Valleywise Community Health Centers Governing Council Meeting

May 18, 2023

12:30 p.m.

Agenda

Council Members Scott Jacobson, Chairman Eileen Sullivan, Vice Chairman __VACANT__, Treasurer Earl Arbuckle, Member Chris Hooper, Member Salina Imam, Member Liz McCarty, Member Norma Muñoz, 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・

Thursday, May 18, 2023
12:30 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.

12:30 **Call to Order**

Roll Call

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

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

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.

5/12/2023 1:22 PM

General Session, Presentation, Discussion and Action:

12:35 1. Welcome and Introductions 15 min
Scott Jacobson, Chairman, Valleywise Community Health Centers Governing Council
Michelle Barker, DHSc, Chief Executive Officer, Federally Qualified Health Centers
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer

12:50 2. Present a Brief History on Valleywise Health 7 min
Addy Muñoz, MBA, Executive Assistant II

12:57 3. Discuss Federally Qualified Health Center Designation 8 min
Addy Muñoz, MBA, Executive Assistant, II

1:05 4. Discuss Valleywise Health's Federally Qualified Health Centers' Locations, Services and Patient Demographics 15 min
Michelle Barker, DHSc, Chief Executive Officer, Federally Qualified Health Centers

1:20 5. Overview of the Maricopa County Special Health Care District Board of Directors 5 min
Melanie Talbot, Chief Governance Officer

1:25 6. Overview of the Co-applicant Operational Arrangement Between the Maricopa County Special Health Care District and the Valleywise Community Health Centers Governing Council; and Overview of the Valleywise Community Health Centers Governing Council Bylaws 10 min
Melanie Talbot, Chief Governance Officer

1:35 7. Presentation on Arizona's Open Meeting Law 10 min
Melanie Talbot, Chief Governance Officer

1:45 **Break**

2:00 8. Valleywise Community Health Centers Governing Council's Responsibilities with Quality and Financial Oversight, and Compliance 90 min
Crystal Garcia, RN, MBA, Vice President, Specialty Services, Quality and Safety
Matthew Meier, MBA, Vice President, Financial Services
L.T. Slaughter, CPA, MBA, Chief Compliance Officer

3:30 **Break**

3:45 9. Discuss the Valleywise Community Health Centers Governing Council's Committees 15 min
Scott Jacobson, Chairman, Valleywise Community Health Centers Governing Council

4:00 10. Review Valleywise Community Health Centers Governing Council Meetings: Preparation, Structure, and Governance 15 min
Melanie Talbot, Chief Governance Officer

4:15 11. Valleywise Community Health Centers Governing Council's Mentorship Program 5 min
Scott Jacobson, Chairman, Valleywise Community Health Centers Governing Council

4:20 12. Closing Comments 10 min
Valleywise Community Health Centers Governing Council and Staff

4:30 **Adjourn**

Valleywise Community Health Centers Governing Council Meeting

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Item 1.

Welcome and Introductions
No Handout

Valleywise Community Health Centers Governing Council Meeting

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Item 2.

Valleywise Health History

History of Valleywise

Governing Council Orientation
May 18th ,2023

Valleywise Health's Mission, Vision, & Values

Our Mission

Provide exceptional care, without exception, every patient, every time.

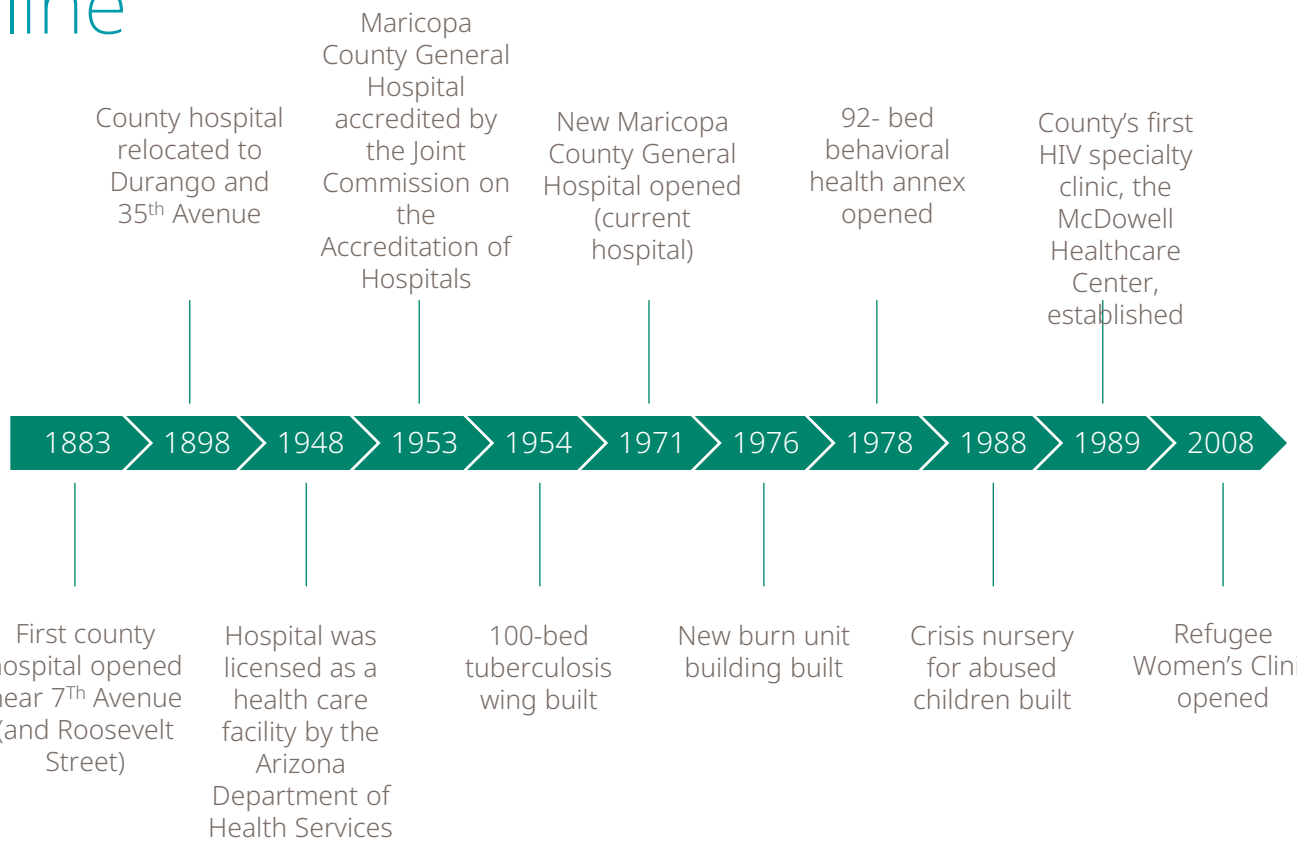
Our Vision

Be nationally recognized for transforming care to improve community health.

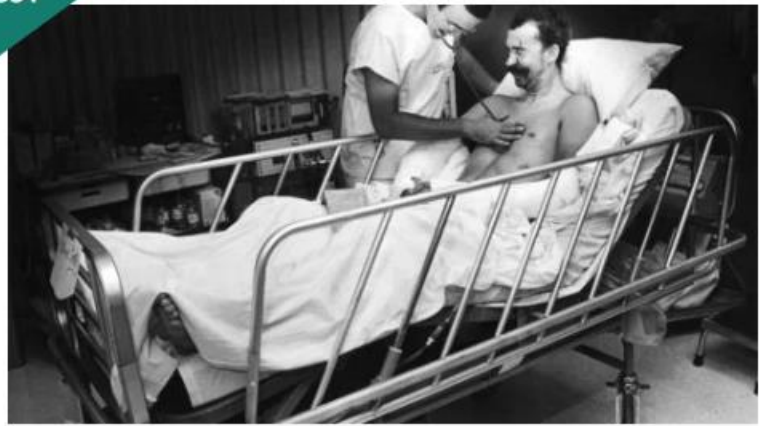
Our Values

Accountability, Compassion, Excellence and Safety

Timeline



1954



100-bed tuberculosis wing built.

