



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022
6:00 p.m.

Agenda



<p><u>Council Members</u> Michelle Barker, DHSc., Chairman Scott Jacobson, Vice Chairman Nelly Clotter-Woods, Ph.D., Treasurer Salina Imam, Member Joseph Larios, Member Liz McCarty, Member Daniel Messick, Member Eileen Sullivan, Member Ryan Winkle, Member Mary Rose Garrido Wilcox, District Board, Non-Voting Member</p>	<p><u>AGENDA</u> Valleywise Community Health Centers Governing Council</p> <p>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.</p>
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• 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-08-03-22/> for further information.

Wednesday, August 3, 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 July 6, 2022
 - b. Contracts:
 - i. INTENTIONALLY LEFT BLANK
 - c. Governance:
 - i. **Approve** Renewal of the Mileage and Transportation Reimbursement Policy - 89101 F
 - ii. **Approve** Change in Scope of Service: add hours at Valleywise Community Health Center-Mesa, effective August 6, 2022
 - iii. **Approve** Change in Scope of Service: add hours at Valleywise Community Health Center-West Maryvale, effective August 6, 2022
 - iv. **Acknowledge** Valleywise Health's Federally Qualified Health Center Clinics' Locations, Services, and Hours of Operation
 - v. **Approve** Registration Fee, Airfare, Lodging, Meal & Incidentals Per Diem, not to exceed rates allowable under applicable Maricopa County Special Health Care District Practices or Policies for Scott Jacobson to attend the National Association of Community Health Centers (NACHC) Community Health Institute (CHI) & EXPO conference August 28, 2022 through August 30, 2022, in Chicago, Illinois
 - d. Medical Staff:
 - i. **Acknowledge** the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

End of Consent Agenda

2. Presentation on the Public Health Emergency End and Potential Impact to Arizona Health Care Cost Containment System (AHCCCS) Members 15 min
Renee Clarke, Senior Vice President, Managed Care

Motion to Recess General Session and Convene in Executive Session

Executive Session:

- E-1 Personnel Matters; A.R.S. § 38-431.03(A)(1): Discussion or consideration of employment, dismissal, or resignation of a public officer; Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics, performance evaluation for fiscal year 2022 30 min

Recess Executive Session and reconvene in General Session

General Session, Presentation, Discussion and Action:

3. Discussion and **Action** on the performance evaluation of Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics, for fiscal year 2022 10 min
Valleywise Community Health Centers Governing Council
4. Discuss and Review Federally Qualified Health Centers Clinics operational dashboard 10 min
Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinic
5. Recent meeting reports from the Valleywise Community Health Centers Governing Council's committees 5 min
 - a. Compliance and Quality Committee
Eileen Sullivan, Committee Chair
 - b. Executive Committee
Michelle Barker, DHSc., Committee Chair
 - c. Finance Committee
Nelly Clotter-Woods, Ph.D., Committee Chair
 - d. Strategic Planning and Outreach Committee
Joseph Larios, Committee Chair
6. Federally Qualified Health Center Clinics Chief Executive Officer's report 5 min
Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics
7. 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
8. Valleywise Health's President and Chief Executive Officer's report 5 min
Steve Purves, President and Chief Executive Officer, Valleywise Health
9. Chairman and Council Member Closing Comments/Announcements 5 min
Valleywise Community Health Centers Governing Council

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

10. 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 state, specifically related to patient demographics including race (dependent on Health Resources and Services Administration's release timing)

July 6, 2022

Future Executive Committee agenda item: revisit roles and responsibilities' duty sections to explore new terms and guidelines, intended for possible document revisions

Adjourn



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 1.

Consent Agenda



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 1.a.i.

Minutes:
July 6, 2022

Minutes

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

DRAFT

Members Present:

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

**Non-Voting Members
Absent:**

Mary Rose Garrido Wilcox, Maricopa County Special Health Care District
Board of Directors

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*
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 Barker called the meeting to order at 6:00 p.m.

Roll Call

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

NOTE: Ms. Imam joined the meeting at 6:02 p.m.

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

Call to the Public

Chairman Baker called for public comment.

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

Call to the Public, cont.

Chairman Barker announced committee chairs for fiscal year (FY) 2023.

Dr. Clotter-Woods would remain Finance Committee (FC) chair and Mr. Larios would remain chair of the Strategic Planning and Outreach Committee (SPOC). Ms. Sullivan would assume role of Compliance and Quality Committee (CQC) chair and Chairman Barker would serve as Executive Committee (EC) chair.

Chairman Barker reminded the Governing Council about remote meeting etiquette and the importance of active meeting participation.

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

1. Approval of Consent Agenda:
 - a. Minutes:
 - i. Approve Valleywise Community Health Centers Governing Council meeting minutes dated June 1, 2022
 - ii. Approve Valleywise Community Health Centers Governing Council meeting minutes dated June 8, 2022
 - b. Contracts:
 - i. Approve a new Sub-Recipient Agreement (90-22-254-1) between the Arizona Association of Community Health Centers dba Arizona Alliance for Community Health Centers and Maricopa County Special Health Care District dba Valleywise Health, for American Rescue Plan Act (ARPA) funding, as part of the Federally Qualified Health Center capital assistance program, to install a new HVAC chiller at Valleywise Community Health Center-Avondale
 - ii. Acknowledge a new grant agreement (90-22-255-1) between the Arizona Department of Health Services (ADHS) and the Maricopa County Special Health Care District dba Valleywise Health, to provide breast and cervical cancer screenings for uninsured and underinsured women through a Well Woman Health Check Program while also implementing quality improvement initiatives
 - iii. Acknowledge amendment #58 to the professional services agreement (90-12-084-1-58) between District Medical Group and the Maricopa County Special Health Care District dba Valleywise Health
 - iv. Acknowledge a new agreement (MCO-20-027) between Cigna Healthcare of Arizona, Inc. and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services
 - c. Governance:
 - i. Appoint Michelle Barker to the Valleywise Community Health Centers Governing Council's Strategic Planning and Outreach Committee
 - ii. Approve Change in Scope of Service: delete Saturday hours at Valleywise Community Health Center-Chandler, effective August 2022
 - iii. Approve Change in Scope of Service: delete Saturday hours at Valleywise Comprehensive Health Center-Peoria, effective August 2022

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

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

- 1. Approval of Consent Agenda, cont.
 - c. Governance, cont.:
 - iv. Approve Change in Scope of Service: reduce Saturday hours at Valleywise Community Health Centers-Avondale and South Central, effective August 2022
 - v. Acknowledge Valleywise Health’s Federally Qualified Health Center Clinics’ Locations, Services, and Hours of Operation
 - d. Medical Staff:
 - i. Acknowledge the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

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

VOTE: 9 Ayes: Chairman Barker, Vice Chairman Jacobson, Dr. Clotter-Woods, Ms. Imam, Mr. Larios, Ms. McCarty, Mr. Messick, Ms. Sullivan, Mr. Winkle
0 Nays
Motion passed.

- 2. Discuss, Review and Approve a budget modification to American Rescue Plan Act (ARPA) funding received for Valleywise Health’s Federally Qualified Health Center Clinics

Ms. Harding presented a budget modification to American Rescue Plan Act (ARPA) funding received for Valleywise Health’s Federally Qualified Health Center (FQHC) clinics.

The modification included a recommendation made by the Governing Council to allocate \$120,293 to provide a marketing outreach worker to complete outreach to underserved marginalized populations. The modification also involved the increase of funds from \$450,696 to \$455,696 to support the expansion of services provided by the COVID-19/public health mobile unit. Other adjustments included removal of the item related to replacement of end-of-life clinical equipment.

MOTION: Chairman Barker moved to approve the budget modification to American Rescue Plan Act funding received for Valleywise Health’s Federally Qualified Health Center Clinics. Mr. Larios seconded.

VOTE: 9 Ayes: Chairman Barker, Vice Chairman Jacobson, Dr. Clotter-Woods, Ms. Imam, Mr. Larios, Ms. McCarty, Mr. Messick, Ms. Sullivan, Mr. Winkle
0 Nays
Motion passed.

- 3. Discuss and Review Valleywise Community Health Centers Governing Council member’s roles and responsibilities

Chairman Barker said it was beneficial to annually review Governing Council member’s roles and responsibilities as a helpful tool in providing oversight to the FQHC clinics.

**Valleywise Community Health Centers Governing Council
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General Session, Presentation, Discussion and Action, cont.:

3. Discuss and Review Valleywise Community Health Centers Governing Council member's roles and responsibilities, cont.

Chairman Barker highlighted the role description for members which included duty of care, duty of loyalty, and duty of obedience. These sections defined standards of conduct and attention that a member should meet while carrying out their oversight and responsibilities as a member. She pointed out that she did not necessarily agree with the word obedience, however, she agreed with the tenants as outlined within the document.

She drew attention to the Maricopa County Special Health Care District (MC SHCD) Conflict of Interest (COI) and Gift Policy. Members were required to disclose a COI if they became aware that a potential conflict existed, as not to jeopardize loyalty and integrity. She reminded members to reach out to Ms. Talbot with questions and concerns associated with COI compliance.

Other areas of focus included, but were not limited to, concentrated oversight of the FQHC clinics, acting in the best interest of the community, principles of confidentiality, and exercising prudent judgement, She spoke about the importance of the decision making process, etiquette, active participation, and remaining faithful to the Governing Council's mission.

Mr. Larios appreciated the documents which he said would assist the Governing Council in understanding institutional memories and why things are done a certain way.

However, he stated he did not fully resonate with the duty of obedience section and was uncertain about how to approach that. He thought the section was not clearly defined compared to other sections. He found that the most relevant part within the duty of obedience section dealt with maintaining trust within the community, of which he agreed was imperative.

Mr. Larios said he not sure how obedience intertwined with his behavior as a board member and maintaining trust within the community. As a member who tremendously valued trust of the community, he thought the overall logic was strange and did not fully grasp the intended meaning of the section.

Vice Chairman Jacobson agreed about the words obedience and loyalty, which he noted as complex and subjective language. He found it interesting that the language referenced the institution rather than the patients. As a safety net institution, he felt that no other hospital in Maricopa County had the same level of responsibility as Valleywise Health, of which he appreciated.

Chairman Barker expressed her thoughts about the key elements found within the duty of obedience section. As a member it was important to remain confident in decisions that affected the FQHC clinic patients and the community. As an example, she mentioned Governing Council action earlier in the meeting to modify funding by eliminating end-of-life clinical equipment replacement. As the voice of the community, the Governing Council ultimately acted in the best interest of the patient. She emphasized Health Resources and Service Administration's (HRSA) requirement that stated 51% of members be patients of the FQHC clinics to represent the community served. This was another example of how the Governing Council acted as the voice of the patient.

Mr. Messick thought that select language within the duty of care and duty of loyalty sections were in direct conflict with one another. He agreed the Governing Council could not always represent the public while remaining loyal to the institution, adding a potential conflict in the actual mission. He asked for clarification on the source of information used to write the document presented.

Ms. Talbot explained that the language in the duty of care, loyalty, and obedience, was standard for nonprofit boards. She stated that the Governing Council had the authority to make changes to the document, however.

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

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

3. Discuss and Review Valleywise Community Health Centers Governing Council member's roles and responsibilities, cont.

Mr. Messick acknowledged the tenants as common amongst nonprofit boards. He added that progressive improvements had surfaced in governance within recent years. Although he did not propose rewriting the document entirely, he recommended the exploration of incorporating a more contemporary language style.

Chairman Barker suggested the item be revisited, in the future, with the intent to possibly revise language associated with duty of obedience and public trust.

She suggested Mr. Messick explore updated guidelines and contemporary language appropriate for nonprofit boards. In addition, she mentioned she thought the duty of loyalty section closely aligned with Valleywise Health's mission and purpose.

Mr. Winkle agreed that he was hesitant about usage of the word obedience, however, he found that the section actually spoke more about obedience to the mission. He explained each member brought their own unique perspective and that active engagement was essential in working toward the common goal of fulfilling the mission.

