



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

6:00 p.m.

Agenda

**Council Members**

Michelle Barker, DHSc., Chairman
Scott Jacobson, Vice Chairman
VACANT, Treasurer
Salina Imam, Member
Liz McCarty, Member
Eileen Sullivan, Member
Jane Wilson, Member
Mary Rose Garrido Wilcox, District Board,
Non-Voting Member

AGENDA**Valleywise Community Health Centers
Governing Council****Mission Statement of the
Federally Qualified Health Centers**

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

• Valleywise Health Medical Center •
• 2601 East Roosevelt Street • Phoenix, Arizona 85008 •
• Conference and Administration Center • Auditoriums 1 through 4 •

Wednesday, December 7, 2022
6:00 p.m.

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

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

Call to Order**Roll Call****Call to the Public**

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

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

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.

12/1/2022 7:38 AM

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda: 10 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 October 5, 2022
- ii. **Approve** Valleywise Community Health Centers Governing Council meeting minutes dated November 2, 2022

b. Contracts:

- i. **Acknowledge** amendment #63 to the professional services agreement (90-12-084-1-63) between District Medical Group and the Maricopa County Special Health Care District dba Valleywise Health

c. Governance:

- i. **Accept Recommendation** from the Compliance and Quality Committee to **Approve** the Quality Improvement/Quality Assurance Plan for the Federally Qualified Health Centers for calendar year 2023
- ii. **Accept Recommendation** from the Compliance and Quality Committee to **Approve** the revised Compliance and Quality Committee Charter
- iii. **Appoint** Jane Wilson to the Valleywise Community Health Centers Governing Council's Strategic Planning and Outreach Committee
- iv. **Appoint** Michelle Barker to the Valleywise Community Health Centers Governing Council's Finance Committee
- v. **Approve** prior approval request submission to Health Resources and Services Administration for Project Director/Federally Qualified Health Centers Chief Executive Officer change effective January 9, 2023

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 340B Federal Drug Discount Program 20 min

Misty Vo, Assistant Director of Pharmacy

3. Discuss Recruitment Process for Project Director/Federally Qualified Health Centers Chief Executive Officer 10 min

Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer

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

4. Discuss and Review the Annual Federally Qualified Health Centers New Access Point (NAP) Funding Award No. H80CS33644-01-00 Budget Report – Year 3 **5 min**
Claire Agnew, CPA, MBA, Chief Financial Officer
5. Discuss and Review the Annual Federally Qualified Health Centers Fixed Assets Report **5 min**
Claire Agnew, CPA, MBA, Chief Financial Officer
6. 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
Vacant
 - d. Strategic Planning and Outreach Committee
Scott Jacobson, Committee Chair
7. Federally Qualified Health Centers Chief Executive Officer's report **5 min**
Barbara Harding, RN, MPA, Chief Executive Officer, Federally Qualified Health Centers
8. Maricopa County Special Health Care District Board of Directors report **5 min**
Mary Rose Garrido Wilcox, Board Member, Maricopa County Special Health Care District Board of Directors
9. Valleywise Health's President and Chief Executive Officer's report **5 min**
Steve Purves, FACHE, President and Chief Executive Officer, Valleywise Health
10. Chairman and Council Member Closing Comments/Announcements **5 min**
Valleywise Community Health Centers Governing Council
11. Review Staff Assignments **5 min**
Melanie Talbot, Chief Governance Officer

Old Business:

October 5, 2022

Provide feedback about monkeypox educational materials circulated within the Federally Qualified Health Centers

Staff to work with Marketing to circulate appropriate materials about monkeypox needed in the Federally Qualified Health Centers

Staff to contact Marketing to connect with Dr. Khalsa and prepare an editorial/educational piece to present to the Hispanic Community, specifically Prensa, Hispana

Adjourn



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 1.

Consent Agenda



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 1.a.i.

Minutes
October 5, 2022

Minutes

<p>Valleywise Community Health Centers Governing Council Valleywise Health Medical Center October 5, 2022 6:00 p.m.</p>

DRAFT

Members Present:

Michelle Barker, DHSc, Chairman - *participated remotely*
Scott Jacobson, Vice Chairman - *participated remotely*
Salina Imam, Member - *participated remotely*
Liz McCarty, Member - *participated remotely*
Daniel Messick, Member - *participated remotely*
Eileen Sullivan, Member - *participated remotely*
Ryan Winkle, Member - *participated remotely*

Members Absent:

Joseph Larios, Member

Non-Voting Members Present:

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

Others/Guest Presenters:

Barbara Harding, Chief Executive Officer, Federally Qualified Health
Center Clinics - *participated remotely*
Steve Purves, President & Chief Executive Officer, Valleywise Health
- *participated remotely*
Michael White, M.D., Chief Clinical Officer - *participated remotely*
Claire Agnew, Chief Financial Officer - *participated remotely*
Ann Khalsa, M.D., Medical Director, Valleywise Community Health
Center-McDowell - *participated remotely*
Nelson Silva-Craig, Director of Nursing, Ambulatory Care - *participated
remotely*
Ijana Harris, Assistant 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 6:02 p.m.

Roll Call

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

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

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – October 5, 2022**

Call to the Public

Chairman Baker called for public comment.

There were no comments.

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:

a. Minutes:

- i. Approve Valleywise Community Health Centers Governing Council meeting minutes dated September 7, 2022

b. Contracts:

- i. Acknowledge a new contract (MCO-20-029-MSA) between Dental Benefit Providers, Inc., and the Maricopa County Special Health Care District dba Valleywise Health, for comprehensive dental services
- ii. Acknowledge amendment #5 to the intergovernmental agreement (90-19-176-1-05) between the Arizona Department of Health Services (ADHS) and the Maricopa County Special Health Care District dba Valleywise Health, to replace the scope of work and annual price sheet, and include requirements for pass-through entities

c. Governance:

- i. INTENTIONALLY LEFT BLANK

d. Medical Staff:

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

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

VOTE: 6 Ayes: Chairman Barker, Vice Chairman Jacobson, Ms. McCarty, Mr. Messick, Ms. Sullivan, Mr. Winkle
0 Nays
2 Absent: Ms. Imam, Mr. Larios
Motion passed.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – October 5, 2022**

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

2. Presentation on Monkeypox

Dr. Khalsa introduced herself as the medical director of Valleywise Community Health Center-McDowell, a position held since 2015. She spoke about her clinical experience and medical background.

She reviewed internal protocols regarding monkeypox, for testing and treatment, ambulatory training, diagnosis procedures, referrals, vaccination efforts, viral exposure, and continued protocol development. She spoke about emergency department treatment at Valleywise Emergency- Phoenix and Maryvale.

NOTE: Ms. Imam joined the meeting at 6:08 p.m.

Dr. Khalsa said that Valleywise Community Health Center-McDowell worked with the Maricopa County Department of Public Health (MCDPH) and the Centers for Disease Control (CDC) on various initiatives associated with the treatment and prevention of monkeypox.

It was important to take a preventative approach by utilizing community and national partnerships to help combat the spread of the infectious viral disease.

Dr. Khalsa zeroed in on the most common monkeypox signs and symptoms and epidemiology criteria. She explained the connection between human immunodeficiency virus (HIV) and monkeypox and the clinical considerations for viral treatment particularly for people living with HIV.

She described the use of personal protective equipment (PPE) within the clinic setting, specimen collection procedures, and laboratory testing processes. She said the Arizona State Public Health Laboratory was initially used for testing, however due to high demand, California based Associated Regional and University Pathologists (ARUP) laboratories were now being utilized. The turnaround time for testing increased as a result of sending samples out of state.

Chairman Barker asked if the virus could still be spread if monkeypox lesions were covered.

Dr. Khalsa confirmed that risk was still present because the virus could be transmitted from person to person through contaminated objects, fabrics, or surfaces. It was prudent to limit contact to communal spaces in areas where people were known to be infectious. She gave examples of how long the virus could typically last on various common surfaces.

She spoke about pain management and treatment plans for patients infected with the virus, including clinical steps to administer appropriate medication and follow-up instructions for patients. Valleywise Community Health Center-McDowell clinical pharmacy was able to dispense medication via staging. She explained that some standard commercial pharmacies did not appropriately have medications in stock.

Dr. Khalsa spoke briefly about vaccination efforts from the CDC, which were in infancy distribution stages.

She elaborated on specific data relevant to Valleywise Community Health Center-McDowell including statistical information on age, race, and gender compared to cases reported by the CDC.

Vice Chairman Jacobson asked if monkeypox testing was initially done at the Arizona State University (ASU) Biodesign Institute.

Dr. Khalsa reiterated that testing was mainly and initially completed at the Arizona State Public Health Laboratory, not at ASU.

Vice Chairman Jacobson asked about alternative laboratory testing sites.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – October 5, 2022**

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

2. Presentation on Monkeypox, cont.

Dr. Khalsa said although other laboratories in the valley could test for the virus, Valleywise Health was directed to use Arizona State Public Health Laboratory and subsequently ARUP.

Director Wilcox asked if the virus spread rapidly or whether it was controlled.

Although the virus was not considered controlled, Dr. Khalsa said it was not highly transmitted casually contact, but through skin-to-skin, close personal contact.

Director Wilcox mentioned the virus as predominant in the Hispanic community.

She suggested Dr. Khalsa could prepare an editorial piece to distribute within the Hispanic Community and to Prensa, Hispana.

Dr. Khalsa would be happy to. She felt there was not enough effective educational material in circulation.

Director Wilcox suggested asking staff to research the initiative, more specifically, the marketing department.

Chairman Barker asked for information on the educational materials currently being circulated within the Federally Qualified Health Center (FQHC) clinics

Additionally, she asked that Ms. Harding work with marketing staff to circulate effective and appropriate signage and educational materials in the clinics, using input from Dr. Khalsa.

Dr. Khalsa expressed the importance of education within the community.

Vice Chairman Jacobson offered to support those initiatives.

Chairman Barker asked about other clinics in the valley conducting monkeypox testing and treatment.

Although many clinics were conducting monkeypox testing, Dr. Khalsa mentioned clinics in the valley specifically providing monkeypox treatment for individuals living with HIV.

Chairman Barker asked if monkeypox treatment would become more accessible and easier to manage and whether medication would become easier to attain.

Dr. Khalsa stated that the CDC had been urged to expedite processes to speed up treatment options including moving medication and vaccination production to an emergency use authorization status. She was not sure about current production status or when commercial pharmacies would have medications in stock.

4. Report on the 2022 National Association of Community Health Centers (NACHC) Annual Conference

Vice Chairman Jacobson gave an update about the National Association for Community Health Centers' (NACHC) 2022 annual conference he attended in Chicago, Illinois.

He described the conference as inspiring and informative, with over 2,000 people in attendance.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – October 5, 2022**

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

4. Report on the 2022 National Association of Community Health Centers (NACHC) Annual Conference, cont.

At the height of the civil right movement sweeping changes in voting rights, integration, education, and racial health equality in America began to surface. Many advocacy organizations were created as a result of the movement including the NACHC.

The NACHC, founded in 1971, served as the healthcare advocacy organization for America's medically underserved and uninsured populations.

Vice Chairman Jacobson summarized the theme of the conference which touched on the progress of health center movement. He spoke about the keynote speakers and about educational sessions he attended, including an entire day of sessions devoted to the complexities related to the 340 B drug pricing program.

He mentioned voting as an essential part of the future progress of the health center movement, noting that the safety net system largely counted on legislative decision. He suggested the consideration of voter registration at Valleywise Health FQHC Clinics.

Other educational sessions included discussion on civil rights, racism, health equity and improved health outcomes.

Mr. Silva-Craig said that in speaking with the interim president and Chief Executive Officer (CEO) of NACHC, he learned that the organization was highly focused on diversity, equity and inclusion throughout the organization. He recapped various keynote speakers and educational sessions he attended as well.

Director Wilcox commented on the disparity that vulnerable populations experienced. She expressed favor in offering voter registration at the FQHC clinics, noting it as a nonpartisan initiative.

Chairman Barker requested exploring offering voter registration accommodations at the FQHC clinics.

She commented about the conference recap and the importance of safety net systems.

Director Wilcox said that although Valleywise Health may not have the manpower to run voter registry within the clinics, there were plenty of voluntary supportive agencies who may assist.

Dr. White explained that in the past, Valleywise Health partnered with Vot-ER, a national nonpartisan and nonprofit organization that worked to integrate healthcare and civic engagement. It may be possible to reinvigorate with the organization again about the possibility of scaling voter registry into the clinics.

Mr. Purves spoke about American Hospital Association (AHA) nonpartisan campaign framework that aimed to engage health care employees on voter education and the importance of voting.

Chairman Barker added that the Governing Council was willing to aid and assist in efforts moving forward.

3. Discuss and Review Valleywise Community Health Centers Governing Council's Committee Focus Work

Chairman Barker followed up on the Governing Council brainstorming activity that produced a list of priorities to focus on during the next 12-18 months. She presented the objectives which were divided into groups by committees.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – October 5, 2022**

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

3. Discuss and Review Valleywise Community Health Centers Governing Council's Committee Focus Work, cont.

Chairman Barker said that segments of the list would be distributed to committee chairs, and she would periodically meet with individual committee chairs to discuss tasks moving forward. She encouraged members to look at the list and asked committee chairs to think about how they would implement those objectives into their meetings.

5. 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

Ms. Sullivan stated the Compliance and Quality Committee had nothing recent to report.

Regarding the Executive Committee, Chairman Barker stated there was nothing recent to report.

She asked if there was a way to indicate next to each committee reporting, the last time that committee met.

Mr. Messick stated that various financial reports were reviewed at the Finance Committee meeting including the FQHC clinics. He highlighted general financial performance within the organization.

Chairman Barker said that the Strategic Planning and Outreach Committee had nothing recent to report.

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

Ms. Harding gave a detailed update on workforce challenges within the organization, including current vacancies within the clinics.

Vacancies included eight registered nurses (RN), two clinical resource leaders, nine medical assistants (MA), 2.5 cultural health navigators, and one administrative assistant (AA) full time equivalents (FTEs). There were also physician shortages to point out.

To grow the prospective hiring base, Ms. Harding said staff continued to implement and strengthen partnerships with local colleges to create internal pools to fill vacancies.

Partnerships and internships boosted pipelines, enhancing the likelihood a student would choose to work at Valleywise Health post-graduation.

Ms. Harding gave an example of an MA who was recently hired onboard after completing internship at Valleywise Community Health Center-Avondale.

She pointed out the ongoing initiatives to hire trained physicians from the family medicine residency program.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – October 5, 2022**

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

6. Federally Qualified Health Center Clinics Chief Executive Officer's report, cont.

Ms. Harding spoke about the annual FQHC Performance Report for FY 2022, which was presented to the Maricopa County Special Health Care District (MC SHCD) Board of Directors in September 2022.

She noted that Chairman Barker presented the report.

Chairman Barker elaborated on various elements of that report to the Board and acknowledged staff for achieving improved health outcomes within the community. During her report, she also spoke about current objectives and priorities of the Governing Council.

Announcing the recent resignation of Dr. Nelly Clotter-Woods, Chairman Barker pointed out importance of active Governing Council member recruitment.

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

Director Wilcox thanked Chairman Barker for her thorough report presented at the September 2022 Board of Directors meeting.

She gave an update on Kronos payroll reconciliation developments and acknowledged staff for their role in a successful reconciliation process. She touched base on completion of the process which included payroll reconciliation of underpaid and overpaid employees.

Director Wilcox spoke about construction progress of the new Valleywise Health Medical Center and encouraged the Governing Council to participate in upcoming tours. She highlighted the recent ribbon cutting and open house celebration held at Valleywise Comprehensive Health Center-Peoria of which many attended.

She spoke about the partnership between District Medical Group (DMG) and the MC SHCD, noting that new contract negotiations would be finalized by the end of the year.

Director Wilcox spoke about future renovations at Valleywise Community Health Centers-Chandler and Guadalupe.

She congratulated Dr. Michael White for being recognized by the Arizona Capitol Times' 2022 at their recent leader of the year awards luncheon ceremony, of which she attended.

In closing, Director Wilcox gave a brief update on federal funding endeavors and acknowledged staff for their ongoing campaign support. She also gave an update on community public health endeavors including details about the City of Phoenix's recently hired first public health advisor.

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

Mr. Purves also acknowledged Chairman Barker for her recent report to the Board of Directors.

He explained that the organizational goals were recently being revamped to focus on the overall strategic framework of the health care center. He elaborated on the five categories focused on which included quality and safety, patient experience, people engagement, financial performance and learning environment.

Mr. Purves gave an update on Creighton University-Arizona Health Education Alliance initiatives.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – October 5, 2022**

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

8. Valleywise Health's President and Chief Executive Officer's report, cont.

Mr. Purves spoke about his role as a member of the AHA Board of Trustees, elaborating on the organization's central platform of advocacy for safety-net institutions. He highlighted a new report released by the AHA which elaborated on the significant financial challenges facing hospitals and health care systems nationwide. He co-authored an article highlighting the need for a safety-net hospital designation and would share that with the Governing Council.

He informed the Governing Council of the pending retirement of Arizona Health Care Cost Containment System (AHCCCS) director and stressed the importance of the relationship between that entity and Valleywise Health. He also highlighted the Valleywise Health Foundation's success in reaching their capital campaign goal, and their decision to increase the goal to raise funds for Valleywise Health.

He shared recent accolades Valleywise Health staff and District Medical Group physicians had received, including the Arizona Burn Center selected at the recipient of ASU College of Health Solutions Health Equity Award. Ms. Agnew was a finalist in the 2022 CFO of the Year award, presented by the Arizona Chapter of Financial Executives International and AZ Business Magazine. Dr. Frank LoVecchio was selected as the recipient of the Arizona Public Health Association's Public Health Research Award.

Mr. Purves provided an operational updating, noting the challenges associated with the payer mix, which had been amplified by the increase in emergency department visits. He noted the ongoing workforce shortages and the impact throughout the organization.

Chairman Barker referenced the efforts surrounding the safety-net hospital designation and questioned how that designation would be determined.

Mr. Purves stated that a set of criteria would be established, based on various factors, including but not limited to the percentage of uncompensated patients served.

