



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022
6:00 p.m.

Agenda



Council Members

Ryan Winkle, Chairman
Michelle Barker, DHSc, Vice Chairman
Nelly Clotter-Woods, Ph.D., Treasurer
Salina Imam, Member
Scott Jacobson, Member
Joseph Larios, Member
Liz McCarty, Member
Daniel Messick, Member
Mary Rose Garrido Wilcox, District Board,
Non-Voting Member

AGENDA

**Valleywise Community Health Centers
Governing Council**

**Mission Statement of the
Valleywise Community Health Centers Governing Council**

Serve the population of Maricopa County with excellent, comprehensive health and wellness in a culturally respectful environment.

• Valleywise Health Medical Center • 2601 East Roosevelt Street • Phoenix, Arizona 85008 •

Meeting will be held remotely. Please visit <https://valleywisehealth.org/events/valleywise-community-health-centers-governing-council-meeting-05-04-22/> for further information.

Wednesday, May 4, 2022
6:00 p.m.

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

Please silence any cell phones, pagers, computers, or other sound devices to minimize disruption of the meeting.

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.

Agendas are available within 24 hours of each meeting via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, Monday through Friday between the hours of 9:00 a.m. and 4:00 p.m. and on the internet at <https://valleywisehealth.org/about/governing-council/>. Accommodations for individuals with disabilities, alternative format materials, sign language interpretation, and assistive listening devices are available upon 72 hours advance notice via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

General Session, Presentation, Discussion and Action:

1. **Approval of Consent Agenda: 15 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 April 6, 2022
 - b. Contracts:
 - i. **Acknowledge** a new intergovernmental agreement (90-22-221-1) between the Arizona Department of Health Services and the Maricopa County Special Health Care District dba Valleywise Health, for Hepatitis C Patient Navigation Project (CTR059355)
 - ii. **Acknowledge** amendment #1 to intergovernmental agreement (90-22-113-1-01) between Maricopa County and the Maricopa County Special Health Care District dba Valleywise Health, for the use of real property at 33 West Tamarisk Avenue, Phoenix, Arizona 85041
 - c. Governance:
 - i. **Accept Recommendations** from the Executive Committee to **Approve** a revised Executive Committee Charter
 - ii. **Approve** the appointment of Eileen Sullivan to the Valleywise Community Health Centers Governing Council
 - iii. **Approve** the dissolution of the Valleywise Community Health Centers Governing Council's Ad Hoc Membership Committee
 - d. Medical Staff:
 - i. **Acknowledge** the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials
 - ii. **Approve** proposed revisions to policy 20075 MT - FQHC Credentialing and Privileging of Clinical Staff

End of Consent Agenda

2. **Approve** the establishment of an Advanced Education in General Dentistry (AEGD) residency program; **Authorize** staff to apply to the Commission on Dental Accreditation (CODA) for initial accreditation **20 min**
Christopher Brendemuhl, DMD, Director of Dentistry
3. Presentation on Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) services, patient outcomes, and funding at Valleywise Health **15 min**
Taylor Kirkman, Senior Grants Program Manager
Christie Blanda, Director of Ambulatory Operations

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

4. Discuss and Review Federally Qualified Health Centers Clinics operational dashboard **5 min**
Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics
5. Report on the 2022 Arizona Alliance for Community Health Centers (AACHC) annual conference **5 min**
Nelly Clotter-Woods, Ph.D., Valleywise Community Health Centers Governing Council
6. Recent meeting reports from the Valleywise Community Health Centers Governing Council's committees **5 min**
 - a. Compliance and Quality Committee
Michelle Barker, DHSc, Committee Chair
 - b. Executive Committee
Ryan Winkle, Committee Chair
 - c. Finance Committee
Nelly Clotter-Woods, Ph.D., Committee Chair
 - d. Strategic Planning and Outreach Committee
Joseph Larios, Committee Chair
7. Federally Qualified Health Center Clinics Chief Executive Officer's report **5 min**
Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics
8. Maricopa County Special Health Care District Board of Directors report **5 min**
Mary Rose Garrido Wilcox, Chairman, Maricopa County Special Health Care District Board of Directors
9. Valleywise Health's President and Chief Executive Officer's report **5 min**
Steve Purves, President and Chief Executive Officer, Valleywise Health
10. Chairman and Council Member Closing Comments/Announcements **5 min**
Valleywise Community Health Centers Governing Council
11. Review Staff Assignments **5 min**
Cassandra Santos, Assistant Clerk

Old Business:

April 6, 2022

Provide cross comparison report on how Valleywise Health's Federally Qualified Health Center Clinics compare to others in the state, specifically related to patient demographics; including race

Adjourn



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 1.

Consent Agenda



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 1.a.i.

Minutes:
April 6, 2022

Minutes

**Valleywise Community Health Centers Governing Council
Valleywise Health Medical Center
April 6, 2022
6:00 p.m.**

DRAFT

Members Present:

Ryan Winkle, Chairman - *participated remotely*
Michelle Barker, DHSc, Vice Chairman - *participated remotely*
Nelly Clotter-Woods, Ph.D., Treasurer - *participated remotely*
Salina Imam, Member - *participated remotely*
Scott Jacobson, Member - *participated remotely*
Joseph Larios, Member - *participated remotely*
Liz McCarty, Member - *participated remotely*
Daniel Messick, Member - *participated remotely*

Members Absent:

Terry Benelli, Member

Non-Voting Members Present:

Mary Rose Garrido Wilcox, Maricopa County Special Health Care District Board of Directors - *participated remotely*

Others/Guest Presenters:

Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics - *participated remotely*
Steve Purves, President & Chief Executive Officer, Valleywise Health - *participated remotely*
Michael White, M.D., Chief Clinical Officer - *participated remotely*
Claire Agnew, Chief Financial Officer - *participated remotely*
Anthony Dunnigan, Chief Medical Information Officer - *participated remotely*
Martin Demos, General Counsel - *participated remotely*
Melanie Talbot, Chief Governance Officer - *participated remotely*

Recorded by:

Cassandra Santos, Assistant Clerk - *participated remotely*

Call to Order

Chairman Winkle called the meeting to order at 6:01 p.m.

Roll Cal

Ms. Talbot called roll. Following roll call, it was noted that seven of the nine voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Ms. Imam joined the meeting after roll call.

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

Call to the Public

Chairman Winkle called for public comment.

There were no comments.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – April 6, 2022**

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda: 15 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 March 2, 2022

b. Contracts:

- i. Acknowledge a new agreement (MCO-20-025-MSA) between Aetna Network Services, LLC and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive health services
- ii. Acknowledge a new agreement (MCO-20-026-MSA) between Aetna Network Services, LLC and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive health services
- iii. Acknowledge amendment #3 to the agreement (MCO-20-001-03) between United Healthcare Insurance Company and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services including medical inpatient and outpatient hospital services, Federally Qualified Health Center medical and behavioral clinics, and professional services for the Navigate narrow network product

c. Governance:

- i. Accept Recommendations from the Finance Committee to Renew the Federally Qualified Health Center Clinics' Sliding Fee Discount Schedule
- ii. Accept Calendar Year (CY) 2021 Uniform Data System (UDS) Submission to Health Resources and Services Administration (HRSA)
- iii. Acknowledge grant application to Bank of America Foundation for funding in the amount of \$50,000, to provide Valleywise Health Staff, including Cultural Health Navigators (CHNs) with tools and trauma relief training to support Afghan Refugees
- iv. Acknowledge grant application to Department of Economic Security (DES) Office of Refugee Resettlement, for funding in the amount of \$240,000, for one year, to expand cross training for Licensed Clinical Social Workers (LCSWs) and Cultural Health Navigators (CHNs), to be able to provide mental health services and domestic violence support and treatment to medically vulnerable Afghan Refugees
- v. Acknowledge grant application to Blue Cross Blue Shield (BCBS) of Arizona for funding in the amount of \$125,000, for one year, to provide Valleywise Health Integrated Behavioral Health (IBH) staff with training to support the treatment of youth
- vi. Approve budget modification to Health Resources and Services Administration (HRSA) funding received for Expanding Capacity for Coronavirus Testing (ECT) Grant No. H8ECS38222

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – April 6, 2022**

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

1. Approval of Consent Agenda, cont.:

d. Medical Staff:

i. Acknowledge the Federally Qualified Health Centers Medical Staff and Allied Health Professional Staff Credentials

MOTION: Mr. Jacobson moved to approve the consent agenda. Ms. McCarty seconded.

VOTE: 7 Ayes: Chairman Winkle, Vice Chairman Barker, Dr. Clotter-Woods, Mr. Jacobson, Mr. Larios, Ms. McCarty, Mr. Messick

0 Nays

2 Absent: Ms. Benelli, Ms. Imam

Motion passed.

3. Presentation on Barriers to and Facilitators of Telehealth for Primary Care Patients

Vice Chairman Barker presented a research study regarding the use of telehealth by primary care patients.

During the COVID-19 pandemic, the use of telehealth services was widely adopted as a tool to maintain access to care while reducing exposure to the virus. It provided increased access to care by reducing travel time, decreasing overall cost, and minimizing provider shortage. Recent studies also showed that the use of telehealth assisted to improve health outcomes and was effective in chronic disease management.

Research study queries included aspects related to potential barriers and the facilitators of telehealth utilization. Patient demographics associated with greater use of the platform were also observed in the study. The goal of the research study was to understand various levels of telehealth usage from the patient perspective.

NOTE: Ms. Imam joined the meeting at 6:12 p.m.

Vice Chairman Barker elaborated on research design methods, patient demographics of the study, survey participants, and other relative components. Participants were patients of Valleywise Health who received outpatient care in 2020 to 2021.

Survey questions were sent electronically and developed using the technology acceptance model (TAM), from validated question sets. The survey included five constructs of telehealth: access, ease of use, usefulness, satisfaction, and privacy and confidentiality. Patient characteristic questions within the survey included gender, ethnicity, race, age, income, education, insurance, annual visit accounts, and health status.

Vice Chairman Barker spoke briefly about the data collection process, statistical analysis methods, and she provided results stemming from the survey. She shared other key findings, such as comments from participants, limitations of telehealth and the research study, and future research concepts regarding the use of telehealth.

Mr. Jacobson asked if the survey included queries on MyChart utilization as it related to telehealth usage.

Vice Chairman Barker said that MyChart was not included within the identified research study constructs of telehealth.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – April 6, 2022**

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

3. Presentation on Barriers to and Facilitators of Telehealth for Primary Care Patients, cont.

Dr. Dunnigan mentioned, however, that staff recently implemented a pilot project to integrate telehealth options when scheduling appointments via MyChart.

Mr. Jacobson asked if language services were provided during telehealth visits for those who spoke a language other than English.

Vice Chairman Barker said she assumed telehealth visits followed the same procedure as in person visits when language service assistance was required.

Mr. Jacobson commented on the vulnerability of non-English speaking patients and the value of their perspective.

Vice Chairman Barker agreed and expressed concern about the lack of patient feedback captured from the vulnerable patients. The goal was to improve patient survey response rates from vulnerable patient populations to decrease skewed results and provide more actionable information.

Mr. Purves asked about the percentage of respondents who indicated they were not offered a telehealth visit when initially scheduling an appointment.

Vice Chairman Barker stated that 64% of respondents reported they were not offered the option and was not aware of the underlying reason.

Dr. Dunnigan stated that it was critical to address telehealth options strategically to reduce the digital divide intensified by the COVID-19 pandemic. Access to technology was another source of inequality and vulnerability among many individuals. Advanced digital migrations and access to technological adoption was a barrier to the adaptation of the telehealth platform.

Mr. Larios said that he believed telehealth was an effective option for privileged patients who had technological access during the COVID-19 pandemic. He agreed in the value of analyzing response form a vulnerable patient standpoint.

Vice Chairman Barker said a peer review study showed the majority of telehealth visits occurred on a cellular phone or landline, of which 90% of participating patients had access to. She described other avenues of telehealth access and noted that paper surveys were also made available to participants of the study.

Mr. Messick stated that he noticed target demographics were largely unidentified in the study.

Ms. Wilcox suggested a marketing strategy that illustrated telehealth as an option offered to Valleywise Health patients.

Chairman Winkle said although individuals had access to cellular phones or other technology, consistent stability was not guaranteed.

Mr. Messick commented that individuals may also not understand how to navigate a telehealth visit via cellular phone or computer.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – April 6, 2022**

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

2. Discuss and Review Select Data Points of the Calendar Year (CY) 2021 Uniform Data System (UDS) Submission to Health Resources and Services Administration (HRSA)

Ms. Harding presented select data points from the calendar year (CY) 2021 Uniform Data System (UDS) Submission to Health Resources and Services Administration (HRSA), for the Federally Qualified Health Center (FQHC) clinics.

The report provided standardized information about the operations and performance of a community health center, including patient demographics such as race, age, ethnicity, gender identity, sexual orientation, demographic characteristics, income, and by zip code.

The report was a valuable resource when analyzing comparison points. Identifying health outcomes by race and ethnicity, as well as staffing and utilization, clinical, and general financial aspects were important trends to consider.

She discussed and compared statistics and trends from CY 2017 through CY 2021, noting consistent growth trends within various populations over the years.

Chairman Winkle noticed that the number of Asian patients in CY 2021 had increased compared to prior years.

Dr. Clotter-Woods pointed out the steady decrease in the number of unique unduplicated patients over the years.

Ms. Harding agreed noting that while the unduplicated patient count had increased in CY 2021 compared to 2020, there was still opportunity to grow.

She shared statistics related to patients that spoke a language other than English including the significant increase in those patients from CY 2020 to CY 2021. She explored factors for the increase such as the recent influx of refugees resettling in Maricopa County.

Ms. Harding described the sexual orientation and gender identity (SOGI) data collection process including information related to a patient's sexual orientation, gender identity, and preferred pronouns. Statistics demonstrated steady improvement in collecting SOGI data from CY 2017 to CY 2021, which was attributed to staff's implementation of a data collection task team.

Other examples of select patient characteristics included a patient's income associated with Federal Poverty Level (FPL) guidelines and uninsured patients.

Ms. Harding referenced patient income statistics and noted that staff focused on developing effective ways to collect the data, with stable improvement shown year over year.

She reiterated the unique unduplicated patient count which meant each patient was counted only once for a visit regardless of the number of visits throughout the reported calendar year. The reported unduplicated patient count for CY 2021 was 83,659.