1965

Arizona Burn Center founded.

MIHS opens the first Trauma Center in the state of Arizona.

1971

The new Maricopa County General Hospital opened (the current Valleywise Health location)

1976

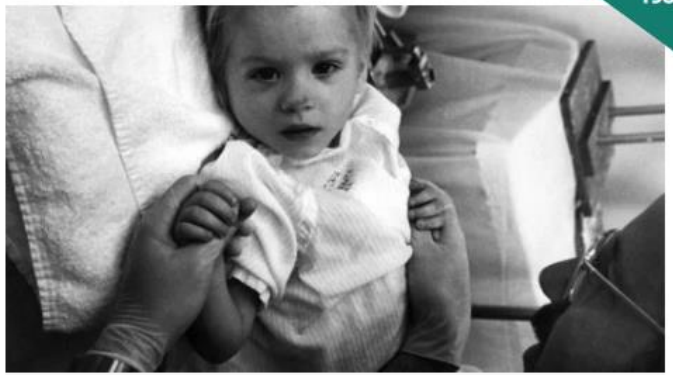
New burn unit building built.

1978

a 92-bed behavioral health annex opened.

Maricopa County Hospital Women's Auxiliary formed.

1988



Helipad enlarged to accommodate four helicopters.

A crisis nursery for abused children built.

1989

The county's first HIV specialty clinic, the McDowell Healthcare Center, established.

Coming soon…

Valleywise Community Health Centers Governing Council Meeting

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Item 3.

FQHC Designation

What is an FQHC?

Valleywise Health

What is a Community Health Center?

[What is a Community Health Center? - Arizona Alliance for Community Health Centers - YouTube]

Valleywise Community Health Centers Governing Council Meeting

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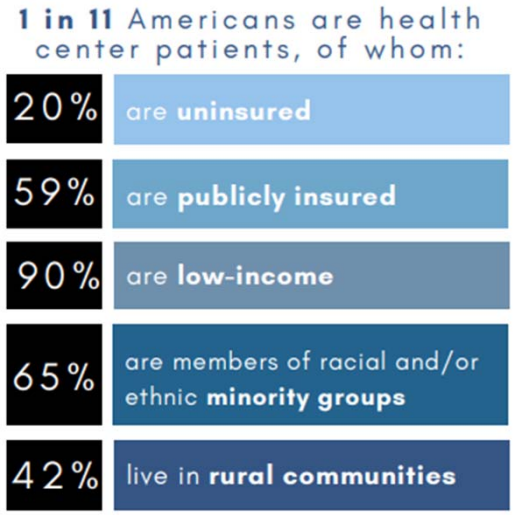
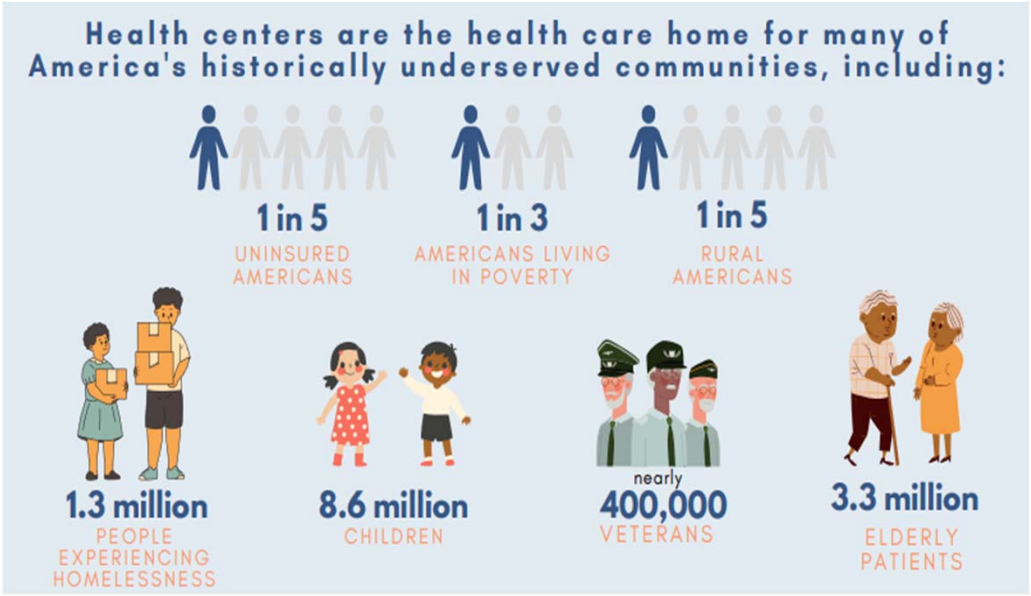
Item 4.

FQHC Locations, Services and Patient Demographics

National Statistics – Community Health Centers

- 1,400 Community Health Centers and Look-alikes across the country
- 14,000 locations
- 30 million patients
- 270,000 employees (FTE)





Arizona Statistics

About Our CHCs

23 Health Center Program Grantees

~200 Sites Across Arizona

3,342,644 Patient Visits

7,879 Employees (Full Time Equivalent)