Ms. Talbot referenced the end-of-life clinical equipment example that Chairman Barker had used earlier. She clarified the term referred to equipment that had reached the end of its useful life, often due to wear and tear or new model release, not end-of-life care or support apparatuses.

Mr. Messick asked if the term end-of-life could be used interchangeably to reference expired policies, procedures, or other governance documents.

Ms. Talbot explained that Governing Council policies, procedures, and other governance documents did not necessarily expire, but were scheduled for periodic review.

Chairman Barker pointed out the duty of obedience section stated members had a legal obligation to voice their opinion on how to accomplish the mission and ensure objections to actions were recorded in minutes. Therefore, she again encouraged members to contribute thoughts and actively participate.

Mr. Larios clarified his willingness to revisit the discussion to discover and consider more contemporary language within the duty of obedience. He referred to the part in that section which read; however, once the council makes a decision or sets policy, the individual member is not permitted to act in any way that is inconsistent with that policy or the goals. He felt the statement connected with the aforementioned statement regarding legal obligation.

Where he became dissonant however, was the rest of the section which began; it is important to keep in mind that a nonprofit health center relies heavily on the public trust. He thought it seemed that the purpose of that section was to recognize that the nonprofit health center relied on public trust, which was part of the reason Valleywise Health rebranded to begin with. Although he agreed the health center relied on public trust, he believed there was a need to create a new and separate section to uniquely elevate that point. He reiterated that parts of the section did not fully intertwine with other parts of the section, noting the first part characterized member decorum which more closely embodied duty of care and loyalty, not obedience.

Mr. Larios said it was important to be mindful about the fact that public trust was heavily relied upon. He said he could not make the connection how examples given about the first part of the duty of obedience section related to public trust.

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

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

3. Discuss and Review Valleywise Community Health Centers Governing Council member's roles and responsibilities, cont.

Mr. Larios wanted to voice his opinion and ensure it was recorded in the minutes. He said this is where it got funny to him and didn't understand how the duty of obedience section made sense. He felt like that section was a subpoint to duty of care and reiterated the need to create a new section which included ways to evoke public trust as a member. He stated that a members voting responsibility did not correlate with the element of public trust and that a contemporary approach would speak back to disconnect within that section.

Ms. Harding suggested the conversation continue during an upcoming Executive Committee meeting. She noted that the committee had recently discussed roles and responsibilities, recruitment, and orientation, and that the topic closely mirrored their current focus.

Chairman Barker agreed and expressed that building public trust went beyond tenants listed within the duty of obedience section.

She stated a discussion about the duty of care, loyalty, and obedience would continue at the Executive Committee level at a future meeting.

Vice Chairman Jacobson also proposed a discussion on members' past board experiences sometime in the future.

Chairman Barker recommended possibly adding that as topic of discussion during the September, 2022 Governing Council meeting if time allowed.

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

Chairman Barker said that the EC had not recently met yet was scheduled to meet July, 2022.

Dr. Clotter-Woods explained that the FC did not recently meet and would reconvene August, 2022.

Mr. Larios described the June, 2022 SPOC meeting as rough, noting that the committee recognized miscommunications in marketing and outreach strategies for the most vulnerable FQHC clinic patients. As a result, he and Ms. Harding would discuss past meeting minutes in an effort to uncover more useful methods of communication. They would also initiate adequate planning measures to ensure they agreed on future meeting topics. The committee planned to reconvene August, 2022 while incorporating planning methods to clarify avenues of communication.

Ms. Sullivan reported the CQC met and reviewed the Quality-of-Care Audit for calendar year (CY) 2021.

Chairman Barker added brief details related to the improvement of quality metrics and acknowledged staff for their work toward achieving positive outcomes.

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

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

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

Ms. Harding outlined visit metrics for the FQHC clinics for the month of May, 2022. She referenced details on appointment fill rates and provider recruitment endeavors.

She gave a brief update about COVID-19 which included current statistical case data and vaccine information related to children ages six months to one year.

Ms. Harding spoke about recent funding received to eventually support facility alterations and renovations for Valleywise Community Health Centers-Avondale, Guadalupe, and Chandler.

She highlighted the National Football League (NFL) Crucial Catch COVID-19 Recovery Project that focused on preventative screening initiatives. She noted that colorectal cancer and cervical cancer screening rates had improved since the initiative began.

In closing, Ms. Harding announced her resignation from Valleywise Health effective January 6, 2023. She encouraged Governing Council members to be active in the recruitment process and selection of the future Chief Executive Officer (CEO) of the FQHC clinics. She expressed her appreciation to the Governing Council noting it was her pleasure to serve in public health over the years.

Vice Chairman Jacobson said it was important to continue the mission moving forward.

Ms. McCarty reiterated the Governing Council was in charge of selecting the new CEO of the FQHC clinics and that it was important each member participate in the process. She added that over the years, Ms. Harding's contributions led to the strengthened support and development of the Governing Council.

Mr. Messick voiced his appreciation to Ms. Harding for her many accomplishments and hard work.

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

This item was not discussed.

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

Mr. Purves commended Ms. Harding for her tenure with Valleywise Health and conveyed his appreciation for her dedicated work and contributions. He thanked the Governing Council for their commitment to the community and acknowledged Chairman Barker as the new chair.

He gave a brief legislative update related to health care funding and workforce training initiatives and provided details on the current status of COVID-19 and its impact on Valleywise Health.

Mr. Purves congratulated Team Courage for completing their hike up Mount Kilimanjaro. Team courage was formed of burn survivors, Valleywise Health and Valleywise Health Foundation staff, District Medical Group (DMG) and other volunteers. The accomplishment allowed the team to raise over \$658,000 in support of the burn center at Valleywise Health.

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

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

8. Chairman and Council Member Closing Comments/Announcements

Chairman Barker reminded members about the September, 2022 in-person extended Governing Council meeting. She highlighted potential topics of discussion and asked members to think about things they wished to accomplish within the next year along with reasons they chose to serve on the Governing Council.

She encouraged Governing Council members to reach out to her with questions, concerns, ideas and suggestions by obtaining her personal information via the Governing Council contact sheet.

Ms. McCarty spoke about a recently aired documentary, Hiding in Plain Sight: Youth Mental Illness, hosted by Ken Burns. She encouraged members to watch the two-part film as it followed the journey of young individuals who struggled with mental illness while confronting stigma, discrimination, and awareness.

Mr. Messick concurred, noting the film was an excellent resource.

NOTE: Ms. Sullivan disconnected from the meeting at 7:06 p.m.

9. Review Staff Assignments

Ms. Talbot reviewed staff assignments and follow-up stemming from the meeting.

She recapped old business from April, 2022 regarding demographic comparison of Valleywise Health's FQHC clinics and others in the state noting the information was dependent on HRSA's published release of that data. She added that old business from June, 2022 regarding ARPA funding budget modification, was now considered satisfied.

Adjourn

MOTION: Vice Chairman Jacobson moved to adjourn the July 6, 2022 Valleywise Community Health Centers Governing Council meeting. Ms. McCarty seconded.

VOTE: 8 Ayes: Chairman Barker, Vice Chairman Jacobson, Dr. Clotter-Woods, Ms. Imam, Mr. Larios, Ms. McCarty, Mr. Messick, Mr. Winkle

0 Nays

1 Absent: Ms. Sullivan

Motion passed.

Meeting adjourned at 7:12 p.m.

Cassandra Santos,
Assistant Clerk



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 1.b.i.

Contracts:
Intentionally Left Blank
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 1.c.i.

Governance:
Mileage and Transportation
Reimbursement Policy -
89101 F

Valleywise Health Administrative Policy & Procedure

Effective Date: 10/17
Reviewed Dates: 09/20, [08/22](#)
Revision Dates: 06/19

DRAFT

Policy #: 89101 F

Policy Title: Mileage and Transportation Reimbursement

Scope: District Governance (G)
 System-Wide (S)
 Division (D)
 Multi-Division (MD)
 Department (T)
 Multi-Department (MT)
 FQHC (F)

Policy:

Members of the Valleywise Community Health Centers Governing Council shall serve without compensation; however, in accordance with the Health Resources and Services Administration (HRSA) Compliance Manual, Chapter 20 Board Composition, permits the health center to reimburse Council members for reasonable expenses actually incurred by reason of their participation in Council activities. Each Council member is allowed reimbursement of mileage to and from Valleywise Community Health Centers Governing Council meetings, committee meetings, and meetings with District staff members. In addition, Council members who have a financial impediment and have no means of transportation shall receive reimbursement for transportation services.

Procedure:

1. Reimbursement will be paid on the first pay period of the following month.
2. Mileage reimbursements will be charged against the Valleywise Community Health Centers Governing Council cost center.
3. Mileage will be reimbursed at the prevailing Internal Revenue Service standard mileage rate for business.
4. The designated point of departure and return for mileage purposes is the Council member's home or the actual point of departure, whichever is closer.

5. Council members will need to provide the following details to the Council Office within 30 days of the date of travel: the date of travel, the purpose of the meeting, the destination, and total round-trip miles. The Council Office will compile the information and submit for reimbursement.
6. Council members are responsible for maintaining their personal vehicle insurance as required by Arizona law.
7. If a Council member is involved in a motor vehicle accident while using his/her personal vehicle on District business, damage to a Council member's vehicle is not covered by the District's auto insurance. The District does not pay any out of pocket expenses for physical damage or any portion of a Council member's deductible.
8. Repairs made to personal vehicles will not be reimbursed by the District.
9. Council members who demonstrate a financial impediment and have no means of transportation, shall receive reimbursement for transportation services. A financial impediment shall be defined as a Council member from a family with an annual family income less than \$10,000 or if the member is a single person with an annual income less than \$7,000. Transportation services to be considered for reimbursement shall include: bus, light rail. Reimbursement shall follow the same process as discussed in the preceding lines.

Valleywise Health Policy & Procedure - Approval Sheet
(Before submitting, fill out COMPLETELY.)

POLICY RESPONSIBLE PARTY: Valleywise Community Health Centers
Governing Council

DEVELOPMENT TEAM(S): Clerk's Office

Policy #: 89101 F

Policy Title: Mileage and Transportation Reimbursement

e-Signers: Melanie Talbot

Place an X on the right side of applicable description:

New -

Retire -

Reviewed – X

Revised with Minor Changes -

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:	00/00
Committee:	00/00
Committee:	00/00
Reviewed for HR:	00/00
Reviewed for EPIC:	00/00
Other:	00/00
Other:	00/00
Other:	00/00



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 1.c.ii.

Governance:
Change in Scope of Service at
Valleywise Community Health
Center-Mesa



Office of the Senior Vice President & CEO FQHC Clinics

2601 East Roosevelt Street • Phoenix • AZ • 85008

Date: August 3, 2022

To: Valleywise Community Health Centers Governing Council

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

Subj: Change in Scope: Add Clinic Hours at Valleywise Community
Health Center – Mesa

I am requesting that the Governing Council approve a change in scope request to add the following hours at Valleywise Community Health Center – Mesa to match changes that have been implemented and not communicated to Leadership. Efforts will be made to make sure the clinic hours accurately reflect the current hours of operation.

- Monday-Friday
Increase from 10.5 hours to 11 hours
7:00 AM – 5:30 PM to 7:00 AM – 6:00 PM



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 1.c.iii.

Governance:
Change in Scope of Service at
Valleywise Community Health
Center-West Maryvale



Office of the Senior Vice President & CEO FQHC Clinics

2601 East Roosevelt Street • Phoenix • AZ • 85008

Date: August 3, 2022

To: Valleywise Community Health Centers Governing Council

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

Subj: Change in Scope Add Clinic Hours at Valleywise Community
Health Center – West Maryvale

I am requesting that the Governing Council approve a change in scope request to add the following hours at Valleywise Community Health Center – West Maryvale to match changes that have been implemented and not communicated to Leadership. Efforts will be made to make sure the clinic hours accurately reflect the current hours of operation.

- Monday-Friday
Increase from 10 hours to 11 hours
7:00 AM – 5:00 PM to 7:00 AM – 6:00 PM



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 1.c.iv.

