,337	3,618	5,467	6,690	7,757	8,695	9,291	9,786	9,979	10,150				10,150
Denominator						5,016	7,423	10,647	12,506	14,012	15,448	15,977	16,532	16,886	17,194				17,194
Diabetes: Hemoglobin A1c Poor Control	HRSA	< 30.42%	< 32.29%	30.28%	⬇	61.15%	53.74%	45.41%	40.59%	37.29%	34.46%	32.94%	31.56%	30.76%	30.30%				30.30%
Numerator						2,128	2,764	3,356	3,496	3,570	3,607	3,618	3,662	3,741	3,820				3,820
Denominator						3,480	5,143	7,390	8,612	9,574	10,467	10,983	11,605	12,160	12,607				12,607
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	HRSA	> 76.83%	> 78.25%	75.07%	⬆	74.29%	75.78%	76.58%	76.74%	76.87%	77.07%	76.87%	76.53%	76.83%	76.85%				76.85%
Numerator						526	782	1,076	1,237	1,386	1,529	1,592	1,683	1,738	1,796				1,796
Denominator						708	1,032	1,405	1,612	1,803	1,984	2,071	2,199	2,262	2,337				2,337
Screening for Clinical Depression and Follow-Up Plan if positive screen	HRSA	> 70.02%	> 67.42%	54.67%	⬆	48.25%	50.16%	52.84%	55.06%	58.36%	62.93%	65.53%	68.52%	70.21%	71.91%				71.91%
Numerator						5,466	8,347	12,821	15,980	19,407	23,547	26,303	29,801	32,400	34,953				34,953
Denominator						11,328	16,642	24,265	29,022	33,252	37,418	40,136	43,490	46,147	48,605				48,605
Tobacco Use: Screening and Cessation Intervention	HRSA	> 84.60%	> 82.34%	88.88%	⬆	85.29%	86.69%	87.81%	88.43%	88.77%	89.03%	89.29%	89.61%	89.49%	89.74%				89.74%
Numerator						2,707	6,160	11,639	15,999	20,038	24,367	27,457	31,389	34,567	37,340				37,340
Denominator						3,174	7,106	13,254	18,093	22,572	27,369	30,750	35,027	38,627	41,608				41,608
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	HRSA	> 69.81%	> 68.72%	78.55%	⬆	51.04%	54.62%	58.55%	60.81%	63.25%	67.00%	70.29%	73.96%	74.47%	75.20%				75.20%
Numerator						932	1,796	3,115	4,014	4,858	5,950	6,944	8,243	8,848	9,489				9,489
Denominator						1,826	3,288	5,320	6,601	7,681	8,881	9,879	11,145	11,881	12,619				12,619
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	HRSA	> 76.07%	> 73.10%	71.68%	⬆	76.56%	77.44%	77.70%	77.41%	77.19%	77.00%	76.74%	76.83%	76.63%	76.71%				76.71%
Numerator						3,492	5,031	7,204	8,344	9,295	10,183	10,666	11,313	11,697	12,128				12,128
Denominator						4,561	6,497	9,272	10,779	12,041	13,224	13,898	14,725	15,264	15,811				15,811
Breast Cancer Screening	HRSA	> 50.28%	> 46.29%	59.89%	⬆	51.10%	51.68%	54.03%	56.03%	56.79%	57.83%	58.79%	59.93%	60.17%	60.61%				60.61%
Numerator						1,675	2,465	3,626	4,363	4,908	5,465	5,825	6,291	6,556	6,831				6,831
Denominator						3,278	4,770	6,711	7,787	8,642	9,450	9,908	10,498	10,896	11,271				11,271
HIV Screening	HRSA	> 43.82%	> 38.09%	63.40%	⬆	69.14%	68.38%	68.00%	67.91%	67.88%	67.86%	67.74%	67.66%	67.55%	67.48%				67.48%
Numerator						8,707	12,621	18,066	21,472	24,466	27,419	29,292	31,665	33,327	35,092				35,092
Denominator						12,594	18,457	26,567	31,620	36,043	40,408	43,239	46,797	49,334	52,000				52,000

‡ -

**Data is pulled from the UDS dashboard on the 1st Friday of every month

Data Not Available	~
Data is not final and subject to change	‡
Equal or greater than benchmark	✓
Less than 10% negative variance	⚠
Greater than 10% negative variance	✕