Mr. Jacobson asked for more detail about language services offered to FQHC clinic patients, as the need for language interpretation continued to grow. He asked for details about language services certification classes for staff.

Ms. Harding explained that languages services and community health navigators assisted patients that spoke a language other than English. She said that language services conducted classes which ultimately provided language interpretation certification.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – April 6, 2022**

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

2. Discuss and Review Select Data Points of the Calendar Year (CY) 2021 Uniform Data System (UDS) Submission to Health Resources and Services Administration (HRSA), cont.

Vice Chairman Barker pointed out the increase in SOGI data collection which was indicative of the accepting culture at Valleywise Health. She acknowledged potential barriers collection of such sensitive information and applauded staff for their undeniable efforts.

Mr. Larios suggested using the demographic data, particularly regarding race and ethnicity, for analyzing comparison to FQHC clinics within the area.

Ms. Harding offered to provide a report that compared Valleywise FQHCs with others in the state, specifically related to patient demographics.

4. Recent meeting reports from the Valleywise Community Health Centers Governing Council's committees
 - a. Compliance and Quality Committee
 - b. Executive Committee
 - c. Finance Committee
 - d. Strategic Planning and Outreach Committee

Vice Chairman Barker said there was nothing to report related to the Compliance and Quality Committee.

Chairman Winkle stated there was nothing to report from the Executive Committee.

Dr. Clotter-Woods said the Finance Committee met and discussed financial statistics for February 2022 and the quarterly referral report. They reviewed fiscal year (FY) 2023 capital target and patient volumes for the FQHC clinics.

Mr. Larios said that that the Strategic Planning and Outreach Committee continued to discuss topics related to planning for diversity, equity, and inclusion (DEI) efforts.

He asked for clarification on the reason the April, 2022 committee meeting was canceled.

Ms. Harding said it was canceled due to lack of agenda items up for discussion.

5. Federally Qualified Health Center Clinics Chief Executive Officer's report

Ms. Harding spoke about February 2022 volumes for the FQHC clinics which had a positive variance of 6.5% fiscal year to date (FYTD). She explained the challenges associated with clinical staffing vacancies within the FQHC clinics. Due to provider shortage, the implementation of human immunodeficiency virus (HIV) services at Valleywise Comprehensive Health Center-Peoria would be placed on hold.

Ms. Harding announced that Ms. Jori Davis accepted a position as Valleywise Health's Vice President of Support Services Ancillary and would no longer serve as the Director of Ambulatory Operations.

She discussed details of National Research Corporation (NRC) RealTime Platform patient satisfaction comments among other topics.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – April 6, 2022**

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

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

Ms. Wilcox said that the Maricopa County Special Health Care District (MC SHCD) Board of Directors was working on celebratory events for new clinic locations that recently opened.

She announced the topping off ceremony which took place March 2022 for the new Valleywise Health Support Services Building (SSB) scheduled to open in 2023.

Ms. Wilcox encouraged Governing Council members to contact her about particular topics or ideas she could bring back to the MC SHCD Board of Directors.

7. Valleywise Health's President and Chief Executive Officer's report

Mr. Purves announced today was the first day that Valleywise Health Medical Center did not report a positive COVID-19 patient.

He gave a brief update on Valleywise Health's financial state and touched on the challenges incurred during the continued plight of the COVID-19 pandemic. He also gave an overview of the current legislative progress related to safety net funding from the federal government.

Mr. Purves commended select staff for nominations and honor awards received from within the community.

In closing, he announced Valleywise Health received Health Equality Index (HEI) recertification from the Human Rights Campaign (HRC), with a perfect score.

For four consecutive years the organization was designated as a lesbian, gay, bisexual, transgender, queer (LGBTQ) health care quality leader. To celebrate the recertification and designation, staff planned an event for mid-April, 2022.

8. Chairman and Council Member Closing Comments/Announcements

There were no closing comments or announcements.

9. Review Staff Assignments

Ms. Talbot reviewed staff assignments stemming from the meeting.

She recapped old business from March 2, 2022 regarding a future presentation on targeted marketing materials for Valleywise Health's patient population. The item would be discussed at an upcoming Strategic Planning and Outreach Committee meeting and would be considered satisfied.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – April 6, 2022**

Adjourn

MOTION: Chairman Winkle moved to adjourn the April 6, 2022 Valleywise Community Health Centers Governing Council meeting. Mr. Jacobson seconded.

VOTE: 8 Ayes: Chairman Winkle, Vice Chairman Barker, Dr. Clotter-Woods, Mr. Jacobson, Ms. Imam, Mr. Larios, Ms. McCarty, Mr. Messick
0 Nays
1 Absent: Ms. Benelli
Motion passed.

Meeting adjourned at 7:31 p.m.

Cassandra Santos,
Assistant Clerk



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 1.b.i.

Contracts:
(90-22-221-1)

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, April 13, 2022 8:20 AM
To: Melanie Talbot
Subject: Contract Approval Request: ADHS IGA - Hepatitis C Patient Navigation (CTR059355) Arizona Department of Health Services (ADHS)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From [Purves, Steve](#)

To [Talbot, Melanie](#);

Subject Contract Approval Request: ADHS IGA - Hepatitis C Patient Navigation (CTR059355) Arizona Department of Health Services (ADHS)

Additional Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

| Name | Description | Type | Current File / URL |
|---|-------------|------|---|
| SAM - Arizona Department of Health Services (ADHS) 2022 | | File |  SAM - Arizona Department of Health Services 2022.pdf |
| OIG - Arizona Department of Health Services (ADHS) 2022 | | File |  OIG - Arizona Department of Health Services 2022.pdf |
| RFBA | | File |  RFBA.pdf |
| IGA Agreement - PENDING BOARD AND ATTORNEY SIGNATURE | | File |  CTR059355 - EDC, IGA - Valleywise Health Hepatitis C Patient Navigation - for signature.pdf |

Contract Information

Division Contracts Division

Folder Contracts \ Grants

Status Pending Approval

Title ADHS IGA - Hepatitis C Patient Navigation (CTR059355)

Contract Identifier Board - New Contract

Contract Number 90-22-221-1

Primary Responsible Party Tymczyna, Katherine

Departments Grants - ADHS Viral Hepatitis

Product/Service Description ADHS IGA - Hepatitis C Patient Navigation (CTR059355)

Action/Background Approve a new Intergovernmental Agreement (IGA) between the Arizona Department of Health Services and Maricopa County Special Health Care District dba Valleywise Health for the Project titled: Hepatitis C Patient Navigation (CTR059355). The purpose of this IGA Agreement is to increase hepatitis C testing, linkage to care, and treatment among vulnerable populations in Maricopa County. Valleywise Health will provide patient navigation services to eligible patients. The IGA Agreement is effective January 1, 2022 through December 31, 2026 for an annual funding amount of \$122,368, for a total aggregate value of \$489,472 over the 4 year term. The term of the Agreement shall not exceed five (5) years. The indirect cost rate of this award is 25%. This IGA Agreement is 100% grant-funded.

This Agreement may terminate at any time with thirty (30) days written notice specifying the termination date.

This IGA Agreement is sponsored by Dr. Michael White, EVP and Chief Clinical Officer.

Evaluation Process The Contractor was determined to meet the requirements of the requesting department and Valleywise Health. Procurement has been satisfied pursuant to HS-102B(2) of the Procurement Code in that any Valleywise Health compliance with the terms and conditions of a grant, gift or bequest is exempt from the solicitation requirements of the Procurement Code.

Category IGA

Effective Date 1/1/2022

Term End Date 12/31/2026

Annual Value \$122,368.00

Expense/Revenue Revenue

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Arizona Department of Health Services (ADHS)

Responses

| Member Name | Status | Comments |
|------------------------|----------|----------|
| Melton, Christopher C. | Approved | |
| Joiner, Jennifer L. | Approved | |
| Harding, Barbara J. | Approved | |
| Landas, Lito S. | Approved | |
| White, Michael | Approved | |
| Agnew, Claire F. | Approved | |
| Purves, Steve A. | Approved | |
| Talbot, Melanie L. | Current | |
| Demos, Martin C. | Approved | |



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 1.b.ii.

Contracts:
(90-22-113-1-01)

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, April 12, 2022 12:30 PM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment#1 to the IGA: Use of Real Property and Improvements Maricopa County (IGA)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Amendment#1 to the IGA: Use of Real Property and Improvements Maricopa County (IGA)
Additional Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

| Name | Description | Type | Current File / URL |
|--|-------------|------|--|
| (For Board Review) Amend 1 IGA VW 33 West Tamarisk FINAL.pdf | | File |  (For Board Review) Amend 1 IGA VW 33 West Tamarisk FINAL.pdf |

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment#1 to the IGA: Use of Real Property and Improvements
Contract Identifier Board - Amendment
Contract Number 90-22-113-1-01
Primary Responsible Party Melton, Christopher C.
Departments
Product/Service Amendment#1 to the Intergovernmental Agreement (IGA): Use of Real Property and Improvements
Description
Action/Background Approve Amendment#1 to the Intergovernmental Agreement ("IGA") between Maricopa County ("County") and Maricopa County Special Health Care District dba Valleywise Health ("Valleywise Health").

Valleywise Health owns certain real property at 33 West Tamarisk Avenue, Phoenix, Arizona 85041 ("Property"). The County and Valleywise Health had

entered into an IGA under which County was granted entry upon and use of the Real Property and Improvements for a portion of that certain Property.

The County wishes to submit this Amendment#1 for Valleywise Health to grant County the right to sublease its rights to use the Monitor Site and Property under the IGA to any other governmental entity for purpose of environmental monitoring. All other terms and conditions of the IGA remain the same and in full force and effect.

This Amendment#1 is sponsored by Warren Whitney, SVP Government Relations.

Evaluation Process

Category

Effective Date

Term End Date

Annual Value \$0.00

Expense/Revenue

Budgeted Travel Type N/A

Procurement Number

Primary Vendor Maricopa County (IGA)

Responses

| Member Name | Status | Comments |
|------------------------|----------|----------|
| Melton, Christopher C. | Approved | |
| Whitney, Warren W. | Approved | |
| Demos, Martin C. | Approved | |
| Agnew, Claire F. | Approved | |
| Purves, Steve A. | Approved | |
| Talbot, Melanie L. | Current | |



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 1.c.i.

Governance:
Committee Recommendation-
Revised Executive Committee
Charter



Chief Governance Officer

2601 East Roosevelt Street • Phoenix • AZ • 85008

Phone: (602) 344-5177 • Fax: (602) 655-9337

DATE: April 27, 2022

TO: Valleywise Community Health Centers Governing Council

FROM: Melanie Talbot, Chief Governance Officer

SUBJECT: Revisions to the Executive Committee Charter

With the dissolution of the Ad Hoc Membership Committee, the Executive Committee charter was revised to incorporate Governing Council membership recruitment and retention responsibilities. In addition to recruitment and retention, the committee would assist the CEO in overseeing the new member orientation program, ensure Governing Council members have clearly defined roles and responsibilities, and promote Governing Council member development and governance training.

The enclosed draft charter was reviewed and approved by the Executive Committee at its April 14, 2022, meeting and is ready for the Governing Council's consideration.



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 1.c.ii.

Governance:
Governing Council Appointment
of Eileen Sullivan

Valleywise Community Health Centers Governing Council Application

Full Legal Name: Eileen Sullivan

(As it appears on your Arizona Driver's License or Identification Card, or United States Passport)

Home Address: [REDACTED]

City: [REDACTED] State: Arizona Zip: [REDACTED]

Home Telephone: _____ Cell: _____

E-mail Address: _____

Employer: [REDACTED]

Work Address: [REDACTED]

City: [REDACTED] State: Arizona Zip: [REDACTED]

Do you, your spouse, child, parent, or sibling, by blood or by marriage, work for Valleywise Health, or any other hospital or health care institution as defined in A.R.S. §36-401?

YES NO

Health care industry is defined as hospitals, other health care institutions, nurses, doctors, dentist, and other licensed healthcare professionals whose primary responsibility is providing primary preventative and therapeutic healthcare services. Do you receive more than 10% of your annual income from the health care industry? YES NO

Were you referred by someone? YES NO

If yes, please list his/her name: Previously served on the Governing Council



Valleywise Community Health Centers Governing Council Application

1. Have you personally or a dependent child received care at a Valleywise Health Community Health Center (dental care included) or at one of the Federally Qualified Health Center Clinics located within Valleywise Comprehensive Health Center-Phoenix or Peoria? YES NO

If yes, please list the Clinic utilized, and approximate month/year of last visit:

[Redacted]

Name of Clinic

Date of Visit

2. Why would you like to be a member of the Valleywise Community Health Centers Governing Council?

I previously served on the Council. I believe the work of the Council is important. Providing exceptional care, without exception, every patient, every time. I also enjoyed working with the CEO, fellow Council Members and Staff.

3. As a community member, what do you feel are the greatest health care concerns in Maricopa County?

Some of the greatest health care concerns are obesity, high blood pressure, diabetes and coronary heart disease.



Valleywise Community Health Centers Governing Council Application

4. What special interests or experiences do you have that would benefit the Council?

I am an attorney and therefore I would be an advocate for Valleywise. I previously served as Chair of the Compliance and Quality Committee. We had our first site visit in many year during my service. I have served on many Boards. I also believe this experience benefits the Council.

5. Council members are appointed to a three (3) year term. The Council meets one evening a month for approximately two hours. In addition to meetings, a member should allow time for other duties such as reading meeting material in order to prepare for meetings. Furthermore, members are required to sit on at least one standing committee. Standing committee meetings generally occur once a month during the daytime for approximately two hours. Do you have at least eight hours per month to devote to the Valleywise Community Health Centers Governing Council?

YES NO

6. Have you served or are you currently serving on any other boards or committees? If so, please list the board/committees and dates of service.

I am currently serving on the National Asian American Pacific Bar Association Board as a Member at Large. I also serving on the Advisory Board of the Arizona Asian American Bar Association. I am also a Sustaining Member of the Junior League of Phoenix.

7. Health Resources and Services Administration (HRSA), the government agency that provides funding for our Federally Qualified Health Center Clinics, requires information on Council members including members' areas of expertise, race/ethnicity and gender.