About Our Patients

800,024 Total Patients Served

~1 in 9 Arizonans is served by a CHC

GENDER

60% Female

40% Male

AGE

26% Under 18

57% 18 to 64

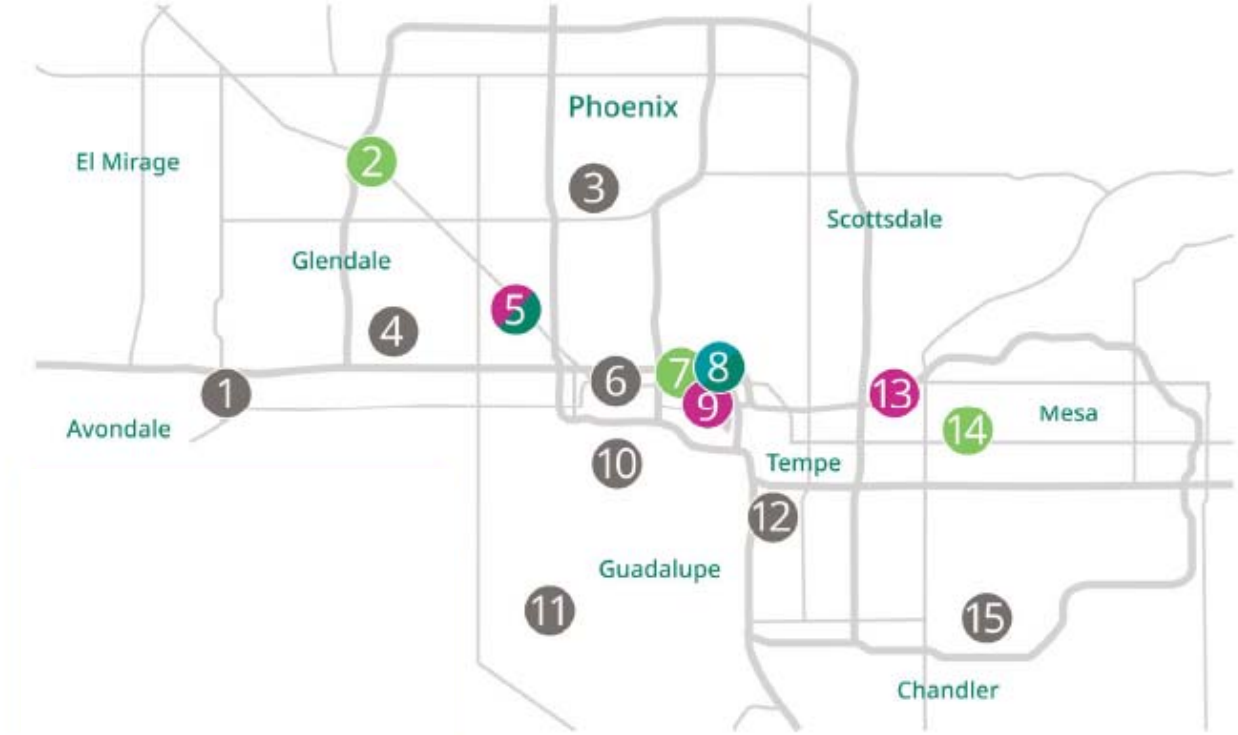
8% 65 and older

Valleywise Health Statistics

Of the 87,000+ patients seen at our FQHCs

- 62% are Hispanic;
- 47% are Female, 28% Male;
- 43% are best served in a language other than English;
- 22% are children ages 0-17 years, 9% are adults over 65 years
- 59% are at or below 100% of the Federal Poverty guidelines, 18% are between 101-200%
- 34% are uninsured

Locations



- Community Health Center
- Comprehensive Health Center
- Behavioral Health Center
- Emergency
- Medical Center

FQHC Clinic Services

"One Stop Shop" health services for whole person, whole family care:

- Medical Services
  - General Primary Care
  - Internal Medicine
  - Pediatrics
  - OB/GYN
- Pharmacy – 340 B Program
- Lab Services
- Imaging
- Dental
  - Pediatric and Adult
- Access to Financial Eligibility Assessment
- Language Services – Interpretation and Translation

Specialty Areas

- McDowell Health Care Center – Primary Care for Persons Living with HIV/AIDS
- Refugee Health Services – Primary Care including Pediatrics and Women's Health Care Services
    - Top 3 Refugee Groups served: Sub-Saharan Africa (Congo & Rwanda), Middle East (Iraq), & South-East Asia (Afghanistan & Myanmar)
    - 71 Languages from 68 Countries
- Behavioral Health Services
    - First Episode Center for adolescents and young adults
    - Serious Mental Illness Services
    - Integrated Behavioral Health and Primary Care Services
    - Family Behavioral Health Services
- COVID Immunization & Testing

Valleywise Health as Whole

Valleywise Health is the only public safety net health system in Maricopa County:

- 70% of patients are financially vulnerable
- Valleywise Health system includes 1 acute care teaching hospital, 3 behavioral health inpatient hospitals, 14 FQHCs
- Home to the world-renowned Arizona Burn Center
- 447,000 inpatient and outpatient visits each year

Teaching is in our soul. Valleywise Health has Arizona's largest and longest-serving clinical teaching program

- Education Alliance with Creighton Medical School, Dignity Health and DMG to address state's critical physician and nursing shortage

Exceptional Care and Leadership, Without Exception.

- IBM Watson Health Top 100 Hospital – only hospital in the U.S. to be recognized for teaching excellence
- LGBTQ Healthcare Quality Leader by the Human Rights Campaign
- CEO Steve Purves elected Chairman of the Board, America's Essential Hospitals

Valleywise Community Health Centers Governing Council Meeting

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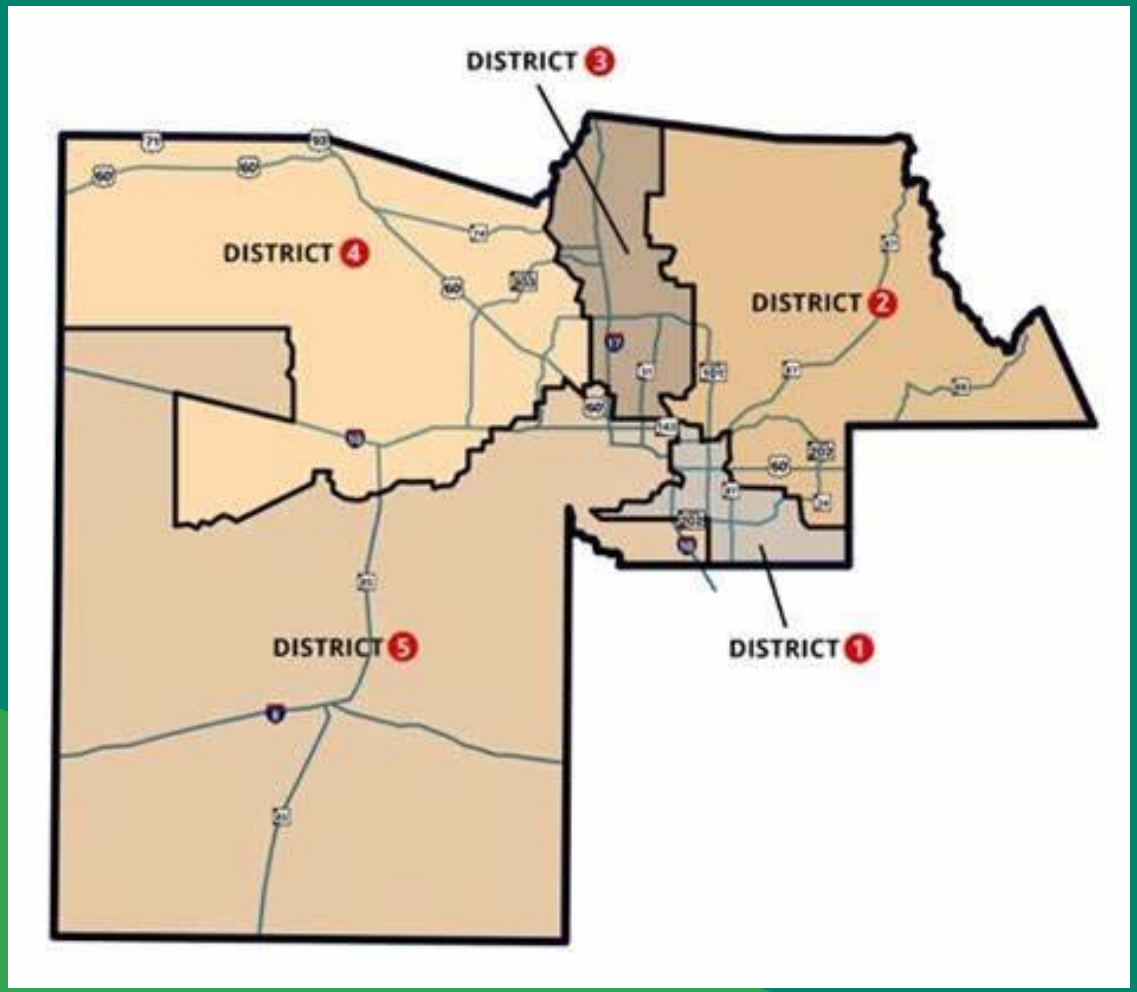
Item 5.

Special Health Care District Board of Directors Overview

Valleywise Health

May 18, 2023

Overview of the Maricopa County Special Health Care District Board of Directors



Board of Directors

Five-member elected Board, each representing one of the five districts that make up Maricopa County.

Four-year term; terms are staggered so that not all five are up for reelection at the same time.

No limit on the number of times you can run for office.

Has control and governance of the property, personnel, affairs and funds of entities owned or operated by the District.