Vice Chairman Jacobson stated that FQHCs throughout Arizona were very competitive and asked if there were concerted communications to ensure all facilities were working toward a common goal.

Mr. Purves stressed that the FQHC network and designation was designed to reach underserved areas and not be competitive. He acknowledged that there were concerns with other facilities poaching patients and noted that an effort was needed to assure fellow FQHCs that would not occur. Valleywise Health was unique in that it offers primary care, specialty and hospital-based services and should work with other FQHCs to ensure their patients have access to those specialty and hospital-based services.

9. Chairman and Council Member Closing Comments/Announcements

This item was not discussed.

10. Review Staff Assignments

Ms. Talbot reviewed the requests that stemmed from the meeting.

Chairman Barker requested a future agenda item to discuss the frequency of in-person meetings.

***Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – October 5, 2022***

Adjourn

MOTION: Vice Chairman Jacobson moved to adjourn the October 5, 2022 Valleywise Community Health Centers Governing Council meeting. Ms. McCarty seconded.

VOTE: 7 Ayes: Chairman Barker, Vice Chairman Jacobson, Ms. Imam, Ms. McCarty,
Mr. Messick, Ms. Sullivan, Mr. Winkle
0 Nays
1 Absent: Mr. Larios
Motion passed.

Meeting adjourned at 7:51 p.m.

Cassandra Santos,
Assistant Clerk



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 1.a.ii.

Minutes
November 2, 2022

Minutes

Valleywise Community Health Centers Governing Council Valleywise Health Medical Center November 2, 2022 6:00 p.m.

DRAFT

Members Present:

Michelle Barker, DHSc, Chairman - *participated remotely*
Scott Jacobson, Vice Chairman - *participated remotely*
Salina Imam, Member - *participated remotely*
Liz McCarty, Member - *participated remotely*
Daniel Messick, Member - *participated remotely*
Eileen Sullivan, Member - *participated remotely*

Members Absent:

Joseph Larios, Member

**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, MD, Chief Clinical Officer - *participated remotely*
Claire Agnew, Chief Financial Officer - *participated remotely*
Moises Gallegos, Public Health Consultant - *participated remotely*
Wayne Tormala Public Health Consultant - *participated remotely*
Martin Demos, General Counsel - *participated remotely*
Melanie Talbot, Chief Governance Officer - *participated remotely*
Jane Wilson, Governing Council Member-Elect - *participated remotely*

Recorded by:

Cynthia Cornejo, Deputy Clerk of the Board - *participated remotely*

Call to Order:

Chairman Barker called the meeting to order at 6:04 p.m.

Roll Call

Ms. Talbot called roll. Following roll call, she noted that four of the seven voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Ms. Imam and Ms. Sullivan joined after roll call.

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

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – November 2, 2022**

Call to the Public

Chairman Barker called for public comment.

Chairman Barker announced Mr. Winkle resigned on Monday, October 31, 2022.

She stated Vice Chairman Jacobson had been appointed as the Chair of the Strategic Planning and Outreach Committee.

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:
 - a. Minutes:
 - i. INTENTIONALLY LEFT BLANK
 - b. Contracts:
 - i. Acknowledge a new funds flow agreement (90-23-073-1) between Banner Health dba Banner University Medical Center Phoenix Campus, and the Maricopa County Special Health Care District dba Valleywise Health, for redistribution of newly generated graduate medical education funding
 - ii. Acknowledge a new contract (90-22-294-1) between Transportation Equipment Sales Corporation (TESCO) and the Maricopa County Special Health Care District dba Valleywise Health, for a mobile health unit utilizing Health Resources and Services Administration (HRSA) American Rescue Plan Act funding (H8F)
 - c. Governance:
 - i. Accept Recommendation from the Executive Committee to Retire Valleywise Community Health Centers Governing Council Excused Absences Policy- 89103 F, and Approve Valleywise Community Health Centers Governing Council Members Attendance Expectations Policy - 89104 T
 - ii. Approve the appointment of Jane Atherton Wilson to the Valleywise Community Health Centers Governing Council
 - d. Medical Staff:
 - i. Acknowledge the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

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

VOTE: 4 Ayes: Chairman Barker, Vice Chairman Jacobson, Ms. McCarty, Mr. Messick
0 Nays
3 Absent: Ms. Imam, Mr. Larios, Ms. Sullivan
Motion passed.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – November 2, 2022**

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

1. Approval of Consent Agenda, cont.:

Chairman Barker welcomed Ms. Jane Wilson, the Governing Council's newest member.

Ms. Wilson expressed her excitement in joining the Governing Council and briefly provided her previous experiences and interests.

2. Presentation on Public Health & Poverty: No Grounds for Divorce

Mr. Gallegos introduced himself and Mr. Tormala, noting their efforts to address social determinants of health (SDOH) and their attempts to connect health departments of rural communities. They were working to create initiatives to strengthen that connection to impactfully address SDOH.

When reviewing statistics related to poverty levels, Mr. Gallegos stated that the reality of poverty was worse than data portrayed. For instance, according to the 2022 federal poverty level, a family of four earning just over \$27,750 a year was not considered to be living in poverty.

According to 2020 data, 14.1% of Arizonans, or nearly one million people, live in poverty. A common myth surrounding poverty is that living in poverty was a choice. However, the data shows that 63.4% of poor families had at least one person working. One of the major contributing factors to poverty was income and wealth inequality. Within Arizona, the richest five percent of households had average incomes of 17 times more than the poorest 20% of households. Arizona was now the second highest state with the highest income inequality.

NOTE: Ms. Imam joined the meeting at 6:18 p.m.

Mr. Gallegos outlined the results of the University of Wisconsin's 2022 National Finding Report, noting the average living wage for a family of three was \$35.80. A living wage was defined as the amount needed to fund food, housing, childcare and transportation. Hispanic women needed to work 229 more days to equal the salary of a white male.

He reviewed the implications of low income families, including less access to childcare, as well as individuals were less likely to have paid family leave, a retirement plan, or health insurance.

The statistics related wealth inequality by income and race was reviewed, noting 70% of children born into poverty would remain in poverty. That was due to the systemic oppression on multiple levels, such as individual, interpersonal, institutional, and structural. He provided examples of each type and said the COVID-19 pandemic magnified and exposed racism within various institutions.

Mr. Gallegos stated that poverty and poor health co-existed globally, and data suggests that individuals with less wealth had more illness and shorter life spans. He detailed the poverty statistics by Arizona County, as well as the prevalence of specific diseases within those counties.

There was a strong tobacco cessation effort, as heavy smoking could cost as much as \$3,000 annually. By eliminating the use of tobacco, the individual and family would benefit financial and improve health outcomes.

NOTE: Ms. Sullivan joined the meeting at 6:29 p.m.

Mr. Gallegos reviewed the life expectancy for each Arizona County and the health indicators within each county.

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

2. Presentation on Public Health & Poverty: No Grounds for Divorce, cont.

Given the health outcomes of those living in poverty, Mr. Gallegos stressed the importance of marrying public health with economic health. He reiterated the predictors of poor health of individuals living at or below the Federal Poverty Level (FPL), including the increased likelihood to smoke, foregoing cancer screenings and medical help, resulting in shorter life expectancy. The stress related to poverty also resulted in higher rate of substance abuse, violence to self and others, increased risk of depression and suicide.

To properly address the SDOH, there were core questions to seek answers to. The questions challenged the possibility of achieving optimal health without means to pay for food, housing or medicine or achieving economic stability without good health. He also asked if individuals with disease would benefit from integrated efforts between public health and poverty programs.

He concluded, to be prosperous, an individual required physical health, social belonging, emotional well-being and economic stability.

Mr. Tormala stated that the goal was to improve population health by integrating and coordinate the efforts of various agencies designed to improve either public health or economic health. There was currently a gap between the two.

Chairman Barker stated that SDOH was not a new concept, however, the terminology had changed in recent years. Nevertheless, the root cause of the issues began with poverty. She asked if Mr. Gallegos or Mr. Tormala believed access to healthcare was trending in a positive direction.

Mr. Gallegos was hopeful that substantial improvements will be made. There were many agencies working toward improving access to care. There were also many agencies working to address poverty. The key was for a collaboration to simultaneously address both issues. As the issues were linked to one another.

Chairman Barker asked if there was a link between mental health and poverty.

Mr. Tormala said that there was a definite link between the two.

Mr. Messick said the information provided insight to the ongoing issues between poverty and health outcomes. He asked if there were any innovations that would lead to actual solutions.

Mr. Gallegos said that success would be realized when public health officials built connections with the community action groups. Once the efforts of both sides were married together, progress may be realized.

Mr. Tormala said that it was the focus of their work; to educate various groups about each other, so the efforts were not being duplicated.

Mr. Messick asked if there were technological tools that may assist with the coordination.

Mr. Gallegos said that in the broader aspect, yes, technological tools may be used to compile data and share information. Currently, workforce shortages contributed to the many challenges the agencies were faced with.

Mr. Purves expressed his appreciation for the information provided, as it quantified the underlying problem the healthcare industry has been facing for years. Providing clinical care was a small factor in an individual's overall wellness. He stated the various aspects of SDOH, such as housing, education, transportation, needed to be coordinated and addressed together. The goal of the Federally Qualified Health Center (FQHC) clinics was to serve the underserved, however, Valleywise Health could not do it alone.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – November 2, 2022**

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

3. Discuss, Review and Approve the Federally Qualified Health Center Clinic of the Year for Fiscal Year 2022

Ms. Harding outlined the criteria for the FQHC Clinic of the Year award. The data was analyzed, and it was determined that three clinics met the threshold to be considered. However, Valleywise Comprehensive Health Center-Phoenix: Pediatrics demonstrated the greatest overall performance and was recommended for the award.

MOTION: Ms. Sullivan moved to approve Valleywise Comprehensive Health Center-Phoenix: Pediatrics as the Federally Qualified Health Center Clinic of the Year for fiscal year 2022. Vice Chairman Jacobson seconded.

VOTE: 6 Ayes: Chairman Barker, Vice Chairman Jacobson, Ms. Imam, Ms. McCarty, Mr. Messick, Ms. Sullivan
0 Nays
1 Absent: Mr. Larios
Motion passed.

4. Elect a Treasurer of the Valleywise Community Health Centers Governing Council for the Remainder of Fiscal Year 2023, Effective Immediately

Chairman Barker announced that Mr. Messick had expressed interest in serving as Treasurer for the remainder of fiscal year (FY) 2023.

MOTION: Ms. Sullivan moved to elect Daniel Messick as treasurer for the remainder of fiscal year 2023, effective immediately. Vice Chairman Jacobson seconded.

Mr. Messick announced that he would abstain from voting.

VOTE: 5 Ayes: Chairman Barker, Vice Chairman Jacobson, Ms. Imam, Ms. McCarty, Ms. Sullivan
0 Nays
1 Absent: Mr. Larios
1 Abstain: Mr. Messick
Motion passed.

5. Discuss Valleywise Community Health Centers Governing Council's In-Person Meeting Frequency

Chairman Barker requested feedback from Governing Council members on their preferences related to increasing the frequency of in-person meetings.

Ms. Sullivan suggested a hybrid option, where in-person or remote participation was offered.

Vice Chairman Jacobson agreed but requested virtual participants turn on their camera.

Mr. Messick said the current frequency of in-person meetings, quarterly, was acceptable.

Chairman Barker noted that conducting in-person meetings required the coordination of multiple factors. She asked if the meetings were conducted in-person every month, the likelihood that Governing Council members would attend.

Vice Chairman Jacobson and Ms. Wilson said that they would attend every meeting in-person.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – November 2, 2022**

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

5. Discuss Valleywise Community Health Centers Governing Council's In-Person Meeting Frequency, cont.

Ms. McCarty said that she would occasionally attend in-person.

Ms. Sullivan stated she would attempt to attend in-person.

Mr. Messick said he would continue to attend in-person on a quarterly basis.

Chairman Barker recognized the value of meeting in-person and would discuss the options for calendar year 2023 with staff.

Mr. Messick suggested eliminating hard-copy packets that were provided for in-person meetings, to minimize costs.

Ms. Sullivan agreed and recommended providing light refreshments, opposed to a full meal.

6. Discuss and Review Federally Qualified Health Centers Clinics operational dashboard

Ms. Harding presented the FQHC clinics operational dashboard for September 2022. She explained how staffing shortages created challenges throughout the clinics. The overall net promoter score was 70.1%, compared to the target of greater than or equal to 71.1 percent. She highlighted the locations that were performing better than target.

With regard to access to care, many locations were operating at capacity, given the current staffing shortages. She reviewed the number of open positions, including registered nurses, medical assistants, providers, and support staff. Some vacant positions were filled with contract labor and the Human Resources department was developing recruitment plans.

While reviewing the ambulatory visits, Ms. Harding noted an overall 7.3% positive variance on a fiscal year-to-date (FYTD) basis. She said that it was unknown how long the clinics could sustain the volume levels given the staffing shortages.

Overall, behavioral health visits also had a positive 2.7% variance for FYTD. She mentioned that the clinics with a negative variance either had a clinician that was on paid time off (PTO) or the position was vacant.

She highlighted dental visits, noting the FYTD positive 14.6% variance. She noted a provider vacancy at Valleywise Community Health Center-Avondale, causing a negative variance.

Ms. Harding provided an overview of the quality metrics for through August 2022 for calendar year (CY) 2022. There were improvements in several metrics, including but not limited to cervical cancer screening, colorectal cancer screening, controlling high blood pressure, and breast cancer screening. While hemoglobin A1c had decreased to 32.76%, staff was determined to decrease it to 30% by year-end.

She reviewed plans to improve the metrics prior to year-end.

Chairman Barker asked if there were consequences imposed for not meeting any of the metrics.

Ms. Harding said that as a health system, Valleywise Health was in the top quarter of all FQHCs, nationwide. She was unaware of any financial consequences for not meeting the metrics.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – November 2, 2022**

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

7. 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

Ms. Sullivan said the next Compliance and Quality Committee was scheduled for November 14, 2022.

Chairman Barker stated the Executive Committee met on October 13, 2022. The Committee recommended to the Governing Council the new Valleywise Community Health Centers Governing Council Members Attendance Expectation policy. The Committee also discussed the structure and effectiveness of the committees.

Mr. Messick announced the next Finance Committee was scheduled for December 7, 2022.

Vice Chairman Jacobson noted the Strategic Planning and Outreach was scheduled to met on December 12, 2022.

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

Ms. Harding provided an update on the FQHC Chief Executive Officer recruitment efforts, noting Dr. White was leading the process. The position had been posted and there were applications received. She thanked Chairman Barker for her involvement in the process.

Chairman Barker announced that she excused herself and Vice Chairman Jacobson was now involved.

Ms. Harding announced that Arizona Health Care Cost Containment System (AHCCCS) recently conducted an informational session related to Community Health Worker Services. The session included the role of a community health worker, details on certification and the anticipated patient outcomes that would result from the new role.

NOTE: Ms. Sullivan disconnected from the meeting at 7:31 p.m.

Ms. Harding mentioned the earlier discussion demonstrated the link between poverty and health outcomes, including food insecurity. She reviewed the 2021 rates of food insecurity, specifically, 12.5% of all households with children in the United States experienced food insecurity. The data for various family types, race/ethnicity, and area of residency was also outlined.

She noted a food bus visited Valleywise Community Health Center-South Central to offer fresh fruits and vegetables to the community at a reasonable price.

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

This item was not discussed.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – November 2, 2022**

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

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

Mr. Purves provided an overview of organizational priorities, including the workforce shortages and the financial strain that resulted from being excluded from the safety net funding that was distributed during the COVID-19 pandemic.

He outlined plans in place to obtain supplemental funding, including Valleywise Health Foundation donations and additional American Rescue Plan Act (ARPA) funds. He gave an update on the attempts of developing an Urban Safety Net Hospital designation.

He mentioned as temperatures dropped, the number of COVID-19 positive and flu cases increased. He encouraged all to get vaccinated.

He highlighted the progress with Care Reimagined projects, noting construction for the acute tower was on scheduled, and would open in October 2023.

11. Chairman and Council Member Closing Comments/Announcements

There were no comments or announcements.

12. Review Staff Assignments

Old Business:

October 5, 2022

Provide feedback about monkeypox educational materials circulated within the Federally Qualified Health Center Clinics

Staff to work with Marketing to circulate appropriate materials about monkeypox needed in the Federally Qualified Health Center Clinics

Staff to contact Marketing to connect with Dr. Khalsa and prepare an editorial/educational piece to present to the Hispanic Community, specifically Prensa, Hispana

Explore offering voter registry accommodations at the Federally Qualified Health Center Clinics.

Add language to recurring Committee Reports, indicating the last time each committee met

Future Agenda item: Discuss and revisit Governing Council in-person meeting frequency

Ms. Talbot stated there were no new request that stemmed from the meeting. She outlined the old business, noting the request to add language to recurring committee reports had been completed, as well as the request for the agenda item to discuss the frequency of in-person meetings.

Ms. Harding addressed the old business related to monkeypox items. She continued to work with the Marketing Department to complete those tasks.

She referenced the request to offer voter registration at the FQHC locations and stated that at the time of the request, there was not adequate time to implement a program.

***Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – November 2, 2022***

Adjourn

MOTION: Vice Chairman Jacobson moved to adjourn the November 2, 2022 Valleywise Community Health Centers Governing Council Meeting. Ms. McCarty seconded.

VOTE: 5 Ayes: Chairman Barker, Vice Chairman Jacobson, Ms. Imam, Ms. McCarty, Mr. Messick
0 Nays
2 Absent: Mr. Larios, Ms. Sullivan
Motion passed.

Meeting adjourned at 7:49 p.m.

Cynthia Cornejo
Deputy Clerk of the Board



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 1.b.i.

Contracts
(90-12-084-1-63)

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, November 8, 2022 11:40 AM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment #63 to the Professional Medical Services - Term Extension District Medical Group (DMG)

CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.

Do not click links or open attachments unless you recognize the sender and know the content is safe.


Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Amendment #63 to the Professional Medical Services - Term Extension District Medical Group (DMG)
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
Valleywise-DMG Mothership Contract Extension Amendment #63.pdf		File	 Valleywise-DMG Mothership Contract Extension Amendment 63.pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment #63 to the Professional Medical Services - Term Extension
Contract Identifier Board - Amendment
Contract Number 90-12-084-1-63
Primary Responsible Party Pardo, Laela N.
Departments
Product/Service Description Amendment #63 to the Professional Medical Services - Term Extension
Action/Background Approve Amendment #63 to the contract between District Medical Group (DMG) and Maricopa County Special Health Care District dba Valleywise

Health to extend the contract. This amendment will modify Section I.2. "Term and Biennial Review" to extend the contract Term through the earlier of (i) the date that the Parties enter into a new agreement that replaces and supersedes the 2016 Contract or (ii) June 30, 2023. Amendment will be effective upon approval and signature at the November Board meeting. All other terms and conditions of the contract remain the same and in full effect.

Evaluation Process

Category **Other**

Effective Date

Term End Date

Annual Value **\$0.00**

Expense/Revenue

Budgeted Travel Type

Procurement Number

Primary Vendor **District Medical Group (DMG)**

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	
Demos, Martin C.	Approved	
White, Michael	Approved	
Meier, Matthew P.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 1.c.i.

Governance
FQHC Quality Improvement/
Quality Assurance Plan



Maricopa County Special Health Care District
Federally Qualified Health Center (FQHC)
Valleywise Health
Quality Improvement and Quality Assurance Plan
CY 202~~2~~³

Introduction

Maricopa County Special Health Care District, aka Valleywise Health FQHC serves as the healthcare safety net for Maricopa County in Arizona. It is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The Valleywise Health service area has high rates of poor health indicators with high rates of obesity, diabetes, cardiovascular disease and respiratory illness. With many individuals living within medically underserved areas, access to care can frequently be a challenge for underserved residents. To combat these challenges, Valleywise Health is dedicated to addressing the social determinants of health for all patients.

Valleywise Health Federally Qualified Health Centers includes 9 Community Health Centers including Valleywise Community Health Center- McDowell serving persons living with HIV/AIDS, Valleywise Comprehensive Health Center – Peoria (PEC) and the Valleywise Comprehensive Health Center - Phoenix (PXC) which includes Internal Medicine, Pediatrics, Women’s Care, Dental, Antepartum Testing and Diabetes Education.

The FQHCs are certified as NCQA Medical Home, providing patient-centered and comprehensive care. A robust care coordination program, embedded into all FQHCs, helps to ensure children and families receive access to medical care and social services. Strong community partnerships include providing early literacy programs at some of FQHC sites, supplying free lunches in collaboration with a local food bank, and a monthly food distribution program, which help patients and families address both their medical and social needs.

Mission, Vision and Values

Mission

To provide exceptional care, without exception, every patient, every time

Vision

To be nationally recognized for transforming care to improve community health

Values

Accountability

We hold ourselves and each other accountable by accepting personal responsibility for all that we do and stewardship of the resources we deploy on behalf of our community

Compassion

We demonstrate sensitivity to our patients and each other by offering emotional, spiritual, cultural, and physical support

Excellence

We are committed to delivering breakthrough quality and service that exceeds expectations, improves outcomes and provides exceptional patient care

Safety

We ensure a safe environment for all and a highly reliable, effective care experience

FQHCs will employ a comprehensive approach to continual excellence of healthcare, clinical training and population health research. This Quality Improvement and Quality Assurance (QI/QA) Plan serves as the foundation of the health center's commitment to continuously improve and ensure the safety and quality of the services provided to all patients by:

- Providing convenient, affordable quality care where and when people need it most.
- Integrating healthcare seamlessly into the lives of patients and consumers.
- Engaging individuals in their own care.
- Casting a stronger net of programs and services to keep all members of our community well.
- Improve Processes by prioritizing key problems, utilizes hypotheses about the nature of these problems, and develops targeted interventions.
- Conducting Patient Satisfaction Surveys are on an ongoing basis to be reported and reviewed quarterly.

Purpose

The purpose of the FQHC QI/QA Plan is to establish a written description of the specific structure, process, scope and role of the quality improvement program. The FQHC Quality Improvement Program exists to improve the overall performance in the areas of access, clinical care, integrating care, and consumer satisfaction. The FQHCs QI Plan will be evaluated at least annually and updated whenever necessary. The QI Plan is the responsibility of the Quality Department and FQHC Leadership and is to be reviewed and approved by Valleywise Health Community Health Center Governing Council Chair, Federally Qualified Health Center CEO, Compliance and Quality Committee Chair, and FQHC Medical Director.

The Purpose of the FQHC Quality Improvement Program is to:

- Continually evaluate and enhance quality management processes, program outcomes, and administrative efficiencies.
- Monitor and evaluate the systems and processes related to the quality of services that can be expected to affect the health status, quality of life, and satisfaction of persons served by FQHC.
- Identify and assign priority to opportunities for performance improvement, as identified by stakeholders (e.g., staff, consumers, providers).
- Continuously monitor and analyze data related to program outcomes and consumer satisfaction to identify opportunities for improvement.

Structure: Responsibility, Accountability and Communication

Valleywise Health Centers Governing Council –

Responsibility for quality begins with Valleywise Community Health Center Governing Council who regularly assesses processes, systems and outcomes produced by the QI/QA Plan

integral to quality performance. The review of quality indicators, including benchmarks and baseline, is completed on a regular basis. Continuous Quality Improvement (CQI) involves taking action as needed based on the results of data analysis and the opportunities for performance improvement. The Governing Council also fulfills the following responsibilities:

- Authorizes resources to support quality initiatives.
- Assigns responsibility for quality programming to the Chief Executive Officer of the FQHC, and to its Compliance and Quality Committee.
- Maintain leadership oversight for all designated FQHC primary care clinics
- Ensures the organization is community-based and responsive to the needs of the population it serves

Valleywise Health Centers Governing Council - Compliance and Quality Committee

The Valleywise Health Community Health Center - Compliance and Quality Committee includes personnel from throughout the organization and meets quarterly. Formal minutes are maintained and contain the date, time and place of meetings, attendees with their title, matters discussed with specifics on data for the clinical measures, action plans to address problems/deficiencies, and responsible individuals for follow-up.

The Compliance and Quality Committee includes representatives from administration, medical, and quality departments. Having representatives from across the organizational structure ensures system wide accountability and communication.

The Compliance and Quality Committee has leadership responsibility for this plan and is responsible for:

- Prioritizing current quality initiatives and activities
- Ensuring a process is in place to complete a written needs assessment
- Reviewing patient satisfaction survey results
- Reviewing risk activities to ensure providers are providing quality care
- Patient Safety activities including process improvements related to occurrence report trends
- Consistent monitoring of the Uniform Data System (UDS) clinical measures
- Quality assessment, planning and annual program /QI/QA evaluation

Certain tasks and activities will be carried out by the Ambulatory Quality Initiative Workgroup who must report findings of reviews and analyses to the CEO of the FQHC clinics and the Quality Medical Director Committee. Outcomes and recommendations will be provided to the Compliance and Quality Committee. Summary reports are delivered by the Compliance and Quality Committee to the Valleywise Community Health Center Governing Council for their review, feedback, and input.

Quality Medical Director Committee

The Valleywise Medical Director Committee is led by the CEO of the FQHC clinics and meets at least 4 times a year. Formal minutes are maintained.

The Quality Medical Director Committee has leadership responsibility for the following:

- Prioritizing current quality initiatives and activities
- Consistent monitoring of the Uniform Data System (UDS) clinical measures

Ambulatory Quality Initiative Workgroup

The Director of Nursing for Ambulatory Services designated by the CEO and Ambulatory Medical Director oversees the QI Workgroup and is responsible for monitoring improvement quality activities service areas such as Medical, Dental and [Integrated](#) Behavioral Health. This workgroup will develop, manage and implement activities in the QI/QA plan that:

- Incorporates advice and direction from the Quality Medical Directors Committee and the Compliance and Quality Committee and Valleywise Community Health Centers Governing Council.
- Identifies the most important aspects of care.
- Determines goals, sets objectives, and projects outcomes for all Plan, Do, Study, Act (PDSA) activities.
- Identifies data to be collected, frequency of data collected, and persons responsible to collect the data.
- Encourages involvement of staff in the QI process.
- Collaborates with the QA analyst to implement Valleywise Community Health Center Governing Council QI Goals.
- Compiles/utilizes outcome measurement data for analysis.
- Communicates QI goals, activities, and results to staff.
- Incorporates advice and direction of the Compliance and Quality Committee and Valleywise Community Health Center Governing Council in the activities.

Performance Improvement, Patient Safety and Quality Standards

The Performance Improvement Program includes:

- Predefined quality standards
- Formal assessment activities
- Measurement of outcomes and performance
- Strategies to improve performance that falls below standards

Performance Improvement

Monitoring and evaluating expected performance on key Clinical and Financial performance measures required by the Health Resources and Services Administration (HRSA) the efforts and resources of Valleywise Community Health Centers can be redirected to obtain the desired outcomes through establishing performance indicator for the following:

- Quality of Care: access to prenatal care, childhood immunization, cervical cancer screening, colorectal cancer screening, depression screening and follow up, oral health, children and adolescent weight screening and follow up, adult weight screening and follow up, tobacco use screening and cessation, breast cancer screening, cholesterol treatment (lipid therapy for coronary artery disease), HIV linkage to care.

- Health Outcomes: improve outcomes for patients with diabetes, hypertension, and birthweight of patients born to Health Center patients.
- Integrated Behavioral Health
- Value of Care: reduce the total cost per patient, medical cost per patient.

By using performance indicators, the variation between the target desired and current status of the item(s) being measured can be identified. Data reports from the Electronic Health Record and other systems are reviewed regularly for trends, achievement of objectives and comparisons. Clinic productivity is reviewed to determine progress in reaching documented targets for units of service. Random chart reviews are conducted by each service area Team to determine if they contain all required recording and documentation and show evidence of sound clinical practice.

Performance indicator results are used to guide management decision making related to:

- Strategic planning
- Resource allocation
- Modification of service delivery
- Process improvements
- Staff training
- Marketing and outreach activities
- Other activities identified by consumers and/or other stakeholders

Patient Safety

Patient and family engagement in primary care helps to forge trusting relationships that promote safety. Valleywise Community Health Centers uses evidence-based strategies to improve patient safety by engaging patients and families through our Patient Centered Medical Home (PCMH) delivery model. Valleywise Community Health Centers are committed to providing safe, high-quality care through clinical decision-support tools, shared decision-making, performance measurement, and population health management.

Quality Standards

Quality Standards provide the specifications, practices, and principles by which a process may be judged or rated. Valleywise Community Health Governing Council identifies and sets standards by reviewing, analyzing, and integrating such areas as:

- Performance expectations of stakeholders for both clinical services and administrative functions
- Accreditation standards
- Practice Guidelines
- Clinical pathway protocols and other authorization criteria
- Government requirements, regulations, and rules

Utilization of Appropriate Information System

The Compliance and Quality Committee will review Electronic Health Record (EHR) reports:

- To verify all Quality Indicators are being captured and performance measures are being met.
- Provide data integrity audits to verify that information in electronic records and databases correspond with required and expected information.
- To track diagnostic tests and other services provided to health center patients.

Confidentiality

Every patient is entered into our electronic health record (EHR) system and is assigned a unique patient number.

Patient records are kept confidential and private in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations. Intake paperwork given to new patients in the waiting room include the Summary Notice of Privacy Practices (HIPAA) and the HIPAA Consent and Acknowledgement Form to sign. The signed HIPAA Consent and Acknowledgement Form is part of the patient record.

All staff sign a confidentiality statement upon hire where they agree to protect the confidentiality of any information they obtain during their employment and understand the circumstances under which they can reveal such information.

Patient medical records are not viewed or shared with any external provider or person(s) if the patient has not signed a Valleywise Health Authorization for Release of Information form (even if the other provider has their own consent form signed by the patient). Signed Authorization for Release of Information forms are scanned into patient chart.

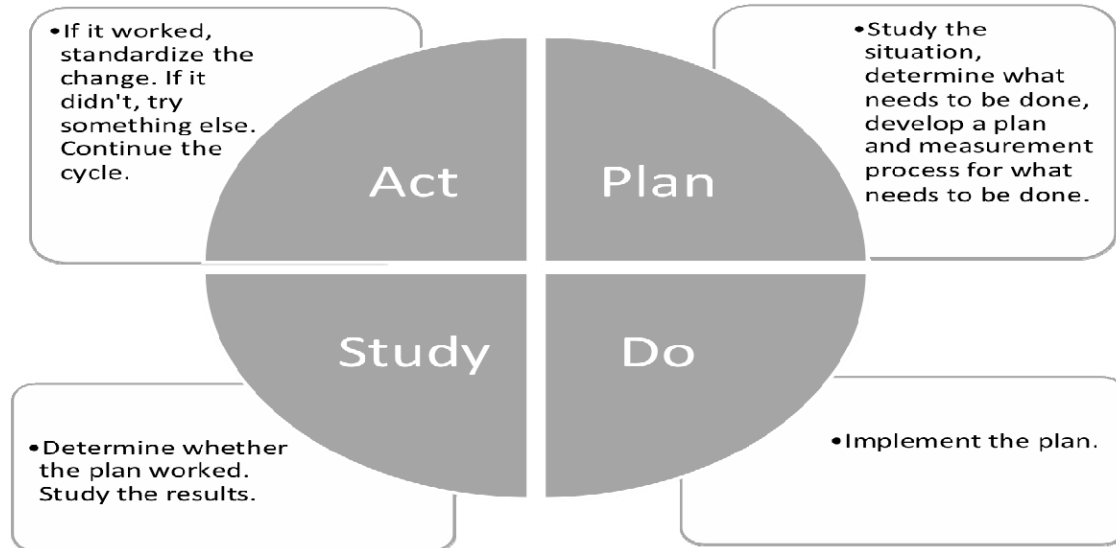
Staff profiles and navigation schemes in the EHR system are set up in accordance to their level of security clearance consent with their ability to view client charts.

Accreditation/Licensure

The Valleywise Health Human Resources, Regulatory and Compliance Departments are responsible for making sure all accreditations, licenses, certifications, and scheduled maintenances are up to date.

Quality Improvement/ Quality Assurance

The Valleywise Community Health Centers Quality Assurance program utilizes the Plan-Do-Study-Act (PDSA) methodology for testing and implementing quality improvement; and continuously monitoring, evaluating, and improving processes. The plan is a patient-driven philosophy and process that focuses on preventing problems and maximizing quality of care.



1. Plan: Design (or revise) a process to improve results.
2. Do: Implement the plan and measure its performance.
3. Check: Measure and evaluate the results to determine if the results met the desired goals.
4. Act: Decide if changes are needed to improve the process. If so, begin the PDCA process again

Goals

Goal #1	Reasoning	Actions	Target Date
Preventive Care and Screening: Screening for Depression and Follow-up Plan	Increase compliance to meet 2020 <u>2021</u> UDS National	Workgroup developing specific actions to address noncompliance	End of CY2022 <u>CY2023</u>
Goal #2	Reasoning	Actions	Target Date
Controlling High Blood Pressure	Increase compliance to meet 2020 <u>2021</u> UDS National Average	Workgroup developing specific action to address. Ensure protocol is being followed in the FQHCs.	End of CY2022 <u>CY2023</u>

Goal #3	Reasoning	Actions	Target Date
Diabetes: Hemoglobin A 1 c Poor Control	Increase <u>Continue</u> compliance to meet <u>2021 UDS</u> <u>National Average</u> the stretch goal <16 (Healthy People 2030)	Workgroup developing specific actions to address. Continue with Care Coordination involvement and Social d <u>d</u> eterminants of Health	End of CY2022 <u>CY2023</u>
Goal #4	Reasoning	Actions	Target Date
Integrated Behavioral Health metrics: Diabetes A 1 c and HTN ^[B1]	To determine the benefits of the two programs working together; benchmark to be determined- setting baseline data	Workgroup developing specific actions to address noncompliance	End of CY2022

Improvement Strategies

Establishing and successfully carrying out strategies to incorporate best practices, and optimize consumer outcomes is key to continuous quality improvement. The particular strategy or sets of strategies used will vary according to the situation and the kind of improvement that is desired. Valleywise Community Health Centers will develop improvement strategies based on performance reviews, and stakeholder input.

QI Reporting Structure



Effective Date: 2005

Revised: June 2007, July 2008; September 2009; June 2011; June 2012; March 2014; October 2015; August 2018; June 2019; June 2020; January 2021, November 2021, December 2022

Approved:	
Ryan Winkle <u>Dr. Michelle Barker</u> Valleywise Community Health Centers Governing Council Chair	DATE
Barbara Harding SVP Ambulatory Services & CEO FQHC Clinic	DATE
Michelle Barker <u>Eileen Sullivan</u> Valleywise Community Health Centers Governing Council's Compliance and Quality Committee Chair	DATE
Christina Smarik-Snyder, MD FQHC Medical Director	DATE

Review and Approvals

The Valleywise Community Health Centers Governing Council (VCHCGC) has reviewed and approved this Quality Improvement and Quality Assurance (QI/QA) Plan, as reviewed and approved by the Compliance and Quality Committee and affirms the Council's commitment to quality improvement to better meet the mission of the Valleywise Health.



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 1.c.ii.

Governance
Compliance and Quality Committee
Charter



DRAFT

**Valleywise Community Health Centers Governing Council
Compliance and Quality Committee Charter**

Purpose

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

Membership

The Committee shall consist of a Chair, a Vice Chair, and no more than three (3) additional Governing Council members. A voting member of the Governing Council will serve as the Committee Chair. The Committee Chair will recommend, and the Committee will appoint a Vice Chair. The Chief Executive Officer of the FQHC Clinics is an ex-officio, non-voting member of the Committee. In addition, the following Valleywise Health staff members will serve on the Committee as non-voting members: FQHC Medical Director, FQHC Quality Medical Director, Vice President of Quality Management, Ambulatory Director of Nursing, and Chief Compliance Officer. In accordance with the Governing Council Bylaws, voting members are appointed by the Governing Council. The Governing Council shall seek voting members preferably with knowledge in the area of quality/health care services. Voting members shall serve for a four (4) year term.