Area of expertise (*select no more than two*):

Healthcare

Finance

Legal

Community Affairs

Trade Unions

Government

Social Services

Education

Business

Labor Relations



Valleywise Community Health Centers Governing Council Application

Ethnicity:

Hispanic or Latino Non-Hispanic or Latino

Race:

Asian Native Hawaiian Other Pacific Islander

Black/African American American Indian/Alaska Native

White More than one race

Gender: Male Female

Please share anything about yourself that you think would add to the diversity and/or advocacy of the Council.

My mother is Vietnamese. My father is of Irish decent. They met during the Vietnam War. I grew up bi-cultural. I have strong Board experience. As an attorney, I would be a strong advocate of the Council.

8. All members of the Valleywise Community Health Centers Governing Council must comply with the Maricopa County Special Health Care District Code of Conduct and Ethics and Conflict of Interest and Gift Policy. One of the Principles of Standards of Conduct included in the Code is for Valleywise Health to complete a background check on existing and potential Governing Council members.

Would you consent and authorize Valleywise Health to procure background checks?

YES NO

[Redacted Signature]

March 13, 2022

Signature

Date

Please Note: This application is considered a public record



Valleywise Community Health Centers Governing Council Application

Please check at least one standing committee you potentially would like to serve on if appointed to the Council.

- Finance Committee:
The purpose of the Finance Committee is to: (1) recommend an annual operating budget for the Valleywise Health Federally Qualified Health Center (FQHC) Clinics; (2) provide oversight of the financial performance of the Valleywise Health FQHC Clinics; and (3) review the annual audit performed by an independent, external auditor.

- Compliance and Quality Committee:
The purpose of the Compliance and Quality Committee is to: (1) ensure the quality of care provided at the Valleywise Health Federally Qualified Health Center (FQHC) Clinics; (2) ensure patient safety and satisfaction provided throughout the Valleywise Health FQHC Clinics; (3) ensure compliance with Health Resources & Services Administration's (HRSA) Program requirements.

- Strategic Planning and Outreach Committee:
The purpose of the Strategic Planning and Outreach Committee is to: identify, develop, and implement strategic planning and outreach initiatives to identify Valleywise Health Federally Qualified Health Centers (FQHC) Clinics health equity priorities to address health care needs in Maricopa County.

Completed Applications need to be mailed, faxed or emailed to:

Barbara Harding
Valleywise Health Medical Center
2601 E Roosevelt Street, Phoenix, AZ 85008
barbara.harding@valleywisehealth.org



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 1.c.iii.

Governance:
Dissolution of the
Ad Hoc Membership Committee



Chief Governance Officer

2601 East Roosevelt Street • Phoenix • AZ • 85008

Phone: (602) 344-5177 • Fax: (602) 655-9337

DATE: April 27, 2022

TO: Valleywise Community Health Centers Governing Council

FROM: Melanie Talbot, Chief Governance Officer

SUBJECT: Dissolution of the Ad Hoc Membership Committee

In July 2020, the Governing Council voted to establish an Ad Hoc Membership Committee. The belief was that having a Membership Committee would allow it to focus solely on recruiting FQHC patients as Governing Council members as quickly as possible to increase the size of the Council.

However, due to committee members' availability, and committee member turnover, the committee was unable to succeed in recruiting any new members.

At the April 14, 2022, the Executive Committee discussed Governing Council membership and recruitment efforts. The committee decided it would be best to bring recruitment responsibilities back under their purview. Having recruitment under an already existing committee also meant less time commitments for Governing Council members.

The recommendation is to dissolve the Ad Hoc Membership Committee and assign recruitment and retention responsibilities to the Executive Committee.



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 1.d.i.

Medical Staff:
FQHC Medical Staff and Advanced
Practice Clinician/Allied Health
Professional Staff Credentials

Recommended by Credentials Committee: March 1, 2022
 Recommended by Medical Executive Committee: March 8, 2022
 Submitted to MSHCDB: March 23, 2022

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 |
| Roberta I. H. Matern, M.D. | Active | Obstetrics & Gynecology | 04/01/2022 to 03/31/2024 | |

| REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION | | | | |
|---|----------|-----------------------|------------------------|-----------------------------------|
| NAME | CATEGORY | SPECIALTY/PRIVILEGES | APPOINTMENT DATES | COMMENTS |
| R. Michael Brady, M.D. | Courtesy | Obstetrics/Gynecology | 4/01/2022 to 3/31/2024 | |
| Christopher S. Brendemuhl, D.M.D. | Active | Dentistry | 4/01/2022 to 3/31/2024 | |
| Robert L. Johnson, M.D. | Courtesy | Obstetrics/Gynecology | 4/01/2022 to 3/31/2024 | |
| Kim T. Long, M.D. | Active | Pediatrics | 4/01/2022 to 3/31/2024 | |
| Douglas P. Nelson, M.D. | Active | Internal Medicine | 4/01/2022 to 9/30/2022 | Conditional 6-month reappointment |
| Melissa F. Villamor Ballecer, D.D.S. | Active | Dentistry | 4/01/2022 to 3/31/2024 | |

| CHANGE IN PRIVILEGES | | | |
|-------------------------|-----------------------------|---|---|
| NAME | DEPARTMENT/SPECIALTY | ADDITION / REDUCTION / WITHDRAWAL | COMMENTS |
| Jeffrey M. Curtis, M.D. | Family & Community Medicine | <u>Addition:</u> 1. In-Patient Core Adult Cognitive & Adult Procedural Privileges; 2. Subdermal Contraceptive Capsule (Insertion/Removal) | 1. FPPE: Retrospective review of 5 cases; 2. FPPE: Retrospective review of 2 cases |
| Douglas R. Jones, M.D. | Family & Community Medicine | <u>Addition:</u> 1. In-Patient Core Adult Cognitive & Adult Procedural Privileges; 2. Subdermal Contraceptive Capsule (Insertion/Removal) | 1. FPPE: Retrospective review of 5 cases; 2. FPPE: Retrospective review of 2 cases |

Recommended by Credentials Committee: March 1, 2022

Recommended by Medical Executive Committee: March 8, 2022

Submitted to MSHCDB: March 23, 2022

WAIVER REQUEST

| NAME | SPECIALTY/ PRIVILEGES | CATEGORY | COMMENTS |
|-------------------------|--------------------------|----------|--|
| Douglas P. Nelson, M.D. | Internal Medicine | Active | MEC and CC recommend the physician's temporary waiver from the "Threshold Eligibility Criteria" requirement specific to the Medical Staff Credentials Policy, Article 2.A.1.(m). Department Chair of Internal Medicine is in full support of this waiver request. All conditions of reappointment have been met. |

RESIGNATIONS

Information Only

| NAME | DEPARTMENT/SPECIALTY | STATUS | REASON |
|---------------------------|----------------------|--------------------|-------------------------------------|
| Aleksandr Rubinov, D.M.D. | Dentistry | Active to Inactive | Resigned effective February 9, 2022 |

Definitions:

Active ≥ 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
 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.

| ALLIED HEALTH PROFESSIONALS – INITIAL APPOINTMENTS | | | | |
|---|-------------------------|--|------------------------------|-----------------|
| NAME | DEPARTMENT | PRACTICE PRIVILEGES/ SCOPE OF SERVICE | APPOINTMENT DATES | COMMENTS |
| Kelly Jo Plencner-Vega, C.N.M. | Obstetrics & Gynecology | Practice Prerogatives on file | 4/1/2022 to 3/31/2024 | |

| ALLIED HEALTH PROFESSIONALS – REAPPOINTMENTS | | | | |
|---|-------------------|--|------------------------------|-----------------|
| NAME | DEPARTMENT | PRACTICE PRIVILEGES/ SCOPE OF SERVICE | APPOINTMENT DATES | COMMENTS |
| Nothing to report | | | | |

| CHANGE IN PRIVILEGES | | | |
|-----------------------------|-------------------------|---|---------------------------------------|
| NAME | DEPARTMENT | ADDITION / REDUCTION / WITHDRAWAL | COMMENTS |
| Ashley Nicole Rush, F.N.P. | Obstetrics & Gynecology | <u>Addition</u> : Subdermal Contraceptive Capsule (Insertion/Removal) | FPPE: Retrospective review of 5 cases |

| RESIGNATIONS (Information Only) | | | |
|--|-----------------------------|--|-------------------------------------|
| NAME | DEPARTMENT/SPECIALTY | STATUS | REASON |
| Sarah Lynn Buggle, F.N.P. | Family & Community Medicine | Allied Health Professional to Inactive | Resigned effective February 8, 2022 |
| Tyler Luther Cobb, P.A.-C. | Family & Community Medicine | Allied Health Professional to Inactive | Resigned effective January 15, 2022 |
| Nikolina V. Elez, F.N.P. | Family & Community Medicine | Allied Health Professional to Inactive | Resigned effective February 6, 2022 |
| Nicole Marshall Mitten, F.N.P. | Family & Community Medicine | Allied Health Professional to Inactive | Resigned effective January 9, 2022 |

General Definitions:

Allied Health Professional Staff

An Allied Health Professional (AHP) means a health care practitioner other than a Medical Staff member who is authorized by the Governing Body to provide patient care services at a MIHS facility, and who is permitted to initiate, modify, or terminate therapy according to their scope of practice or other applicable law or regulation. Governing Body authorized AHPs are: Certified Registered Nurse Anesthetists; Certified Registered Nurse Midwife; Naturopathic Physician; Optometrists; Physician Assistant; Psychologists (Clinical Doctorate Degree Level); Registered Nurse Practitioners.

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
- (2) Direct Supervision
- (3) Personal 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.

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.

A physician must be in the room during the performance of the procedure.



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 1.d.ii.

Medical Staff:
Policy 20075-MT



APRIL 2022

SUMMARY OF PROPOSED REVISIONS

FQHC Credentialing and Privileging of Clinical Staff (Policy #20075 MT)

Policy:

Additional language added to better clarify that the Maricopa County Special Health Care District Board of Directors is the body that approves medical staff credentialing. Other revisions made are to clearly list the policy's responsible parties, e-signers, and approval bodies.

Valleywise Health Administrative Policy & Procedure

Effective Date: 10/18

Reviewed Dates: 02/20, 07/21

Revision Dates: ~~00/00~~ 02/20, 05/22

Policy #: 20075 ~~FQHCMT~~

Policy Title: FQHC Credentialing and Privileging of Clinical Staff

Scope: District Governance (G)

System-Wide (S)

Division (D)

Multi-Division (MD)

Department (T)

Multi-Department (MT)

FQHC (F)

Clinical staff is defined as: Licensed Independent Practitioners, Other Licensed or Certified Practitioners, and Other Clinical Staff.

Definitions:

Licensed Independent Practitioners (LIP): All clinic physicians, Dentists, ⁷ Nurse Practitioners, Licensed Professional Counselors, and Licensed Clinical Social Workers who have been appointed to the Medical Staff or Allied Health Professional Staff by the District Board. Medical Staff are also referred to as Attendings.

Other Licensed or Certified Practitioners (OLCP): Pharmacists, Physician Assistants, RNs, Certified Medical Assistants, and Behavioral Health Staff.

Other Clinical Staff: Non-Licensed and Non-Certified Medical Assistants, Community Health Workers, and Behavioral Health Staff.

Clinical Privileges: The authorization granted by the District Board to render specific patient care services, for which the Medical Staff leaders and Board have developed eligibility and other privileging criteria and focused and ongoing professional practice evaluation standards.

CVO: Credentialing Verification Organization. Comprised of Medical Staff Services, Human Resources, Employee Health and Wellness, Center for Clinical Excellence. CVO includes the verification from a primary source.

(*All above definitions were tailored specifically to FQHC requirements as pertained to this policy*)

POLICY

Credentialing and privileging of licensed or certified health center practitioners, along with other clinical staff, is an important component ensuring quality care. Initial appointment and re-appointment ensures that licensed or certified practitioners, and other clinical staff possess the requisite training, experience and competence to provide quality care. Current licensure and other credentialing information are maintained for all licensed or certified health center practitioners and other clinical staff. Federally Qualified Health Center (FQHC) will perform a query of the National Practitioner Databank for all licensed/certified practitioners as required. Other clinical staff will have a query through the National Practitioner Databank as appropriate. Appointment and re-appointment documentation will be reviewed by the Valleywise Health Medical Staff Credentialing Committee for providers/physicians and Valleywise Health Human Resources for other clinical staff. Final approval for Medical Staff Credentialing actions shall be submitted to the per the Maricopa County Special Health Care District Board of Directors for its final approval.

Clinical staff members of the Federally Qualified Health Center (FQHC) must possess qualifications and competencies to carry out the activities of providing quality care services. All Clinic Staff member's qualifications and competencies will be validated prior to providing patient care services.

The validation of the LIP's qualifications and competencies will be verified through the credentialing procedures as delineated in the Medical Staff Credentials Policy, Allied Health Professional Policy, Operational Credentialing Policy #39026 T, and policy regarding Focused Professional Practice Evaluation to Confirm Practitioner Competencies.

The validation of the OLCP's and Other Clinic Staff's qualifications and competencies will be verified through the established procedures of the Human Resources Department. The validation of licensure and/or certification is achieved through primary source verification (licensing and/or certification boards) upon hiring. Thereafter, the Human Resources Department will conduct ongoing monitoring to ensure valid/current licensure and/or certification status. In addition, the OLCP must meet the qualifications of the job description upon hiring. Thereafter, an annual performance evaluation will be conducted to validate continued competencies and licensing requirements.

PURPOSE

To assure that a fundamental level of safe, quality patient care is provided to FQHC patients; to avoid potential liability for negligent hiring or retention of a licensed or certified health center practitioner and other clinical staff.

SCOPE

All licensed or certified health care practitioners and other clinical staff, employed, contracted, or volunteer, at all FQHC health center sites.