Valleywise Health

Federally Qualified Health Centers				

	Data Source	Owner	Frequency	System
PATIENT EXPERIENCE - Ambulatory				
Net promoter score (Would recommend facility)	A customer loyalty index calculated based on a patient's response on a scale of 1-10 to the question "How likely would you be to recommend this facility to your family and friends?". The NPS = % Promoters (9 or 10 responses) - % Detractors (0-6 responses) *Scores are limited to include only FQHC departments by clinic <u>cost center</u> on this dashboard for: 416603, 416608, 416609, 416704, 416707, 416711, 416601, 416701, 416613, 476707, 576130, 576101, 476101, 476102, 476104, 476106, 476105* *Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments within each community health center are excluded from locational roll ups*	NRC Real Time Score Summary *pulled by Amanda Jacobs	Monthly	NRC Health - Department Summary Report
ACCESS - Ambulatory				
Appointments Scheduled FYTD	All appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments. *For FYTD. *Note: For active providers only - FYTD does not account for historical provider information	FQHC Appointment Statistics by Clinic Details (Prior Month) Report *last modified 6/2/2020 by Vondra Dee Nason *pulled by Amanda Jacobs	Monthly	EPIC Report
Appointment Fill Rate FYTD	Provider schedule utilization metric calculated by number of patients to appointment slots available. *For FYTD.	Provider Schedule Utilization - All Clinics (Prior Month) Report *last modified by Jim Trulock 9/29/2020 *pulled by Amanda Jacobs	Monthly	EPIC Report
Scheduled Appointment No-Shows FYTD	All No- show appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments. *For FYTD.	FQHC Appointment Statistics by Clinic Details (Prior Month) Report *last modified 6/2/2020 by Vondra Dee Nason *pulled by Amanda Jacobs	Monthly	EPIC Report
No Show Rate FYTD	Percentage of Scheduled Patients who were a "No show" patient or same day cancellation. *For FYTD.	Amanda Jacobs	Monthly	Formula
FINANCE - Ambulatory				
In-Person Visits FYTD	Total Actual Visits (includes nurse only visits) FYTD - Virtual Visits FYTD	Nancy Horskey	Monthly	Axiom
Virtual Visits FYTD	Virtual Telemedicine Visits (telephonic/audio/visual/other virtual type) FYTD	Nancy Horskey	Monthly	Axiom
Total Actual Visits (includes nurse only visits) FYTD	All visits per Clinic (visit count methodology). For the Fiscal Year to Date	Nancy Horskey	Monthly	Axiom
Budgeted Visits FYTD	All budgeted visits per Clinic (visit count methodology) For the Fiscal Year to Date	Nancy Horskey	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - Budgeted Visits FYTD. For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD / Budgeted Visits FYTD (%) For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
Total Number of Patients seen by provider	Completed visits for provider only	Maria Aguirre	Monthly	Epic - Clarity Query
Grand Total FQHC	Includes Month Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula
FYTD FQHC	Includes FYTD Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula

Valleywise Health

Federally Qualified Health Centers

	Data Source	Owner	Frequency	System
FINANCE - BEHAVIORAL HEALTH				
In-Person Visits FYTD	Total Actual Visits (includes nurse only visits) FYTD - Virtual Visits FYTD	Nancy Horskey	Monthly	Axiom
Virtual Visits FYTD	Virtual Telemedicine Visits (telephonic/audio/visual/other virtual type) FYTD	Nancy Horskey	Monthly	Axiom
Total Actual Visits FYTD	Actual Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
Budgeted Visits FYTD	Budgeted Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - FYTD Budgeted Visits	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD/ Budgeted Visits FYTD (%)	Amanda Jacobs	Monthly	Formula
FINANCE-DENTAL				
Actual Visits FYTD	All visits per Dental Clinic (visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
Budgeted Visits FYTD	All budgeted visits per Dental Clinic (visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - FYTD Budgeted Visits	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD/ Budgeted Visits FYTD (%)	Amanda Jacobs	Monthly	Formula

Federally Qualified Health Centers

	Data Source		Owner	Frequency	System
QUALITY - Ambulatory					
Quality /Regulatory Metrics	**Required by:**		Quality	Monthly	
Body Mass Index (BMI) Screening and Follow-Up	**CMS69v11**	**Description:** Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the measurement period AND who had a follow-up plan documented if BMI was outside of normal parameters **Numerator:** Patients with a documented BMI during the encounter or during the measurement period, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the measurement period **Denominator:** All patients aged 18 and older on the date of the encounter with at least one eligible encounter during the measurement period *Exclusions/Exceptions Outlined via eCQI Resource Center:* https://ecqi.healthit.gov/ecqm/ec/2023/cms069v11	Quality	Monthly	EPIC/UDS
Cervical Cancer Screening	**CMS124v11**	**Description:** Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: * Women age 21-64 who had cervical cytology performed within the last 3 years * Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years **Numerator:** Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria: * Cervical cytology performed during the measurement period or the two years prior to the measurement period for women who are at least 21 years old at the time of the test * Cervical human papillomavirus (HPV) testing performed during the measurement period or the four years prior to the measurement period for women who are 30 years or older at the time of the test **Denominator:** Women 24-64 years of age by the end of the measurement period with a visit during the measurement period *Exclusions/Exceptions Outlined via eCQI Resource Center:* https://ecqi.healthit.gov/ecqm/ec/2023/cms124v11	Quality	Monthly	EPIC/UDS
Childhood Immunization Status (CIS)	**CMS117v11**	**Description:** Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday **Numerator:** Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday **Denominator:** Children who turn 2 years of age during the measurement period and who have a visit during the measurement period *Exclusions/Exceptions Outlined via eCQI Resource Center:* https://ecqi.healthit.gov/ecqm/ec/2023/cms117v11	Quality	Monthly	EPIC/UDS