Responsibilities

In conjunction with Valleywise Health staff, the Committee will:

1. Review and make recommendation to the Governing Council to acknowledge receipt of a community needs assessment for the FQHC Clinics service area at least once every three (3) years.
 - Review patient survey questions for conducting community needs assessment

2. Review and make recommendations to the Governing Council for any additional health services to offer in order to meet the health needs of the patient population served by the FQHC clinics.
 - Community needs assessment
 - Annual UDS report
3. Review and make recommendations to the Governing Council to approve a Quality Improvement/Quality Assurance (QI/QA) Plan for the FQHC Clinics at least every two (2) years.
4. Ensure that QI/QA data, including patient satisfaction, patient grievance and patient safety, is shared with the Governing Council at least quarterly.
 - Review monthly quality metrics
 - Review action plans for improvement
 - [Review annual patient grievances and complaints report](#)
 - [Review quarterly patient safety report](#)
 - Review quarterly patient satisfaction report
 - Review action plans for improvement
 - Review annual HRSA national/state UDS comparison data
5. Ensure written quality of care audit procedures are in place and audit is shared with the Governing Council annually.
 - Review annual quality of care audit for the FQHC clinics
6. Submit timely, accurate, and complete UDS reports.
 - Review and make recommendations to the Governing Council to accept annual UDS report submitted to HRSA
7. Annually review data-based reports on: patient service utilization; trends and patterns in the patient population; and overall health center performance including achievement of FQHC clinics objectives; and efficiency and effectiveness of the FQHC clinics, for oversight by the Governing Council.
 - Community needs assessment
 - Annual UDS report

8. Annually evaluate the operations of the FQHC clinics including compliance with applicable federal requirements, performance expectations such as financial and patient volumes, patterns of health service utilization.
 - Review and make recommendations to the Governing Council to approve an annual compliance work plan for the FQHC clinics
 - Review and make recommendations to the Governing Council to approve an annual internal audit work plan for the FQHC clinics
 - Review quarterly compliance work plan updates
 - Review quarterly internal audit work plan updates
 - Review FQHC clinics staff annual compliance education training results
 - Review monthly quality metrics
 - Review quarterly patient satisfaction report
9. At least every three (3) years review the Committee Charter and make recommendations for suggested revisions to the Governing Council.

Meetings

Meetings will be held quarterly. Additional meetings can be scheduled at the discretion of the Committee Chair.

Meeting Procedures

1. The Committee Chair will facilitate all meetings. The Committee Vice Chair will facilitate meetings in the Chair's absence.
2. Committee members must attend in person or, ~~when circumstances dictate,~~ ~~telephonically~~ remotely. A quorum shall consist of a majority of the voting Committee members, which is necessary for the Committee to meet and to take action.
3. Minutes shall be recorded and maintained for each Committee meeting in compliance with Arizona Open Meeting Law and shall contain all actions taken by the Committee. Minutes recorded or maintained for Executive Session discussions, however, will be kept confidential pursuant to A.R.S. § 38-431.03.
4. The Committee will report its actions to the Governing Council at the next regularly scheduled Governing Council meeting.



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 1.c.iii.

No Handout

Governance

Appointment to Strategic Planning
and Outreach Committee



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 1.c.iv.

No Handout

Governance

Appointment to Finance Committee



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 1.c.v.

Governance
Submission to HRSA for Change in
Project Director



Office of the Senior Vice President & CEO FQHC Clinics

2601 East Roosevelt Street • Phoenix • AZ • 85008

Date: December 7, 2022

To: Valleywise Community Health Centers Governing Council

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

Subj: Prior Approval Request Submission to HRSA for Project
Director Change for the Health Center Program Effective
January 9, 2023

According to the Health Center Program Compliance Manual Chapter 11: Key Management Staff, the health center must request and receive prior approval from HRSA for post-award changes in the Project Director/CEO position.

Staff is requesting to submit a prior approval request to HRSA for a Project Director Change from Barbara Harding, Senior Vice President Ambulatory Services & CEO FQHC Clinics, in anticipation of Ms. Harding's announced departure from her position at Valleywise Health effective January 9, 2023.

The Valleywise Community Health Centers Governing Council is responsible for approving the selection of the Project Director/Chief Executive Officer as part of its oversight responsibilities. The Governing Council will continue to be presented all Project Director selections for approval as required by HRSA.



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 1.d.i.

Medical Staff
Credentials

Recommended by Credentials Committee: October 4, 2022
 Recommended by Medical Executive Committee: October 11, 2022
 Submitted to MSHCDB: October 26, 2022

VALLEYWISE HEALTH CREDENTIALS AND ACTION ITEMS REPORT MEDICAL STAFF

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

INITIAL MEDICAL STAFF APPOINTMENT				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Karen Christine Adams, M.D.	Courtesy	Obstetrics & Gynecology	11/01/2022 to 10/31/2024	
Marli Gabriel, D.O.	Active	Internal Medicine	11/01/2022 to 10/31/2024	
Michelle Do Huynh, D.O.	Active	Family & Community Medicine	11/01/2022 to 10/31/2024	
John Daggett Lenahan, M.D.	Courtesy	Family & Community Medicine	11/01/2022 to 10/31/2024	

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

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Mark Gregory Bueno, M.D.	Courtesy	Internal Medicine	11/01/2022 to 10/31/2024	
Victoria Tom-Wong Chew, D.O.	Active	Family & Community Medicine	11/01/2022 to 10/31/2024	
Jeffrey M. Curtis, M.D.	Active	Family & Community Medicine	11/01/2022 to 10/31/2024	
Heather Joyce Dalton, M.D.	Courtesy	Obstetrics / Gynecology	11/01/2022 to 10/31/2024	
Jenessa Christine Hill, D.O.	Active	Family & Community Medicine	11/01/2022 to 10/31/2024	
Douglas R. Jones, M.D.	Active	Family & Community Medicine	11/01/2022 to 10/31/2024	
Maria Manriquez, M.D.	Courtesy	Obstetrics / Gynecology	11/01/2022 to 10/31/2024	
Sumediah Nzuonkwelle, M.D.	Active	Internal Medicine	11/01/2022 to 10/31/2024	
Aleksandra Obradov, M.D.	Active	Pediatrics	11/01/2022 to 10/31/2024	

Recommended by Credentials Committee: October 4, 2022

Recommended by Medical Executive Committee: October 11, 2022

Submitted to MSHCDB: October 26, 2022

CHANGE IN PRIVILEGES

NAME	DEPARTMENT/SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Victoria Tom-Wong Chew, D.O.	Family & Community Medicine	<u>Withdrawal</u> : 1. Colposcopy; 2. Subdermal Contraceptive Capsule (Insertion/Removal); 3. Biopsy of Cervix, Endometrium	Voluntary Relinquishment of Privileges due to non-utilization of privileges
Heather Joyce Dalton, M.D.	Obstetrics / Gynecology	<u>Withdrawal</u> : Obstetrics Core Privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges
Sumediah Nzuonkwelle, M.D.	Internal Medicine	<u>Withdrawal</u> : Basic Critical Care Privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges

RESIGNATIONS

Information Only

NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Nothing to report			

CORRECTION TO THE SEPTEMBER 28, 2022 VALLEYWISE HEALTH BOARD of DIRECTORS MEETING

NAME	SPECIALTY/PRIVILEGES	CATEGORY	COMMENTS
Alexandra Marie Thompson, M.D.	Pediatrics	Active to Courtesy	Provider inadvertently listed as Active Staff.

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
Darna Khav Long, A.G.N.P.	Internal Medicine	Practice Prerogatives on file	11/01/2022 to 10/31/2024	
Wendy Rose Stoczanskyj, F.N.P.	Internal Medicine	Practice Prerogatives on file	11/01/2022 to 10/31/2024	

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – REAPPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Kortni Ruth Jones, P.A.-C.	Family & Community Medicine	Practice Prerogatives on file	11/01/2022 to 10/31/2024	
Larissa D. Wiley, P.A.-C	Family & Community Medicine	Practice Prerogatives on file	11/01/2022 to 10/31/2024	

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Kortni Ruth Jones, P.A.-C.	Family & Community Medicine	Withdrawal: 1. Minor Surgery Procedures; 2. IUD Insertion/Removal; 3. Therapeutic Procedures to include Arthrocentesis/Joint Aspiration	Voluntary Relinquishment of Privileges due to non-utilization of privileges

RESIGNATION (Information Only)			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Joseph Marshall Hall, F.N.P.	Internal Medicine	Allied Health Professional to Inactive	Resigned effective August 3, 2022

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

December 7, 2022

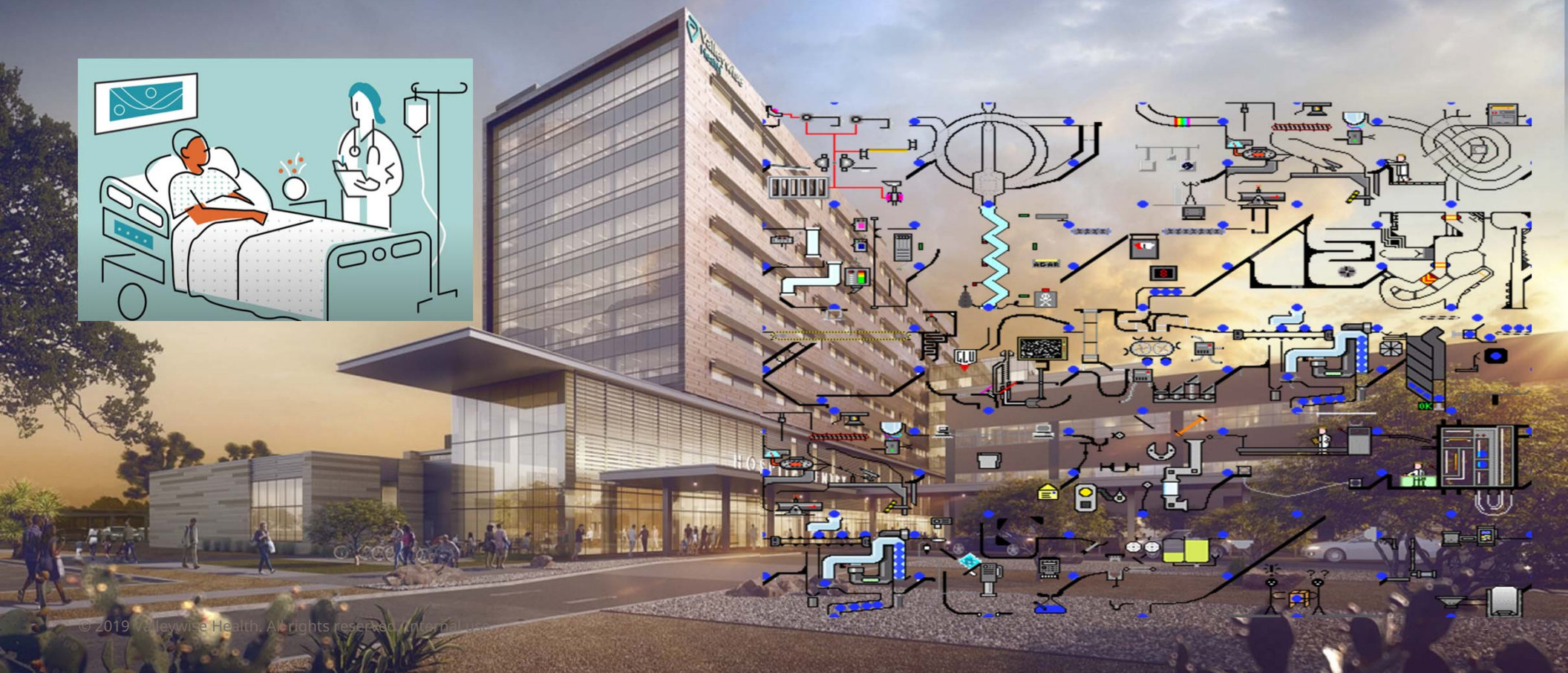
Item 2.

340B Federal Drug Discount
Program

340B Overview for Health Care Providers

August 2022

The Complexity of HRSA Rules and Regulations



340B Program Overview:

- The 340B Drug Discount Program is a [US Federal Drug](#) program created in 1992 **REQUIRING** drug manufacturers to provide outpatient drugs to eligible health care organizations and covered entities at significantly reduced prices.
- **340B is an outpatient program** – where the status of the patient is outpatient (ED, Observations, Skilled nursing, Home health, Outpatient elective areas).
- **INPATIENT ENCOUNTERS ARE NOT ELIGIBLE FOR 340B**

340B Program Overview

Intent:

“To permit covered entities to stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.”

H.R. Rep. No. 102-384(II), at 12 (1992)

The 340B Program gives health care providers who are responsible for larger proportions of vulnerable patients the ability to purchase medications at a reduced price.



Hospital Eligibility

Covered Entity	Non- profit / govt contract	DSH%	GPO Exclusion	Orphan Drug Exclusion
Critical Access Hospital	Yes	No	No	Yes
Rural Referral Center	Yes	$\geq 8\%$	No	Yes
Sole Community Hospital	Yes	$\geq 8\%$	No	Yes
Free-Standing Cancer Hospitals	Yes	$>11.75\%$	Yes	Yes
Children's Hospitals	Yes	$>11.75\%$	Yes	No
DSH Hospital	Yes	$>11.75\%$	Yes	No

The 340B Drug Pricing Program:

- Requires drug manufacturers who participate in Medicaid to provide outpatient drugs to eligible healthcare organizations, Covered Entities (CE's) at significantly reduced prices.

340B Program Overview

Covered Entities:

- CE's receive significant discounts on covered outpatient drugs
Estimated average savings of 25-50%
Estimated \$39 Billion in 340B purchases since 2015
- CE's are defined in statute and include:
 - HRSA – supported health centers
 - Ryan White clinics and state AIDS Drug Assistance programs
 - Medicare/Medicaid Disproportionate Share Hospitals (DSH)
 - Children's hospitals



Provider & Patient Eligibility

1. The covered entity has established a relationship with the individual, such that the covered entity maintains records of the individual's health care;
2. The individual receives a health care service or range of services from the covered entity which is consistent with the service or range of services for which grant funding or federally-qualified health center look-alike status has been provided to the entity.
3. The individual receives health care services from a health care professional who is either employed by the covered entity or provides health care under contractual, credentialed or other arrangements (e.g., referral for consultation) such that responsibility for the care provided remains with the covered entity.



U.S. Supreme Court Strikes Down Medicare Part B Drug Payment Cuts for 340B Hospitals in 2018 and 2019

In [Breaking](#), [Federal](#), [Judicial](#) June 15, 2022  [Tom Mirga](#)



The U.S. Supreme Court today struck down deep Medicare Part B drug reimbursement cuts for many 340B hospitals during 2018 and 2019. The decision does not affect continuation of the cuts in 2020 through this year, however.

340B Restrictions at Contract Pharmacies

340B
Health
presentation
6/1/2022

- 16 drug companies are restricting 340B discounts at contract pharmacies
- Started with 6 companies in 2020, 3 more in 2021, and 7 more in 2022
- All manufacturers allow at least one contract pharmacy if the hospital does not have a retail pharmacy; some allow wholly-owned contract pharmacies
- 10 out of 16 say they will return to offering 340B discounts at contract pharmacies if hospitals submit claims data
- HRSA ordered 8 companies to reinstate 340B discounts; 7 sued in 4 federal district courts; decisions have been mixed
- HRSA has referred 7 companies to the Office of the Inspector General to determine assessment of Civil Monetary Penalties
- Currently before 3 appellate courts; Supreme Court?
- 8 companies have not been issued enforcement letters; OIG has not issued determination after 8 months of consideration
- Over 600 drug companies participate in 340B

District Court Decisions

Indiana (Lilly) Decided Oct. 29, 2021	New Jersey (Sanofi, Novo Nordisk) Decided Nov. 5, 2021	District of Columbia (Novartis, United Therapeutics) Decided Nov. 5, 2021	Delaware (AstraZeneca) Decided Feb. 16, 2022
<p>Enforcement of contract pharmacy is consistent with the statute and within HRSA's authority</p> <p>Statute prohibits conditions that frustrate goal of 340B by making drugs inaccessible to CEs</p> <p>HRSA enforcement is "arbitrary;" inconsistent public comments about enforcement authority and 1996 vs 2010 guidance</p>	<p>Contract pharmacy is consistent with 340B statute</p> <p>Conditions on 340B pricing are impermissible</p> <p>Unclear whether unlimited contract pharmacy is consistent with statute</p>	<p>Statute is silent on contract pharmacy, so it is not explicitly compelled</p> <p>Statute neither prohibits nor permits all conditions</p> <p>Court refused to rule that these manufacturer policies were lawful</p> <p>Noted that policies could be unlawful if contrary to the structure of 340B under a legal theory not yet made</p>	<p>Statute is silent on contract pharmacy, so it is not explicitly compelled</p> <p>Court did not address whether conditions on 340B pricing are permissible</p> <p>HHS enforcement is "arbitrary" because it allowed one contract pharmacy in 1996, and unlimited in 2010 (noted that AZ's current policy complies with 1996 guidance)</p>

Contract Pharmacy – Vendor restrictions

Impact Increasingly Hurting Hospitals

- Median annualized 340B hospital losses have more than doubled since the end of 2021



340B Health March 2022 Survey Report: [Contract Pharmacy Restrictions Represent Growing Threat to 340B Hospitals and Patients](#)

Health Centers' 340B Savings' Utilization and Implications for Access

How Does your Health Center Use 340B Savings?



Additionally, **32%** of respondents believe that over **HALF** of their patients would lose access to needed medication without 340B program discounts.

An infographic NACHC released today in conjunction with a new survey of its members. The health center association wants Congress and the Biden administration to pass laws protecting centers from drug manufacturer and PBM policies that it says threaten centers' financial viability.



Thank You!



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 3.
No Handout

Recruitment Process for FQHC
Chief Executive Officer



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 4.