Credentialing

1. The Medical Staff Services and Human Resource Department will use primary source verification for all licensed independent practitioners (LIP) and other licensed or certified practitioners (OLCP). FQHC completes verifications for other clinical staff.
 - a. The Medical Staff Services and Human Resource Department will verify the following primary source information (see Credentialing Procedure for LIPs):
 - i. Current License, including any actions on license
 - ii. Education, Training and Experience
 1. Assessment of relevant education and training at initial appointment
 2. Experience is reviewed for continuity, relevance and/or any interruptions in that experience at initial appointment
 3. Peer evaluation for current competence is verified and documented for all LIPs.
 4. Human Resources verifies all educational, training, certification and licensing requirements as defined on a job description.
 - iii. Current competence
 1. American Heart Association Basic Life Support for Health Care Providers and other clinical staff.
 2. LIPs follow Valleywise Health bylaws for Medical Staff competency requirements.
 3. Initial and ongoing competency assessments overseen by Valleywise Health Center for Clinical Excellence.
 - iv. Fitness for duty
 1. LIP's fitness for duty (i.e., the ability to perform the duties of the job in a safe, secure, productive, and effective manner) is validated through Medical Staff Services credentialing policies and procedures.
 2. Valleywise Health OLCPs and Other Clinical Staff immunization and communicable diseases susceptibility is verified through Employee Health and Wellness based on policies, procedures and protocols. The physical requirements outlined in a job description are acknowledged by employee (see HR policies under reference section below).
 - b. The CVO will also verify the following secondary source verification:
 - i. DEA Registration, including any actions on registration
 - ii. Hospital/clinic affiliations and privileges
 - iii. Government issued photo identification
 - iv. Immunization and TB screening status
 - v. American Heart Association Basic Life Support for Health Care Providers (if applicable)
 - vi. National Practitioner Data Bank Inquiry
 - vii. Specialty Board Certification

- viii. CME Updates
 - ix. Proof of current Medical Liability Insurance
 - x. Work History, including denial, suspension, limitation, termination or nonrenewal of professional privileges at any hospital, health plan, medical group or other health care entity
 - xi. Liability Claims History, including history of refusal or cancellation of coverage
 - xii. Information on licensure revocation, suspension, voluntary relinquishment, licensure probationary status, or other licensure conditions or limitations
 - xiii. Complaints or adverse action reports filed against the applicant with a local, state or national professional society or licensure board
 - xiv. Disclosure of any Medicare/Medicaid sanctions
 - xv. Conviction of a criminal offense (other than minor traffic violations)
 - xvi. Current physical, mental health or chemical dependency problems that would interfere with an applicant's ability to provide high-quality patient care and professional services
 - xvii. Signed statement releasing the organization from liability and attesting to the correctness and completeness of the submitted information.
- c. New Hire/Onboarding Education for other clinical staff
- i. New Employee Orientation (NEO) as administered through Valleywise Health Human Resources
 - ii. Clinical Employee Orientation (CLEO) as administered through Center for Clinical Excellence
 - 1. Didactic through APEX learning modules a. Ambulatory specific computer learning- Apex lessons, Lippincott procedures, Briggs Telephone Triage protocols for nurses.
 - 2. Observation and verification of clinical skills (not all inclusive):
 - a. Clinical skillcheck off or simulation
 - Height, weight, length, head circumference
 - Vital sign automatic and manual, pulse oximetry
 - 12 Lead EKG
 - Spirometer
 - Hearing and vision screening
 - Oxygen delivery devices and oxygen tanks
 - Using an otoscope
 - Liquid Nitrogen (JHA)
 - Point-of-Care testing (testing not covered in CLEO, based on clinic use)
 - Medication Safety and Administration

Privileging for Practitioners

Valleywise Health Medical Staff Services completes all requirements for all new and recredentialing of practitioners and for the process of denying, modifying or removing privileges based on assessments of clinical competence and/or fitness for duty (see Valleywise Health Credentialing Policy).

Privileging for Other Clinical Staff Initial and Ongoing

Valleywise Health follows Human Resource policy and procedures (reference policy 78250 S and Merit Rules).

Removal of Privileges for other Clinical Staff

Valleywise Health follows Human Resource policy and procedures (reference Merit Rules).

References

[Valleywise Health Merit Rules](#) (~~retrieved: 10/24/18~~)

Valleywise Health Medical Staff Credentialing Policy 39020 T

Valleywise Health Medical Staff Bylaws of the Medical Staff Policy 31200 T

Valleywise Health HR Policy 78250 S Verification of Required Licenses, Registrations and Certifications

Valleywise Health HR Employee Health and Wellness:

- Employee Health and Wellness Preplacement Consent Form # 44147
- Human Resources Occupational Health Drug and Alcohol Testing for Valleywise Health Employees #77506 S
- Infection and Control: Tuberculosis Prevention and Control #62571 S
- Health and Wellness Respiratory Protection Plan #77507 S
- Exposure Control Plan (Infection Prevention and Control) #06686 S
- Influenza Vaccination Program #77513 S

Once Printed This Document May No Longer Be Current
Valleywise Health Policy & Procedure - Approval Sheet
(Before submitting, fill out COMPLETELY.)

POLICY RESPONSIBLE PARTY: Susan Willars, Senior Vice President & Chief Human Resources Officer; Barbara Harding, RN, MPA, PAHM, CCM, Senior Vice President Ambulatory Services; and Kristine Trulock, Director Medical Staff Services

DEVELOPMENT TEAM(S): Human Resources, Ambulatory Leadership, ~~and~~ Regulatory, and Medical Staff Services

Policy #: 20075 ~~FQHCMT~~

Policy Title: FQHC Credentialing of Health Care Professionals and Privileging of Clinical Staff

e-Signers:

Susan Willars, Senior Vice President & Chief Human Resources Officer
Barbara Harding, RN, MPA, PAHM, CCM, Senior Vice President - Ambulatory Services

Michael D. White, Executive Vice President & Chief Clinical Officer

Place an X on the right side of applicable description:

New -

Retire -

Reviewed - 02/2020, 07/2021

Revised with Minor Changes - Correction made: Pharmacist and Physician

Assistant moved to Other Licensed or Certified Practitioners (OLCP)

Revised with Major Changes -

Please list revisions made below: (Other than grammatical changes or name and date changes)

Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):

Committee: Credential Committee

~~01/2020~~04/22

Committee: Medical Executive Committee

~~02/2020~~04/22

Reviewed for EPIC:

00/00

Other: Valleywise Community Health Centers Governing Council

~~00/00~~05/22

Other: Maricopa County Special Health Care District Board of Directors

~~00/00~~4/22

Policy # 20075 ~~FQHC~~
Clinical Staff Page 6 of 6

Title FQHC Credentialing of Health Care Professionals and Privileging of

~~05/22 supersedes 02/20~~ ~~supersedes 10/18~~

Once Printed This Document May No Longer Be Current



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 2.

Advanced Education in
General Dentistry Residency
Program

May 4, 2022

Valleywise Health Advanced Education in General Dentistry Residency Program

Christopher Brendemuhl, DMD
Director Dentistry

Background

- Advanced Education in General Dentistry
 - 1 year program
 - Previous partner with NYU Langone
- Commission on Dental Accreditation
 - Seeking initial accreditation



Our Mission

The Commission on Dental Accreditation (CODA) serves the oral health care needs of the public through the development and administration of standards that foster continuous quality improvement of dental and dental related educational programs.



Planning and Development

- Creighton University School of Dentistry
- On site, intensive development
- HRSA Teaching Health Center Planning and Development Grant
 - \$500k over two years
- CODA Standards
- Fulfill Institutional, Clinical *and* Didactic Requirements
- Align program with Valleywise mission and vision.
 - Development of the Primary Care Provider (level beyond DS)
 - Ethics, lifelong learning, patient-centered and inclusive healthcare as part of interprofessional healthcare teams.

Positives to VWH

- Increase access to care
 - Community service and engagement
 - Increased medical-dental integration
 - Faculty development
 - Possible recruitment strategy
- Primary sites
 - CHC-Phoenix (+ VHMC)
 - CHC-Peoria
 - Community Health Center - McDowell

Timeline and Next Steps

- April/May – Board and GC presentations
- May – submit full application to CODA
- June – CODA meeting/review
- Per CODA estimates (6–18 month process)
 - Site visit early 2023?
 - Recruitment Fall 2023
 - First class July 2024



Thank you!



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 3.

Human Immunodeficiency Virus
and Acquired Immune
Deficiency Syndrome Services,
Patient Outcomes and Funding

HIV/AIDS Funding & Services

May 4, 2022

Christie Blanda, Director of Ambulatory Operations
Taylor Kirkman, Sr. Grants Program Manager

Objectives

- Overview of current funding
- Update on Valleywise Health HIV/AIDS services
- National vs. Valleywise Health patient outcomes

Current HIV/AIDS Grant Funding

| Grant | Source | Award | Indirect |
|-----------------------------|------------------------|--------------------|--------------------|
| Ryan White Part A | Maricopa County | \$2,000,000 | \$200,000 |
| Ryan White Part B | ADHS | \$2,268,929 | \$567,232 |
| Ryan White Part C | HRSA | \$751,766 | \$75,176 |
| Ryan White Part D | HRSA | \$680,985 | \$68,098 |
| TESTAZ | ADHS | \$200,000 | \$50,000 |
| HIV Ambulatory Testing | ADHS | \$474,020 | \$118,505 |
| Primary Care HIV Prevention | HRSA | \$372,301 | \$93,075 |
| HIV Speaker's Bureau | Maricopa County | \$80,000 | \$8,000 |
| McDowell Women's Group | Aunt Rita's Foundation | \$10,000 | \$1,000 |
| ADHS PrEP Navigation | ADHS (pending) | \$231,600 | \$57,900 |
| Total | | \$7,069,601 | \$1,238,986 |

HIV/AIDS Services at Valleywise Health



HIV Primary Care & Rapid Start

VCHC-McDowell is the largest HIV clinic in Arizona



Ambulatory & ED Opt-out HIV Testing

First opt-out ED & ambulatory HIV testing programs in Arizona



Expansion to Mesa & Peoria

HIV primary care & PrEP



PrEP Services

Patient navigation, prescription, and funding for uninsured



Oral & Behavioral Health

Funded by RWPA & RWPB



Consumer Programming

Psychosocial groups & consumer advisory boards

National Data

Provided by Harold J. Phillips, Director, White House Office of National AIDS Policy
December 2021

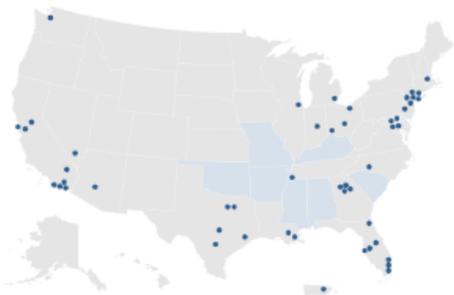
Ending the HIV Epidemic in the U.S. Initiative

GOAL:

75%
reduction in new
HIV infections
by 2025
and at least
90%
reduction
by 2030.

FOCUSED EFFORT

- 48 counties, DC, and San Juan accounted for 50% of new HIV diagnoses in 2016.
- 7 states with the most substantial HIV diagnoses in rural areas.



Led by HHS

OASH | Office of the Assistant Secretary for Health

CDC

NIH | NATIONAL INDIAN HEALTH SERVICE

HRSA
Health Resources & Services Administration

SAMHSA
Substance Abuse and Mental Health Services Administration

National Data

Provided by Harold J. Phillips, Director, White House Office of National AIDS Policy
December 2021



HIV in the United States

1.2 million people are living with HIV.

13% (nearly **1 in 8**, or more than 158,500 people) have not been diagnosed.

Only 57% of people with HIV are virally suppressed

despite availability of highly effective care and treatment that can suppress the viral load to protect the health of people living with HIV as well as prevent transmission

~34,800 new infections occur annually.

Number is steady in recent years, despite availability of many highly effective prevention tools, including pre-exposure prophylaxis (PrEP).

*Only **23.4%** of those with an indication for PrEP are using it.*

Without intervention, another 400,000

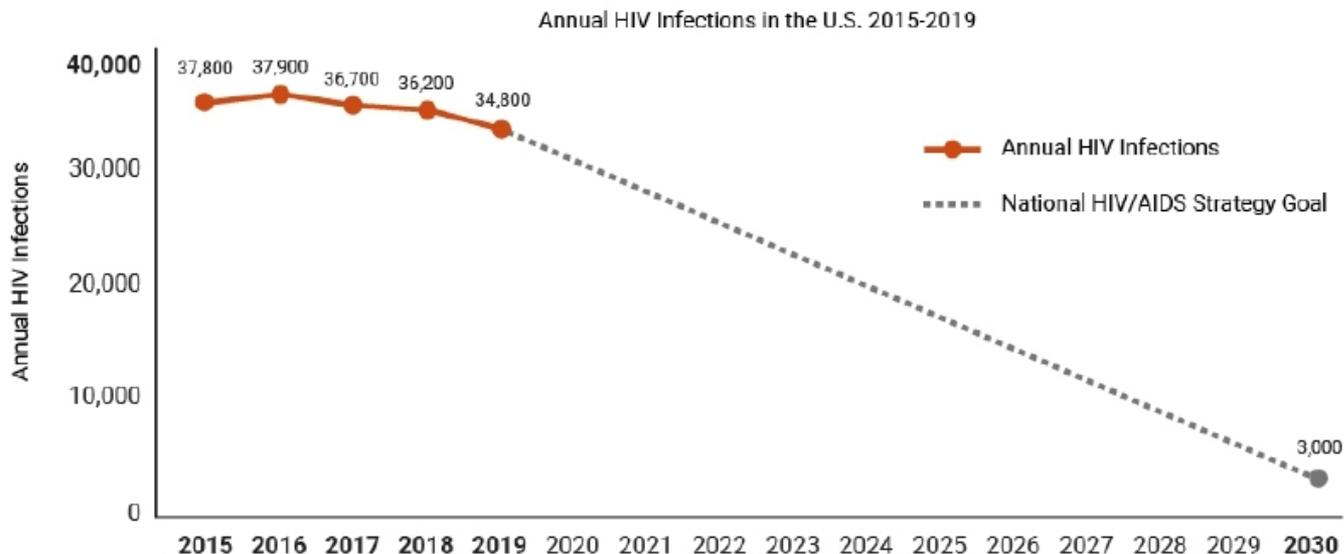
Americans will be newly diagnosed over the next 10 years despite the availability of tools to prevent infection.