Governance:
FQHC Clinics' Locations, Services
and Hours of Operation



Office of the Senior Vice President & CEO FQHC Clinics

2601 East Roosevelt Street • Phoenix • AZ • 85008

Date: August 3, 2022

To: Valleywise Community Health Centers Governing Council

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

Subj: Valleywise Health's FQHC Clinic Locations, Services, and Hours of Operation

The Valleywise Community Health Centers Governing Council is required the Health Resources and Services Administration (HRSA) to approve the service site locations, services, and hours of operation.

The attached is the current Valleywise Health's Federally Qualified Health Center Clinics locations, services, and hours of operation.



FQHC Clinic Locations, Services, and Hours of Operation

Location	Address	Days/Hours	General Medical Services	Oral Health Services	Behavioral Health Services
Valleywise Health Community Health Center - Avondale	950 E. Van Buren Street Avondale, AZ 85323	Monday - Friday 7:00AM -5:00PM Saturday 7:00AM – 11:00AM	X	X	X
Valleywise Health Community Health Center – Chandler	811 S. Hamilton Chandler, AZ 85225	Monday - Friday 7:00AM -5:30PM Saturday N/A	X	X	X
Valleywise Health Community Health Center - Guadalupe	5825 E. Calle Guadalupe Guadalupe, AZ 85283	Monday - Friday 7:30AM -4:30PM Saturday N/A	X		X
Valleywise Health Community Health Center – West Maryvale	7808 W. Thomas Road Phoenix, AZ 85033	Monday - Friday 7:00AM – 6:00PM Saturday N/A	X		X
Valleywise Health Community Health Center – McDowell	1101 N. Central Avenue, Suite 204 Phoenix, AZ 85004	Monday - Friday 7:00AM -5:00PM Saturday N/A	X	X	X
Valleywise Health Community Health Center – Mesa	950 E. Main Street Mesa, AZ 85203	Monday - Friday 7:00AM – 6:00PM Saturday N/A	X		X
Valleywise Health Community Health Center – North Phoenix	2025 W. Northern Avenue Phoenix, AZ 85021	Monday - Friday 7:00AM -6:00PM Saturday 7:00AM – 11:00AM	X		X
Valleywise Health Community Health Center – South Central	33 W. Tamarisk Street Phoenix, AZ 85041	Monday - Friday 7:00AM -5:30PM Saturday 7:00AM – 12:00PM	X		X
Valleywise Health Community Health Center – South Phoenix/Laveen	5650 S. 35 th Avenue Phoenix, AZ 85041	Monday - Friday 7:00AM -6:00PM Saturday N/A	X		X
Valleywise Health Comprehensive Health Center - Peoria	8088 W. Whitney Drive Peoria, AZ 85345	Monday - Friday 7:00AM -6:00PM Saturday N/A	X	X	X
Valleywise Health Comprehensive Health Center - Phoenix	2525 E. Roosevelt Street Phoenix, AZ 85008	Monday - Friday 8:00AM -5:00PM Saturday N/A	X	X	

Deleted: 7:30AM – 11:30AM

Deleted: 7:00AM -5:00PM

Deleted: 7:00AM -5:30PM

Deleted: 7:30AM – 11:30AM

Deleted:

Deleted: 7:30AM – 12:30PM

Last Updated August 2022



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 1.c.v.

Governance:
NACHC Conference

Conference Schedule

(as of July 15, 2022 and regularly updated)

All times listed are Central.

THURSDAY, AUGUST 25, 2022

7:00pm – 8:00pm	Credentials Committee	Skyway 272
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FRIDAY, AUGUST 26, 2022

8:30am – 10:30am	LGBTQ+ Health Task Force	Plaza Ballroom
8:30am – 10:30am	Subcommittee on Pharmacy, Policy, and Operations	Gold Coast
9:00am – 10:00am	Conference for Agricultural Worker Health Planning Committee	Acapulco
9:00am – 1:00pm	PCA and HCCN General Session (Invitation Only and Special Registration Required) <i>Sponsored by</i>  CareQuest Institute for Oral Health.	Regency CD
10:30am – 12:30pm	Committee on Health Center Excellence and Training	Grand Hall I
10:30am – 12:30pm	Health Care for the Homeless Committee	Grand Hall K
10:30am – 12:30pm	Rural Health Committee	Grand Hall LMN
10:30am – 12:30pm	Subcommittee on Health Center Financing	Grand Hall J
10:30am – 12:30pm	Subcommittee on Healthy Aging	Michigan 1 ABC
11:00am – 12:00pm	Nominating Committee	Monroe 1 Boardroom
11:00am – 1:00pm	Health Professions Education in Health Centers Task Force	Plaza Ballroom
1:30pm – 3:30pm	Bylaws Committee	Grand Hall GH
1:30pm – 3:30pm	Committee for Agricultural Worker Health	Grand Hall K
1:30pm – 3:30pm	Committee on Service Integration for Behavioral Health/HIV	Grand Hall I
1:30pm – 3:30pm	Health Care in Public Housing Task Force	Gold Coast
1:30pm – 3:30pm	Health Center Controlled Networks Task Force	Michigan 1 ABC
1:30pm – 3:30pm	Membership Committee	Grand Hall LMN
1:30pm – 3:30pm	PCA Emergency Management Advisory Coalition Meeting	Grand Hall J
2:00pm – 6:00pm	Registration and Credentialing	Grand Ballroom Foyer
2:00pm – 6:00pm	Speaker/Exhibitor Check-In	Grand Ballroom Foyer
3:30pm – 5:30pm	Consumer/Board Member Committee	Grand Hall GH
4:00pm – 6:00pm	Health Policy Committee	Regency CD

SATURDAY, AUGUST 27, 2022

7:30am – 4:00pm	Registration and Credentialing	Grand Ballroom Foyer
7:30am – 4:00pm	Speaker/Exhibitor Check-In	Grand Ballroom Foyer
8:00am – 10:00am	Clinical Practice Committee	Regency C
8:00am – 10:00am	Finance Committee	Grand Hall G
8:30am – 4:30pm	Preconference Training: Leading Positive Team Performance	Grand Hall I
9:00am – 10:00am	Advocacy Task Force	Atlanta
9:00am – 2:45pm	NACHC Board Member Boot Camp (Separate Registration Required)	Grand Ballroom
10:30am – 12:30pm	Legislative Committee	Regency AB
1:30pm – 2:30pm	State Legislative Coordinators Meeting	Regency AB
3:00pm – 6:00pm	NACHC Board of Directors Meeting	Plaza Ballroom

SUNDAY, AUGUST 28, 2022

8:00am – 10:00am	Credentialing General Counsel Workgroup Meeting	Grand Ballroom Foyer Acapulco
8:00am – 10:00am		
8:00am – 4:00pm	Registration Speaker/Exhibitor Check-In	Grand Ballroom Foyer Grand Ballroom Foyer
8:00am – 4:00pm		
8:30am – 10:00am	Orientation for New Members and First-Time Attendees	Crystal AB
8:30am – 10:00am	Environmental Health and Climate Change Interest Group	Michigan 3
10:00am – 12:00pm	NACHC House of Delegates Annual Meeting (Doors open at 9:30am)	Grand Ballroom
12:00pm – 1:30pm	Preconference Training: Generating Quality Data to Improve Care	Roosevelt 3AB
12:00pm – 1:30pm	Refreshment Break in EXPO Hall	Riverside Exhibit Hall
12:00pm – 6:30pm	EXPO Hall Open	Riverside Exhibit Hall
12:15pm – 12:45pm	Solutions Spotlight: SS1 Managing Your KPIs to Maximize Your Revenue Opportunities	Riverside Exhibit Hall
	<i>Sponsored by</i>  Allscripts™	
1:00pm – 1:30pm	Solutions Spotlight: SS2 The Impact of Molecular-Based Infectious Disease Diagnostics in Community Practice	Riverside Exhibit Hall
	<i>Sponsored by</i>  HEALTHTRACK®	
1:30pm – 2:45pm	Education Sessions	
3:00pm – 5:00pm	CGS1 Opening General Session	Grand Ballroom
5:00pm – 6:30pm	EXPO Opening Reception	Riverside Exhibit Hall
	<i>Sponsored by</i>	
	   	
5:00pm – 6:30pm	Poster Presentations	Riverside Exhibit Hall
5:15pm – 5:45pm	Solutions Spotlight: SS3 Doing More with Less Staff	Riverside Exhibit Hall
	<i>Sponsored by</i> 	
6:30pm – 7:30pm	Membership Reception (Invitation Only)	Michigan 1A

MONDAY, AUGUST 29, 2022

7:30am – 8:30am	Continental Breakfast in EXPO Hall	Riverside Exhibit Hall
7:30am – 3:30pm	EXPO Hall Open	Riverside Exhibit Hall
7:30am – 4:00pm	Registration Speaker/Exhibitor Check-In	Grand Ballroom Foyer Grand Ballroom Foyer
7:30am – 4:00pm		
8:45am – 10:00am	Education Sessions	
10:00am – 10:30am	Refreshment Break in EXPO Hall	Riverside Exhibit Hall
10:00am – 10:30am	Solutions Spotlight: SS4 Right-Level of Care Access and Entry to Promising New Treatments in Population Health Equals Better Outcomes	Riverside Exhibit Hall
	<i>Sponsored by</i>  ObjectiveHealth <small>TRANSFORMING CARE</small>	
10:30am – 12:30pm	CGS2 General Session	Grand Ballroom
12:30pm – 1:30pm	Poster Presentations (continued)	Riverside Exhibit Hall
12:30pm – 1:30pm	Refreshment Break in EXPO Hall (Lunch on your own)	Riverside Exhibit Hall
12:45pm – 1:15pm	Solutions Spotlight: SS5 Going Beyond RPM: Tech-Enabled Clinical Services for Chronic Conditions Management	Riverside Exhibit Hall
	<i>Sponsored by</i> 	
1:30pm – 2:45pm	Education Sessions	
2:45pm – 3:15pm	Refreshment Break in EXPO Hall	Riverside Exhibit Hall
2:45pm – 3:15pm	Solutions Spotlight: SS6 Thriving in Value-Based Care	Riverside Exhibit Hall
	<i>Sponsored by</i> 	
3:15pm – 4:30pm	Education Sessions	
6:00pm – 8:30pm	Chairman's Reception: Honoring Legacies and Celebrating Our Future	Grand Ballroom

TUESDAY, AUGUST 30, 2022

7:30am – 8:30am	Continental Breakfast in EXPO Hall	Riverside Exhibit Hall
7:30am – 10:30am	EXPO Hall Open	Riverside Exhibit Hall
7:30am – 11:00am	Registration	Grand Ballroom Foyer
7:30am – 2:00pm	Speaker/Exhibitor Check-In	Grand Ballroom Foyer
8:45am – 10:00am	Education Sessions	
8:45am – 5:00pm	340B Day Programming	Regency AB
5:00pm – 6:30pm	340B Breakout Roundtables and Guided Conversation with 340B Experts	Crystal AB
10:00am – 10:30am	Refreshment Break in EXPO Hall (10:15am Prize Drawing)	Riverside Exhibit Hall
10:30am -12:30pm	CGS3 Closing General Session	Grand Ballroom
12:30pm – 1:30pm	Lunch on your own	
1:30pm – 2:45pm	Education Sessions	

CONFERENCE REGISTRATION FORM

(Please duplicate for each registrant)

Please type. No telephone reservations will be accepted.

A. ABOUT YOU

Name _____
 Name on Badge _____
 Title _____
 Organization _____
 Address _____
 City _____ State _____ Zip _____
 Email Address _____
 Phone (____) _____ Fax (____) _____
 Admin Contact _____ Phone (____) _____
 Dietary Needs (ex. Kosher, Vegetarian, Food Allergies, etc.) _____

I am a speaker/moderator yes no Speakers/Moderators qualify for a \$50 discount on registration fees and must register in order to participate beyond their individual session No thanks, my session only.

I would like to opt-out of exhibitor mailings for NACHC Conferences.