FQHC New Access Point
Funding Budget Report Year 3

CFDA 93.527 Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program
HRSA-19-080 New Access points

		Year 3 9/1/2021-08/31/2022 Actuals			Year 3 9/1/2021-08/31/2022 Budget			Year 3 9/1/2021-08/31/2022 Variance			
		Federal	Non-Federal	Total	Federal	Non-Federal	Total	Federal Variance	Non-Federal Variance	Total Variance	Total Variance
Revenue	NAP Funding Request	650,000	-	650,000	650,000	-	650,000	-	-	-	0%
	Local Funds	-	15,701,361	15,701,361	-	10,057,354	10,057,354	-	5,644,007	5,644,007	56%
	Other Support	-	3,273,210	3,273,210	-	3,139,640	3,139,640	-	133,570	133,570	4%
	Program Income	-	64,827,169	64,827,169	-	62,436,462	62,436,462	-	2,390,707	2,390,707	4%
	Total Revenue	650,000	83,801,740	84,451,740	650,000	75,633,456	76,283,456	-	8,168,284	8,168,284	11%
Expense	Administration	-	3,693,310	3,693,310	-	2,980,659	2,980,659	-	(712,651)	(712,651)	(24%)
	Medical Staff	-	8,858,073	8,858,073	-	7,709,010	7,709,010	-	(1,149,063)	(1,149,063)	(15%)
	Dental Staff	-	3,042,072	3,042,072	-	2,627,741	2,627,741	-	(414,331)	(414,331)	(16%)
	Mental Health Services	488,045	963,043	1,451,087	424,019	974,413	1,398,432	(64,026)	11,370	(52,655)	(4%)
	Enabling Staff	-	2,152,160	2,152,160	-	1,586,861	1,586,861	-	(565,299)	(565,299)	(36%)
	Other Staff	-	5,106,334	5,106,334	-	4,622,597	4,622,597	-	(483,737)	(483,737)	(10%)
	Total Personnel	488,045	23,814,991	24,303,035	424,019	20,501,281	20,925,300	(64,026)	(3,313,710)	(3,377,735)	(16%)
	FICA	36,097	1,682,721	1,718,818	30,105	1,476,199	1,506,304	(5,992)	(206,522)	(212,514)	(14%)
	Medical	45,733	3,071,326	3,117,059	56,734	2,980,183	3,036,917	11,001	(91,143)	(80,142)	(3%)
	Retirement	59,328	2,796,755	2,856,083	51,815	2,155,306	2,207,121	(7,513)	(641,449)	(648,962)	(29%)
	Dental	1,036	75,121	76,157	1,738	81,708	83,446	702	6,587	7,289	9%
	Disability	862	41,132	41,994	806	37,042	37,848	(56)	(4,090)	(4,146)	(11%)
	Total Fringe	143,057	7,667,054	7,810,111	141,198	6,730,438	6,871,636	(1,859)	(936,616)	(938,475)	(14%)
	Conference travel	-	636	636	-	9,508	9,508	-	8,872	8,872	93%
	Mileage	-	6,951	6,951	-	16,240	16,240	-	9,289	9,289	57%
	Total Travel	-	7,587	7,587	-	25,748	25,748	-	18,161	18,161	71%
	Medical Supplies	-	2,330,233	2,330,233	-	2,119,449	2,119,449	-	(210,784)	(210,784)	(10%)
	Dental Supplies	-	214,327	214,327	-	169,846	169,846	-	(44,481)	(44,481)	(26%)
	Office Supplies	-	182,825	182,825	-	233,348	233,348	-	50,523	50,523	22%
	Educational Supplies	-	10,218	10,218	-	4,759	4,759	-	(5,459)	(5,459)	(115%)
	Total Supplies	-	2,737,603	2,737,603	-	2,527,402	2,527,402	-	(210,201)	(210,201)	(8%)
	Medical Service Fees - DMG	-	21,519,509	21,519,509	-	20,999,280	20,999,280	-	(520,229)	(520,229)	(2%)
	Consulting & Mgmt	-	11,125	11,125	-	10,811	10,811	-	(314)	(314)	(3%)
	Dental Services	-	158,752	158,752	-	179,244	179,244	-	20,492	20,492	11%
	Other Professional Services	-	21,778	21,778	-	19,765	19,765	-	(2,013)	(2,013)	(10%)
	Total Contractual	-	21,711,164	21,711,164	-	21,209,100	21,209,100	-	(502,064)	(502,064)	(2%)
	Rent - Building	-	405,836	405,836	-	559,894	559,894	-	154,058	154,058	28%
	Utilities	-	408,472	408,472	-	501,190	501,190	-	92,718	92,718	18%
	Infectious Waste Disposal	-	44,750	44,750	-	42,573	42,573	-	(2,177)	(2,177)	(5%)
	Communication Services	-	13,199	13,199	-	28,495	28,495	-	15,296	15,296	54%
	Books, Pamphlets, Subscriptions	-	19,234	19,234	-	11,929	11,929	-	(7,305)	(7,305)	(61%)
	Org Memberships, Certs, Licenses	-	51,190	51,190	-	79,654	79,654	-	28,464	28,464	36%
	Other	-	12,817	12,817	-	15,370	15,370	-	2,553	2,553	17%
	Allocated Ancillary Expenses	-	10,147,496	10,147,496	-	8,273,691	8,273,691	-	(1,873,805)	(1,873,805)	(23%)
	Total Other	-	11,102,993	11,102,993	-	9,512,796	9,512,796	-	(1,590,197)	(1,590,197)	(17%)
	Total Direct	631,101	67,041,392	67,672,493	565,217	60,506,765	61,071,982	-	(6,534,627)	(6,600,511)	(11%)
	Indirect	18,899	16,760,348	16,779,247	84,783	15,126,691	15,211,474	-	(1,633,657)	(1,567,773)	(10%)
	Total Expense	650,000	83,801,740	84,451,740	650,000	75,633,456	76,283,456	-	(8,168,284)	(8,168,284)	(11%)



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 5.

FQHC Fixed Assets Report

FQHC Fixed Asset Report Summary as of October 31, 2022

Location	Asset Type	Sum of		
		Sum of Asset cost	Accumulated Depreciation	Sum of Net Book Value
Avondale	Building	\$ 1,870,135	\$ 1,699,113	\$ 171,022
	Equipment	\$ 156,465	\$ 156,465	\$ -
	Land	\$ 320,000	\$ -	\$ 320,000
Avondale Total		\$ 2,346,600	\$ 1,855,578	\$ 491,022
Chandler	Building	\$ 753,827	\$ 750,403	\$ 3,424
	Equipment	\$ 63,564	\$ 59,780	\$ 3,784
	Land	\$ 1,640,369	\$ -	\$ 1,640,369
Chandler Total		\$ 2,457,761	\$ 810,184	\$ 1,647,577
Guadalupe	Building	\$ 345,120	\$ 340,349	\$ 4,771
	Equipment	\$ 15,972	\$ 9,354	\$ 6,618
	Land	\$ 230,000	\$ -	\$ 230,000
Guadalupe Total		\$ 591,092	\$ 349,703	\$ 241,389
McDowell	Building	\$ 1,250,000	\$ 1,250,000	\$ -
	Equipment	\$ 575,416	\$ 574,464	\$ 952
McDowell Total		\$ 1,825,416	\$ 1,824,464	\$ 952
Mesa	Building	\$ 912,578	\$ 878,163	\$ 34,415
	Equipment	\$ 122,163	\$ 114,652	\$ 7,511
	Land	\$ 1,989,756	\$ -	\$ 1,989,756
Mesa Total		\$ 3,024,497	\$ 992,815	\$ 2,031,682
Multiple	Equipment	\$ 1,877,952	\$ 835,088	\$ 1,042,865
Multiple Total		\$ 1,877,952	\$ 835,088	\$ 1,042,865
North Phoenix	Building	\$ 12,849,570	\$ 1,527,464	\$ 11,322,107
	Equipment	\$ 1,334,864	\$ 214,227	\$ 1,120,637
	Land	\$ 2,307,776	\$ -	\$ 2,307,776
North Phoenix Total		\$ 16,492,209	\$ 1,741,691	\$ 14,750,519
Peoria	Building	\$ 92,990,636	\$ 12,762,077	\$ 80,228,558
	Equipment	\$ 25,661,037	\$ 8,650,931	\$ 17,058,801
	Land	\$ 5,670,598	\$ -	\$ 5,670,598
Peoria Total		\$ 124,322,270	\$ 21,413,008	\$ 102,957,957
South Central Phoenix	Building	\$ 963,460	\$ 963,460	\$ -
	Equipment	\$ 93,999	\$ 88,012	\$ 5,987
	Land	\$ 200,000	\$ -	\$ 200,000
South Central Phoenix Total		\$ 1,257,459	\$ 1,051,472	\$ 205,987
South Phoenix Laveen	Building	\$ 11,968,395	\$ 1,303,530	\$ 10,664,866
	Equipment	\$ 1,858,214	\$ 509,055	\$ 1,349,159
	Land	\$ 721,482	\$ -	\$ 721,482
South Phoenix Laveen Total		\$ 14,548,092	\$ 1,812,585	\$ 12,735,507
West Maryvale	Building	\$ 11,279,265	\$ 325,820	\$ 10,953,445
	Equipment	\$ 617,746	\$ 42,235	\$ 575,511
	Land	\$ 1,879,026	\$ -	\$ 1,879,026
West Maryvale Total		\$ 13,776,036	\$ 368,055	\$ 13,407,981
Grand Total		\$ 182,519,384	\$ 33,054,642	\$ 149,513,437



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 6.

VCHCGC Committee Reports



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 6.a.

Compliance and Quality
Committee Report:
Patient Satisfaction



Service Excellence Committee Report: FQHCs

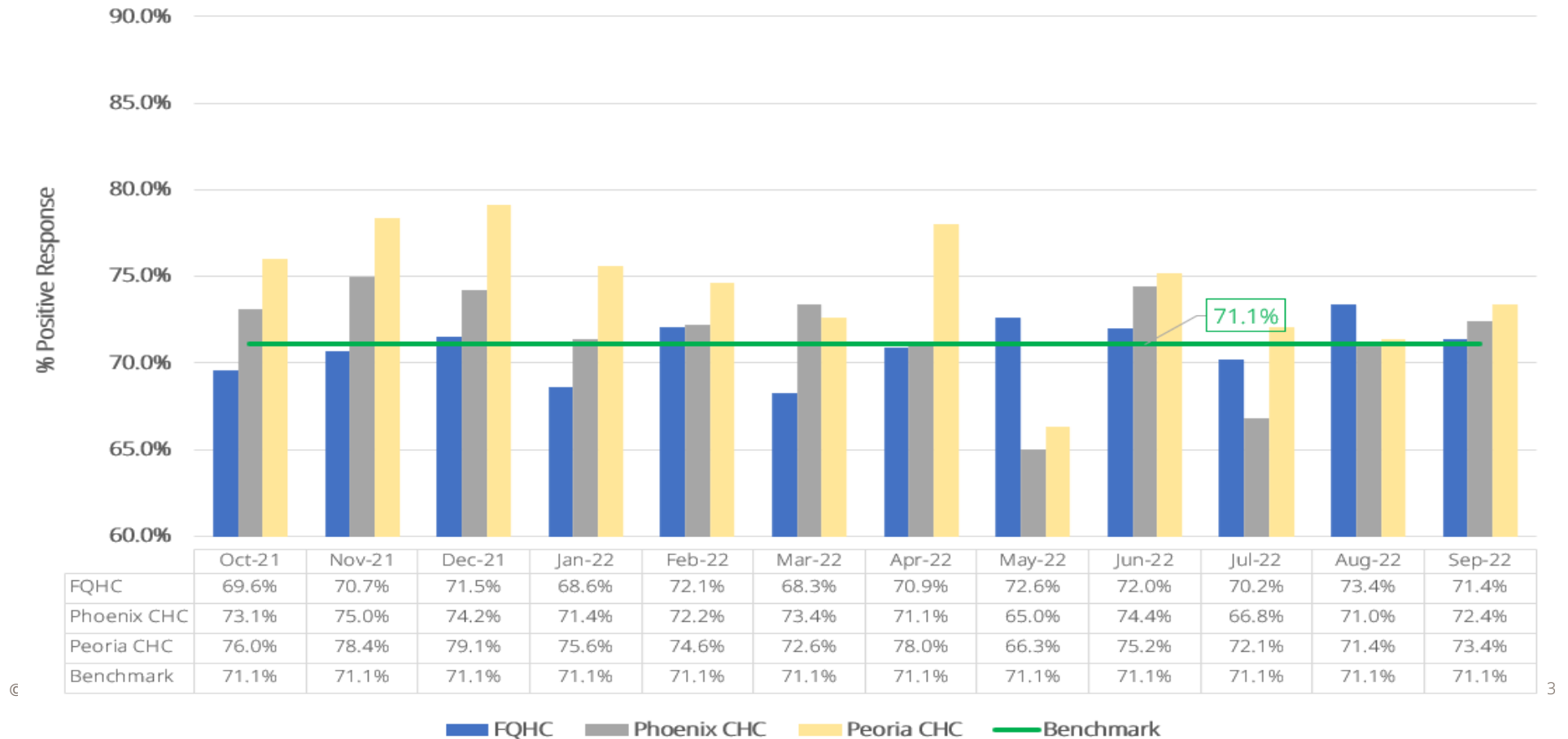
Reporting: Crystal Garcia, MBA/HCM, RN
Report prepared by: Samantha Hapitas, RN
Reporting Period: September 2022

Service Excellence Committee

- *Data is included for FQHC.*
- *There is an overview presented for each area and then some comments for the FQHCs. Please review the comments prior to the committee meeting*
- *The data was pulled from NRC on 10/03/22- 10/12/22.*

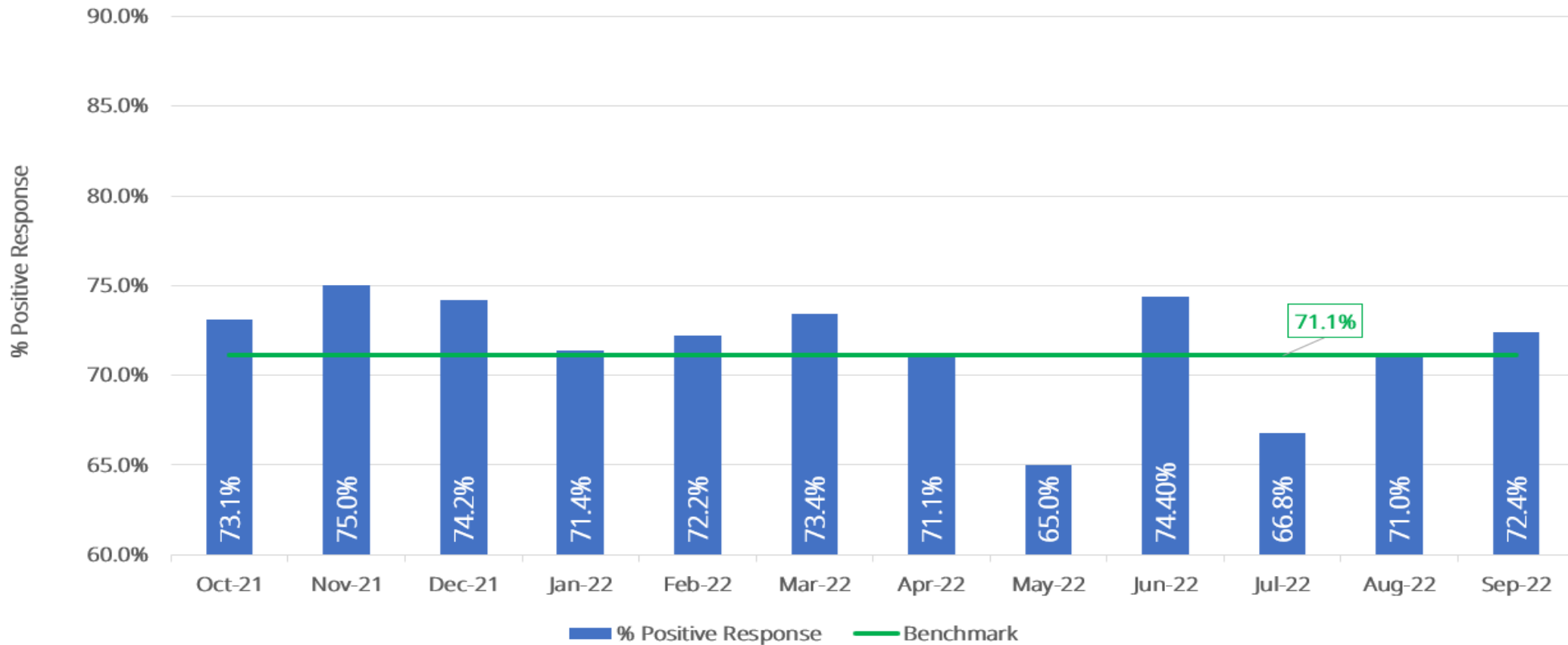
Overview of Phoenix CHC, Peoria CHC, and FQHC