National Data

Provided by Harold J. Phillips, Director, White House Office of National AIDS Policy
December 2021

Hopeful Signs of Progress

New HIV Infections Fell 8% from 2015 to 2019, After a Period of General Stability



National Data

Provided by Harold J. Phillips, Director, White House Office of National AIDS Policy
December 2021

HIV Disparities Persist

New HIV infections by the Most Impacted Populations, United States, 2015 vs. 2019

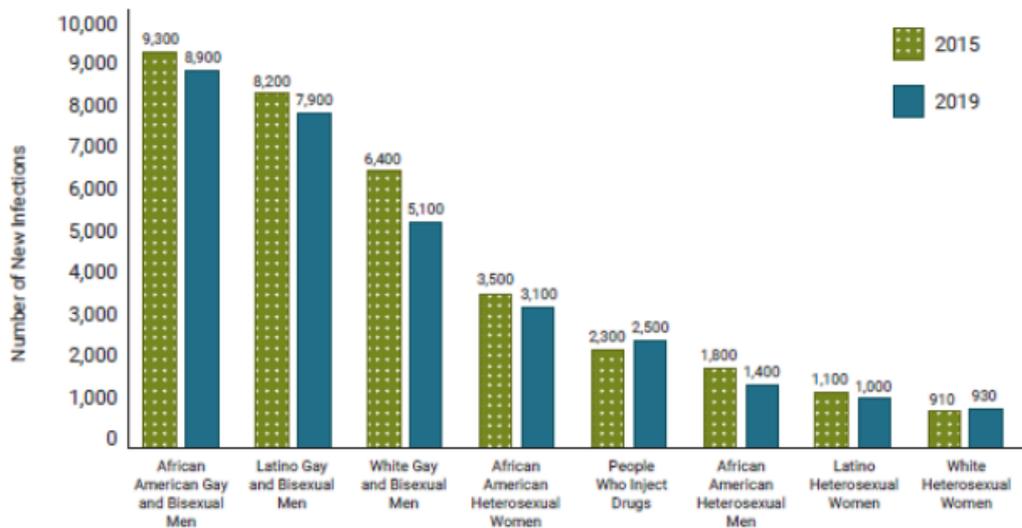


Figure 2. New HIV infections by most impacted populations, United States, 2015 vs. 2019¹⁴

National HIV Strategy Goals

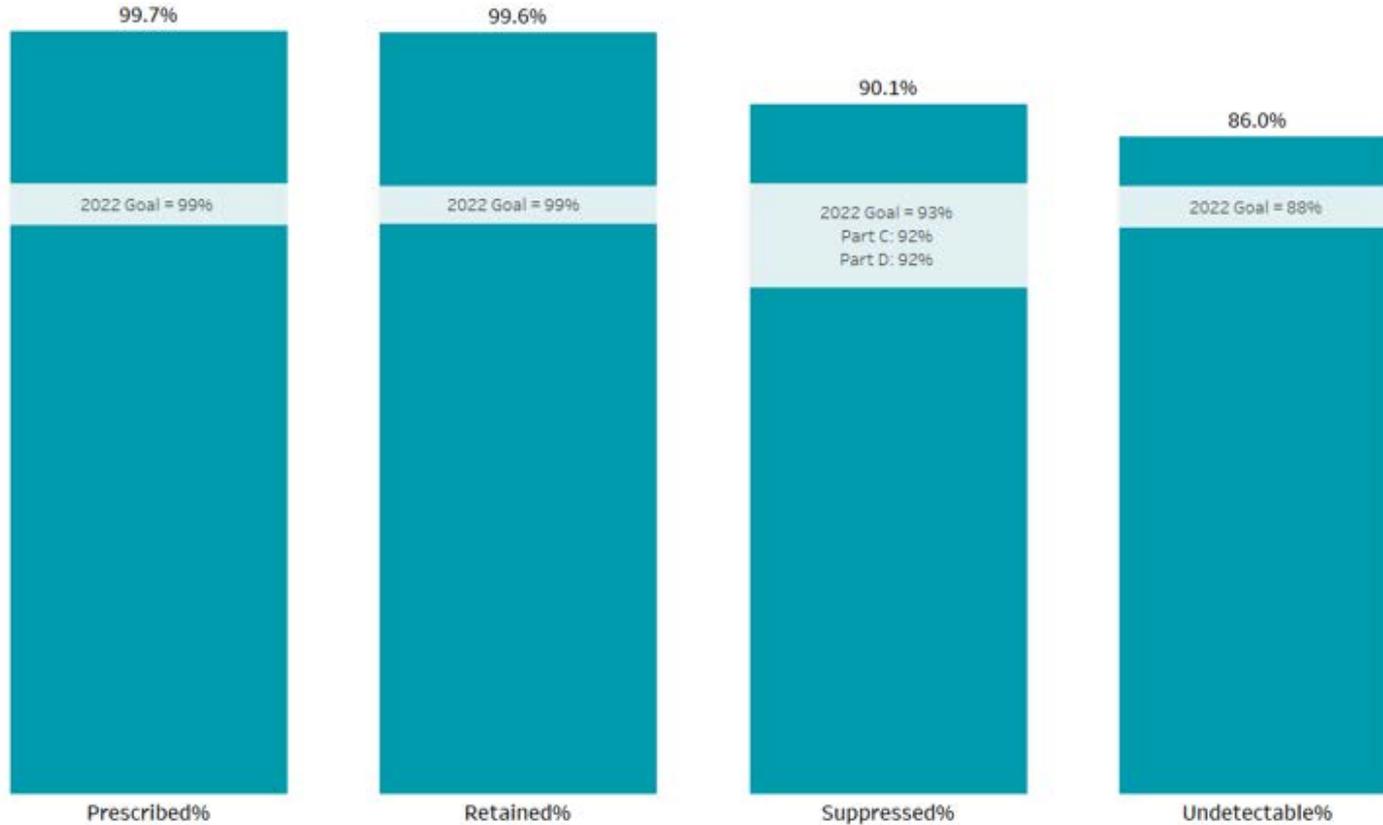
Provided by Harold J. Phillips, Director, White House Office of National AIDS Policy
December 2021

1. Prevent new HIV infections.
2. Improve HIV-related health outcomes for people living with HIV.
3. Reduce HIV-related disparities and health inequities.
4. Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and interested parties.

Valleywise Health & National HIV Strategy Goals

1. **Prevent new HIV infections.**
 - PrEP services – patient navigation, funding for uninsured patients to receive PrEP lab work and medical services
2. **Improve HIV-related health outcomes for people living with HIV.**
 - HIV primary care services and funding for uninsured services & rapid start program
3. **Reduce HIV-related disparities and health inequities.**
 - Disparity-driven quality improvement projects; expansion to new locations
4. **Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and interested parties.**
 - RWPA Planning Council, Fast Track Cities, Statewide Integrated Plan

Valleywise Health Patient Data – March 2022



90.1%
Suppression
Rate

(57% National
Rate)

4,095 patients
with clinic
encounter

Rapid Start Outcomes

| Measure | Baseline days | 2021 days |
|--|---------------|-----------|
| Median days from date clinic is notified to intake | 16 | 3 |
| Median days from intake to ART | 24 | 0 |
| Median days from diagnosis to viral suppression | 92 | 46 |

Looking Forward

- Increase grant funding
- Expand HIV services to additional Valleywise locations
- Increase provider training for PrEP & PrEP prescriptions
- Increase opt-out HIV testing rates at FQHCs
- Continue development of innovative HIV treatment and prevention programming

Questions?

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Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 4.

FQHC Clinics'
Operational Dashboard

Ambulatory Pillars Dashboard March 2022

Community Health Centers

| PATIENT EXPERIENCE - Ambulatory | | | | | | | | | | | | | | | | |
|--|--------|----------|----------|-----------|----------|---------------|------|----------|---------------|--------------------|-------------------|----------|-----------------|----------------|--|------------|
| | Target | Avondale | Chandler | Guadalupe | Maryvale | West Maryvale | Mesa | New Mesa | North Phoenix | S. Central Phoenix | S. Phoenix Laveen | McDowell | McDowell - Mesa | McDowell - PEC | | VCHCs FYTD |
| Net Promoter Score FYTD <i>(Would recommend facility)</i> | ≥71.1 | 67.9 | 69.0 | 67.2 | 79.9 | 74.9 | 62.0 | 68.9 | 70.0 | 66.5 | 71.5 | 78.3 | no data | 95.3 | | 69.9 |
| n-size | | 1,759 | 1,414 | 545 | 369 | 430 | 757 | 370 | 1,548 | 1,613 | 1,131 | 1,144 | no data | 43 | | 11,123 |

| ACCESS - Ambulatory | | | | | | | | | | | | | | | | |
|-------------------------------------|--------|----------|----------|-----------|----------|---------------|--------|----------|---------------|--------------------|-------------------|----------|-----------------|----------------|--|------------|
| | Target | Avondale | Chandler | Guadalupe | Maryvale | West Maryvale | Mesa | New Mesa | North Phoenix | S. Central Phoenix | S. Phoenix Laveen | McDowell | McDowell - Mesa | McDowell - PEC | | VCHCs FYTD |
| Appointments Scheduled FYTD | | 27,673 | 25,527 | 11,203 | 11,921 | 11,333 | 16,942 | 5,286 | 25,686 | 33,086 | 20,780 | 34,396 | 98 | 1,197 | | 225,128 |
| Appointment Fill Rate FYTD | | 95.1% | 88.4% | 84.6% | 82.2% | 87.9% | 91.6% | 92.9% | 92.6% | 86.0% | 84.0% | 91.3% | 74.1% | 75.9% | | 88.7% |
| Scheduled Appointment No-Shows FYTD | | 3,527 | 3,128 | 1,676 | 1,998 | 1,772 | 2,764 | 928 | 4,485 | 5,979 | 3,476 | 7,766 | 20 | 227 | | 37,746 |
| No Show Rate FYTD | <18% | 12.7% | 12.3% | 15.0% | 16.8% | 15.6% | 16.3% | 17.6% | 17.5% | 18.1% | 16.7% | 22.6% | 20.4% | 19.0% | | 16.8% |

| FINANCE - Ambulatory | | | | | | | | | | | | | | | | |
|---|--------|----------|----------|-----------|----------|---------------|-------|----------|---------------|--------------------|-------------------|----------|-----------------|----------------|--|------------|
| | Target | Avondale | Chandler | Guadalupe | Maryvale | West Maryvale | Mesa | New Mesa | North Phoenix | S. Central Phoenix | S. Phoenix Laveen | McDowell | McDowell - Mesa | McDowell - PEC | | VCHCs FYTD |
| In-Person Visits FYTD | | 13,329 | 11,621 | 5,371 | 5,199 | 5,313 | 7,581 | 2,381 | 11,242 | 16,810 | 9,145 | 10,579 | 24 | 251 | | 98,846 |
| Virtual Visits FYTD | | 4,822 | 3,890 | 1,098 | 1,669 | 1,263 | 2,178 | 636 | 4,076 | 3,619 | 3,439 | 5,632 | 30 | 276 | | 32,628 |
| Total Actual Visits (includes Nurse Only Visits) FYTD | | 18,151 | 15,511 | 6,469 | 6,868 | 6,576 | 9,759 | 3,017 | 15,318 | 20,429 | 12,584 | 16,211 | 54 | 527 | | 131,474 |
| Budgeted Visits FYTD | | 16,211 | 14,414 | 5,270 | 6,017 | 7,690 | 8,866 | 3,130 | 11,990 | 14,675 | 14,696 | 16,947 | 98 | 1,102 | | 121,106 |
| Variance FYTD | | 1,940 | 1,097 | 1,199 | 851 | (1,114) | 893 | (113) | 3,328 | 5,754 | (2,112) | (736) | (44) | (575) | | 10,368 |
| Variance by % FYTD | | 12.0% | 7.6% | 22.8% | 14.1% | -14.5% | 10.1% | -3.6% | 27.8% | 39.2% | -14.4% | -4.3% | -44.9% | -52.2% | | 8.6% |
| Total Number of Patients seen by provider FYTD | | 16,246 | 14,614 | 5,781 | 6,433 | 5,959 | 8,972 | 2,899 | 13,869 | 19,351 | 11,772 | 13,497 | 53 | 557 | | 120,003 |

| BEHAVIORAL HEALTH - Ambulatory | | | | | | | | | | | | | | | | |
|--------------------------------|--------|----------|----------|-----------|----------|---------------|-------|----------|---------------|--------------------|-------------------|--|---------------|--|--|---------|
| Finance | Target | Avondale | Chandler | Guadalupe | Maryvale | West Maryvale | Mesa | New Mesa | North Phoenix | S. Central Phoenix | S. Phoenix Laveen | | BH Psychiatry | | | BH FYTD |
| In-Person Visits FYTD | | 82 | 47 | 4 | 23 | 4 | 100 | 3 | 301 | 98 | 29 | | 42 | | | 801 |
| Virtual Visits FYTD | | 1,906 | 881 | 280 | 608 | 466 | 1,668 | 282 | 842 | 1,597 | 770 | | 937 | | | 11,566 |
| Total Actual Visits FYTD | | 1,988 | 928 | 284 | 631 | 470 | 1,768 | 285 | 1,143 | 1,695 | 799 | | 979 | | | 12,367 |
| Budget Visits FYTD | | 1,580 | 789 | 991 | 572 | 868 | 1,774 | 696 | 789 | 838 | 821 | | 606 | | | 11,113 |
| Variance FYTD | | 408 | 139 | (707) | 59 | (398) | (6) | (411) | 354 | 857 | (22) | | 373 | | | 1,254 |
| Variance by % FYTD | | 25.8% | 17.6% | -71.3% | 10.3% | -45.9% | -0.3% | -59.1% | 44.9% | 102.3% | -2.7% | | 61.6% | | | 11.3% |

| DENTAL - Ambulatory | | | | | | | | | | | | | | | | |
|---------------------|--------|----------|----------|--|--|--|--------|--|--|--|--|--|----------|--|--|-------------|
| Finance | Target | Avondale | Chandler | | | | Mesa | | | | | | McDowell | | | Dental FYTD |
| Actual Visits FYTD | | 1,961 | 1,585 | | | | 800 | | | | | | 2,430 | | | 16,782 |
| Budget Visits FYTD | | 1,588 | 1,518 | | | | 906 | | | | | | 2,925 | | | 16,157 |
| Variance FYTD | | 373 | 67 | | | | -106 | | | | | | -495 | | | 625 |
| % Variance FYTD | | 23.5% | 4.4% | | | | -11.7% | | | | | | -16.9% | | | 3.9% |