Federally Qualified Health Centers

	Data Source		Owner	Frequency	System
Colorectal Cancer Screening	**CMS130v11**	**Description:** Percentage of adults 45-75 years of age who had appropriate screening for colorectal cancer **Numerator:** Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: * Fecal occult blood test (FOBT) during the measurement period * Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period * Colonoscopy during the measurement period or the nine years prior to the measurement period * FIT-DNA during the measurement period or the two years prior to the measurement period * CT Colonography during the measurement period or the four years prior to the measurement period **Denominator**: Patients 45-75 years of age by the end of the measurement period with a visit during the measurement period *Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2023/cms130v11*	Quality	Monthly	EPIC/UDS
Controlling High Blood Pressure	**CMS165v11**	**Description**: Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period **Numerator:** Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period **Denominator:** Patients 18-85 years of age by the end of the measurement period who had a visit and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period. *Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2023/cms165v11*	Quality	Monthly	EPIC/UDS
Diabetes: Hemoglobin A1c Poor Control	**CMS122v11**	**Description:** Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period **Numerator:** Patients whose most recent HbA1c level (performed during the measurement period) is >9.0% or is missing, or was not performed during the measurement period. **Denominator:** Patients 18-75 years of age with diabetes with a visit during the measurement period *Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2023/cms122v11*	Quality	Monthly	EPIC/UDS
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	**CMS164v7**	**Description:** Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period or who had an active diagnosis of IVD during the measurement period, and who had documented use of aspirin or another antiplatelet during the measurement period **Numerator:** Patients who had an active medication of aspirin or another antiplatelet during the measurement year **Denominator:** Patients 18 years of age and older with a visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD overlapping the measurement year *Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS164v7.html*	Quality	Monthly	EPIC/UDS

Federally Qualified Health Centers

		Data Source	Owner	Frequency	System
Screening for Clinical Depression and Follow Up Plan	CMS2v12	**Description:** Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter **Numerator:** Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter **Denominator**: All patients aged 12 years and older at the beginning of the measurement period with at least one qualifying encounter during the measurement period *Exclusions/Exceptions Outlined via eCQI Resource Center:* https://ecqi.healthit.gov/ecqm/ec/2023/cms002v12	Quality	Monthly	EPIC/UDS
Tobacco Use: Screening and Cessation Intervention:	CMS138v11	**Description:** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user **Numerator:** *Patients who were screened for tobacco use at least once during the measurement period and *Who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user **Denominator:** Patients aged 18 years and older seen for at least two medical visits in the measurement period or at least one preventive medical visit during the measurement period. *Exclusions/Exceptions Outlined via eCQI Resource Center:* https://ecqi.healthit.gov/ecqm/ec/2023/cms138v11	Quality	Monthly	EPIC/UDS
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v11	**Description:** Percentage of patients 3–17* years of age who had an outpatient visit with a primary care physician or OB/GYN and who had evidence of height, weight, and body mass index (BMI) percentile documentation, who had documentation of counseling for nutrition, and who had documentation of counseling for physical activity during the measurement period **Numerator:** Children and adolescents who have had: *their height, weight, and BMI percentile recorded during the measurement period and *counseling for nutrition during the measurement period and *counseling for physical activity during the measurement period **Denominator:** Patients 3 through 17 years of age by the end of the measurement period, with at least one outpatient visit with a PCP or OB/GYN during the measurement period *Exclusions/Exceptions Outlined via eCQI Resource Center:* https://ecqi.healthit.gov/ecqm/ec/2023/cms155v11	Quality	Monthly	EPIC/UDS

Federally Qualified Health Centers

	Data Source		Owner	Frequency	System
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	**CMS347v6**	**Description:** Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period: *All patients with an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) or ever had an ASCVD procedure; OR *Patients aged >= 20 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level >= 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; OR *Patients aged 40-75 years with a diagnosis of diabetes **Numerator:** Patients who are actively using or who receive an order (prescription) for statin therapy at any time during the measurement period **Denominator:** All patients who have an active diagnosis of clinical ASCVD or ever had an ASCVD procedure. Patients aged >= 20 years at the beginning of the measurement period who have ever had a laboratory result of LDL-C >=190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia. Patients aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes. *Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2023/cms347v6*	Quality	Monthly	EPIC/UDS
Breast Cancer Screening	**CMS125v11**	**Description:** Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period **Numerator:** Women with one or more mammograms any time on or between October 1 two years prior to the measurement period and the end of the measurement period **Denominator:** Women 52-74 years of age by the end of the measurement period with a visit during the measurement period *Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2023/cms125v11*	Quality	Monthly	EPIC/UDS
HIV Screening	**CMS349v5**	**Description:** Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for Human immunodeficiency virus (HIV) **Numerator:** Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday **Denominator:** Patients 15 to 65 years of age at the start of the measurement period AND who had at least one outpatient visit during the measurement period *Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2023/cms349v5*	Quality	Monthly	EPIC/UDS

Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

Item 11.

Board Report
No Handout

Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

Item 12.

Valleywise Health CEO Report
No Handout

Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

Item 13.

Closing Comments
No Handout

Valleywise Community Health Centers Governing Council Meeting

January 3, 2024

Item 14.

Staff Assignments
No Handout