District 1 – Director Mary A. Harden, R.N.
Term of Office: 2020-2024

Cities located within District 1:

Chandler
Gilbert
Mesa
Phoenix
Queen Creek
Sun Lakes
Tempe

Federally Qualified Health Centers located with District 1:

Valleywise Community Health Center-Chandler
811 South Hamilton Street
Chandler, Arizona 85225

District 2 – Vice Chairman Mark G. Dewane
Term of Office: 2020-2024

Cities located within District 2:

Carefree	Mesa
Cave Creek	Paradise Valley
Fountain Hills	Scottsdale

Federally Qualified Health Centers located with District 2:

Valleywise Community Health Center-Mesa
950 East Main Street
Mesa, Arizona 85203

District 3 – Director Kate Brophy McGee
Term of Office: 2022-2026

Cities located within District 3:

Anthem
Phoenix
New River
Desert Hills
Paradise Valley

Federally Qualified Health Centers located with District 3:

Valleywise Community Health Center-North Phoenix
2025 West Northern Avenue
Phoenix, Arizona 85021

District 4 – Chairman J. Woodfin Thomas
Term of Office: 2022-2026

Cities located within District 4:

Avondale	Goodyear	Sun City West
Buckeye	Litchfield Park	Surprise
El Mirage	Peoria	Wickenburg
Glendale	Sun City	Youngtown

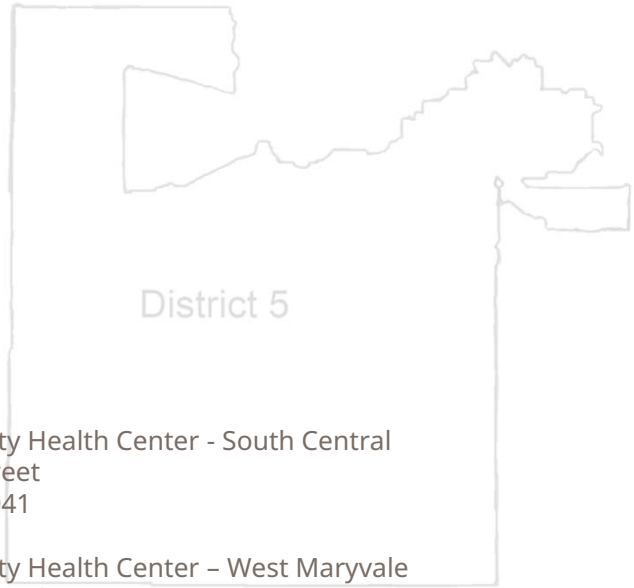
Federally Qualified Health Centers located with District 4:

Valleywise Comprehensive Health Center-Peoria
8088 West Whitney Drive
Peoria, Arizona 85345

District 5 – Director Mary Rose Garrido Wilcox Term of Office: 2020-2024

Cities located within District 5:

Avondale	Phoenix	Glendale
Buckeye	Guadalupe	Gila River Indian Community
Gila Bend	Goodyear	Tolleson



Federally Qualified Health Centers located with District 5:

Valleywise Community Health Center – Guadalupe
5825 East Calle Guadalupe
Guadalupe, Arizona 85283

Valleywise Community Health Center – Avondale
950 East Van Buren Street
Avondale, Arizona 85323

Valleywise Community Health Center - South Phoenix/Laveen
5650 South 35th Avenue
Phoenix, Arizona 85041

Valleywise Comprehensive Health Center – Phoenix
2525 East Roosevelt Street
Phoenix, Arizona 85008

Valleywise Community Health Center - South Central
33 West Tamarisk Street
Phoenix, Arizona 85041

Valleywise Community Health Center – West Maryvale
7808 West Thomas Road
Phoenix, Arizona 85033

Valleywise Community Health Center - McDowell
1101 North Central Avenue, Suite 204
Phoenix, Arizona 85004

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Item 6.

Co-applicant Operational Arrangement

Valleywise Health

May 18, 2023

Co-applicant Operational Arrangement

Co-Applicant Operational Arrangement

- The Maricopa County Special Health Care District (District) applied for and was awarded Federally Qualified Health Center (FQHC) designation from Health Resources and Services Administration (HRSA).

- HRSA allows public agencies to utilize a co-applicant governance structure in order to meet all the requirements for FQHC designation.

- The District is the public agency, which owns and operates the FQHCs. The Valleywise Community Health Centers Governing Council (Governing Council) is the co-applicant which provides governance and oversight of the FQHCs.

- The Co-Applicant Operational Arrangement (Arrangement) is between the District and the Governing Council.

Co-Applicant Operational Arrangement

- The Arrangement outlines the authorities and responsibilities of the Governing Council, the authorities and responsibilities of the Board of Directors, and the shared responsibilities between both parties.

- Some other sections in the Arrangement include Governing Council membership, Governing Council composition requirements, and the Project Director/CEO of the FQHCs.

- The CEO of the FQHCs is an employee of the District that reports to the Governing Council. However, they also serve as Valleywise Health's Senior Vice President of Ambulatory Services and reports to the Chief Clinical Officer.

Co-Applicant Operational Arrangement

- The current Arrangement has a three-year term and takes us through the end of the fiscal year.
- Staff are reviewing and updating the Arrangement.
- The final draft will be presented to the Governing Council for its consideration.
- A copy of the Co-Applicant Operational Arrangement can be found on the Governing Council's webpage on the Valleywise Health website.

  https://valleywisehealth.org/about/governing-council/

Valleywise Community Health Centers Governing Council Meeting

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Item 6.

Governing Council Bylaws

Valleywise Health

May 18, 2023

Valleywise Community Health Centers Governing Council Bylaws

Governing Council Bylaws

- The purpose of bylaws is to established detailed rules for the governance and operation of an organization.

- Bylaws generally define items such as the organization's official name, purpose, requirements for membership, officers and duties, how offices are filled, how meetings should be conducted, and how often meetings will be held.

- Bylaws also govern the way the group must function as well as the roles and responsibilities of its members.

Governing Council Bylaws

- Article III – Governing Council Membership: size of the Governing Council, patient and non-patient members; Governing Council members' responsibilities, terms, etc.

- Article IV – Meetings: how often, quorum and voting requirements, meeting agendas and materials, and minutes.

- Article VI – Governing Council Authorities and Responsibilities: mirror Co-Applicant Operational Arrangement.

- Article VII – Officers: officer duties, officer elections, and officer terms.

Governing Council Bylaws

- A copy of the Governing Council's Bylaws can be found on the Governing Council's webpage on the Valleywise Health website.

  https://valleywisehealth.org/about/governing-council/

Valleywise Community Health Centers Governing Council Meeting

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Item 7.

Arizona's Open Meeting Law

Valleywise Health

May 18, 2023

Arizona's Open Meeting Law (OML)

Arizona's Open Meeting Law (OML)

- A.R.S. §38-431 through §38-431.09.
- Purpose: public bodies' meetings must be conducted openly; public access and transparency.
- Public body: includes boards of political subdivisions (District Board). Includes instrumentalities of a political subdivision (Governing Council).
  - Includes committees of public bodies.

What Public Body Must Do

- Provide notice to the public about the meeting: name of the public body, date, time, location, etc.
- Publish an agenda: must contain enough information to inform the public what will be discussed, considered or decided (action). If it's not on the agenda, it cannot be discussed.
- Conduct meetings in public: the public has the right to attend and listen. They must have access to location.
- All action taken must be done in a public meeting.
- Create a record of the meeting proceedings: minutes.

Meetings

- What is a meeting? A gathering, whether in person or through technological devices, of a quorum of a public body that discusses, proposes, deliberates or takes legal action.

- Quorum is a majority of the public body:
  - 10 members – quorum is 6
  - 13 members – quorum is 7

Notice

- Notice: the public AND members of the public body must be notified of a meeting at least 24 hours in advance. Notice must be posted in a location assessable to the public.