| Other FQHC Clinics | | | | | | | | | |
|---------------------|----------------|--------------------|-------------|---------------------|--------------|--|------------------------|------------------|--|
| Peoria Primary Care | Women's Clinic | Antepartum Testing | Diabetes Ed | Internal Medicine P | Peds Primary | | Other FQHC-Peoria FYTD | Grand Total FQHC | |
| 72.9 | 72.4 | 69.3 | 72.9 | 69.3 | 75.1 | | 72.2 | 70.7 | |
| 2,265 | 1,250 | 218 | 129 | 1,270 | 804 | | 5,936 | 17,059 | |

| Peoria Primary Care | Women's Clinic | Antepartum Testing | Diabetes Ed | Internal Medicine P | Peds Primary | | Other FQHC-Peoria FYTD |
|---------------------|----------------|--------------------|-------------|---------------------|--------------|--|------------------------|
| 37,313 | 30,073 | 10,077 | 4,131 | 23,738 | 23,258 | | 128,590 |
| 87.3% | 91.1% | 88.0% | n/a | 93.7% | 82.9% | | 88.4% |
| 5,863 | 4,878 | 1,048 | 659 | 4,242 | 4,071 | | 20,761 |
| 15.7% | 16.2% | 10.4% | 16.0% | 17.9% | 17.5% | | 16.1% |

| Peoria Primary Care | Women's Clinic | Antepartum Testing | Diabetes Ed | Internal Medicine P | Peds Primary | | Other FQHC-Peoria FYTD | Grand Total FQHC | FYTD FQHC |
|---------------------|----------------|--------------------|-------------|---------------------|--------------|--|------------------------|------------------|-----------|
| 15,004 | 15,093 | 6,704 | 1,170 | 12,793 | 14,131 | | 64,895 | | 181,324 |
| 6,748 | 1,146 | 25 | 140 | 1,489 | 1,033 | | 10,581 | | 54,775 |
| 21,752 | 16,239 | 6,729 | 1,310 | 14,282 | 15,164 | | 75,476 | | 236,099 |
| 20,779 | 16,523 | 6,090 | 2,132 | 15,317 | 12,228 | | 73,069 | | 221,445 |
| 973 | (284) | 639 | (822) | (1,035) | 2,936 | | 2,407 | | 14,654 |
| 4.7% | -1.7% | 10.5% | -38.6% | -6.8% | 24.0% | | 3.3% | | 6.6% |
| 20,516 | 14,981 | | | 13,161 | 12,357 | | 61,015 | 181,018 | |

| PEC |
|-------|
| 68 |
| 1,329 |
| 1,397 |
| 789 |
| 608 |
| 77.1% |

| PEC | PXC |
|-------|-------|
| 2,746 | 7,260 |
| 2,551 | 6,669 |
| 195 | 591 |
| 7.6% | 8.9% |

LEGEND:
Not in Target
5% less than the target
Target ≥ 95%

** 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

| Ambulatory Care | | Reporting Program | Stretch Goal | 2020 UDS National Average | CYTD 2021 | Desired Direction | Jan 2022 | Feb 2022 | Mar 2022 | Apr 2022 | May 2022 | June 2022 | Jul 2022 | Aug 2022 | Sep 2022 | Oct 2022 | Nov 2022 | Dec 2022 | YTD |
|---|------|-----------------------------|--------------|---------------------------|-----------|-------------------|----------|----------|----------|----------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|
| | | Quality /Regulatory Metrics | | | | | | | | | | | | | | | | | |
| Unified Data System | | | | | | | | | | | | | | | | | | | |
| Body Mass Index (BMI) Screening and Follow-Up Plan | HRSA | > 65.72% | > 65.72% | 34.26% | ↑ | ⊗ 29.45% | ⊗ 29.80% | | | | | | | | | | | | ⊗ 29.80% |
| Numerator | | | | | | | 2063 | 3919 | | | | | | | | | | | 3919 |
| Denominator | | | | | | | 7005 | 13149 | | | | | | | | | | | 13149 |
| Cervical Cancer Screening | HRSA | > 51.00% | > 51.00% | 49.77% | ↑ | ⊙ 46.59% | ⊙ 48.17% | | | | | | | | | | | | ⊙ 48.17% |
| Numerator | | | | | | | 2976 | 4937 | | | | | | | | | | | 4937 |
| Denominator | | | | | | | 6388 | 10249 | | | | | | | | | | | 10249 |
| Childhood Immunization Status (CIS) | HRSA | > 40.42% | > 40.42% | 47.72% | ↑ | ⊗ 36.23% | ✓ 41.67% | | | | | | | | | | | | ✓ 41.67% |
| Numerator | | | | | | | 100 | 205 | | | | | | | | | | | 205 |
| Denominator | | | | | | | 276 | 492 | | | | | | | | | | | 492 |
| Colorectal Cancer Screening | HRSA | > 40.09% | > 40.09% | 50.85% | ↑ | ⊙ 37.04% | ⊙ 39.44% | | | | | | | | | | | | ⊙ 39.44% |
| Numerator | | | | | | | 1854 | 3188 | | | | | | | | | | | 3188 |
| Denominator | | | | | | | 5006 | 8084 | | | | | | | | | | | 8084 |
| Controlling High Blood Pressure | HRSA | > 57.98% | > 57.98% | 47.76% | ↑ | ⊗ 33.93% | ⊗ 39.72% | | | | | | | | | | | | ⊗ 39.72% |
| Numerator | | | | | | | 1562 | 2955 | | | | | | | | | | | 2955 |
| Denominator | | | | | | | 4604 | 7439 | | | | | | | | | | | 7439 |
| Diabetes: Hemoglobin A1c Poor Control | HRSA | < 35.60% | < 35.60% | 31.85% | ↓ | ⊗ 70.50% | ⊗ 59.49% | | | | | | | | | | | | ⊗ 59.49% |
| Numerator | | | | | | | 2101 | 2893 | | | | | | | | | | | 2893 |
| Denominator | | | | | | | 2980 | 4863 | | | | | | | | | | | 4863 |
| Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic | HRSA | > 78.80% | > 78.80% | 78.51% | ↑ | ✓ 80.00% | ✓ 79.64% | | | | | | | | | | | | ✓ 79.64% |
| Numerator | | | | | | | 448 | 716 | | | | | | | | | | | 716 |
| Denominator | | | | | | | 560 | 899 | | | | | | | | | | | 899 |
| Screening for Clinical Depression and Follow-Up Plan if positive screen | HRSA | > 64.21% | > 64.21% | 48.73% | ↑ | ⊗ 35.68% | ⊗ 39.48% | | | | | | | | | | | | ⊗ 39.48% |
| Numerator | | | | | | | 3413 | 6214 | | | | | | | | | | | 6214 |
| Denominator | | | | | | | 9566 | 15740 | | | | | | | | | | | 15740 |
| Tobacco Use: Screening and Cessation Intervention | HRSA | > 83.43% | > 83.43% | 87.78% | ↑ | ⊙ 83.00% | ⊙ 83.13% | | | | | | | | | | | | ⊙ 83.13% |
| Numerator | | | | | | | 2265 | 6225 | | | | | | | | | | | 6225 |
| Denominator | | | | | | | 2729 | 7488 | | | | | | | | | | | 7488 |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents | HRSA | > 65.13% | > 65.13% | 78.09% | ↑ | ⊗ 39.45% | ⊗ 44.94% | | | | | | | | | | | | ⊗ 44.94% |
| Numerator | | | | | | | 535 | 1160 | | | | | | | | | | | 1160 |
| Denominator | | | | | | | 1356 | 2581 | | | | | | | | | | | 2581 |
| Statin Therapy for the Prevention and Treatment of Cardiovascular Disease | HRSA | > 71.92% | > 71.92% | 68.40% | ↑ | ✓ 72.67% | ✓ 72.48% | | | | | | | | | | | | ✓ 72.48% |
| Numerator | | | | | | | 2789 | 4551 | | | | | | | | | | | 4551 |
| Denominator | | | | | | | 3838 | 6279 | | | | | | | | | | | 6279 |
| Breast Cancer Screening | HRSA | > 45.34% | > 45.34% | 58.56% | ↑ | ✓ 52.41% | ✓ 54.73% | | | | | | | | | | | | ✓ 54.73% |
| Numerator | | | | | | | 1435 | 2402 | | | | | | | | | | | 2402 |
| Denominator | | | | | | | 2738 | 4389 | | | | | | | | | | | 4389 |
| HIV Screening | HRSA | > 32.29% | > 32.29% | 58.18% | ↑ | ✓ 63.55% | ✓ 62.75% | | | | | | | | | | | | ✓ 62.75% |
| Numerator | | | | | | | 6718 | 10917 | | | | | | | | | | | 10917 |
| Denominator | | | | | | | 10572 | 17397 | | | | | | | | | | | 17397 |

‡ -

**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 | ⊗ |

Ambulatory Pillars Dashboard Data Dictionary

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) | Amanda Jacobs | Monthly NRC Health - Department Summary Report |
| ACCESS - Ambulatory | | | |
| Appointments Scheduled | All appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, and Ophthalmology departments. | Amanda Jacobs | Monthly EPIC Report |
| Appointment Fill Rate | Provider schedule utilization metric calculated by number of patients to appointment slots available. | Amanda Jacobs | Monthly EPIC Report |
| Scheduled Appointment No-Shows | All No- show appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, and Ophthalmology departments. | Amanda Jacobs | Monthly EPIC Report |
| No Show Rate | Percentages of Scheduled Patients who were a "No show" patients or same day cancellations | Amanda Jacobs | Monthly EPIC Report |
| FINANCE - Ambulatory | | | |
| Actual Visits (includes nurse only visits) FYTD | All visits per Clinic (visit count methodology). For the Fiscal Year to Date | Amanda Jacobs | Monthly Axiom |
| Budgeted Visits FYTD | All budgeted visits per Clinic (visit count methodology) For the Fiscal Year to Date | Amanda Jacobs | 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 |
| FINANCE - BEHAVIORAL HEALTH | | | |
| Actual Visits FYTD | Actual Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology) For fiscal year to date | Amanda Jacobs | 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 | Amanda Jacobs | 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 |
|--|--|---------------|-----------|----------|
| FINANCE-DENTAL | | | | |
| Actual Visits FYTD | All visits per Dental Clinic (visit count methodology) For fiscal year to date | Amanda Jacobs | Monthly | Axiom |
| Budgeted Visits FYTD | All budgeted visits per Dental Clinic (visit count methodology) For fiscal year to date | Amanda Jacobs | 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 |
| QUALITY - Ambulatory | | | | |
| Quality /Regulatory Metrics | Required by: | Quality | Monthly | |
| Body Mass Index (BMI) Screening and Follow-Up | CMS69v9 Description: Percentage of patients aged 18 years and older with BMI documented during the most recent visit or within the previous 12 months to that visit and who had a follow-up plan documented if the most recent BMI was outside of normal parameters Numerator: Patients with: <ul style="list-style-type: none"> • a documented BMI (not just height and weight) during their most recent visit in the measurement period or during the previous 12 months of that visit, and • when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of the current visit Denominator: <ul style="list-style-type: none"> • Patients 18 years of age or older on the date of the visit with at least one medical visit during the measurement period | Quality | Monthly | EPIC/UDS |
| Cervical Cancer Screening | CMS124v9 Description: Percentage of women 21*–64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> • Women age 21*–64 who had cervical cytology performed within the last 3 years • Women age 30–64 who had 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: <ul style="list-style-type: none"> • Cervical cytology performed during the measurement period or the 2 years prior to the measurement period for women who are at least 21 years old at the time of the test. • Cervical HPV testing performed during the measurement period or the 4 years prior to the measurement period for women who are 30 years or older at the time of the test. Denominator: <ul style="list-style-type: none"> • Women 23 through 64 years of age with a medical visit during the measurement period | Quality | Monthly | EPIC/UDS |

Federally Qualified Health Centers

| | Data Source | | Owner | Frequency | System |
|---------------------------------------|-------------|---|---------|-----------|----------|
| Childhood Immunization Status (CIS) | CMS117v9 | <p>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.</p> <p>Numerator:</p> <ul style="list-style-type: none"> • 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 <p>Denominator:</p> <ul style="list-style-type: none"> • Children who turn 2 years of age during the measurement period and who had a medical visit during the measurement period | Quality | Monthly | EPIC/UDS |
| Colorectal Cancer Screening | CMS130v9 | <p>Description: Percentage of adults 50–75 years of age who had appropriate screening for colorectal cancerPercentage of adults 50–75 years of age who had appropriate screening for colorectal cancer</p> <p>Numerator: Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:</p> <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) during the measurement period • Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period • Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period • Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period • Colonoscopy during the measurement period or the 9 years prior to the measurement period <p>Denominator: Patients 50 through 74 years of age with a medical visit during the measurement period</p> | Quality | Monthly | EPIC/UDS |
| Controlling High Blood Pressure | CMS165v9 | <p>Description: Percentage of patients 18–85 years of age who had a diagnosis of hypertension overlapping the measurement period or the year prior and whose most recent blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period</p> <p>Numerator:</p> <ul style="list-style-type: none"> • Patients whose most recent blood pressure is adequately controlled (systolic blood pressure less than 140 mmHg and diastolic blood pressure less than 90 mmHg) during the measurement period <p>Denominator:</p> <ul style="list-style-type: none"> • Patients 18 through 84 years of age who had a diagnosis of essential hypertension overlapping the measurement period or the year prior to the measurement period with a medical visit during the measurement period | Quality | Monthly | EPIC/UDS |
| Diabetes: Hemoglobin A1c Poor Control | CMS122v9 | <p>Description: Percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the measurement period</p> <p>Numerator:</p> <ul style="list-style-type: none"> • Patients whose most recent HbA1c level performed during the measurement period was greater than 9.0 percent or patients who had no HbA1c test conducted during the measurement period <p>Denominator:</p> <ul style="list-style-type: none"> • Patients 18 through 74 years of age with diabetes with a medical visit during the measurement period | Quality | Monthly | EPIC/UDS |