B. ATTENDANCE METHOD

(Check one) ATTEND ON-SITE ATTEND ON-LINE

C. TO REGISTER FOR FULL CONVENTION

	On/Before August 8	After August 8 & On-site
NACHC Member Organizations in Good Standing (Paid thru 9/30/2022 or later) <i>Does not apply to Individual Memberships</i>		
<input type="checkbox"/> First and second registrant from an organization	\$1,290 each _____	\$1,445 each _____
<input type="checkbox"/> Third or more registrants from same organization	\$1,250 each _____	\$1,400 each _____
Non-Member Organizations		
<input type="checkbox"/> First and second registrant from an organization	\$2,545 each _____	\$2,770 each _____
<input type="checkbox"/> Third or more registrants from same organization	\$2,475 each _____	\$2,700 each _____
Other		
<input type="checkbox"/> Federal Government Officials	\$1,290 _____	\$1,445 _____
<input type="checkbox"/> Full-Time Under-Graduate Students <i>(Photo-copy of I.D. required with this form.)</i>	\$720 _____	\$835 _____

D. TO REGISTER FOR ONLY ONE DAY (If NOT Attending FULL CONVENTION)

Sunday Monday Tuesday (Includes 340B Day participation)

Please check appropriate day (includes full convention activities on a specific day)

	On/Before August 8	After August 8 & On-site
Sunday Only Member (Access to Exhibit Hall, Sunday General Session, and Sunday Evening Receptions) (per person)	\$465 _____	\$535 _____
Sunday Only Non-Member (per person)	\$895 _____	\$1,020 _____
NACHC Member Organizations (per person, per day)	\$925 _____	\$1,065 _____
Non-Member (per person, per day)	\$1,785 _____	\$2,040 _____

E. 340B DAY

Join NACHC and health center experts as we discuss the most emerging issues in 340B, compliance best practices, and advocacy strategies to protect 340B savings at the federal and state level. 340B Day will provide opportunities to meet with your peers in the health center community through breakout sessions and roundtable discussions.

340B Day will have sessions from 8:30am to 6:30pm on Tuesday, August 30, 2022. Attendance is included in your full or Tuesday convention registration fee.

Do you plan to participate: Yes No

F. PRECONFERENCE TRAININGS

Registration to the full CHI Conference is not required to attend these trainings. Fee is required for these trainings where indicated.

	On/Before August 17	After August 17
<input type="checkbox"/> Leading Positive Team Performance Saturday, August 27, 2022, 8:30am-4:30pm (Limited to 75 attendees)	\$249* _____	\$449* _____
<input type="checkbox"/> Generating Quality Data To Improve Care, Sunday, August 28, 2022, 12:00pm-1:30pm No cost to attend. (Limited to 40 attendees)		

Do you plan to participate: Yes No

GRAND TOTAL ENCLOSED \$ _____

G. PAYMENT INFORMATION (Payment MUST be received with registration form.)

My check is enclosed and made payable to NACHC. Please charge my: Master Card Visa American Express

Card Number: _____ Expiration Date: _____

Name as it appears on card: _____

Card Holder's Signature: _____

**By registering for this conference, you will be added to the Health Center Advocacy Network and will receive policy and advocacy email communications from NACHC.*

2022 ANNUAL CONVENTION AND COMMUNITY HEALTH INSTITUTE

August 28-30, 2022

Hyatt Regency Chicago
 151 East Wacker Drive
 Chicago, IL 60601
 +1 312 565 1234

Three Ways To Register:



ELECTRONICALLY

Find this registration form on line at <http://www.nachc.org/conferences/chi/registration/>. You may register automatically with a credit card or you can print the form and mail it with your check.



MAIL/EMAIL

Mail Registration to:
 NACHC Meetings/Acct. Dept.
 7501 Wisconsin Avenue
 Suite 1100W
 Bethesda, MD 20814
 conferences@nachc.com



FAX

Fax registration form with credit card information to 301-347-0457. **Registration forms will not be processed without payment.**

EARLY-BIRD REGISTRATIONS FEES:

Only apply until Monday, August 8, 2022. See full conference registration section opposite.

NACHC CANCELLATION POLICY: All cancellations must be in writing and must be received at NACHC on/before Thursday, August 18, 2022.

• Cancellations received on/before Thursday, August 18, 2022 will be assessed a \$100 processing fee. (Allow 6-8 weeks following the conclusion of the conference for all refunds.)

- Cancellations received after Thursday, August 18, 2022 are non-refundable.
- Cancellations after the conclusion of the conference are non-refundable.
- Substitutions are encouraged.
- "No Shows" are non-refundable.

DO NOT mail your forms after

Friday, August 12, 2022! Please bring your registration form and payment (credit card/organizational check) to the "On-Site Registration" counter at NACHC registration.

For NACHC use only:

Pay thru date: _____

Check #: _____

Batch #: _____



2022 CHI Hotel Information

Housing for the 2022 CHI is now *OPEN!*

ALL NACHC constituents should be advised that if contacted by a third-party housing company, DO NOT RESERVE HOTEL ACCOMMODATIONS WITH THEM. To make your reservation call the hotel listed below.

HEADQUARTERS HOTEL:

Hyatt Regency Chicago (Some room nights are SOLD OUT)

151 East Wacker Drive
Chicago, IL 60601
+1 (312) 565-1234 Hotel Direct
+1 (800) 233-1234 Reservations

NACHC has negotiated a discounted hotel room rate of \$239 excluding taxes and fees for a single or double room. The hotel will honor this group rate until July 26, 2022 or until the room block sells out, **which ever comes first**. Mention you are with the NACHC 2022 Community Health Institute (CHI) & Expo.

If the hotel is sold out on one or more nights that you need, you can book your entire stay at the Swissotel listed below.

OVERFLOW HOTEL:

Fairmont Chicago Millennium Park

200 N. Columbus Drive
Chicago, IL 60601
+1 (312) 565-8000 Hotel Direct
+1 (800) 441-1414 Reservations

NACHC has negotiated a discounted hotel room rate of \$209 excluding taxes and fees for a single or double room. The hotel will honor this group rate until August 4, 2022 or until the room block sells out. Mention you are with the NACHC 2022 Community Health Institute (CHI) & Expo.

Swissotel Chicago

323 E. Wacker Drive
Chicago, IL 60601
+1 (312) 565-0565 Hotel Direct
+1 (888) 737-9477 Reservations

NACHC has negotiated a discounted hotel room rate of \$209 excluding taxes and fees for a single or double room. The hotel will honor this group rate until July 28, 2022 or until the room block sells out. Mention you are with the NACHC 2022 Community Health Institute (CHI) & Expo.



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 1.d.i.

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

Recommended by Credentials Committee: June 7, 2022
 Recommended by Medical Executive Committee: June 14, 2022
 Submitted to MSHCDB: June 22, 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	DEPARTMENT / SPECIALTY PRIVILEGES	APPOINTMENT DATES	COMMENTS
Tamilselvi Periasamy, M.D.	Active	Internal Medicine	07/01/2022 to 06/30/2024	
Maria S. Segovia, D.D.S.	Active	Dentistry	07/01/2022 to 06/30/2024	

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	DEPARTMENT / SPECIALTY PRIVILEGES	APPOINTMENT DATES	COMMENTS
Joel Edward Barkley, M.D.	Active	Obstetrics / Gynecology	07/01/2022 to 06/30/2024	
Waddah K. Hajja, M.D.	Active	Internal Medicine	07/01/2022 to 06/30/2024	
Bhargavi D. Joshi, D.O.	Active	Family & Community Medicine	07/01/2022 to 06/30/2024	
Ann Marie Khalsa, M.D.	Active	Family & Community Medicine	07/01/2022 to 06/30/2024	

RESIGNATIONS			
<i>Information Only</i>			
NAME	DEPARTMENT / SPECIALTY	STATUS	REASON
Roscoe C. Williams, D.D.S.	Dentistry	Active to Inactive	Resigned effective May 7, 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
 ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL STAFF**

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

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – INITIAL APPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Samantha Ari Bianchi, P.A.-C.	Family & Community Medicine	Practice Prerogatives on file	07/01/2022 to 06/30/2024	
Maribeth Lynn Diver, C.N.M.	Obstetrics & Gynecology	Practice Prerogatives on file	07/01/2022 to 06/30/2024	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	DEPARTMENT/SPECIALTY	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Nothing to report			

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

CHANGE IN PRIVILEGES				
NAME	DEPARTMENT	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS	
Nothing to report				

General Definitions:

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

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

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

Supervision Definitions:

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

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

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



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 2.

Public Health Emergency
End and Potential Impact

Public Health Emergency AHCCCS Member Re-Enrollment

Renee Clarke, MBA
SVP, Managed Care

8/3/2022

Public Health Emergency (PHE)

Medicaid Eligibility

In March 2020, the federal government declared a national “public health emergency” (PHE) related to COVID-19.

During the PHE states have been required to continue health care coverage for all medical assistance programs, even if a member’s eligibility changes.

July 15, 2022, the US Department of Health and Human Services Secretary Xavier Becerra officially renewed the public health emergency declaration, extending it through October 13, 2022.

The Department of Health and Human Services (HHS) will give at least 60 days’ notice prior to the end of the PHE.

Public Health Emergency (PHE) AHCCCS Renewal

When the PHE ends, AHCCCS will return to normal Medicaid enrollment and renewal processes.

- 75% of renewals require no additional information from members
- For the remaining 25% it is critical that they respond and supply all documents
- Approximately 500,000 members will need to be renewed

AHCCCS has up to 12 months to initiate a renewal for members whose eligibility was continued due to the public health emergency

AHCCCS will not cancel or reduce a member's coverage without asking for updated information through the renewal process

AHCCCS will divide renewals of the approximately 500,000 identified individuals across nine months from the beginning of the first month after the PHE ends.

Individuals losing eligibility will fall into one of two "buckets":

- "Potentially factually ineligible", meaning that at some point in the past two years information was received indicating that the member is no longer eligible
- Non-compliant to requests for information

AHCCCS Resources

AHCCCS has made various resources available to the community, which can be found at: [Preparing for the End of COVID-19: Return to Normal Renewals \(azahcccs.gov\)](https://azahcccs.gov)

https://azahcccs.gov/AHCCCS/AboutUs/Return_to_Normal.html





Normal processes for renewing your Medicaid will start soon.
We want all eligible Arizonans to stay covered.

We need to prepare now!

We need your most up-to-date **mailing address, phone number, and email address** to make sure Medicaid members get important paperwork.

Members can make address updates:

- Online at www.healtharizonaplus.gov.
- By contacting a Community Assistor organization.
- By calling their health plan. Member Services phone numbers are listed on the back of a member's ID card.
- By calling Health-e-Arizona Plus at 1-855-HEA-PLUS (1-855-432-7587), Monday through Friday 7:00 am - 6:00 pm.

Take action quickly when you get a notice from AHCCCS (Medicaid) or your health care plan.

- Check your mailbox, and respond with the requested information to confirm you are eligible.
- Use your coverage to catch up on preventive or delayed care.
- Help us spread the word to family, friends, neighbors and anyone else who might be enrolled in Medicaid to keep everyone who is eligible covered!
- If you become ineligible for Medicaid, visit www.HealthCare.gov to find other coverage options available from the Marketplace.

Visit the [AHCCCS website](http://www.AHCCCS.org) for more information.

Get Ready to Renew - Member Flyer



Have you heard the news?



will restart eligibility reviews.

DON'T RISK A GAP IN YOUR MEDICAID OR CHIP COVERAGE. **GET READY TO RENEW NOW.**

Following these steps will help determine if you still qualify:



Make sure your contact information is up to date.



Check your mail for a letter.



Complete your renewal form (if you get one).

Have Questions?

Visit

www.healthearizonaplus.gov

or call

**1-855-HEA-PLUS
(1-855-432-7587)**

for help or to update your contact information today.