NPS: Facility Would Recommend
Rolling 12 Months
October 2021 - September 2022



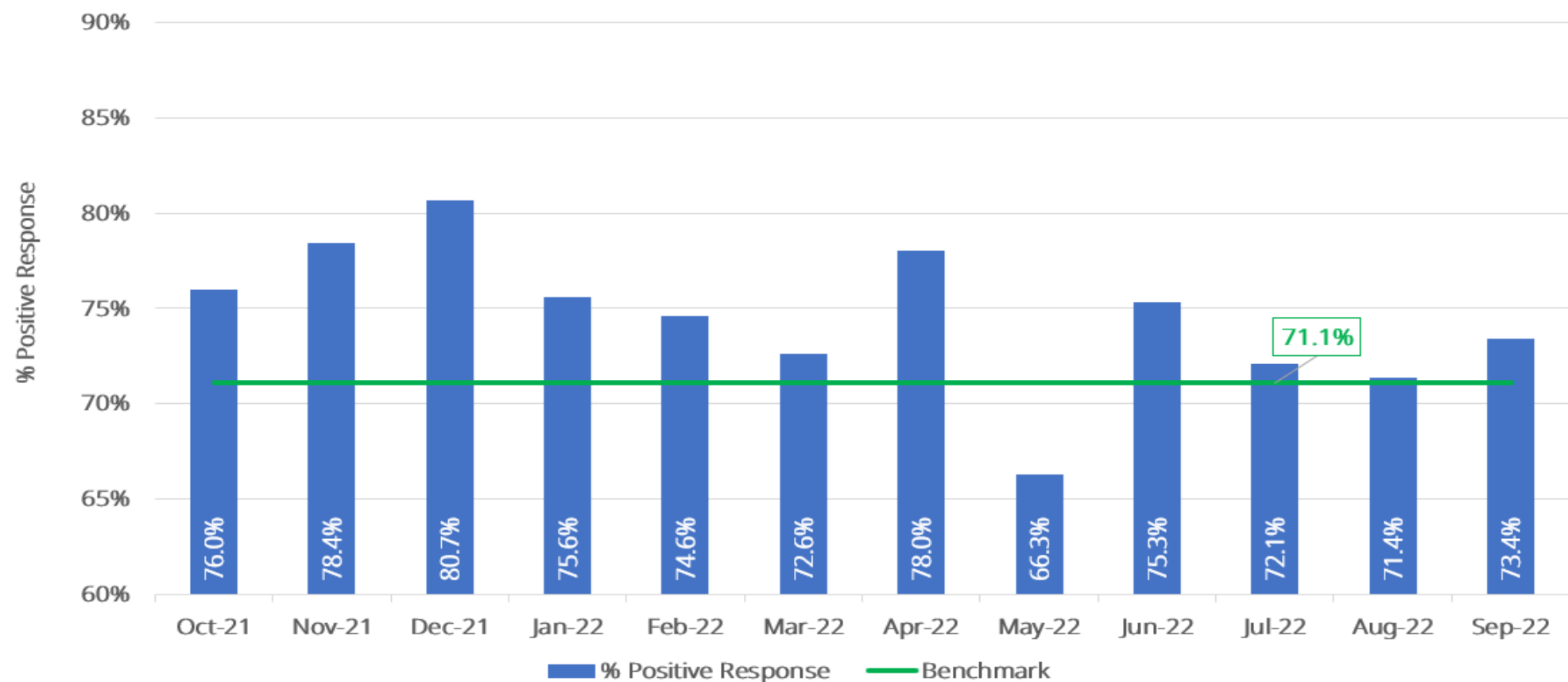
FQHC: Phoenix CHC – Rolling Year

NPS: Facility Would Recommend - Phoenix CHC - FQHC
Rolling 12 Months
October 2021 - September 2022



FQHC: Peoria CHC – Rolling Year

NPS: Facility Would Recommend - Peoria CHC - FQHC
Rolling 12 Months
October 2021 - September 2022



Phoenix CHC - FQHC

10 - Hello, good afternoon. Yes, they treat us excellent at the clinic. Thank you very much for everything, very grateful to the nurses and thank you.

8 - Everybody there was very helpful, I was lost, they showed me had to get there, the lady at check in offered me some water. Filled out my information nicely, a few minutes later I got called to the back of the room. Everybody there was very very helpful, the sonogram test that I worked with was extremely nice. It's my first child so everybody talked to me through everything that I needed to know, answered all of my questions, I really liked it and I would recommend*

0 - Asking people to Verbally state their monthly income with others around when they check in at the registration desk is unbelievable! I declined to answer the question. But I would never ever send my friends into that situation. If you have to gather that data because you receive federal funds, then have people fill it out on My Chart or check a category box for their income on that little electronic device that you sign at the registration desk. The registration clerk was nice and the doctor was great. However, the medical assistant was so cold it was unbelievable. She never smiled or interacted with me in any kind of warm way -even though I asked her about her day and was warm and friendly to her.

Peoria CHC - FQHC

10 - ...a fantastic doctor. She listens to every concerns I have and she take the time to actually get to know her patients. And she is extremely knowledgeable. And I love going there to see her.

10 - Wow, she got me right away. I was glad she was really kind. The nurses were really good too. So I give you guys a hundred percent, I like her. Thank you very much.

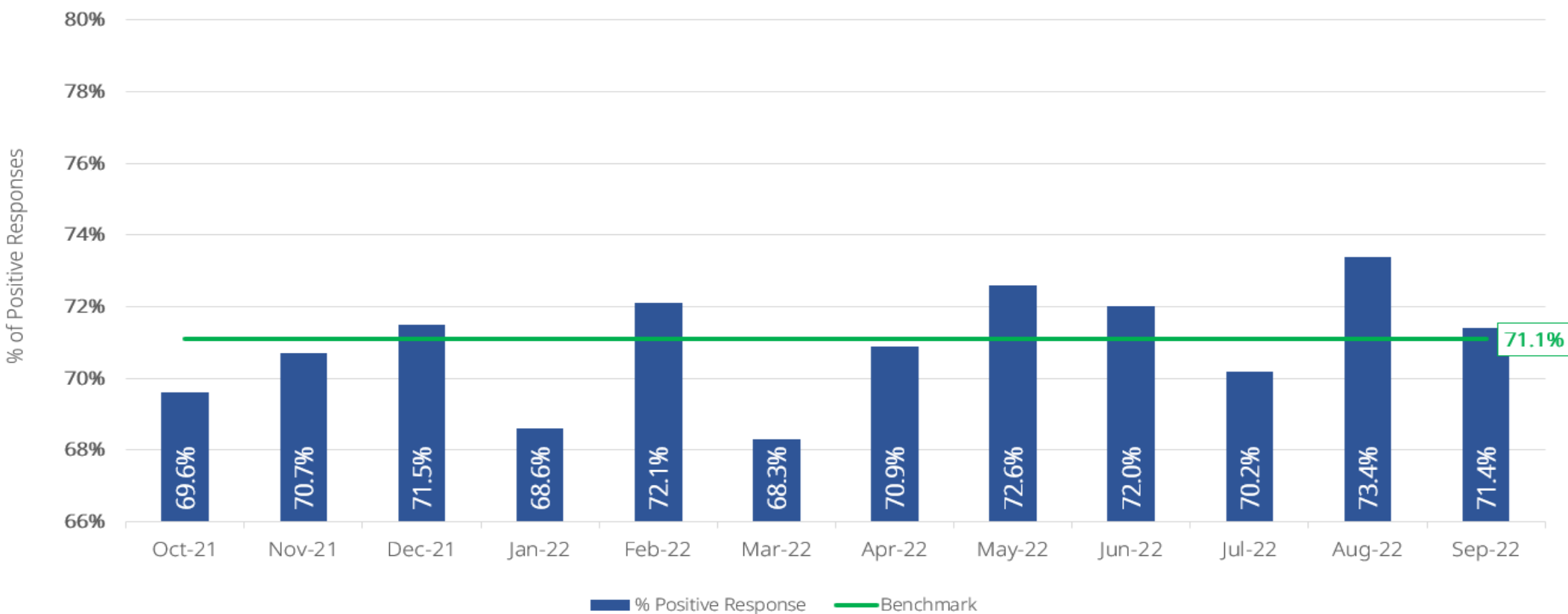
8 - The doctor did a good job of getting me what I needed, but I called the office on a Thursday and then had to call again Friday. And the pretty urgent message has not been delivered. I called again on Friday and they still hadn't delivered it. But then they said I needed an appointment. So they didn't tell me that when I call the day before and it took until Wednesday. And I have a I needed a referral for oncology that was required requested by another doctor, and so we wasted entire week before we even got a referral started. So that was really frustrating. That seems like the office's problem was in the doctor's but then, you know, she wasn't she had no idea why I was calling even though we've had, I've had 3 conversations are ready with the office. So it was really*

0 - it's very clear that the physicians have been instructed to not take any in-person appointments or set them out two months ahead of time. So, I mean, there's no way that you can even help somebody that is in urgent need of care. Which is a disgrace.

FQHCs: NPS – Facility Would Recommend - Rolling Year

NPS: Facility Would Recommend - FQHC's
Rolling 12 Months
September 2021 - August 2022

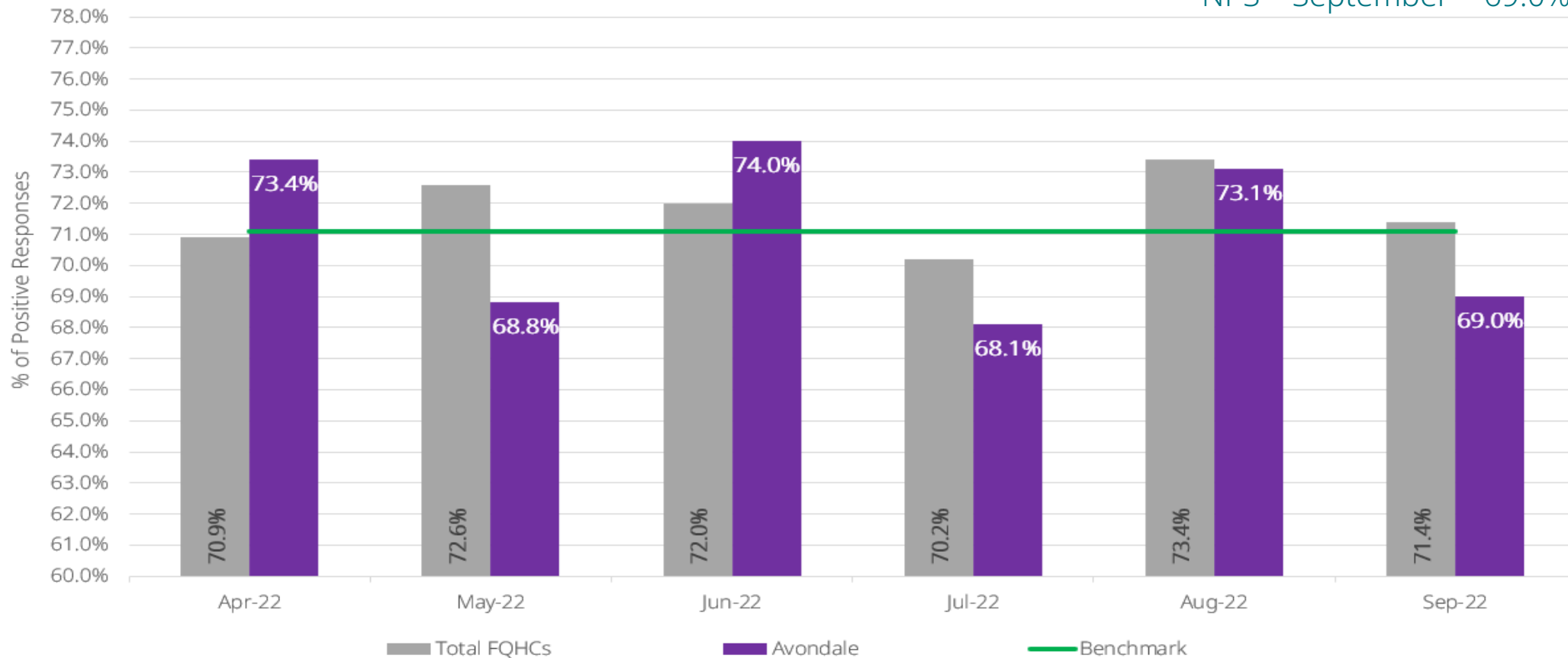
Avondale, Chandler, Guadalupe, McDowell, Mesa, North Phoenix, South Central, South Phoenix/Laveen, and West Maryvale