Federally Qualified Health Centers

| Data Source | | Owner | Frequency | System |
|---|-----------------|---------|-----------|----------|
| Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic | CMS164v7 | Quality | Monthly | EPIC/UDS |
| <p>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</p> <p>Numerator:</p> <ul style="list-style-type: none"> • Patients who had an active medication of aspirin or another antiplatelet during the measurement period <p>Denominator:</p> <ul style="list-style-type: none"> • Patients 18 years of age and older with a medical visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement period or who had a diagnosis of IVD overlapping the measurement period | | | | |
| Screening for Clinical Depression and Follow-Up Plan | CMS2v10 | Quality | Monthly | EPIC/UDS |
| <p>Description: Percentage of patients aged 12 years and older screened for depression on the date of the visit or 14 days prior to the visit using an age-appropriate standardized depression screening tool and, if screening was positive, had a follow-up plan documented on the date of the visit</p> <p>Numerator: Patients who:</p> <ul style="list-style-type: none"> • were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool and, • if screened positive for depression, had a follow-up plan documented on the date of the visit. <p>Denominator:</p> <ul style="list-style-type: none"> • Patients aged 12 years and older with at least one medical visit during the measurement period | | | | |
| Tobacco Use: Screening and Cessation Intervention: | CMS138v9 | Quality | Monthly | EPIC/UDS |
| <p>Description: Percentage of patients aged 18 and older who were screened for tobacco use one or more times within 12 months and who received tobacco cessation intervention if identified as a tobacco user</p> <p>Numerator:</p> <ul style="list-style-type: none"> • Patients who were screened for tobacco use at least once within 12 months before the end of the measurement period and • Who received tobacco cessation intervention if identified as a tobacco user <p>Denominator:</p> <ul style="list-style-type: none"> • 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. | | | | |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents | CMS155v9 | Quality | Monthly | EPIC/UDS |
| <p>Description: Percentage of patients 3–17* years of age who had an outpatient medical visit and who had evidence of height, weight, and body mass index (BMI) percentile documentation and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement period</p> <p>Numerator: Children and adolescents who have had:</p> <ul style="list-style-type: none"> • 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 <p>Denominator:</p> <ul style="list-style-type: none"> • Patients 3 through 16 years of age with at least one outpatient medical visit during the measurement period | | | | |

Federally Qualified Health Centers

| | Data Source | | Owner | Frequency | System |
|---|-------------|--|---------|-----------|----------|
| Statin Therapy for the Prevention and Treatment of Cardiovascular Disease | CMS347v4 | <p>Description: Percentage of the following patients at high risk of cardiovascular events aged 21 years and older who were prescribed or were on statin therapy during the measurement period:</p> <ul style="list-style-type: none"> • Patients 21 years of age or older who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), or • Patients 21 years of age or older who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia, or • Patients 40 through 75 years of age with a diagnosis of diabetes with a fasting or direct LDL-C level of 70–189 mg/dL <p>Numerator:</p> <ul style="list-style-type: none"> • Patients who are actively using or who received an order (prescription) for statin therapy at any point during the measurement period <p>Denominator: Patients 21 years of age and older who:</p> <ul style="list-style-type: none"> o have an active diagnosis of ASCVD or o ever had a fasting or direct laboratory result of LDL-C greater than or equal to 190 mg/dL or o were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia, or • Patients 40 through 75 years of age with Type 1 or Type 2 diabetes and with an LDL-C result of 70–189 mg/dL recorded as the highest fasting or direct laboratory test result in the calendar year or the 2 years prior; • With a medical visit during the measurement period | Quality | Monthly | EPIC/UDS |
| Breast Cancer Screening | CMS125v9 | <p>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</p> <p>Numerator:</p> <ul style="list-style-type: none"> • Women with one or more mammograms during the 27 months prior to the end of the measurement period <p>Denominator:</p> <ul style="list-style-type: none"> • Women 51 through 73 years of age with a medical visit during the measurement period | Quality | Monthly | EPIC/UDS |
| HIV Screening | CMS349v3 | <p>Description: Percentage of patients aged 15–65 at the start of the measurement period who were between 15–65 years old when tested for HIV</p> <p>Numerator:</p> <ul style="list-style-type: none"> • Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday <p>Denominator:</p> <ul style="list-style-type: none"> • Patients aged 15 through 65 years of age at the start of the measurement period and with at least one outpatient medical visit during the measurement period | Quality | Monthly | EPIC/UDS |

FEDERALLY QUALIFIED HEALTH CENTERS

MAR FY 2022

VISITS SUMMARY

| | MTD Analysis | | | | | | YTD Analysis | | | | |
|-------------------------------------|---------------|---------------|-----------------------|---------------|---------------|-------------|----------------------|----------------|----------------|---------------|-----------|
| | Prior Year | Prior Month | Month To Date FY 2022 | | | Prior YTD | Year To Date FY 2022 | | | | |
| | FY 2021 MAR | FY 2022 FEB | FY 2022 MAR | FY 2022 MAR | Variance | FY 2021 MAR | FY 2022 MAR | FY 2022 MAR | Variance | | |
| | Actual | Actual | Actual | Budget | (Unfavorable) | % | Actual | Actual | Budget | (Unfavorable) | % |
| VCHC Clinics | | | | | | | | | | | |
| FQHC CLINIC - SOUTH CENTRAL PHOENIX | 2,128 | 2,088 | 2,721 | 1,861 | 860 | 46% | 13,555 | 20,429 | 14,675 | 5,754 | 39% |
| FQHC CLINIC - 7TH AVENUE | - | - | - | - | - | - | 5,474 | - | - | - | - |
| FQHC CLINIC - AVONDALE | 1,919 | 1,953 | 2,376 | 2,059 | 317 | 15% | 17,587 | 18,151 | 16,211 | 1,940 | 12% |
| FQHC CLINIC - MARYVALE | 1,929 | - | - | - | - | - | 14,653 | 6,868 | 6,017 | 851 | 14% |
| FQHC CLINIC - GLENDALE | - | - | - | - | - | - | 10,301 | - | - | - | - |
| FQHC CLINIC - EL MIRAGE | - | - | - | - | - | - | 7,833 | - | - | - | - |
| FQHC CLINIC - MSA | 1,744 | - | - | - | - | - | 13,607 | 9,759 | 8,866 | 893 | 10% |
| FQHC CLINIC - CHANDLER | 1,791 | 1,549 | 1,817 | 1,776 | 41 | 2% | 16,373 | 15,511 | 14,414 | 1,097 | 8% |
| FQHC CLINIC - GUADALUPE | 673 | 591 | 766 | 669 | 97 | 14% | 6,218 | 6,469 | 5,270 | 1,199 | 23% |
| FQHC CLINIC - MCDOWELL | 1,954 | 1,675 | 1,793 | 1,874 | (81) | (4%) | 15,851 | 16,211 | 16,947 | (736) | (4%) |
| FQHC CLINIC - SOUTH PHOENIX LAVERN | 1,426 | 1,242 | 1,544 | 1,948 | (404) | (21%) | 10,297 | 12,584 | 14,696 | (2,112) | (14%) |
| FQHC CLINIC - WEST MARYVALE | - | 1,248 | 1,551 | 1,901 | (350) | (18%) | - | 6,576 | 7,690 | (1,114) | (14%) |
| FQHC CLINIC - MESA | - | 1,204 | 1,645 | 1,491 | 154 | 10% | - | 3,017 | 3,130 | (113) | (4%) |
| FQHC CLINIC - NORTH PHOENIX | 1,479 | 1,575 | 2,058 | 1,729 | 329 | 19% | 6,375 | 15,318 | 11,990 | 3,328 | 28% |
| FQHC MCDOWELL SERVICES - MESA | - | - | 54 | 56 | (2) | (4%) | - | 54 | 98 | (44) | (45%) |
| FQHC MCDOWELL SERVICES - PEORIA | - | 52 | 82 | 179 | (97) | (54%) | - | 527 | 1,102 | (575) | (52%) |
| Total | 15,043 | 13,177 | 16,407 | 15,543 | 864 | 6% | 138,124 | 131,474 | 121,106 | 10,368 | 9% |

| | MTD Analysis | | | | | | YTD Analysis | | | | |
|---------------------------------|--------------|--------------|-----------------------|--------------|---------------|-------------|----------------------|---------------|---------------|---------------|------------|
| | Prior Year | Prior Month | Month To Date FY 2022 | | | Prior YTD | Year To Date FY 2022 | | | | |
| | FY 2021 MAR | FY 2022 FEB | FY 2022 MAR | FY 2022 MAR | Variance | FY 2021 MAR | FY 2022 MAR | FY 2022 MAR | Variance | | |
| | Actual | Actual | Actual | Budget | (Unfavorable) | % | Actual | Actual | Budget | (Unfavorable) | % |
| OP BH Clinics | | | | | | | | | | | |
| BH FQHC - PSYCHIATRY | - | 195 | 218 | 74 | 144 | 195% | - | 979 | 606 | 373 | 62% |
| BH FQHC - SOUTH CENTRAL PHOENIX | 108 | 260 | 329 | 97 | 232 | 239% | 679 | 1,695 | 838 | 857 | 102% |
| BH FQHC - 7TH AVENUE | - | - | - | - | - | - | 255 | - | - | - | - |
| BH FQHC - AVONDALE | 218 | 241 | 259 | 182 | 77 | 42% | 1,299 | 1,988 | 1,580 | 408 | 26% |
| BH FQHC - MARYVALE | 211 | - | - | - | - | - | 1,273 | 631 | 572 | 59 | 10% |
| BH FQHC - GLENDALE | - | - | - | - | - | - | 690 | - | - | - | - |
| BH FQHC - MSA | 325 | 7 | - | - | - | - | 2,114 | 1,768 | 1,774 | (6) | (0%) |
| BH FQHC - CHANDLER | 110 | 103 | 120 | 91 | 29 | 32% | 797 | 928 | 789 | 139 | 18% |
| BH FQHC - GUADALUPE | 98 | 64 | 90 | 114 | (24) | (21%) | 986 | 284 | 991 | (707) | (71%) |
| BH FQHC - SUNNYSLOPE | - | - | - | - | - | - | 133 | - | - | - | - |
| BH FQHC - PEORIA | 136 | 193 | 289 | 91 | 198 | 218% | 263 | 1,397 | 789 | 608 | 77% |
| BH FQHC - SOUTH PHOENIX LAVERN | 92 | 98 | 114 | 95 | 19 | 20% | 539 | 799 | 821 | (22) | (3%) |
| BH FQHC - WEST MARYVALE | - | 60 | 107 | 182 | (75) | (41%) | - | 470 | 868 | (398) | (46%) |
| BH FQHC - MESA | - | 81 | 168 | 283 | (115) | (41%) | - | 285 | 696 | (411) | (59%) |
| BH FQHC - NORTH PHOENIX | 110 | 151 | 188 | 91 | 97 | 107% | 422 | 1,143 | 789 | 354 | 45% |
| Total | 1,408 | 1,453 | 1,882 | 1,300 | 582 | 45% | 9,450 | 12,367 | 11,113 | 1,254 | 11% |

FEDERALLY QUALIFIED HEALTH CENTERS

MAR FY 2022

VISITS SUMMARY

| | MTD Analysis | | | | | | YTD Analysis | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------|-----------|-----------------------|-----------------------|-----------------------|---------------------------|-----------|
| | Prior Year | Prior Month | Month To Date FY 2022 | | | Prior YTD | Year To Date FY 2022 | | | | |
| | FY 2021 MAR Actual | FY 2022 FEB Actual | FY 2022 MAR Actual | FY 2022 MAR Budget | Variance (Unfavorable) | % | FY 2021 MAR Actual | FY 2022 MAR Actual | FY 2022 MAR Budget | Variance (Unfavorable) | % |
| VCHC - Phoenix Clinics | | | | | | | | | | | |
| FQHC MARICOPA WOMENS CARE - PHOENIX | 2,165 | 1,714 | 2,078 | 2,033 | 45 | 2% | 16,820 | 16,239 | 16,523 | (284) | (2%) |
| FQHC ANTEPARTUM TESTING - PHOENIX | 751 | 759 | 774 | 687 | 87 | 13% | 6,223 | 6,729 | 6,090 | 639 | 10% |
| FQHC DIABETES OUTREACH CLINIC - PHOENIX | 254 | 141 | 155 | 262 | (107) | (41%) | 2,132 | 1,310 | 2,132 | (822) | (39%) |
| FQHC PEDIATRIC CLINIC - PHOENIX | 1,533 | 1,529 | 1,809 | 1,485 | 324 | 22% | 12,086 | 15,164 | 12,228 | 2,936 | 24% |
| FQHC MEDICINE CLINIC - PHOENIX | 1,814 | 1,525 | 1,758 | 2,031 | (273) | (13%) | 14,758 | 14,282 | 15,317 | (1,035) | (7%) |
| Total | 6,517 | 5,668 | 6,574 | 6,498 | 76 | 1% | 52,019 | 53,724 | 52,290 | 1,434 | 3% |

| | MTD Analysis | | | | | | YTD Analysis | | | | |
|-----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------|------------|-----------------------|-----------------------|-----------------------|---------------------------|-----------|
| | Prior Year | Prior Month | Month To Date FY 2021 | | | Prior YTD | Year To Date FY 2021 | | | | |
| | FY 2021 MAR Actual | FY 2022 FEB Actual | FY 2022 MAR Actual | FY 2022 MAR Budget | Variance (Unfavorable) | % | FY 2021 MAR Actual | FY 2022 MAR Actual | FY 2022 MAR Budget | Variance (Unfavorable) | % |
| VCHC - Peoria Clinic | | | | | | | | | | | |
| FQHC PRIMARY CARE - PEORIA | 2,180 | 2,476 | 2,951 | 2,673 | 278 | 10% | 4,004 | 21,752 | 20,779 | 973 | 5% |
| Total | 2,180 | 2,476 | 2,951 | 2,673 | 278 | 10% | 4,004 | 21,752 | 20,779 | 973 | 5% |

| | MTD Analysis | | | | | | YTD Analysis | | | | |
|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------|------------|-----------------------|-----------------------|-----------------------|---------------------------|-----------|
| | Prior Year | Prior Month | Month To Date FY 2021 | | | Prior YTD | Year To Date FY 2021 | | | | |
| | FY 2021 MAR Actual | FY 2022 FEB Actual | FY 2022 MAR Actual | FY 2022 MAR Budget | Variance (Unfavorable) | % | FY 2021 MAR Actual | FY 2022 MAR Actual | FY 2022 MAR Budget | Variance (Unfavorable) | % |
| Dental Clinics | | | | | | | | | | | |
| FQHC DENTAL - PHOENIX | 881 | 756 | 969 | 869 | 100 | 12% | 6,376 | 7,260 | 6,669 | 591 | 9% |
| FQHC DENTAL - CHANDLER | 152 | 198 | 261 | 196 | 65 | 33% | 1,020 | 1,585 | 1,518 | 67 | 4% |
| FQHC DENTAL - AVONDALE | 173 | 223 | 242 | 207 | 35 | 17% | 1,425 | 1,961 | 1,588 | 373 | 23% |
| FQHC DENTAL - MSA | 122 | - | - | - | - | - | 906 | 800 | 906 | (106) | (12%) |
| FQHC DENTAL - MCDOWELL | 349 | 172 | 355 | 391 | (36) | (9%) | 1,915 | 2,430 | 2,925 | (495) | (17%) |
| FQHC DENTAL - PEORIA | 237 | 286 | 372 | 345 | 27 | 8% | 394 | 2,746 | 2,551 | 195 | 8% |
| Total | 1,914 | 1,635 | 2,199 | 2,008 | 191 | 10% | 12,036 | 16,782 | 16,157 | 625 | 4% |

| | | | | | | | | | | | |
|---------------------|---------------|---------------|---------------|---------------|--------------|-----------|----------------|----------------|----------------|---------------|-----------|
| Grand Totals | 27,062 | 24,409 | 30,013 | 28,022 | 1,991 | 7% | 215,633 | 236,099 | 221,445 | 14,654 | 7% |
|---------------------|---------------|---------------|---------------|---------------|--------------|-----------|----------------|----------------|----------------|---------------|-----------|



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 5.