Member Requirements

To ensure that members do not experience any gap in health care coverage, AHCCCS asks all members to:

- Ensure mailing address, phone number, and email address on file is correct.

www.healtharizonaplus.gov

Call Health-e-Arizona Plus at 1-855-HEA-PLUS (1-855-432-7587)

Monday through Friday 7:00 a.m. - 6:00 p.m.

- Review the “Updating Your Contact Information” flier to learn how to update contact information in Health-e-Arizona PLUS.

https://www.azahcccs.gov/AHCCCS/Downloads/Covid19/EnsureCurrentInformation_HEAPlus.pdf

- Check mailbox for a letter from AHCCCS about renewal of coverage
- Respond to any requests from AHCCCS for more information so the agency can accurately determine eligibility

Payer Outreach

AHCCCS plans, known as Payers, are also performing outreach to members.

As payers identify members with inaccurate contact information, they are reaching out to providers for assistance.

Valleywise has been comparing payer lists to our system and sharing updated contact info back to payers.



Valleywise Health Community Impact

Loss of eligibility may have a negative impact on our patients and our healthcare system.

We want to be proactive in communicating with our patients on this topic, encouraging patients to:

- Update contact information
- Respond to requests
- Explore alternative coverage options

We have assembled an internal team to develop a communication and outreach strategy.

Our financial counselors will also be available to assist patients with re-enrollment or locating another health care coverage option, such as a Marketplace plan.







Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 3.

Performance Evaluation
for Barbara Harding
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 4.

FQHC Clinics'
Operational Dashboard

Ambulatory Pillars Dashboard June 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	69.1	68.0	68.2	79.9	76.7	62.0	72.0	69.8	66.7	70.8	76.8	100.0	95.3		70.2
n-size		2,263	1,870	708	369	729	757	804	2,026	2,128	1,516	1,472	14	43		14,699

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		37,436	34,340	15,032	11,921	18,463	16,946	13,569	35,529	45,255	28,171	45,528	492	1,210		303,892
Appointment Fill Rate FYTD		95.7%	89.1%	85.6%	81.9%	88.1%	91.6%	92.0%	91.6%	87.0%	85.4%	92.4%	78.6%	75.9%		89.4%
Scheduled Appointment No-Shows FYTD		4,797	4,221	2,326	1,998	2,899	2,764	2,400	6,241	8,315	4,758	10,058	94	227		51,098
No Show Rate FYTD	<18%	12.8%	12.3%	15.5%	16.8%	15.7%	16.3%	17.7%	17.6%	18.4%	16.9%	22.1%	19.1%	18.8%		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		18,379	15,842	7,065	5,199	8,985	7,581	6,205	15,676	22,932	12,726	13,727	134	251		134,702
Virtual Visits FYTD		6,058	4,789	1,373	1,669	1,780	2,178	1,548	5,427	4,626	4,260	7,359	105	276		41,448
Total Actual Visits (includes Nurse Only Visits) FYTD		24,437	20,631	8,438	6,868	10,765	9,759	7,753	21,103	27,558	16,986	21,086	239	527		176,150
Budgeted Visits FYTD		22,029	19,441	7,179	6,017	13,102	8,866	7,823	16,882	19,966	20,224	22,181	290	1,610		165,610
Variance FYTD		2,408	1,190	1,259	851	(2,337)	893	(70)	4,221	7,592	(3,238)	(1,095)	(51)	(1,083)		10,540
Variance by % FYTD		10.9%	6.1%	17.5%	14.1%	-17.8%	10.1%	-0.9%	25.0%	38.0%	-16.0%	-4.9%	-17.6%	-67.3%		6.4%
Total Number of Patients seen by provider FYTD		22,092	19,627	7,672	6,433	9,985	8,972	7,492	19,473	26,350	16,065	17,478	238	557		162,434

BEHAVIORAL HEALTH - Ambulatory																
Finance	Target	Avondale	Chandler	Guadalupe	Maryvale	West Maryvale	Mesa	New Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	BH Psychiatry			BH FYTD
In-Person Visits FYTD		167	111	52	23	91	100	175	492	117	96		45			1,647
Virtual Visits FYTD		2,529	1,130	575	608	844	1,668	749	1,258	2,451	1,092		1,589			16,658
Total Actual Visits FYTD		2,696	1,241	627	631	935	1,768	924	1,750	2,568	1,188		1,634			18,305
Budget Visits FYTD		2,095	1,046	1,315	572	1,383	1,774	1,496	1,046	1,110	1,088		839			14,810
Variance FYTD		601	195	(688)	59	(448)	(6)	(572)	704	1,458	100		795			3,495
Variance by % FYTD		28.7%	18.6%	-52.3%	10.3%	-32.4%	-0.3%	-38.2%	67.3%	131.4%	9.2%		94.8%			23.6%

DENTAL - Ambulatory																
Finance	Target	Avondale	Chandler				Mesa					McDowell				Dental FYTD
Actual Visits FYTD		2,701	2,073				800					3,353				22,515
Budget Visits FYTD		2,164	2,063				906					4,013				21,810
Variance FYTD		537	10				-106					-660				705
% Variance FYTD		24.8%	0.5%				-11.7%					-16.4%				3.2%

Other FQHC Clinics

Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary		Other FQHC-Peoria FYTD	Grand Total
72.8	71.7	68.4	75.0	68.3	75.1		71.8	70.7
3,023	1,634	323	172	1,613	1,058		7,823	22,522

Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary		Other FQHC-Peoria FYTD	Grand Total
50,454	40,215	13,925	5,582	31,735	30,927		172,838	476,730
86.8%	91.1%	87.5%	n/a	93.7%	81.8%		87.9%	88.9%
7,881	6,448	1,454	945	5,584	5,363		27,675	78,773
15.6%	16.0%	10.4%	16.9%	17.6%	17.3%		16.0%	16.5%

Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary		Other FQHC-Peoria FYTD	Grand Total FQHC	FYTD FQHC
20,589	20,279	9,246	1,641	17,325	18,936		88,016		246,880
8,737	1,365	29	143	1,780	1,122		13,176		71,282
29,326	21,644	9,275	1,784	19,105	20,058		101,192		318,162
28,344	22,309	8,040	2,861	21,100	16,503		99,157		301,387
982	(665)	1,235	(1,077)	(1,995)	3,555		2,035		16,775
3.5%	-3.0%	15.4%	-37.6%	-9.5%	21.5%		2.1%		5.6%
27,931	20,085			17,829	16,848		82,693	245,127	

PEC
178
2,165
2,343
1,046
1,297
124.0%

PEC	PXC
3,622	9,966
3,575	9,089
47	877
1.3%	9.6%

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%	⊗ 30.42%	⊗ 31.00%	⊗ 31.05%									⊗ 31.05%
Numerator							2063	3919	5862	7911	9882								9882
Denominator							7005	13149	19271	25517	31831								31831
Cervical Cancer Screening	HRSA	> 51.00%	> 51.00%	49.77%	↑	⊙ 46.59%	⊙ 48.17%	⊙ 49.03%	⊙ 49.95%	✓ 51.22%									✓ 51.22%
Numerator							2976	4937	6675	8419	9897								9897
Denominator							6388	10249	13613	16856	19324								19324
Childhood Immunization Status (CIS)	HRSA	> 40.42%	> 40.42%	47.72%	↑	⊗ 36.23%	✓ 41.67%	✓ 45.28%	✓ 46.36%	⊗ 9.34%									⊗ 9.34%
Numerator							100	205	302	388	90								90
Denominator							276	492	667	837	964								964
Colorectal Cancer Screening	HRSA	> 40.09%	> 40.09%	50.85%	↑	⊙ 37.04%	⊙ 39.44%	✓ 41.21%	✓ 43.16%	✓ 44.21%									✓ 44.21%
Numerator							1854	3188	4463	5718	6952								6952
Denominator							5006	8084	10831	13248	15724								15724
Controlling High Blood Pressure	HRSA	> 57.98%	> 57.98%	47.76%	↑	⊗ 33.93%	⊗ 39.72%	⊗ 43.48%	⊗ 46.91%	⊗ 49.18%									⊗ 49.18%
Numerator							1562	2955	4293	5670	6695								6695
Denominator							4604	7439	9874	12086	13614								13614
Diabetes: Hemoglobin A1c Poor Control	HRSA	< 35.60%	< 35.60%	31.85%	↓	⊗ 70.50%	⊗ 59.49%	⊗ 50.22%	⊗ 42.90%	⊙ 38.95%									⊙ 38.95%
Numerator							2101	2893	3281	3416	3624								3624
Denominator							2980	4863	6533	7963	9305								9305
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	HRSA	> 78.80%	> 78.80%	78.51%	↑	✓ 80.00%	✓ 79.64%	⊙ 78.74%	✓ 79.28%	✓ 79.20%									✓ 79.20%
Numerator							448	716	963	1209	1428								1428
Denominator							560	899	1223	1525	1803								1803
Screening for Clinical Depression and Follow-Up Plan if positive screen	HRSA	> 64.21%	> 64.21%	48.73%	↑	⊗ 35.68%	⊗ 39.48%	⊗ 42.05%	⊗ 44.79%	⊗ 44.59%									⊗ 44.59%
Numerator							3413	6214	8969	11966	14378								14378
Denominator							9566	15740	21328	26717	32248								32248
Tobacco Use: Screening and Cessation Intervention	HRSA	> 83.43%	> 83.43%	87.78%	↑	⊙ 83.00%	⊙ 83.13%	✓ 84.75%	✓ 85.61%	✓ 86.40%									✓ 86.40%
Numerator							2265	6225	10367	15367	20451								20451
Denominator							2729	7488	12233	17951	23671								23671
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	HRSA	> 65.13%	> 65.13%	78.09%	↑	⊗ 39.45%	⊗ 44.94%	⊗ 52.94%	⊗ 58.32%	⊙ 61.07%									⊙ 61.07%
Numerator							535	1160	2074	3166	4119								4119
Denominator							1356	2581	3918	5429	6745								6745
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	HRSA	> 71.92%	> 71.92%	68.40%	↑	✓ 72.67%	✓ 72.48%	✓ 72.72%	✓ 72.58%	✓ 76.84%									✓ 76.84%
Numerator							2789	4551	6105	7462	9258								9258
Denominator							3838	6279	8395	10281	12048								12048
Breast Cancer Screening	HRSA	> 45.34%	> 45.34%	58.56%	↑	✓ 52.41%	✓ 54.73%	✓ 55.90%	✓ 56.77%	✓ 57.49%									✓ 57.49%
Numerator							1435	2402	3249	3997	4793								4793
Denominator							2738	4389	5812	7041	8337								8337
HIV Screening	HRSA	> 32.29%	> 32.29%	58.18%	↑	✓ 63.55%	✓ 62.75%	✓ 62.82%	✓ 63.10%	✓ 63.41%									✓ 63.41%
Numerator							6718	10917	14804	18680	22743								22743
Denominator							10572	17397	23567	29605	35865								35865

‡ -

**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)	<p>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)</p> <p>*Scores are limited to include only FQHC departments by clinic cost center on this dashboard for: 416603, 416608, 416609, 416704, 416707, 416711, 416601, 416701, 416613, 476707, 576130, 576101, 476101, 476102, 476104, 476106, 476105*</p> <p>*Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments within each community health center are excluded from locational roll ups*</p>	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

Federally Qualified Health Centers

		Data Source	Owner	Frequency	System
Variance by % FYTD		Variance FYTD/ Budgeted Visits FYTD (%)	Amanda Jacobs	Monthly	Formula
FINANCE-DENTAL					
Actual Visits FYTD		All visits per Dental Clinic (visit count methodology) For fiscal year to date	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	CMS69v10	<p>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</p> <p>Numerator: Patients with a documented BMI during the encounter or during the previous twelve months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter</p> <p>Denominator: All patients aged 18 and older on the date of the encounter with at least one eligible encounter during the measurement period</p>	Quality	Monthly	EPIC/UDS
Cervical Cancer Screening	CMS124v10	<p>Description: Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: * Women age 21-64 who had cervical cytology performed within the last 3 years * Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years</p> <p>Numerator: Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria: * Cervical cytology performed during the measurement period or the two years prior to the measurement period for women who are at least 21 years old at the time of the test * Cervical human papillomavirus (HPV) testing performed during the measurement period or the four years prior to the measurement period for women who are 30 years or older at the time of the test</p> <p>Denominator: Women 23-64 years of age with a visit during the measurement period</p>	Quality	Monthly	EPIC/UDS
Childhood Immunization Status (CIS)	CMS117v10	<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: 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> <p>Denominator: Children who turn 2 years of age during the measurement period and who have a visit during the measurement period</p>	Quality	Monthly	EPIC/UDS