FQHC: Avondale – Past 6 Months

FQHCs: NPS-Facility Would Recommend
Avondale
April 2022 - September 2022

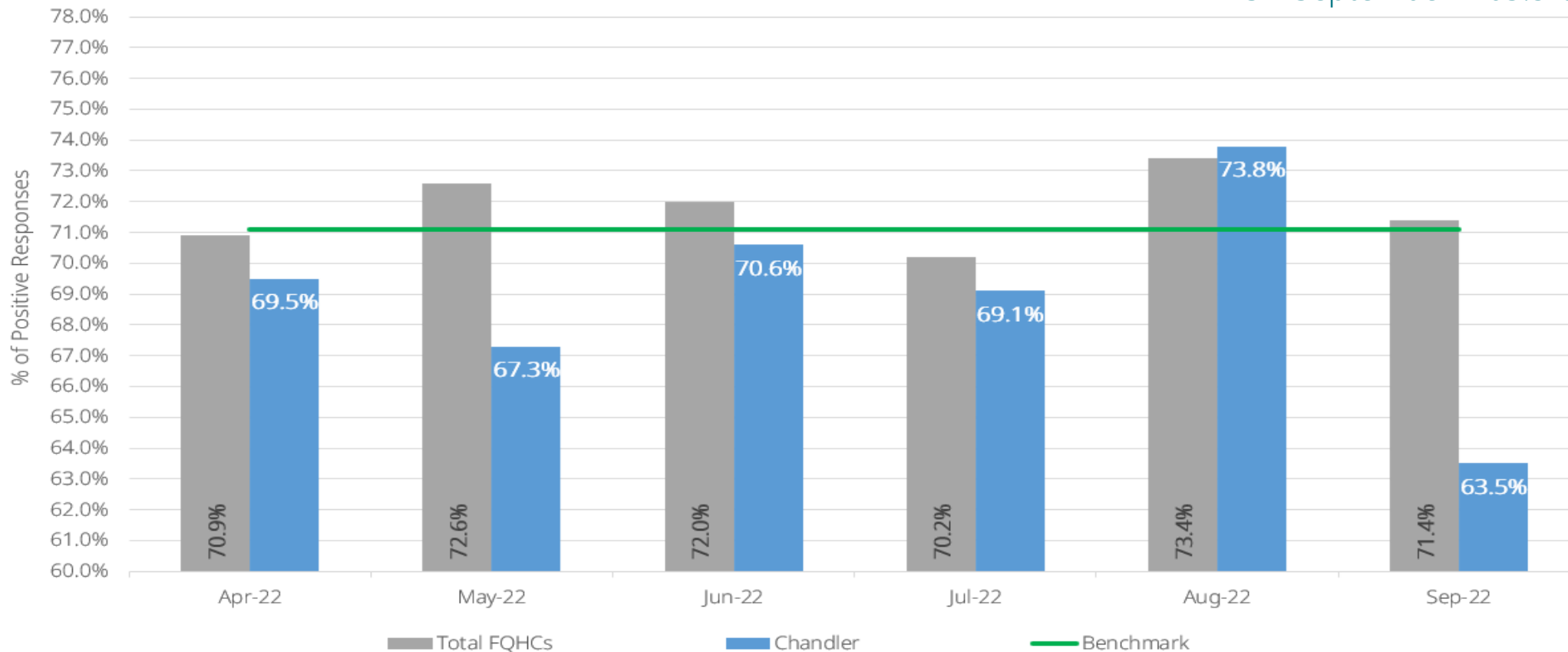
NPS – September = 69.0%



FQHC: Chandler – Past 6 Months

FQHCs: NPS-Facility Would Recommend
Chandler
April 2022 - September 2022

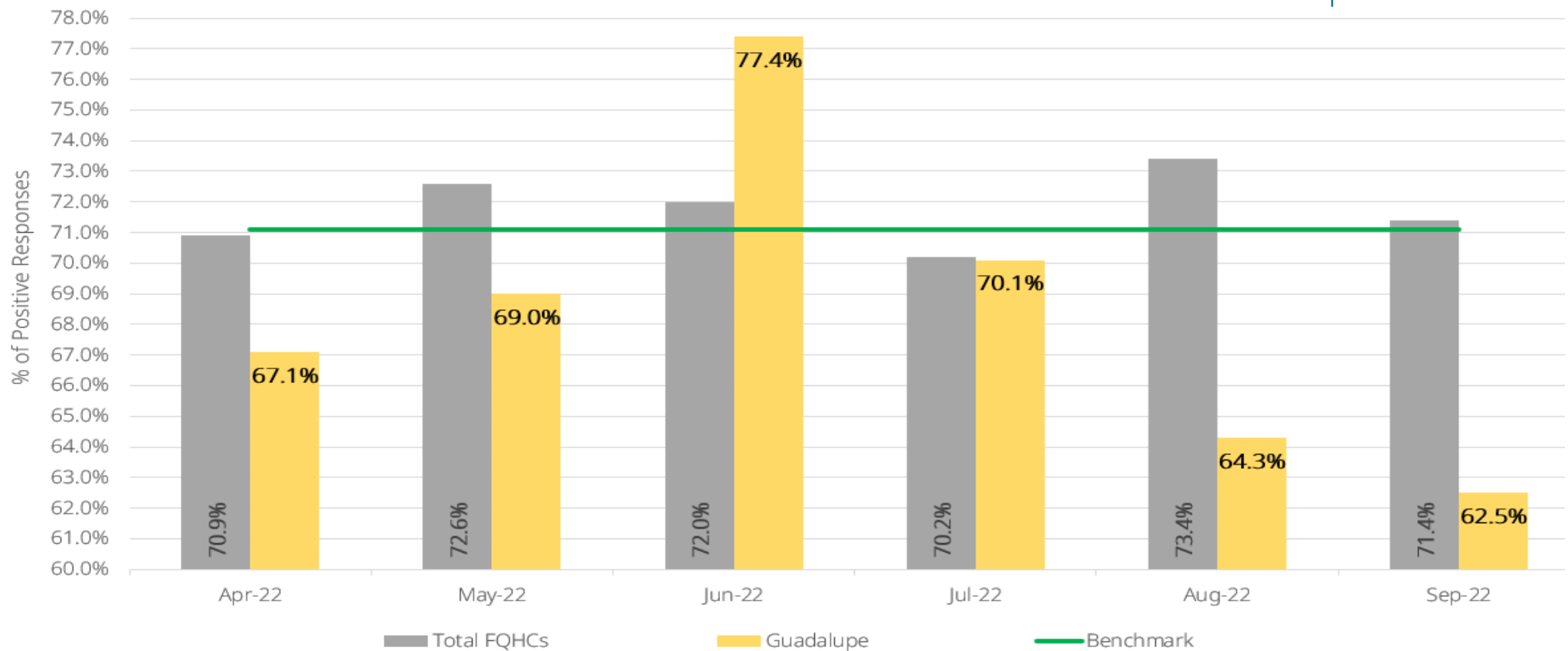
NPS – September = 63.5%



FQHC: Guadalupe – Past 6 Months

FQHCs: NPS-Facility Would Recommend
Guadalupe
April 2022 - September 2022

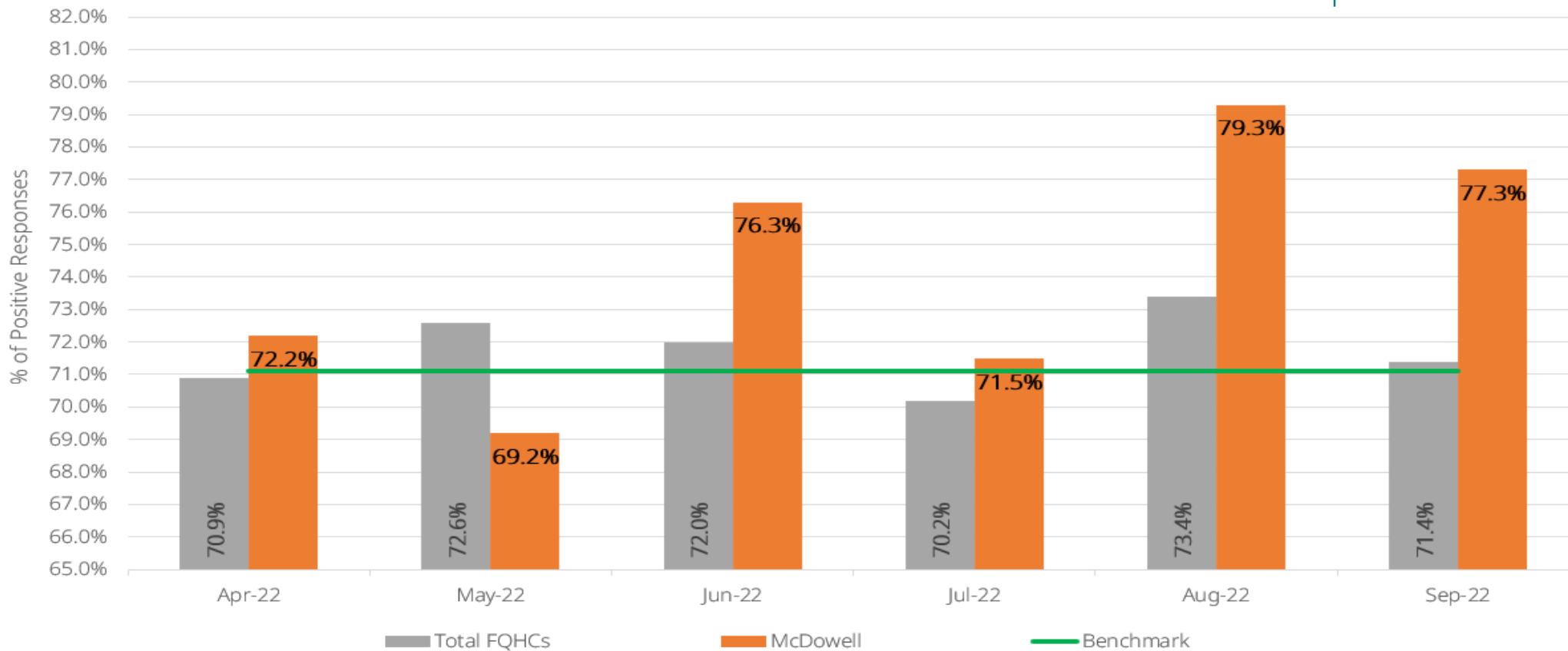
NPS – September = 62.5%



FQHC: McDowell – Past 6 Months

FQHCs: NPS-Facility Would Recommend
McDowell
April 2022 - September 2022

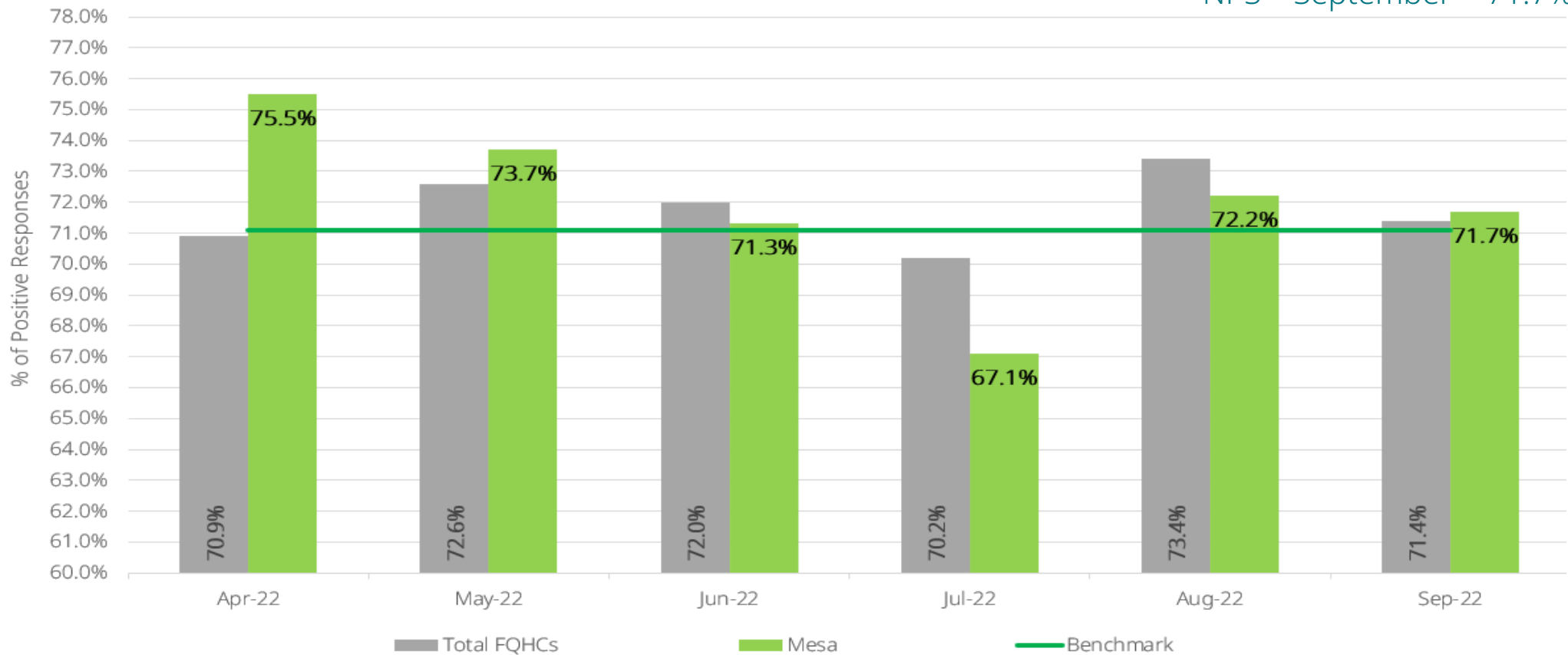
NPS – September = 77.3%



FQHC: Mesa – Past 6 Months

FQHCs: NPS-Facility Would Recommend
Mesa
April 2022 - September 2022

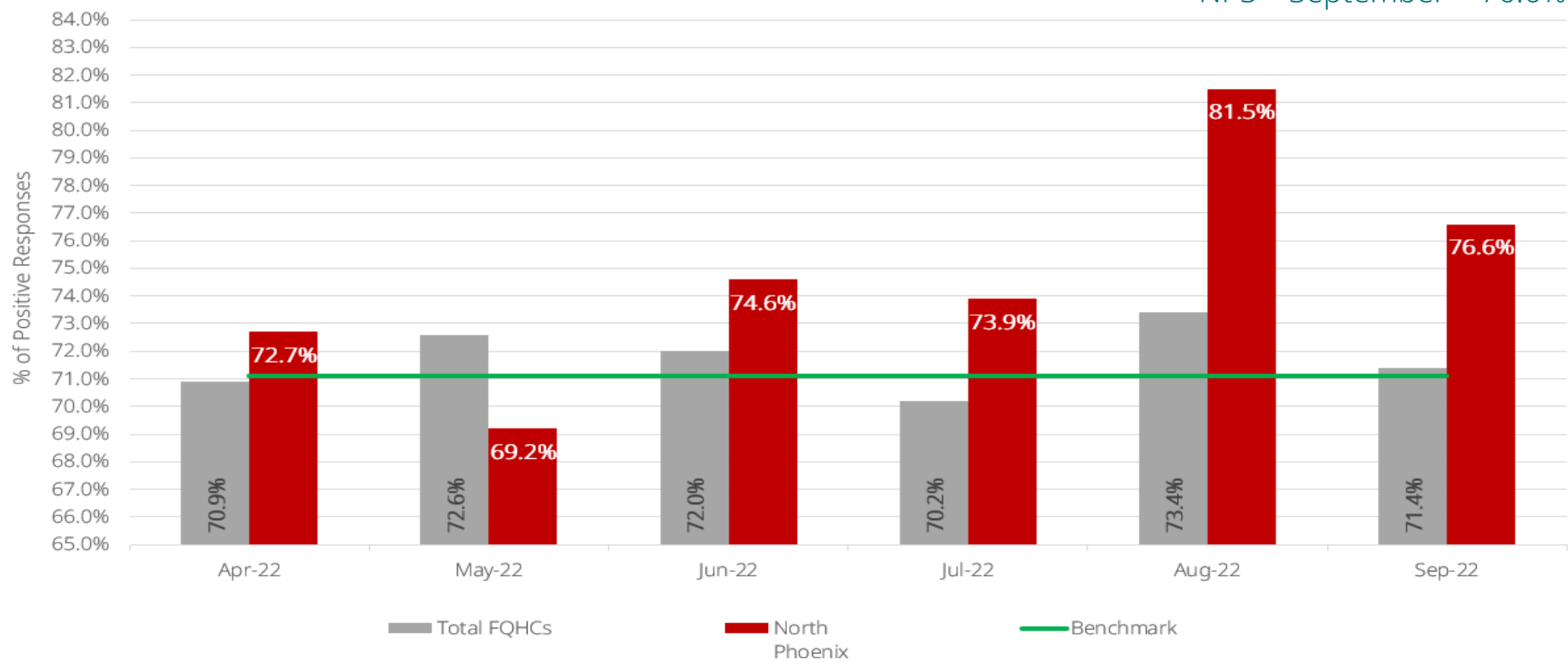
NPS – September = 71.7%



FQHC: North Phoenix – Past 6 Months

FQHCs: NPS-Facility Would Recommend
North Phoenix
April 2022 - September 2022

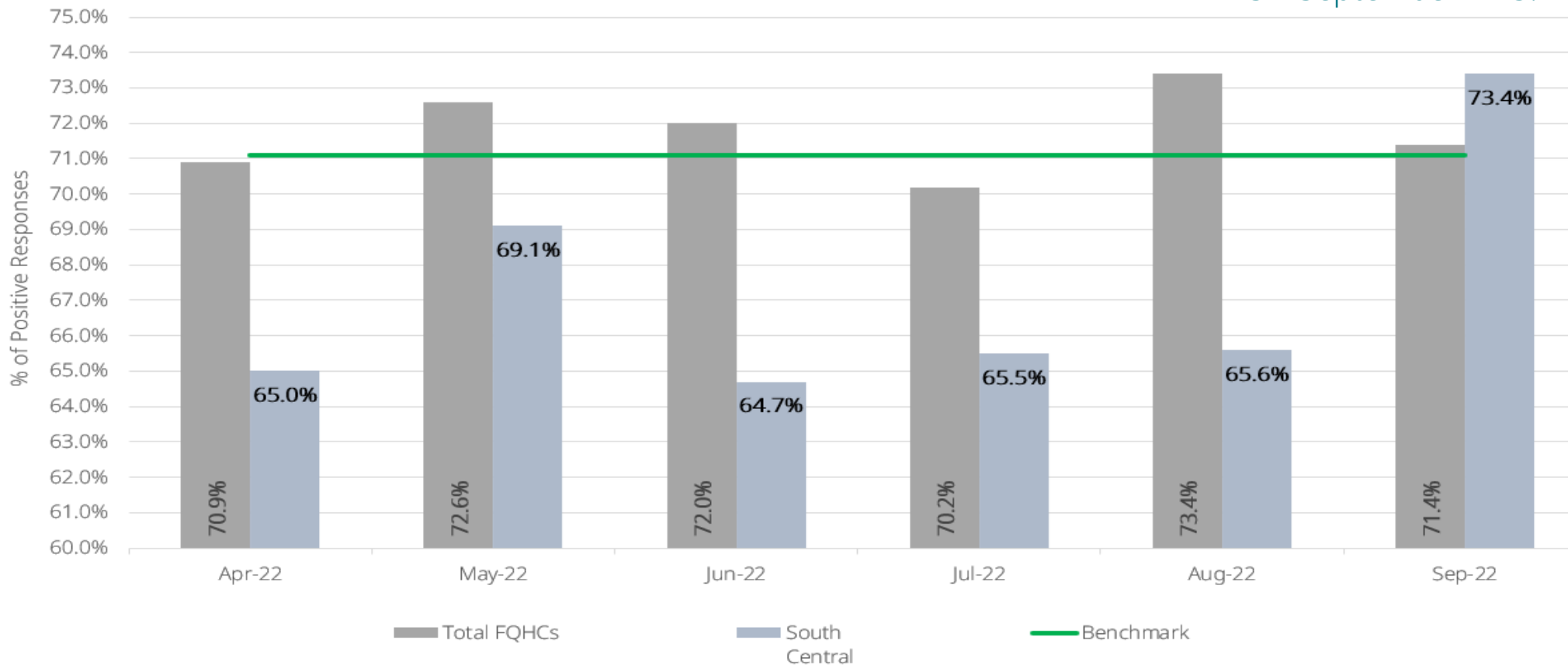
NPS – September = 76.6%



FQHC: South Central – Past 6 Months

FQHCs: NPS-Facility Would Recommend
South Central
April 2022 - September 2022

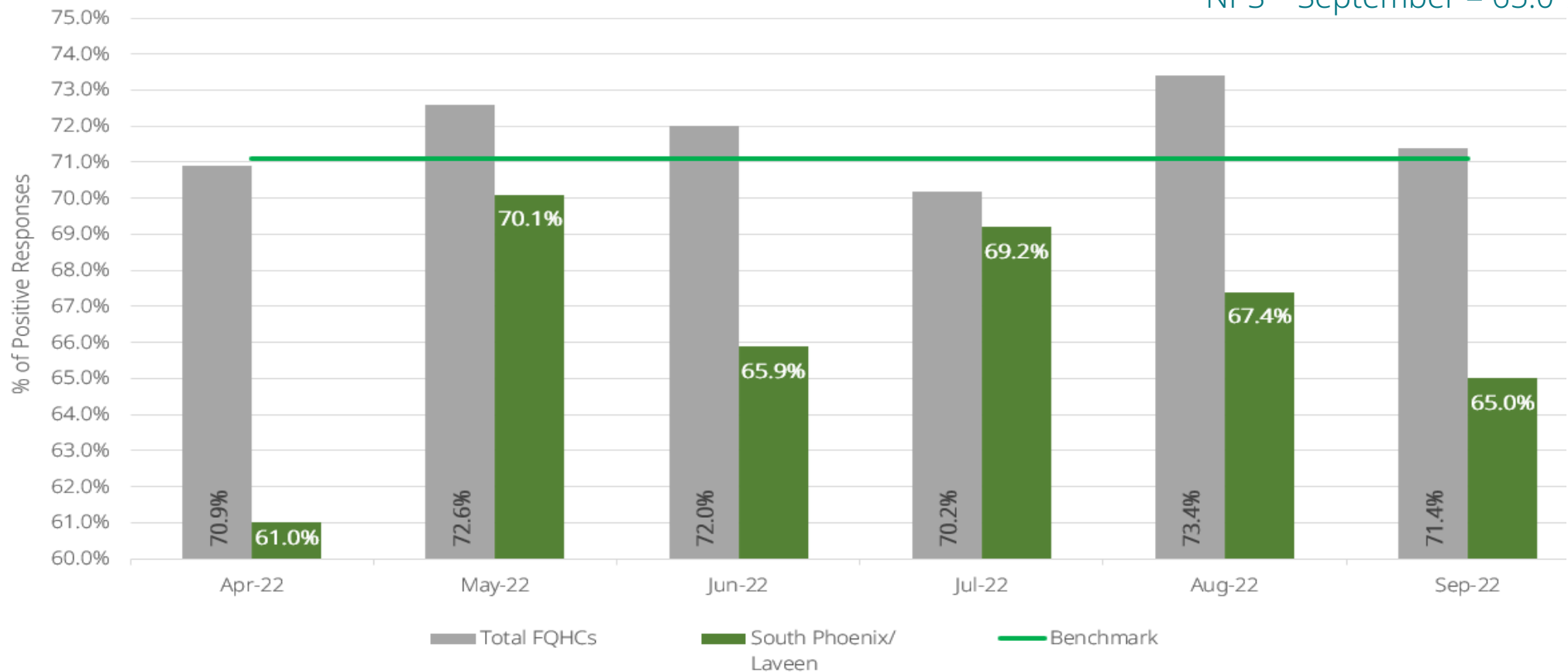
NPS – September = 73.4%



FQHC: South Phoenix/ Laveen – Past 6 Months

FQHCs: NPS-Facility Would Recommend
South Phoenix/Laveen
April 2022 - September 2022