- Social events, conferences, public events: a good idea to post a notice and agenda if a quorum will be present. For example: ribbon cuttings, tours, celebrations, seminars, etc.
  - The agenda should state that no business will be discussed, and no legal action will be proposed or taken.

Public's Rights and Call to the Public

- The public has a right to attend, listen, and record (video or audio) the meeting.
- The public does not have the right to speak (except for calls to the public) or disrupt the meeting.
- Calls to the public are not required. However, if you have them, the only responses allowed are:
  - Respond to criticism
  - Ask staff to review the matter
  - Ask that the matter be placed on a future agenda

Communications: in person, phone, email, text, etc.

- An exchange between a majority of Governing Council members discussing, proposing, deliberating or taking action on any matter that could foreseeably come before the Governing Council would be an OML violation since it was outside of a noticed meeting.

- One Governing Council member proposing legal action (putting forward for consideration, discussion or adoption), to a quorum of Governing Council members outside of a noticed meeting, would be an OML violation.

- A quorum of Governing Council members talking after a meeting has adjourned about a Governing Council business= OML violation.
  - Walking to the parking lot together
  - Just before or after the meeting

Splintering a Quorum

- Communication between a non-majority of Governing Council members can lead to splintering the quorum and lead to OML violations.
  - Five-member Council: one Council member sends an email to another and then one of them forwards it to a third member.
  - Five-member Council: one Council member calls a second Council member, then calls a third and tells them what the second one said.

- Communication does not need to be at the same time for it to be considered a “meeting”.

- Proposing an item for the agenda does not violate the OML as long as you communicate the topic only, not the action that you want taken, and as long as no other Governing Council member responds.

Emails from Staff

- Staff may email the Governing Council information on conferences, meeting information including agendas, packets, etc.
- Governing Council members should not reply all:

DISCLAIMER: To ensure compliance with the Open Meeting Law, recipients of this message who are members of a public body should not forward it to other members of the public body. Members of the public body may reply to this message, but they should not send a copy of the reply to other members.

- Staff may not send communication about Governing Council business from one Governing Council member to enough other Governing Council members to constitute a quorum.
  - Five-member Council: staff takes an email that one Council member sent to them and forwards it to two other Council members.

Valleywise Community Health Centers Governing Council Meeting

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Item 8.

GC Responsibilities
Quality Oversight

FQHC Quality Orientation

Person(s) Reporting:
Crystal Garcia, VP of Specialty Services, Quality and Patient Safety

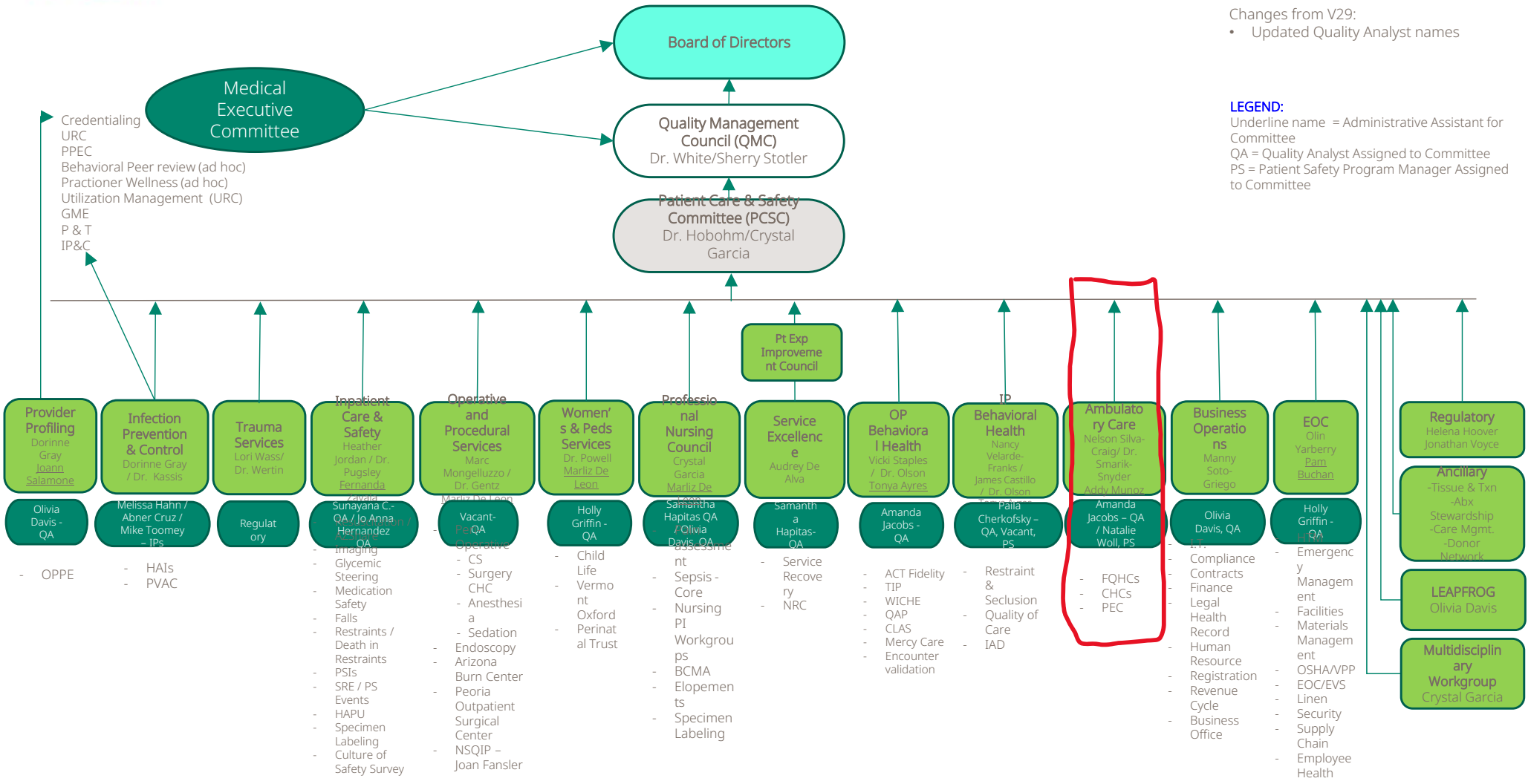
May 18, 2023

Valleywise Health Committee Structure
FY 2023

4/24/23 Version 30

Changes from V29:
- Updated Quality Analyst names

LEGEND:
Underline name = Administrative Assistant for Committee
QA = Quality Analyst Assigned to Committee
PS = Patient Safety Program Manager Assigned to Committee



What is the UDS?