Federally Qualified Health Centers

	Data Source		Owner	Frequency	System
Colorectal Cancer Screening	CMS130v10	<p>Description: Percentage 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: * Fecal occult blood test (FOBT) during the measurement period * Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period * Colonoscopy during the measurement period or the nine years prior to the measurement period * FIT-DNA during the measurement period or the two years prior to the measurement period * CT Colonography during the measurement period or the four years prior to the measurement period</p> <p>Denominator: Patients 50-75 years of age with a visit during the measurement period</p>	Quality	Monthly	EPIC/UDS
Controlling High Blood Pressure	CMS165v10	<p>Description: Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period</p> <p>Numerator: Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period</p> <p>Denominator: Patients 18-85 years of age who had a visit and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period.</p>	Quality	Monthly	EPIC/UDS
Diabetes: Hemoglobin A1c Poor Control	CMS122v10	<p>Description: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period</p> <p>Numerator: Patients whose most recent HbA1c level (performed during the measurement period) is >9.0% or is missing, or was not performed during the measurement period.</p> <p>Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period</p>	Quality	Monthly	EPIC/UDS
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	CMS164v7	<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: Patients who had an active medication of aspirin or another antiplatelet during the measurement year</p> <p>Denominator: Patients 18 years of age and older with a visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD overlapping the measurement year</p>	Quality	Monthly	EPIC/UDS

Federally Qualified Health Centers

		Data Source	Owner	Frequency	System
Screening for Clinical Depression and Follow-Up Plan	CMS2v11	<p>Description: Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter</p> <p>Numerator: Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the eligible encounter</p> <p>Denominator: All patients aged 12 years and older at the beginning of the measurement period with at least one eligible encounter during the measurement period</p>	Quality	Monthly	EPIC/UDS
Tobacco Use: Screening and Cessation Intervention:	CMS138v10	<p>Description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention if identified as a tobacco user</p> <p>Numerator: *Patients who were screened for tobacco use at least once during the measurement period and *Who received tobacco cessation intervention if identified as a tobacco user</p> <p>Denominator: Patients aged 18 years and older seen for at least two medical visits in the measurement period or at least one preventive medical visit during the measurement period.</p>	Quality	Monthly	EPIC/UDS
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v10	<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: *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> <p>Denominator: Patients 3 through 16 years of age with at least one outpatient medical visit during the measurement period</p>	Quality	Monthly	EPIC/UDS

Federally Qualified Health Centers

	Data Source		Owner	Frequency	System
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v5	<p>Description: Percentage of the following patients at high risk of cardiovascular events who were prescribed or were on statin therapy during the measurement period: *All patients who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure, or *Patients 20 years of age or older who have ever had a low-density lipoprotein cholesterol (LDL-C) laboratory result level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, or *Patients 40 through 75 years of age with a diagnosis of Type 1 or Type 2 diabetes</p> <p>Numerator: Patients who are actively using or who received an order (prescription) for statin therapy at any time during the measurement period</p> <p>Denominator: Patients who were previously diagnosed with or currently have an active diagnosis of ASCVD, including an ASCVD procedure, or Patients who were 20 years of age and older at the start of the measurement period who: *ever had a laboratory result of LDL-C greater than or equal to 190 mg/dL or *were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, or Patients 40 through 75 years of age with Type 1 or Type 2 diabetes; With a medical visit during the measurement period Include patients of any age for the ASCVD determination; patients with birthdate on or before January 1, 2002 for LDL-C determination; and patients with birthdate on or after January 1, 1947, and birthdate on or before January 1, 1982 for diabetes determination.</p>	Quality	Monthly	EPIC/UDS
Breast Cancer Screening	CMS125v10	<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: Women with one or more mammograms during the 27 months prior to the end of the measurement period</p> <p>Denominator: Women 51-74 years of age with a visit during the measurement period</p>	Quality	Monthly	EPIC/UDS
HIV Screening	CMS349v4	<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: Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday</p> <p>Denominator: Patients 15 to 65 years of age at the start of the measurement period AND who had at least one outpatient visit during the measurement period</p>	Quality	Monthly	EPIC/UDS

FEDERALLY QUALIFIED HEALTH CENTERS

JUN 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 JUN	FY 2022 MAY	FY 2022 JUN	FY 2022 JUN	Variance	FY 2021 JUN	FY 2022 JUN	FY 2022 JUN	Variance	%	
	Actual	Actual	Actual	Budget	(Unfavorable)	%	Actual	Actual	Budget	(Unfavorable)	%
VCHC Clinics											
FQHC CLINIC - SOUTH CENTRAL PHOENIX	1,986	2,253	2,464	1,804	660	37%	19,384	27,558	19,966	7,592	38%
FQHC CLINIC - 7TH AVENUE	-	-	-	-	-	-	5,474	-	-	-	-
FQHC CLINIC - AVONDALE	1,710	1,820	2,218	1,973	245	12%	22,808	24,437	22,029	2,408	11%
FQHC CLINIC - MARYVALE	1,653	-	-	-	-	-	19,567	6,868	6,017	851	14%
FQHC CLINIC - GLENDALE	-	-	-	-	-	-	10,301	-	-	-	-
FQHC CLINIC - EL MIRAGE	-	-	-	-	-	-	7,833	-	-	-	-
FQHC CLINIC - MSA	1,559	2	(2)	-	(2)	-	18,111	9,759	8,866	893	10%
FQHC CLINIC - CHANDLER	1,778	1,700	1,872	1,706	166	10%	21,714	20,631	19,441	1,190	6%
FQHC CLINIC - GUADALUPE	781	584	730	649	81	12%	8,470	8,438	7,179	1,259	18%
FQHC CLINIC - MCDOWELL	1,831	1,505	1,649	1,810	(161)	(9%)	21,250	21,086	22,181	(1,095)	(5%)
FQHC CLINIC - SOUTH PHOENIX LAVERN	1,336	1,410	1,594	1,887	(293)	(16%)	14,306	16,986	20,224	(3,238)	(16%)
FQHC CLINIC - WEST MARYVALE	-	1,325	1,368	1,847	(479)	(26%)	-	10,765	13,102	(2,337)	(18%)
FQHC CLINIC - MESA	-	1,601	1,582	1,596	(14)	(1%)	-	7,753	7,823	(70)	(1%)
FQHC CLINIC - NORTH PHOENIX	1,426	1,834	2,028	1,664	364	22%	10,575	21,103	16,882	4,221	25%
FQHC MCDOWELL SERVICES - MESA	-	74	48	68	(20)	(29%)	-	239	290	(51)	(18%)
FQHC MCDOWELL SERVICES - PEORIA	-	-	-	173	(173)	(100%)	-	527	1,610	(1,083)	(67%)
Total	14,060	14,108	15,551	15,177	374	2%	179,793	176,150	165,610	10,540	6%

	MTD Analysis						YTD Analysis				
	Prior Year	Prior Month	Month To Date FY 2022			Prior YTD	Year To Date FY 2022				
	FY 2021 JUN	FY 2022 MAY	FY 2022 JUN	FY 2022 JUN	Variance	FY 2021 JUN	FY 2022 JUN	FY 2022 JUN	Variance	%	
	Actual	Actual	Actual	Budget	(Unfavorable)	%	Actual	Actual	Budget	(Unfavorable)	%
OP BH Clinics											
BH FQHC - PSYCHIATRY	-	214	222	82	140	171%	-	1,634	839	795	95%
BH FQHC - SOUTH CENTRAL PHOENIX	92	290	305	88	217	247%	950	2,568	1,110	1,458	131%
BH FQHC - 7TH AVENUE	-	-	-	-	-	-	255	-	-	-	-
BH FQHC - AVONDALE	206	251	246	167	79	47%	1,959	2,696	2,095	601	29%
BH FQHC - MARYVALE	158	-	-	-	-	-	1,826	631	572	59	10%
BH FQHC - GLENDALE	-	-	-	-	-	-	690	-	-	-	-
BH FQHC - MSA	368	-	-	-	-	-	3,210	1,768	1,774	(6)	(0%)
BH FQHC - CHANDLER	102	105	104	83	21	25%	1,099	1,241	1,046	195	19%
BH FQHC - GUADALUPE	-	107	155	105	50	48%	989	627	1,315	(688)	(52%)
BH FQHC - SUNNYSLOPE	-	-	-	-	-	-	133	-	-	-	-
BH FQHC - PEORIA	122	319	357	83	274	330%	621	2,343	1,046	1,297	124%
BH FQHC - SOUTH PHOENIX LAVERN	78	113	161	86	75	87%	752	1,188	1,088	100	9%
BH FQHC - WEST MARYVALE	-	145	202	167	35	21%	-	935	1,383	(448)	(32%)
BH FQHC - MESA	-	188	276	259	17	7%	-	924	1,496	(572)	(38%)
BH FQHC - NORTH PHOENIX	128	180	229	83	146	176%	792	1,750	1,046	704	67%
Total	1,254	1,912	2,257	1,203	1,054	88%	13,276	18,305	14,810	3,495	24%

FEDERALLY QUALIFIED HEALTH CENTERS

JUN 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 JUN Actual	FY 2022 MAY Actual	FY 2022 JUN Actual	FY 2022 JUN Budget	Variance (Unfavorable)	%	FY 2021 JUN Actual	FY 2022 JUN Actual	FY 2022 JUN Budget	Variance (Unfavorable)	%
VCHC - Phoenix Clinics											
FQHC MARICOPA WOMENS CARE - PHOENIX	2,032	1,792	1,822	1,965	(143)	(7%)	22,568	21,644	22,309	(665)	(3%)
FQHC ANTEPARTUM TESTING - PHOENIX	909	876	869	654	215	33%	8,651	9,275	8,040	1,235	15%
FQHC DIABETES OUTREACH CLINIC - PHOENIX	194	177	157	251	(94)	(37%)	2,772	1,784	2,861	(1,077)	(38%)
FQHC PEDIATRIC CLINIC - PHOENIX	1,426	1,645	1,563	1,467	96	7%	16,392	20,058	16,503	3,555	22%
FQHC MEDICINE CLINIC - PHOENIX	1,394	1,617	1,757	1,970	(213)	(11%)	19,061	19,105	21,100	(1,995)	(9%)
Total	5,955	6,107	6,168	6,307	(139)	(2%)	69,444	71,866	70,813	1,053	1%

	MTD Analysis						YTD Analysis				
	Prior Year	Prior Month	Month To Date FY 2021			Prior YTD	Year To Date FY 2021				
	FY 2021 JUN Actual	FY 2022 MAY Actual	FY 2022 JUN Actual	FY 2022 JUN Budget	Variance (Unfavorable)	%	FY 2021 JUN Actual	FY 2022 JUN Actual	FY 2022 JUN Budget	Variance (Unfavorable)	%
VCHC - Peoria Clinic											
FQHC PRIMARY CARE - PEORIA	2,048	2,434	2,593	2,571	22	1%	10,033	29,326	28,344	982	3%
Total	2,048	2,434	2,593	2,571	22	1%	10,033	29,326	28,344	982	3%

	MTD Analysis						YTD Analysis				
	Prior Year	Prior Month	Month To Date FY 2021			Prior YTD	Year To Date FY 2021				
	FY 2021 JUN Actual	FY 2022 MAY Actual	FY 2022 JUN Actual	FY 2022 JUN Budget	Variance (Unfavorable)	%	FY 2021 JUN Actual	FY 2022 JUN Actual	FY 2022 JUN Budget	Variance (Unfavorable)	%
Dental Clinics											
FQHC DENTAL - PHOENIX	950	870	943	832	111	13%	9,132	9,966	9,089	877	10%
FQHC DENTAL - CHANDLER	159	234	70	187	(117)	(63%)	1,468	2,073	2,063	10	0%
FQHC DENTAL - AVONDALE	263	264	265	198	67	34%	2,131	2,701	2,164	537	25%
FQHC DENTAL - MSA	97	-	-	-	-	-	1,338	800	906	(106)	(12%)
FQHC DENTAL - MCDOWELL	299	305	333	374	(41)	(11%)	2,865	3,353	4,013	(660)	(16%)
FQHC DENTAL - PEORIA	248	301	314	352	(38)	(11%)	1,133	3,622	3,575	47	1%
Total	2,016	1,974	1,925	1,943	(18)	(1%)	18,067	22,515	21,810	705	3%
Grand Totals	25,333	26,535	28,494	27,201	1,293	5%	290,613	318,162	301,387	16,775	6%



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 5.