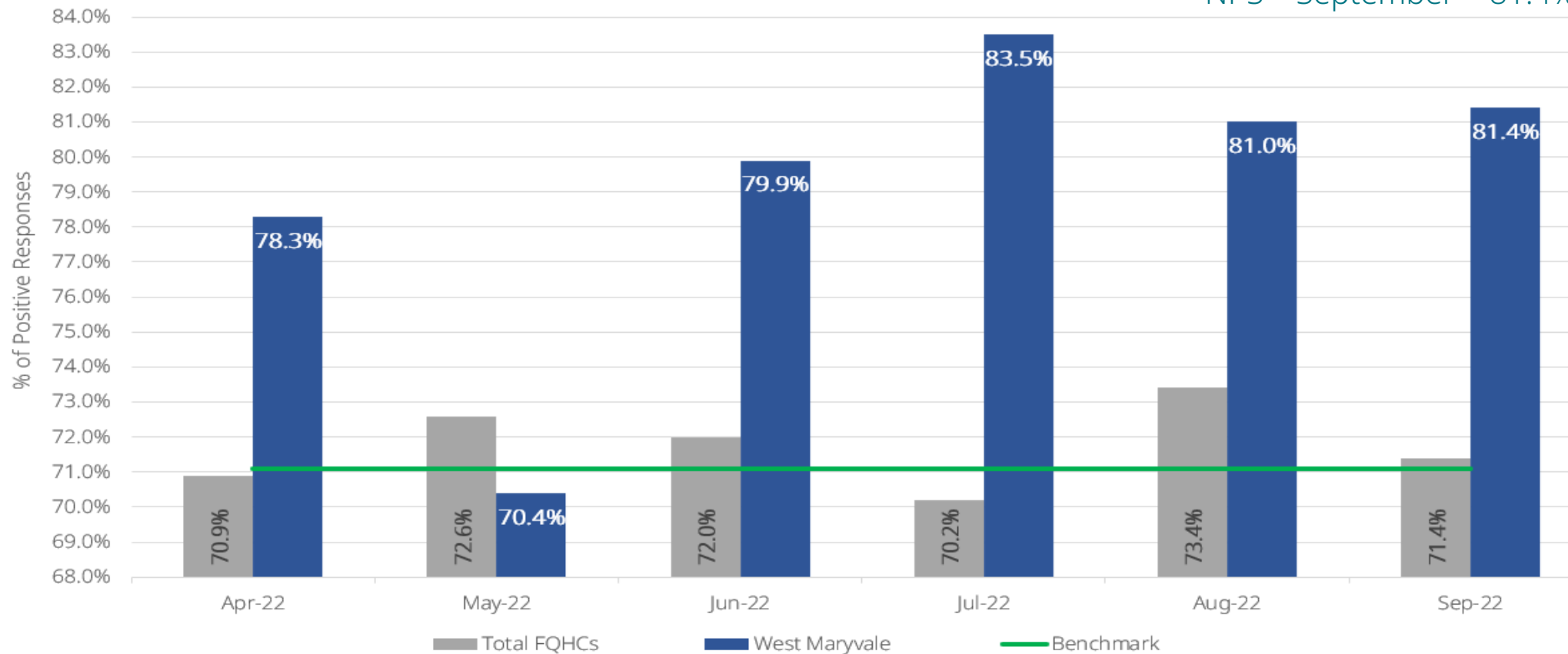
NPS – September = 65.0 %



FQHC: West Maryvale – Past 6 Months

FQHCs: NPS-Facility Would Recommend
West Maryvale
April 2022 - September 2022

NPS – September = 81.4%



AVONDALE

10- I really loved the nurse practitioner xxx, she is a great human being, a great person, but she continues in a fixed place and that she continues to serve us, I loved it, she fascinated me, but I would like us to have more opportunity to schedule appointments sooner because it's a little complicated, but I really loved it.

10 - Thank you for having appointments available on Saturday!!! that was very, very helpful

4 - ...my problem was with the person that was taking my blood, they were very aggressive with me. The way that they were putting in the needle and it was very awkward conversation like he wasn't very friendly

0 - Nothing was done well. I was there and I sat there for 50 minutes 50 and nobody came out to get me and your people upfront, never even bothered to check. I will never be back to your place ever again.

CHANDLER

10 - The people upfront went out of their way to be helpful and help me get to my appointment when I was late and they went out of the way to help me. So I wouldn't have to reschedule and everything and it worked out wonderfully and then Dr. xxx, which is great. ...She knows my history, she always seems to be aware what's going on. And when I forgot something she, she happen to remember it. And I'm very pleased and very happy with, with her and the staff.

5 - I think one of the things that you guys can improve is definitely removing people with bad attitude in the front desk or people with the wrong information and which is great.

0 - It takes forever to get a follow up appointment right there. I'm waiting for a crown, which is supposed to happen in February is the earliest I can get. They're overwhelmed and I don't know, they're nice people, but I don't trust them. You're overwhelmed and not service.

GUADALUPE

10 - This doctor, he's very confident, very knowledgeable, very thorough. So I'm very happy. This is my first visit as a new patient and I'm very satisfied with the care and concern that I received. Thank you very much.

10 - Thank you for your promptness in answering my questions and getting the labs and appointment done in a timely fashion.

10 - Always a great experience

2 - I bring my parents to their appointments and they do get pretty frustrated because they normally have to be there an hour or longer than that and sometimes they don't even want to come in to see the doctor.

MCDOWELL

10- Great bedside manners and just wonderful, as far as being thorough and inquisitive about any precautions we could take, and just really, really smart. Great doctor.

10 - Yes, I really appreciate how fast and quick that they got me in the office and took care of me, and they called me back right away to make sure that I knew my test results, and it was just a big great experience and I'm very happy to have them around.

7 - Yesterday, I came in to get my normal lab work and S.T.I. test and everything. And I wanted to get a throat swap, which I thought would have been part of the normal routine tests. And I had to schedule another appointment for the next day, which I wasn't able to make because of work, but maybe just some continuity, and making all the tests available at once.

MESA

10 - There was not enough registration staff. The line was backed up to the automatic doors

5 - The provider kept me waiting for over an hour and it's not acceptable

10 - The two things that we noticed were how dirty the carpet was when you walked in through the front doors ... That really needed to be vacuumed or swept. ...The other thing was that we waited a long time to register. There were two gals registering people when was very busy with one woman. And the other one was doing something once her customer left. ...My mom cannot stand that long. Once the gal was done with her extra work, she called us to register us and apologized for the amount of time it took . We appreciate that however maybe have chairs in the waiting area, or grab a number like you do at the lab and wait for your number to be called while sitting down.

NORTH PHOENIX

10 - it was good for me to go out, because I liked the visit yesterday because of the care, education, I like the place, good people with a good atmosphere, I like that they have enough priority to give attention to people who need any information they gave me.

10 - I found the building to be excellent, first of all very clean, the attention of the doctors, from the pharmacy is excellent, and I could recommend it to anyone to attend the clinic.

1 - My appointment was never confirmed by the staff even though I checked in. The doctor was 40 minutes late and I had to call customer service and they couldn't even get in touch with the staff at the actual location. I don't know who didn't do their job but this experience was completely unacceptable.

SOUTH CENTRAL

4 - I think the nurse's assistant was very good and I also think that what you could probably do more better, is the doctor could sit there and thoroughly listen to what the person is, trying to ask him without trying to make you feel like she's not he's not you're not explaining yourself very well and then I don't feel like he should pressure you to do or just say anything.

10 - The doctor was very professional, very approachable, answered all of our questions, discussed treatment in a manner that we understood, and he was very patient, as well as nice.

10 - It's hard to make an appointment. You can't plan ahead. The center has no direct number to the receptionist to make appointment, or to contact your doctor. The number was provided to me occasionally nobody to response. It keeps you going in circles or put you on hold for over 30 minutes. The parking lot is too small.

SOUTH PHOENIX / LAVEEN

10 - I would like for them to talk to me and explain the results to me.

1 - When I see her to text me everything that she tells me because I have problems hearing. And so I don't understand everything because I don't hear well. So, I need her when she sees me to text me, everything that she tells me or email. That's going to be a necessity or seeing her isn't going to help me because I don't get everything that she says because my hearing is bad, that's what I need her to do.

7 - I was very impressed by all the staff, and registration, and the lab, everyone else that I had to deal with that was support staff. The medical assistant was great. I did feel extremely rushed during my time with the doctor, and did not feel like all my questions were answered and really didn't feel like I was allowed to ask questions either.

WEST MARYVALE

10 - Excellent. All of the facility was very clean and it was nice. It was very clean and the staff was very kind and it was very good.

7 - The facility should have more same day appointment, I called to make my son's appointment at 7:30 and they said that the day was completely full. I have a newborn son and I needed him to be seen by his provider the same day and I was told, no, I have to wait til the next day. I have to talk to another nurse to get information for him to comfort him until the day, that his appointment was able to be made.

1 - My experience with the staff in customer service where they register you is that they have a bad attitude. Very poor service.





Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 6.b.

No Handout

Executive Committee Report



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 6.c.

Finance Committee Report:
October 2022 Highlights

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

OPERATING REVENUE

(a) Visits

	Actual	Budget	Variance	%Variance
Month-to-Date	25,815	25,482	333	1.3%
Year-to-Date	108,057	102,100	5,957	5.8%

Visits greater than budget for the month by 333 or 1.3%. Current month visits less than prior month by 1,510 or 5.5%. The VCHC's were greater than budget by 211 or 1.6%, Outpatient Behavioral Health was less than budget by 170 or 7.6%, VCHC-Phoenix was greater than budget by 287 or 5.5%, VCHC-Peoria was less than budget by 31 or 1.2% and Dental greater than budget by 36 or 1.9%.

(b) Net Patient Service Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,208,240	\$ 5,358,851	\$ (150,611)	-2.8%
Year-to-Date	\$ 22,133,247	\$ 20,995,584	\$ 1,137,664	5.4%
Month-to-Date Per Visit	\$ 202	\$ 210	\$ (9)	-4.1%
Year-to-Date Per Visit	\$ 205	\$ 206	\$ (1)	-0.4%

Net patient service revenue is less than budget by \$150.6K for MTD. On a per visit basis, net patient service revenue is less than budget by 4.1% for MTD. The VCHC's were less than budget by \$61.0K or 2.0%, the Outpatient Behavioral Health clinics were less than budget by \$82.8K or 14.2%, the VCHC-Phoenix was greater than budget by \$68.2K or 7.5%, the VCHC-Peoria was less than budget by \$41.4K or 7.9% and Dental less than budget by \$34.3K or 12.3%.

(c) Other Operating Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 296,385	\$ 394,637	\$ (98,251)	-24.9%
Year-to-Date	\$ 1,346,648	\$ 1,584,034	\$ (237,385)	-15.0%

Other operating revenue is less than budget by \$98.3K for MTD.

(e) Total operating revenues

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,504,625	\$ 5,753,488	\$ (248,863)	-4.3%
Year-to-Date	\$ 23,479,895	\$ 22,579,617	\$ 900,278	4.0%
Month-to-Date Per Visit	\$ 213	\$ 226	\$ (13)	-5.6%
Year-to-Date Per Visit	\$ 217	\$ 221	\$ (4)	-1.7%

Total operating revenues are less than budget by \$248.9K for MTD. On a per visit basis, total operating revenue is less than budget by \$13.00 for MTD.

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

OPERATING EXPENSES

(f) Salaries and Wages

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 2,496,232	\$ 2,148,949	\$ (347,283)	-16.2%
Year-to-Date	\$ 9,253,983	\$ 8,505,183	\$ (748,800)	-8.8%
Month-to-Date FTEs	370	391	20	5.2%
Year-to-Date FTEs	366	395	29	7.5%

Salaries and wages were greater than budget by \$347.3K for MTD. FTEs were less than budget by 20 for MTD. The average salaries and wages per FTE were greater compared to the previous month by \$1.0K.

(h) Employee Benefits

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 802,906	\$ 680,702	\$ (122,204)	-18.0%
Year-to-Date	\$ 2,965,761	\$ 2,697,824	\$ (267,937)	-9.9%
Month-to-Date Per FTE	\$ 2,168	\$ 1,742	\$ (426)	-24.5%
Year-to-Date Per FTE	\$ 8,111	\$ 6,828	\$ (1,283)	-18.8%

Employee benefits greater than budget by \$122.2K MTD.

Benefits as a % of Salaries

	Actual	Budget	Variance	%Variance
Month-to-Date	32.2%	31.7%	-0.5%	-1.5%
Year-to-Date	32.0%	31.7%	-0.3%	-1.0%

(i) Medical Service Fees

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 1,755,489	\$ 1,845,921	\$ 90,431	4.9%
Year-to-Date	\$ 7,375,021	\$ 7,383,682	\$ 8,662	0.1%

Medical service fees were less than budget for the month by \$90.4K MTD.

The VCHC's were less than budget by \$9.4K or 0.9%, OP Behavioral Health greater than budget by \$11.7K or 26.5%, VCHC - Phoenix was less than budget by \$91.3K or 17.7% and VCHC-Peoria was less than budget by \$1.4K or 0.8%.

(j) Supplies

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 343,192	\$ 320,264	\$ (22,928)	-7.2%
Year-to-Date	\$ 999,543	\$ 1,023,419	\$ 23,876	2.3%
Month-to-Date Supplies per Visit	\$ 13	\$ 13	\$ (1)	-5.8%
Year-to-Date Supplies per Visit	\$ 9	\$ 10	\$ 1	7.7%

Supplies expenses were greater than budget by \$22.9K MTD.

(k) Purchased Services

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 31,408	\$ 47,422	\$ 16,014	33.8%
Year-to-Date	\$ 90,983	\$ 142,986	\$ 52,004	36.4%

Purchased services were less than budget by \$16.0K MTD.

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

OPERATING EXPENSES (continued)

(l) Other Expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 68,849	\$ 84,050	\$ 15,201	18.1%
Year-to-Date	\$ 348,607	\$ 359,275	\$ 10,668	3.0%

For the month, other expenses were less than budget by \$15.2K MTD.

(n) Allocated Ancillary Expense

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 775,919	\$ 840,951	\$ 65,031	7.7%
Year-to-Date	\$ 3,273,469	\$ 3,438,897	\$ 165,427	4.8%

Allocated ancillary expenses were less than budget by \$65.0K MTD.

(o) Total operating expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 6,274,436	\$ 5,968,981	\$ (305,455)	-5.1%
Year-to-Date	\$ 24,307,807	\$ 23,554,132	\$ (753,675)	-3.2%
Month-to-Date Per Visit	\$ 243	\$ 234	\$ (9)	-3.6%
Year-to-Date Per Visit	\$ 225	\$ 231	\$ 6	2.6%

Total operating expenses were greater than budget by \$305.5K MTD. On a per visit basis, the current month was 3.6% unfavorable.

(p) Margin (before overhead allocation)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ (769,811)	\$ (215,493)	\$ (554,318)	-257.2%
Year-to-Date	\$ (827,912)	\$ (974,515)	\$ 146,603	15.0%
Month-to-Date Per Visit	\$ (30)	\$ (8)	\$ (21)	-252.6%
Year-to-Date Per Visit	\$ (8)	\$ (10)	\$ 2	19.7%

Total margin (before overhead allocation) is less than budget by \$554.3K for MTD.



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 6.d.
No Handout

Strategic Planning and Outreach Committee Report



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 7.

FQHC Chief Executive Officer
Report



Office of the Sr Vice President & CEO FQHC Clinics

2525 East Roosevelt Street • Phoenix • AZ• 85008

DATE: December 7, 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: October 2022

Valleywise Community Health Centers (FQHC) and Comprehensive Health Centers had a positive visit variance of 5.8% FYTD. However, caution is given the current workforce challenges in all positions including Providers. A snapshot of the FQHC Clinical Support Vacancies reported 11/30/2022 were:

Vacancies per positions	
Registered Nurse	13
Clinical Resource Leader	1
Medical Assistant	20
Administrative Assistant	2
Cultural Health Navigators	1

HIV Service Line

Valleywise Community Health Center – McDowell had a positive visit variance of 15.1% FYTD. Valleywise Community Health Center – Mesa had a positive variance of 51.5% FYTD.

Other FQHC including Peoria had a positive visit variance 1.3% FYTD. Primary Care and Diabetes Education has is running 5% less than the target at (6.1%) and (10.0%) respectably. This is attributed to workforce challenges.

Integrated Behavioral Health (IBH) services had a positive visit variance of 0.1% FYTD. Clinics who are not meeting targets, Mesa, North Phoenix, and South Phoenix/Laveen are experiencing vacancies in the workforce.

Valleywise Community Health Centers (FQHC) Dental Clinics continue to rebound with a positive visit variance of 11.2% FYTD. Avondale is experiencing a negative variance (14.2%) due to staffing vacancy.



Incarceration is a Public Health Issue

Social Determinants of Health

Published on: November 02, 2022.

MORE THAN 600,000 INDIVIDUALS

are released from prisons each year



Incarceration is a Public Health Issue

Nearly **6.9 million** people are on probation, in jail, in prison, or on parole in the United States at any one time

Compared with individuals who have never been incarcerated, current and former incarcerated individuals have significantly higher rates of:

Communicable diseases



Sexually transmitted infections, HIV, hepatitis C, & tuberculosis

Chronic conditions



Hypertension, diabetes, arthritis, and asthma

Mental conditions



Mental health conditions and substance use disorders

More than 600,000 individuals are released from prisons each year

The reentry population has disproportionate rates of:

- Mental health issues
- Suicide
- Substance use disorders
- Disabilities
- Chronic physical disorders



On average, incarcerated adults are released from correctional facilities with more chronic medical problems than they had before admission

Being previously incarcerated can affect a person's ability to secure basic needs such as:



Health care



Housing



Employment



Share

About this Data Insights

The unmet health needs of incarcerated people contribute to a public health crisis that disproportionately impacts Black and Brown men and women, and exacerbates existing [health conditions](#) for the almost [2 million Americans](#) behind bars. These health challenges continue through reentry when more than 600,000 people return to the community each year. This reentry population experiences high rates of mental health issues, suicide, substance use disorders, disabilities, and physical disorders. Strengthening health care for incarcerated people and during reentry can reduce these disparities and recidivism.



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 8.
No Handout

District Board Report



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 9.
No Handout

Valleywise Health
Chief Executive Officer Report



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 10.

No Handout

Closing Comments



Valleywise Community Health Centers Governing Council Meeting

December 7, 2022

Item 11.

No Handout

Staff Assignments