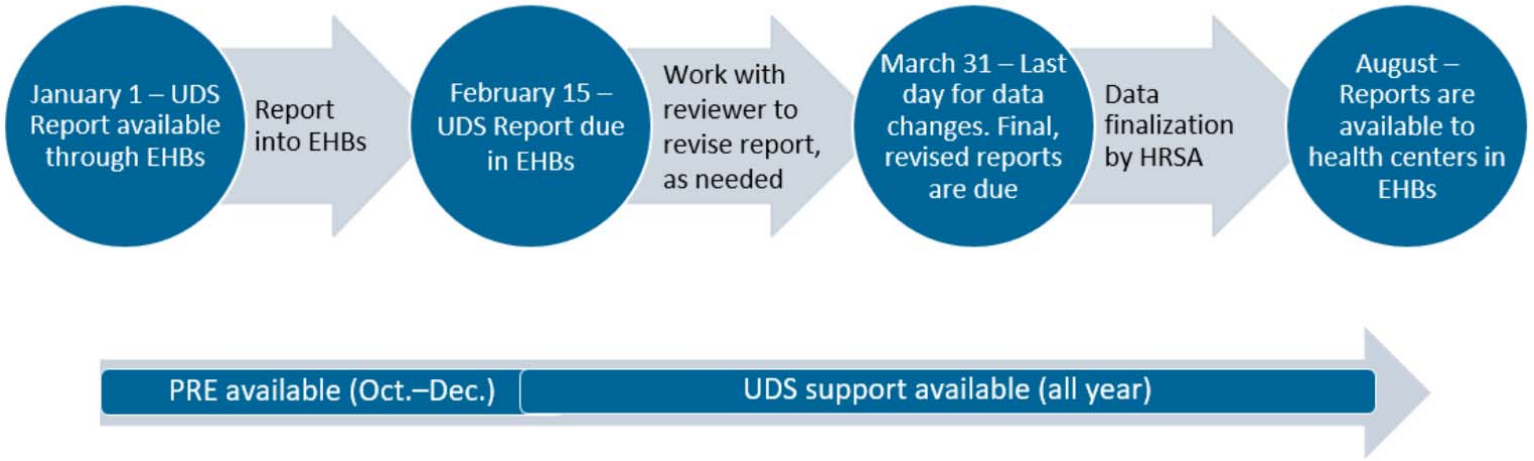
The UDS (Uniform Data System) is a standardized data set and annual program requirement that is defined in Section 330 of the Public Health Service Act.

Section 330 of the Public Health Service Act is the section of federal statute that creates and authorizes the Health Center Program. It gives the Bureau of Primary Health Care (BPHC) the authority to make grant awards to eligible entities and outlines the requirements that health centers must meet in order to be eligible for these awards. Health center look-alikes are also subject to these requirements.

Health centers are expected to have a system in place to collect and organize data related to the HRSA-approved scope of project, as required to meet Health and Human Services (HHS) reporting requirements, including those data elements for UDS reporting; and that they submit timely, accurate, and complete UDS reports in accordance with HRSA instructions.

Reference:
https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/introduction

Reporting Timeline



EHBs = Electronic Handbooks – system used to report UDS data

Reference: https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/udsbasicwebinar.pdf

Clinical Process and Outcome Measures

Screening and Prevention Care
Cervical Cancer Screening
Breast Cancer Screening
Body Mass Index (BMI) Screening and Follow-Up Plan
HIV Screening
Tobacco Use: Screening and Cessation Intervention
Colorectal Cancer Screening
HIV Screening
Screening for Depression and Follow-Up Plan

Maternal Care and Children's Health
Early Entry into Prenatal Care
Low Birth Weight
Childhood Immunization Status
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
Dental Sealants for Children between 6-9 Years

Chronic Disease Management
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet
HIV Linkage to Care
Depression Remission at Twelve Months
Controlling High Blood Pressure
Diabetes: Hemoglobin A1c (HbA1c) Poor Control

Reference:
https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2022-uds-tables.pdf

Valleywise Health FQHC UDS Quality Measure Report Results: December 2022 CYTD

UDS Clinical Quality Measure	CY 2020	Adjusted Quartile Ranking 2020**	CY 2021	Adjusted Quartile Ranking 2021**	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	HP 2030 Target Goal	Target Goal (2021 UDS National Average)	Prior Goal (2020 UDS National Average)	Intended Direction	Monthly Status (2021 UDS average)
Body Mass Index (BMI) Screening and Follow-Up Plan	61.39%	3	34.26%	4	29.45%	29.80%	30.42%	31.00%	31.05%	31.47%	32.09%	32.13%	38.29%	49.79%	58.55%	62.89%	N/A*	61.32%	65.72%	↑	
Cervical Cancer Screening	45.84%	3	49.77%	3	46.59%	48.17%	49.03%	49.95%	51.22%	51.47%	51.56%	52.25%	52.68%	52.92%	53.25%	53.49%	84.3%	52.95%	51.00%	↑	
Childhood Immunization Status (CIS)	52.28%	1	47.72%	2	36.23%	41.67%	45.28%	46.36%	9.34%	9.68%	9.18%	9.29%	9.19%	9.17%	9.37%	9.40%	N/A*	38.06%	40.42%	↑	⚠
Colorectal Cancer Screening	45.91%	2	50.85%	1	37.04%	39.44%	41.21%	43.16%	44.21%	45.22%	46.58%	47.65%	48.79%	49.74%	50.74%	51.29%	74.4%	41.93%	40.09%	↑	
Controlling High Blood Pressure	46.37%	4	47.76%	4	33.93%	39.72%	43.48%	46.91%	49.18%	51.35%	53.29%	53.89%	54.70%	54.08%	53.71%	53.69%	60.8%	60.15%	57.98%	↑	
Diabetes: Hemoglobin A1c Poor Control	35.20%	2	31.85%	2	70.50%	59.49%	50.22%	42.90%	38.95%	36.25%	34.25%	32.76%	31.90%	31.04%	30.68%	30.28%	11.6%	32.29%	35.60%	↓	
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	78.54%	3	78.51%	3	80.00%	79.64%	78.74%	79.28%	79.20%	79.45%	78.85%	78.50%	78.25%	78.52%	77.87%	77.94%	N/A*	78.25%	78.80%	↑	
Screening for Clinical Depression and Follow-Up Plan if positive screen	39.54%	3	48.75%	4	35.68%	39.48%	42.05%	44.79%	44.59%	45.84%	47.65%	49.49%	50.93%	52.06%	53.48%	54.68%	13.5%	67.42%	64.21%	↑	
Tobacco Use: Screening and Cessation Intervention	85.46%	2	87.78%	2	83.00%	83.13%	84.75%	85.61%	86.40%	86.98%	87.61%	87.92%	88.18%	88.37%	88.68%	88.88%	N/A*	82.34%	83.43%	↑	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	66.57%	2	78.09%	2	39.45%	44.94%	52.94%	58.32%	61.07%	64.23%	69.05%	72.09%	74.56%	76.68%	77.73%	78.43%	N/A*	68.72%	65.13%	↑	
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	70.86%	3	68.40%	4	72.67%	72.48%	72.72%	72.58%	76.84%	76.91%	76.69%	76.72%	76.64%	76.44%	76.42%	76.53%	N/A*	73.10%	71.92%	↑	
Breast Cancer Screening	55.53%	1	58.56%	1	52.41%	54.73%	55.90%	56.77%	57.49%	57.66%	58.23%	58.54%	58.86%	59.23%	59.40%	59.77%	80.5%	46.29%	45.34%	↑	
HIV Screening	47.75%	1	58.18%	1	63.55%	62.75%	62.82%	63.10%	63.41%	63.52%	63.43%	63.26%	63.12%	63.13%	63.25%	63.39%	N/A*	38.09%	32.29%	↑	

Monthly Status Key	
Target Met or Exceeded	Indicator has met or is exceeding the target goal
Approaching Target	Indicator is within 10% of the target goal
Not in Target	Indicator is > 10% outside target goal
Improving	Indicator is NOT meeting the target goal but has shown consistent improvement (3 months or longer) *Consistent improvement identified as ≥ 5% over a 3 month lookback period
Alert Icon !	Significant CMS logic change/discrepancy impacting performance rates