Committee Reports



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 5.a.

Compliance and Quality
Committee Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 5.b.

Executive Committee Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 5.c.

Finance Committee Report -
Financial Highlights

**VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending June 30, 2022**

OPERATING REVENUE

(a) Visits

	Actual	Budget	Variance	%Variance
Month-to-Date	28,494	27,201	1,293	4.8%
Year-to-Date	318,162	301,387	16,775	5.6%

Visits greater than budget for the month by 1,293 or 4.8%. Current month visits greater than prior month by 1,959 or 7.4%. The VCHC's were greater than budget by 374 or 2.5%, the Outpatient Behavioral Health clinics were greater than budget by 1,054 or 87.6%, VCHC-Phoenix was less than budget by 139 or 2.2%, VCHC-Peoria was greater than budget by 22 or 0.9% and Dental less than budget by 18 or 0.9%.

(b) Net Patient Service Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,736,493	\$ 5,347,887	\$ 388,606	7.3%
Year-to-Date	\$ 63,694,599	\$ 59,467,762	\$ 4,226,837	7.1%
Month-to-Date Per Visit	\$ 201	\$ 197	\$ 5	2.4%
Year-to-Date Per Visit	\$ 200	\$ 197	\$ 3	1.5%

Net patient service revenue is greater than budget by \$388.6K for MTD. On a per visit basis, net patient service revenue is greater than budget by 2.4% for MTD. The VCHC's were greater than budget by \$148.7K or 4.7%, the Outpatient Behavioral Health clinics were greater than budget by \$258.2K or 93.5%, the VCHC-Phoenix clinics were greater than budget by \$23.6K or 2.2%, the VCHC-Peoria was less than budget by \$3.5K or 0.7% and Dental less than budget by \$38.5K or 12.0%.

(c) Other Operating Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 531,143	\$ 233,392	\$ 297,751	127.6%
Year-to-Date	\$ 3,990,786	\$ 2,856,761	\$ 1,134,025	39.7%

Other operating revenue is greater than budget by \$297.8K 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	\$ 6,267,636	\$ 5,581,279	\$ 686,357	12.3%
Year-to-Date	\$ 67,704,653	\$ 62,343,337	\$ 5,361,316	8.6%
Month-to-Date Per Visit	\$ 220	\$ 205	\$ 15	7.2%
Year-to-Date Per Visit	\$ 213	\$ 207	\$ 6	2.9%

Total operating revenues are greater than budget by \$686.4K for MTD. On a per visit basis, total operating revenue is greater than budget by \$15.00 for MTD.

**VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending June 30, 2022**

OPERATING EXPENSES

(f) Salaries and Wages

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 2,099,432	\$ 1,850,489	\$ (248,942)	-13.5%
Year-to-Date	\$ 23,541,626	\$ 21,108,396	\$ (2,433,230)	-11.5%
Month-to-Date FTEs	383	414	31	7.4%
Year-to-Date FTEs	364	390	26	6.8%

Salaries and wages were greater than budget by \$248.9K for MTD. FTEs were less than budget by 31 for MTD. The average salaries and wages per FTE were greater compared to the previous month by \$50.67.

(h) Employee Benefits

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 678,301	\$ 615,928	\$ (62,373)	-10.1%
Year-to-Date	\$ 7,671,908	\$ 7,045,422	\$ (626,486)	-8.9%
Month-to-Date Per FTE	\$ 1,769	\$ 1,487	\$ (282)	-19.0%
Year-to-Date Per FTE	\$ 21,106	\$ 18,070	\$ (3,035)	-16.8%

Employee benefits are greater than budget by \$62.4K MTD.

Benefits as a % of Salaries

	Actual	Budget	Variance	%Variance
Month-to-Date	32.3%	33.3%	1.0%	2.9%
Year-to-Date	32.6%	33.4%	0.8%	2.4%

(i) Medical Service Fees

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 1,802,492	\$ 1,869,299	\$ 66,807	3.6%
Year-to-Date	\$ 20,952,534	\$ 22,325,019	\$ 1,372,485	6.1%

Medical service fees were less than budget for the month by \$66.8K MTD.

The VCHC's were less than budget by \$53.2K or 4.6%, OP Behavioral Health greater than budget by \$43.2K or 283.0%, VCHC - Phoenix was less than budget by \$15.5K or 3.3% and VCHC-Peoria was less than budget by \$41.2K or 19.1%.

(j) Supplies

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 221,703	\$ 234,162	\$ 12,458	5.3%
Year-to-Date	\$ 2,714,829	\$ 2,591,929	\$ (122,900)	-4.7%
Month-to-Date Supplies per Visit	\$ 8	\$ 9	\$ 1	9.6%
Year-to-Date Supplies per Visit	\$ 9	\$ 9	\$ 0	0.8%

Supplies expenses less than budget by \$12.5K MTD.

(k) Purchased Services

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 15,692	\$ 15,584	\$ (108)	-0.7%
Year-to-Date	\$ 185,442	\$ 184,620	\$ (822)	-0.4%

Purchased services greater than budget by \$108.00 MTD.

**VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending June 30, 2022**

OPERATING EXPENSES (continued)

(l) Other Expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 102,697	\$ 83,760	\$ (18,937)	-22.6%
Year-to-Date	\$ 958,863	\$ 968,008	\$ 9,145	0.9%

Other expenses greater than budget by \$18.9K MTD.

(n) Allocated Ancillary Expense

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 1,037,182	\$ 663,946	\$ (373,237)	-56.2%
Year-to-Date	\$ 9,918,598	\$ 7,430,800	\$ (2,487,797)	-33.5%

Allocated ancillary expenses were greater than budget by \$373.2K MTD.

(o) Total operating expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,957,500	\$ 5,333,369	\$ (624,131)	-11.7%
Year-to-Date	\$ 65,952,009	\$ 61,656,606	\$ (4,295,403)	-7.0%
Month-to-Date Per Visit	\$ 209	\$ 196	\$ (13)	-6.2%
Year-to-Date Per Visit	\$ 207	\$ 205	\$ (3)	-1.3%

Total operating expenses greater than budget by \$624.1K MTD. On a per visit basis, the current month was 6.2% unfavorable.

(p) Margin (before overhead allocation)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 310,136	\$ 247,910	\$ 62,226	25.1%
Year-to-Date	\$ 1,752,644	\$ 686,730	\$ 1,065,914	155.2%
Month-to-Date Per Visit	\$ 11	\$ 9	\$ 2	19.4%
Year-to-Date Per Visit	\$ 6	\$ 2	\$ 3	141.8%

Total margin (before overhead allocation) is greater than budget by \$62.2K for MTD.



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 5.d.

Strategic Planning and
Outreach Committee Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 6.

FQHC Clinics'
CEO Report



Office of the Sr Vice President & CEO FQHC Clinics

2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: August 3, 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: June 2022 Fiscal Year End

Valleywise Community Health Centers (FQHC) and Comprehensive Health Centers (CHC) ended the Fiscal Year (FY) with a positive target variance of 5.6%.

FYTD	Budgeted Visits	Total Actual Visits (includes Nurse Only Visits)	FYTD Variance
June 2021	272,245	296,088	8.8%
June 2022	301,387	318,162	5.6%

Details of the positive variances by service lines are:

- *Community Health Centers: 6.4%*
- *Other FQHC including Peoria and Phoenix: 2.1%*
- *Integrated Behavioral Health (IBH): 23.6%*
- *Valleywise Community Health Centers Dental Clinics: 3.2%*

The 988 Suicide & Crisis Lifeline and National Maternal Mental Health Hotline

Beginning July 16, [988](#) will become the new three-digit number for the [National Suicide Prevention Lifeline](#). The Lifeline will provide compassionate, accessible care and support via phone, text, or online chat to anyone experiencing mental health-related distress. You can use **988** if you have thoughts of suicide, mental health or substance use crises, or any other kind of emotional distress. You can also dial 988 if you are worried about a loved one who may need crisis support.

Additionally, many women feel [overwhelmed, sad, or anxious](#) during their pregnancy and even after the baby is born. For some women, these emotions may stay for months. The Health Resources and Services Administration (HRSA)'s new [National Maternal Mental Health Hotline](#) provides real-time emotional support, encouragement, information, and referrals. Pregnant and postpartum women can call or text **1-833-9-HELP4MOMS (1-833-943-5746)** to get the help and resources they need when they need it.



2022 Alliance/CVN Board Retreat July 20-22, 2022

Objectives

- Provide updates on the work the Alliance is doing and confirm organizational priorities
- Review and revise the Alliance mission and vision to ensure they accurately reflect the work we do and what we are trying to accomplish as a network
- Identify strategies to adapt to the current and changing workforce environment
- Understand the current status of APM development
- Provide education on justice, equity, diversity, and inclusion

Common Issues

Workforce
Health Informatics
Clinical Quality
Advocacy and Community Engagement
Reimbursement and Value Based Care
JEDI: Justice, Equality, Disparity, Inequality

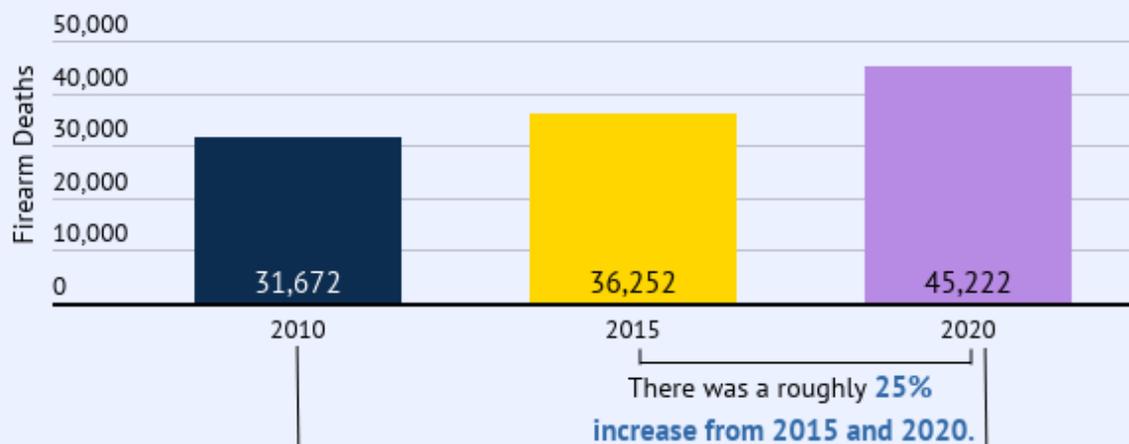


Gun violence is a major public health problem, a leading cause of premature death.

In 2020, **45,222 people died** in the United States from gun related injuries, more than any other year on record.



Every day, **at least 321 people are shot** across the US, resulting in **over 117,000 people a year**. For every individual who dies by firearm, more than two **survive**, often with expensive and long-term mental and physical injuries.