2022 AACHC
Annual Conference
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 6.

Committee Reports



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 6.a.

Compliance and Quality
Committee Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 6.b.

Executive Committee Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 6.c.

Finance Committee Report -
Financial Highlights

**VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending March 31, 2022**

OPERATING REVENUE

(a) Visits

| | Actual | Budget | Variance | %Variance |
|---------------|---------|---------|----------|-----------|
| Month-to-Date | 30,013 | 28,022 | 1,991 | 7.1% |
| Year-to-Date | 236,099 | 221,445 | 14,654 | 6.6% |

Visits greater than budget for the month by 1,991 or 7.1%. Current month visits greater than prior month by 5,604 or 23.0%. The VCHC's were greater than budget by 864 or 5.6%, the Outpatient Behavioral Health clinics were greater than budget by 582 or 44.8%, VCHC-Phoenix was greater than budget by 76 or 1.2%, VCHC-Peoria was greater than budget by 278 or 10.4% and Dental greater than budget by 191 or 9.5%.

(b) Net Patient Service Revenue

| | Actual | Budget | Variance | %Variance |
|-------------------------|---------------|---------------|--------------|-----------|
| Month-to-Date | \$ 6,154,098 | \$ 5,511,606 | \$ 642,493 | 11.7% |
| Year-to-Date | \$ 46,828,391 | \$ 43,755,183 | \$ 3,073,208 | 7.0% |
| Month-to-Date Per Visit | \$ 205 | \$ 197 | \$ 8 | 4.2% |
| Year-to-Date Per Visit | \$ 198 | \$ 198 | \$ 1 | 0.4% |

Net patient service revenue is greater than budget by \$642.5K for MTD. On a per visit basis, net patient service revenue is greater than budget by 4.2% for MTD. The VCHC's were greater than budget by \$429.6K or 13.1%, the Outpatient Behavioral Health clinics were greater than budget by \$160.4K or 53.4%, the VCHC-Phoenix clinics were greater than budget by \$42.6K or 3.9%, the VCHC-Peoria was greater than budget by \$23.1K or 4.5% and Dental less than budget by \$13.1K or 3.9%.

(c) Other Operating Revenue

| | Actual | Budget | Variance | %Variance |
|---------------|--------------|--------------|--------------|-----------|
| Month-to-Date | \$ 629,522 | \$ 238,928 | \$ 390,594 | 163.5% |
| Year-to-Date | \$ 3,644,852 | \$ 2,161,307 | \$ 1,483,545 | 68.6% |

Other operating revenue is greater than budget by \$390.6K for MTD.

(d) PCMH Revenue

| | Actual | Budget | Variance | %Variance |
|---------------|-----------|-----------|----------|-----------|
| Month-to-Date | \$ - | \$ - | \$ - | 0.0% |
| Year-to-Date | \$ 19,268 | \$ 18,814 | \$ 454 | 2.4% |

(e) Total operating revenues

| | Actual | Budget | Variance | %Variance |
|-------------------------|---------------|---------------|--------------|-----------|
| Month-to-Date | \$ 6,783,621 | \$ 5,750,534 | \$ 1,033,087 | 18.0% |
| Year-to-Date | \$ 50,492,511 | \$ 45,935,304 | \$ 4,557,207 | 9.9% |
| Month-to-Date Per Visit | \$ 226 | \$ 205 | \$ 21 | 10.1% |
| Year-to-Date Per Visit | \$ 214 | \$ 207 | \$ 6 | 3.1% |

Total operating revenues are greater than budget by \$1.0M for MTD. On a per visit basis, total operating revenue is greater than budget by \$21.00 for MTD.

VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending March 31, 2022

OPERATING EXPENSES

(f) Salaries and Wages

| | Actual | Budget | Variance | %Variance |
|--------------------|---------------|---------------|----------------|-----------|
| Month-to-Date | \$ 2,094,654 | \$ 1,915,853 | \$ (178,801) | -9.3% |
| Year-to-Date | \$ 18,034,830 | \$ 15,630,977 | \$ (2,403,852) | -15.4% |
| Month-to-Date FTEs | 390 | 469 | 79 | 16.9% |
| Year-to-Date FTEs | 371 | 437 | 66 | 15.1% |

Salaries and wages were greater than budget by \$178.8K for MTD. FTEs were less than budget by 79 for MTD. The average salaries and wages per FTE were greater compared to the previous month by \$473.90.

The budget includes FTE's under the American Rescue Plan.

(h) Employee Benefits

| | Actual | Budget | Variance | %Variance |
|-----------------------|--------------|--------------|--------------|-----------|
| Month-to-Date | \$ 689,237 | \$ 638,342 | \$ (50,896) | -8.0% |
| Year-to-Date | \$ 5,905,827 | \$ 5,222,425 | \$ (683,401) | -13.1% |
| Month-to-Date Per FTE | \$ 1,770 | \$ 1,362 | \$ (408) | -30.0% |
| Year-to-Date Per FTE | \$ 15,920 | \$ 11,957 | \$ (3,963) | -33.1% |

Employee benefits are greater than budget by \$50.9K MTD.

Benefits as a % of Salaries

| | Actual | Budget | Variance | %Variance |
|---------------|--------|--------|----------|-----------|
| Month-to-Date | 32.9% | 33.3% | 0.4% | 1.2% |
| Year-to-Date | 32.7% | 33.4% | 0.7% | 2.0% |

(i) Medical Service Fees

| | Actual | Budget | Variance | %Variance |
|---------------|---------------|---------------|------------|-----------|
| Month-to-Date | \$ 1,831,379 | \$ 1,869,299 | \$ 37,920 | 2.0% |
| Year-to-Date | \$ 15,909,916 | \$ 16,717,123 | \$ 807,207 | 4.8% |

Medical service fees were less than budget for the month by \$37.9K MTD.

The VCHC's were less than budget by \$66.5K or 5.7%, OP Behavioral Health greater than budget by \$124.6K or 815.1%, VCHC - Phoenix was less than budget by \$57.2K or 12.2% and VCHC-Peoria was less than budget by \$38.8K or 18.0%.

(j) Supplies

| | Actual | Budget | Variance | %Variance |
|----------------------------------|--------------|--------------|--------------|-----------|
| Month-to-Date | \$ 222,156 | \$ 238,449 | \$ 16,293 | 6.8% |
| Year-to-Date | \$ 2,132,173 | \$ 1,909,906 | \$ (222,268) | -11.6% |
| Month-to-Date Supplies per Visit | \$ 7 | \$ 9 | \$ 1 | 13.0% |
| Year-to-Date Supplies per Visit | \$ 9 | \$ 9 | \$ (0) | -4.7% |

Supplies expenses less than budget by \$16.3K MTD. The VCHC's less than budget in Pharmaceuticals by \$6.4K, the VCHC-Phoenix clinics less than budget in Pharmaceuticals by \$5.6K and Dental greater than budget in Dental Supplies by \$5.9K.

(k) Purchased Services

| | Actual | Budget | Variance | %Variance |
|---------------|------------|------------|-------------|-----------|
| Month-to-Date | \$ 9,389 | \$ 16,105 | \$ 6,716 | 41.7% |
| Year-to-Date | \$ 155,846 | \$ 139,189 | \$ (16,657) | -12.0% |

Purchased services less than budget by \$6.7K MTD.

**VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending March 31, 2022**

OPERATING EXPENSES (continued)

(l) Other Expenses

| | Actual | Budget | Variance | %Variance |
|---------------|------------|------------|-----------|-----------|
| Month-to-Date | \$ 68,461 | \$ 69,570 | \$ 1,109 | 1.6% |
| Year-to-Date | \$ 671,410 | \$ 718,674 | \$ 47,263 | 6.6% |

Other expenses less than budget by \$1.1K MTD.

(n) Allocated Ancillary Expense

| | Actual | Budget | Variance | %Variance |
|---------------|--------------|--------------|----------------|-----------|
| Month-to-Date | \$ 1,159,795 | \$ 681,592 | \$ (478,204) | -70.2% |
| Year-to-Date | \$ 7,152,558 | \$ 5,485,495 | \$ (1,667,063) | -30.4% |

Allocated ancillary expenses were greater than budget by \$478.2K MTD.

(o) Total operating expenses

| | Actual | Budget | Variance | %Variance |
|-------------------------|---------------|---------------|----------------|-----------|
| Month-to-Date | \$ 6,176,993 | \$ 5,429,422 | \$ (747,571) | -13.8% |
| Year-to-Date | \$ 50,176,024 | \$ 45,825,588 | \$ (4,350,436) | -9.5% |
| Month-to-Date Per Visit | \$ 206 | \$ 194 | \$ (12) | -5.9% |
| Year-to-Date Per Visit | \$ 213 | \$ 207 | \$ (6) | -2.6% |

Total operating expenses greater than budget by \$747.6K MTD. On a per visit basis, the current month was 5.9% unfavorable.

(p) Margin (before overhead allocation)

| | Actual | Budget | Variance | %Variance |
|-------------------------|------------|------------|------------|-----------|
| Month-to-Date | \$ 606,628 | \$ 321,112 | \$ 285,516 | 88.9% |
| Year-to-Date | \$ 316,487 | \$ 109,716 | \$ 206,771 | 188.5% |
| Month-to-Date Per Visit | \$ 20 | \$ 11 | \$ 9 | 76.4% |
| Year-to-Date Per Visit | \$ 1 | \$ 0 | \$ 1 | 170.6% |

Total margin (before overhead allocation) is greater than budget by \$285.5K for MTD.



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 6.d.

Strategic Planning and
Outreach Committee Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 7.

FQHC Clinics'
CEO Report



Office of the Sr Vice President & CEO FQHC Clinics

2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: May 4, 2022

TO: Valleywise Community Health Centers Governing Council

FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Services & CEO FQHC Clinics

SUBJECT: CEO Report

Visit Metrics: March 2022

Valleywise Community Health Centers (FQHC) maintained a positive variance achieving 7.1 % MTD and 6.6% FYTD.

HIV Service Line

The HIV service line is experiencing challenges as a result of workforce challenges both provider and staff. Valleywise Community Health Center – McDowell had a negative visit variance of (4.3%) MTD. Valleywise Comprehensive Health Center – Peoria was paused due to the resignation of the provider effective March 31.

Other FQHC including Peoria performed well in February with a positive variance of 3.9% MTD. Of note, Valleywise Comprehensive Health Center – Peoria (FQHC) Clinic is running a positive variance achieving 10.4 % MTD and 4.7% FYTD.

Integrated Behavioral Health (IBH) services MTD had a positive variance of 44.8% MTD and 11.3% FYTD.

Valleywise Community Health Centers (FQHC) Dental Clinics continue to rebound working to meet target goals given the past year's performance gaps created by the service limitations of the COVID-19 pandemic. March 2022 visit variance, MTD was a positive variance of 9.5% and 3.9% FYTD.

Human Resources

As many of you know, there has been a recent vacancy in Ambulatory Leadership as the result of Jori Davis's promotion to Vice President of Support Services. This created a vacancy in the position, Director of Ambulatory Operations. The recruitment and interviews to fill this position have been completed.



Christie Blanda

Effective May 1, 2022, Christie Blanda, will be promoted to Director of Ambulatory Operations. Christie will be leaving her current position as Sr Practice Manager, Valleywise Community Health Center – McDowell Clinic where she has been employed since 2018. Prior to this, she has been a leader of clinical services in Arizona and New York. Christie has a Bachelor of Science, Health Science, Alcohol and Substance Abuse Counseling and a Master of Arts, Organization Leadership. She is a Licensed Associate Substance Abuse Counselor.

I wish to extend my best wishes to Jori and welcome Christie in her new role.



The Arizona Partnership for Pediatric Immunizations (TAPI) is a non-profit statewide coalition of over 400 members. TAPI was formed in response to the alarming fact that in 1993, only 43% of Arizona's two-year-olds were fully immunized against preventable childhood diseases like measles, mumps, polio and whooping cough. Through the efforts of TAPI's partners from both the public and private sectors, immunization coverage rates in Arizona have improved dramatically, with nearly three in four children fully immunized by age two. ¹

TAPI recognized the following Valleywise Health awardees on April 27, 2022 at the Best Practices and Brightest Stars Awards Reception at the Phoenix Country Club:

Avondale

Daniel T. Cloud Outstanding Practice Toddler and Teen Award

Chandler

Daniel T. Cloud Catch-up Teen Award

South Central Phoenix

Daniel T. Cloud Outstanding Practice Teen Award
Big Shots Award Winner

West Maryvale

Daniel T. Cloud Outstanding Practice Toddler and Teen Award
Big Shots Award Winner

Valleywise Health Quality Management Department

Big Shots Award Winner

¹ <https://whyimmunize.org/> Retrieved 04/24/2022.



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 8.

District Board of Director's
Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 9.

Valleywise Health's President
and CEO Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 10.

Closing Comments
and Announcements
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

May 4, 2022

Item 11.

Staff Assignments
(No Handout)