*HP 2030 Objective definition not equivalent to UDS Quality of Care

Valleywise Health FQHC UDS Quality Measure Report Result **December 2022 CYTD**

UDS Clinical Quality Measure	CY 2020	Adjusted Quartile Ranking 2020**	CY 2021	Adjusted Quartile Ranking 2021**	Jan-22	Fe	22	Nov-22	Dec-22	HP 2030 Target Goal	Target Goal 2021 UDS National Average)	Prior Goal (2020 UDS National Average)	Intended Direction	Monthly Status (2021 UDS average)
Body Mass Index (BMI) Screening and Follow-Up Plan	61.39%	3	34.26%	4	29.45%	2	9%	58.55%	62.89%	N/A*	61.32%	65.72%	↑	
C					4		2%	53.25%	53.49%	84.3%	52.95%	51.00%	↑	
C					4		7%	9.37%	9.40%	N/A*	38.06%	40.42%	↑	⚠
C					39.44%	41.21%	43.16%	44.21%	45.22%	46.58%	47.65			
C					39.72%	43.48%	46.91%	49.18%	51.35%	53.29%	53.89			
D					59.49%	50.22%	42.90%	38.95%	36.25%	34.25%	32.76			
Is A					79.64%	78.					%	77.94%	N/A*	78.25%	78.80%	↑	
S F					39.48%	42.					%	54.68%	13.5%	67.42%	64.21%	↑	
T Ir					83.13%	84.75%	85.61%	86.40%	86.98%	87.61%	87.92%	88.18%	88.37%	88.68%	88.88%	N/A*	82.34%	83.43%	↑	
W N C					44.94%	52.94%	58.32%	61.07%	64.23%	69.05%	72.09%	74.56%	76.68%	77.73%	78.43%	N/A*	68.72%	65.13%	↑	
St T					72.48												73.10%	71.92%	↑	
B					54.73												46.29%	45.34%	↑	
H					62.75												38.09%	32.29%	↑	

- All score card months demonstrate cumulative CYTD data – i.e., include all prior months within the report out
- There is not a method to drill performance to a singular month date

- The adjusted quartile is an ordering of health centers' clinical performance compared to other health centers on the clinical quality measures (CQMs) that are reported to the Uniform Data System (UDS) annually. The ranking is adjusted to account for factors that may influence performance outcomes, such as:
- Percent of patients who are uninsured, Percent of minority patients, Percent of patients experiencing homelessness, Percent of patients who are migrant and seasonal farmworkers, Electronic Health Record (EHR) status
- Clinical performance for each measure is ranked from quartile 1 (highest 25% of reporting health centers) to quartile 4 (lowest 25% of reporting health centers).

- Monthly Status color is based on % variance from most recent UDS National Average (Benchmark)

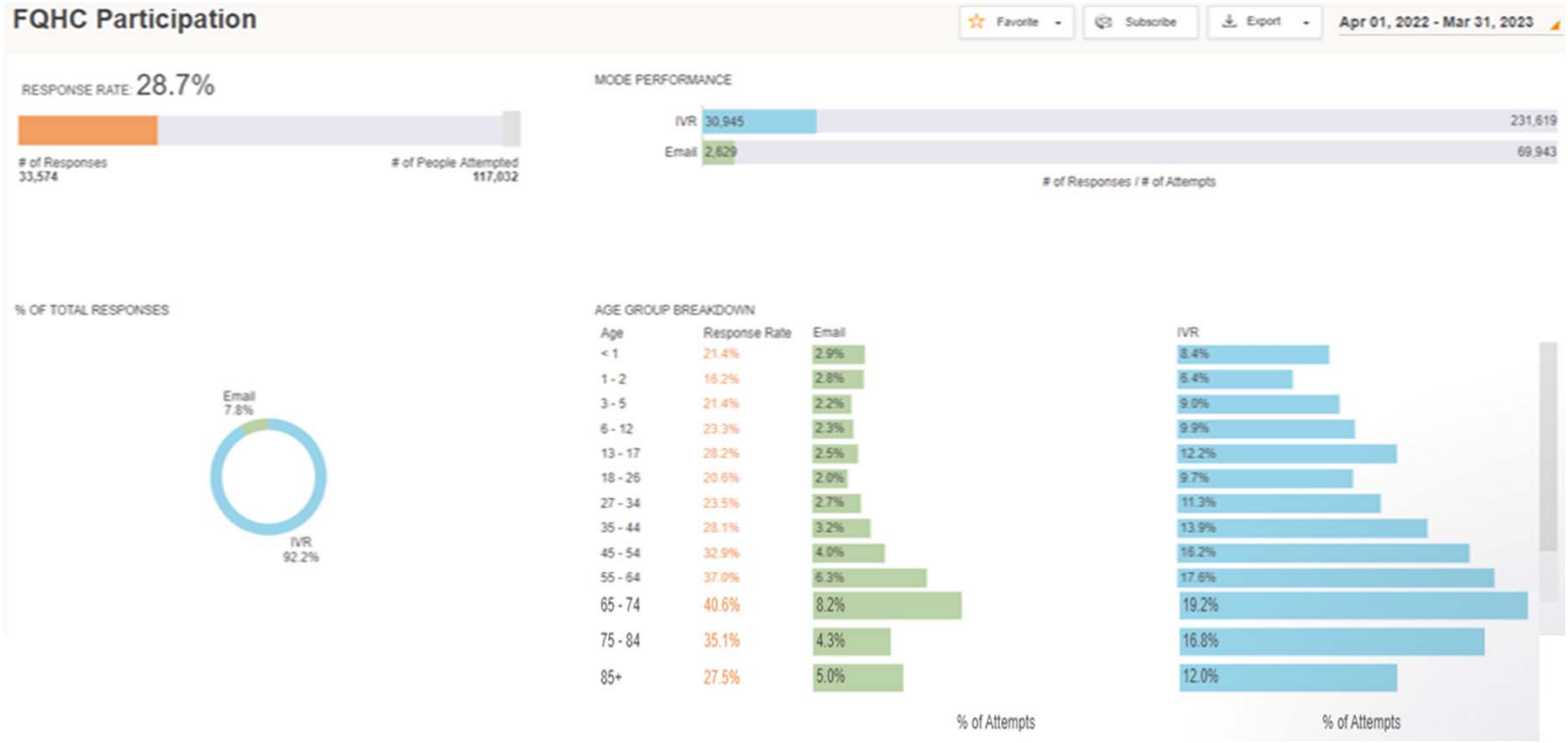
- Example: December 2022 includes data from January to December 2022

- Currently UDS National Average is based on 2021 Data
- 2022 Data will be available August 2023 –we will then update to the most recent released averages

tus Key	
Not in Target	Indicator is > 10% outside target goal
Improving	Indicator is NOT meeting the target goal but has shown consistent improvement (3 months or longer) *Consistent improvement identified as ≥ 5% over a 3 month lookback period
Alert Icon !	Significant CMS logic change/discrepancy impacting performance rates

*HP 2030 Objective definition not equivalent to UDS Quality of Care

FQHC: Patient Satisfaction
What Percentage of patients don't respond to surveys?



FQHC: Patient Satisfaction
What is the NPS (Net Promoter Score) and why use it?

A Net Promoter Score ® (NPS) is a simple, easy-to-measure, singular metric that can be used to track customer loyalty. The score is driven by the following "likelihood to recommend" question:

How likely would you be to recommend this facility to your family and friends?
0 — Not at all likely 1 2 3 4 5 6 7 8 9 10 — Extremely likely

Based on their response, each consumer can be categorized into one of three groups - Promoters, Passives, and Detractors:

Promoters (9 or 10) - Promoters are loyal and enthusiastic. Not only are they the most likely customers to return, but they are also generally more pleasant to interact with, refer your business to others, and are more interested in extras or add-ons.

Passives (7 or 8) - This group is satisfied, for now. Their likelihood for repeat visits or referrals to others is lower than that of promoters and they may defect to competition with comparable price or quality.

Detractors (0-6) - Detractors are actively unhappy. They account for the majority of negative word-of-mouth, have high rates of defection, and may go out of their way to diminish a company's reputation.