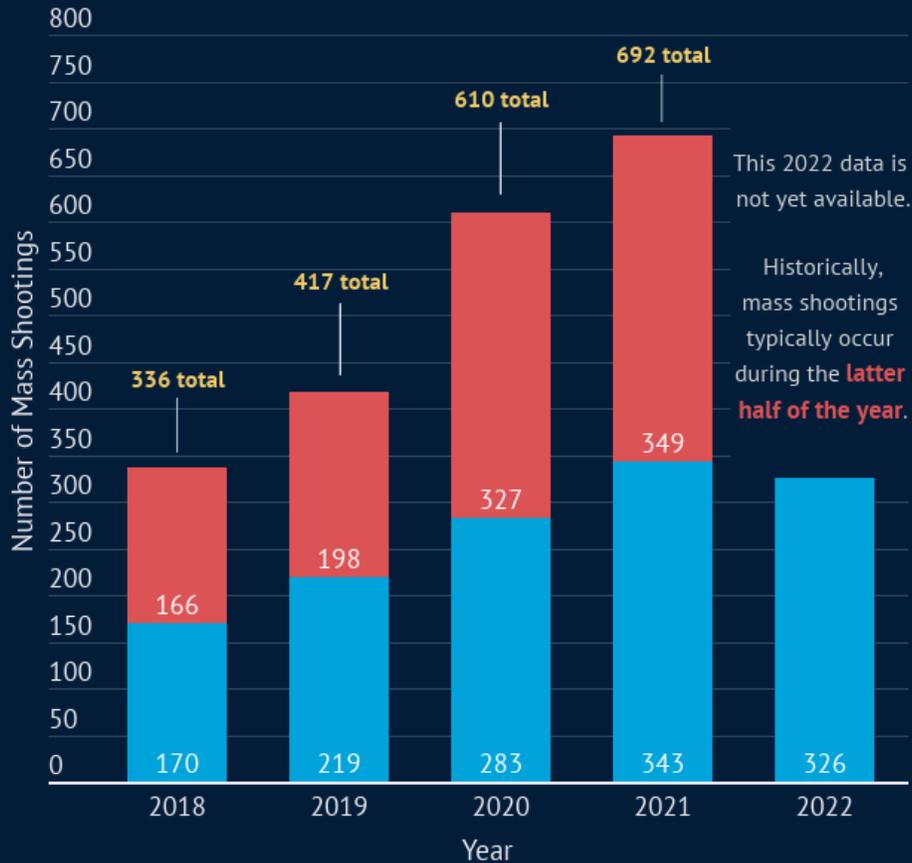
And about a **43% increase in gun related deaths from 2010 to 2020.**





There have been 326 mass shootings within the first 189 days of 2022.

According to the Gun Violence Archive, mass shootings are defined as "incidents in which **four or more people are shot or killed**, excluding the shooter."



This 2022 data is not yet available.

Historically, mass shootings typically occur during the **latter half of the year**.

- Mass Shootings Between January 1 - July 8
- Mass Shootings Between July 8 - December 31

Current as of July 8, 2022

In 2021, **mass shootings accounted for less than 2% of gun deaths** across the US. More typical acts of violence include **suicides, household, and community shootings**.

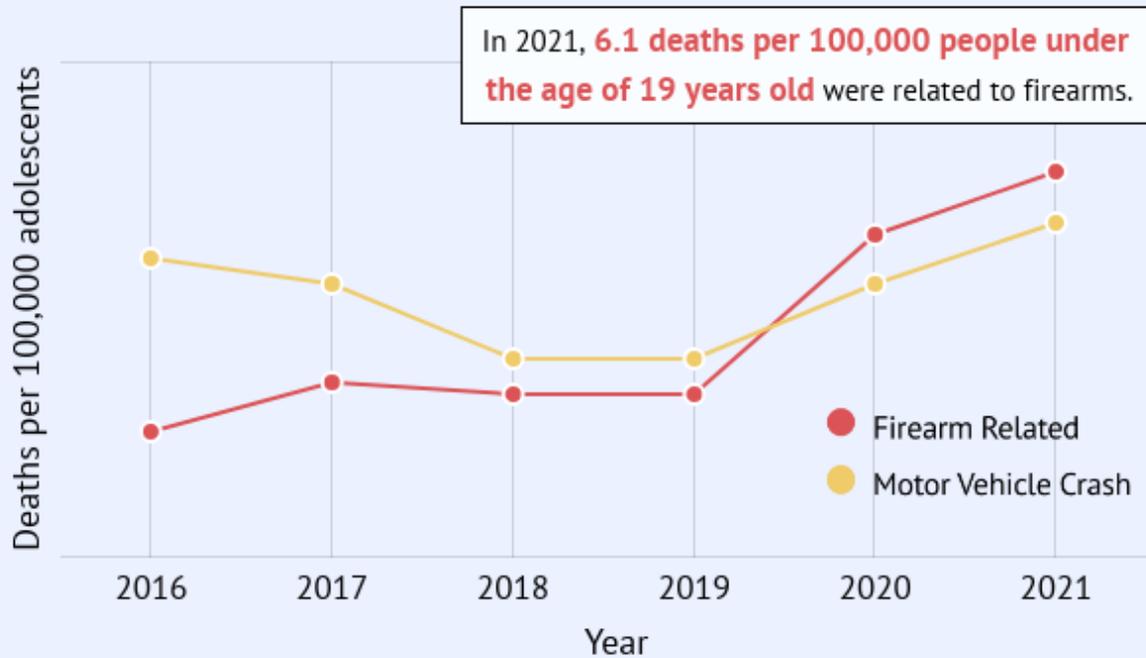




Guns have become the leading cause of death for children and adolescents in America.



For the first time, gun-related deaths surpassed motor vehicle accidents as the top cause of death for those under 19 years old.

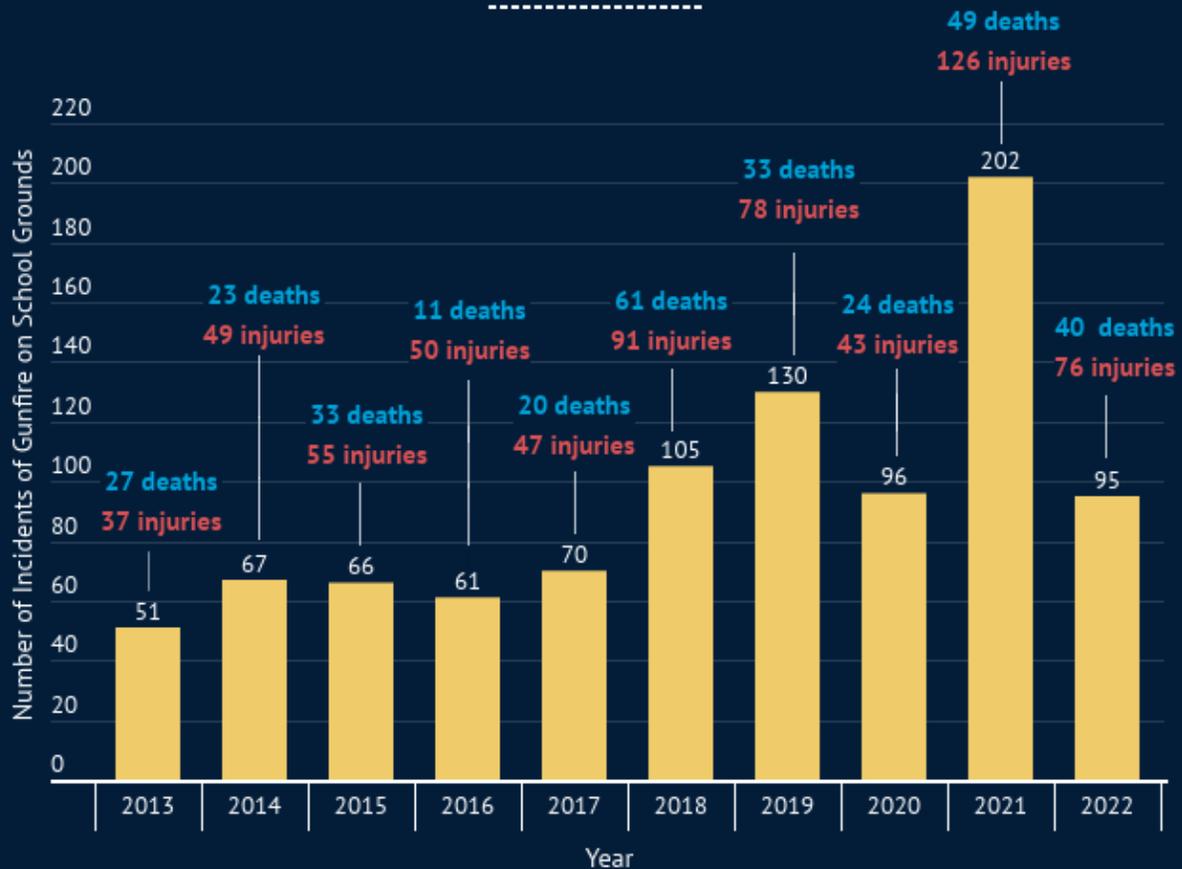


In 2019, one child or teen was killed with a firearm **every 2 hours and 36 minutes**.

In 2020, black males between the ages of 10 and 24 **died by gun homicide 21.6 times** as high as white males of the same age group, a one percentage point **increase from 2019**.



Since 2013, there have been at least 943 cases of gunfire on school grounds.



Current as of July 8, 2022

In 2020, those under the age of 30 years old were **nearly 10 times more likely** to die by firearm than from COVID-19.





Mental illness is not a predictor of violence towards others.



After shooting events, mental illness is often blamed as the cause though **mental illness is not a significant risk factor for gun violence. Only a minority** of mass shooters, perhaps 20%, have experienced serious mental illness.

People with mental illness are **more likely to be victims of violence, rather than perpetrators.** Additionally, gun violence **may cause mental health issues for survivors,** including depression, anxiety, sleep problems, and personality changes.

The United States has **similar rates of mental illness** to other countries but has **much higher rates of gun violence and gun ownership.**

.....

Compared to other high-income countries with a population of 10 million or more people, the **US ranks the highest for its gun violence levels.**
Americans kill each other with firearms 25 times as often.

.....

The US is the **only country with more civilian-owned firearms than civilians,** amounting to **nearly 120.5 firearms per 100 residents.**



On June 25, 2022 President Biden signed a bipartisan gun safety bill.

This bill is the **most significant federal legislation to address gun violence** to pass after contested roll-call votes since the assault weapon ban of 1994.

What is Covered Under this Legislation?



Expanded Background Checks

For the first time, juvenile records, including those regarding mental health, will be required in federal background checks for gun buyers under the age of 21 years old. The maximum time for gathering criminal background records has now been extended to ten days.



Closing the "Boyfriend" Loophole

This legislation expands on current laws barring those convicted of domestic violence or subject to a domestic violence restraining order from purchasing a firearm. Now, this legislation also includes other intimate partners, in addition to people who are married to, living with, or had a child with the victim.



"Red Flag" Laws

Federal aid will be provided to states that create 'red flag laws', which aid authorities in obtaining court orders to temporarily remove guns from those deemed dangerous by a judge. This aid is meant to incentivize states and can also be utilized to create crisis intervention programs.



Illegal Gun Purchases

This bill cracks down on gun trafficking and 'straw purchasers', people who purchase guns for other individuals who would not pass the necessary background checks. Those found guilty will face a federal penalty of up to 25 years.



Federally Licensed Gun Dealers

Under this new law, the legal definition of a gun dealer is someone seeking "to predominantly earn a profit". The updated definition aims to close the "gun show loophole", in which unlicensed private sellers have been able to sell guns without performing the required checks.



Mental Health

Federal funds will be allocated for the expansion of mental health programs and community behavioral health clinics. Provisions include support for pediatric mental health training and care, school-based mental health programs, the suicide crisis hotline, and community mental health.



School Safety

This bill aims to increase mental health support within schools as well as enhance school safety. The federal aid includes support for crisis intervention services, violence prevention programs, school safety standards and best practices, and mental health worker training.





Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 7.

District Board of Director's
Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 8.

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



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 9.

Closing Comments
and Announcements
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

August 3, 2022

Item 10.

Staff Assignments
(No Handout)