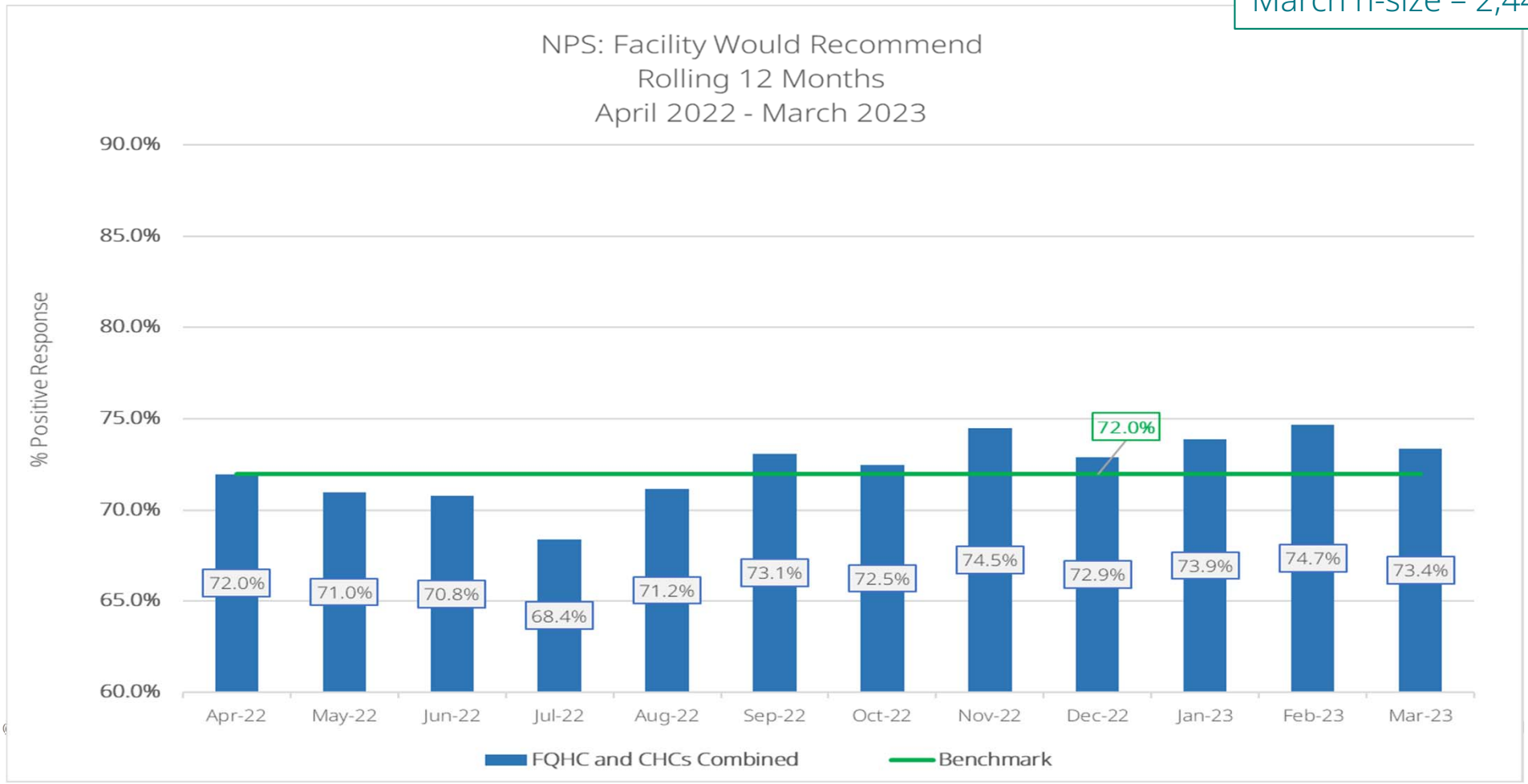
FQHC: Patient Satisfaction
What is the NPS (Net Promoter Score) and why use it?

Why should I use it?

- The simplicity of NPS not only allows you to easily track progress regularly (globally or by location), the measure can help everyone focus on a singular goal: converting non-promoters to promoters.
- NPS is a widely used and understood metric, spanning virtually all industries. This allows organizations to use a common/standardized "yardstick" and compare their score to other industry settings. For more information about comparing NPS across industries, **click here** to read an article written by Bain & Company, the creators of NPS.
- NPS changes the focus from satisfaction, which can be fleeting, to *loyalty*. Retaining a lifelong customer, and gaining the potential to become the healthcare organization of choice for their friends and family, far outweighs one satisfactory interaction.
- NPS builds upon and adds context to, overall rating experiences. Users are not losing information by replacing other metrics with NPS, but rather gaining more insight.

Overview of Combined Score - Phoenix CHC, Peoria CHC, and FQHC

March n-size – 2,440



FQHC: Patient Satisfaction Questions

Question Code Sheet Report

QuestionPod Name	Question ID	Question FriendlyText	Adult Question Text	Pediatric Question Text	Response Scale
Medical Practice	1133	Easy to get appt	Was it easy to get an appointment when you wanted?	Was it easy to get an appointment when you wanted?	No Yes, somewhat Yes, mostly Yes, definitely
	1066	Seen in timely manner	Were you seen by a care provider in a timely manner?	Was your child seen by a care provider in a timely manner?	No Yes, somewhat Yes, mostly Yes, definitely
	1056	Care providers explain things	Did the care providers explain things in a way you could understand?	Did the care providers explain things in a way you could understand?	No Yes, somewhat Yes, mostly Yes, definitely
	1081	Purpose of visit	Was the purpose of this visit for urgent care or a routine appointment?	Was the purpose of this visit for urgent care or a routine appointment?	Urgent Care Routine Appointment
	1062	Enough info about treatment	Did the care providers give you enough information about your health and treatment?	Did the care providers give you enough information about your child's health and treatment?	No Yes, somewhat Yes, mostly Yes, definitely
	1063	Providers knew medical history	Did the care providers seem to know your medical history?	Did the care providers seem to know your child's medical history?	No Yes, somewhat Yes, mostly Yes, definitely
	3576	Virtual visit	Was your visit done virtually, such as by telephone or other electronic device?	Was your child's visit done virtually, such as by telephone or other electronic device?	Yes No

FQHC: Patient Satisfaction Questions

				No
1215	Method of connecting was easy	Was this method of connecting with a care provider easy to use?	Was this method of connecting with a care provider easy to use?	No
				Yes, somewhat
				Yes, mostly
				Yes, definitely
2999	Comfort w/ online interaction	Were you comfortable interacting with your provider online?	Were you comfortable interacting with your child's provider online?	No
				Yes, somewhat
				Yes, mostly
				Yes, definitely
1113	Reg. staff helpful	Were registration staff at this facility as helpful as you thought they should be?	Were registration staff at this facility as helpful as you thought they should be?	No
				Yes, somewhat
				Yes, mostly
				Yes, definitely
1052	Facility was clean	Was the facility clean?	Was the facility clean?	No
				Yes, somewhat
				Yes, mostly
				Yes, definitely
1017	Facility would recommend	How likely would you be to recommend this facility to your family and friends?	How likely would you be to recommend this facility to your family and friends?	0 Not at all likely
				1
				2
				3
				4
				5
				6
				7
				8
				9
				10 Extremely likely
1065	What else re: experience	What else would you like to say about your experience?	What else would you like to say about your experience?	Open Ended Question

FQHC: Patient Satisfaction
What are the major issues in Patient Satisfaction

- Ensuring the N size is appropriate for all the clinics.
- Ensure the questions are appropriate for the areas. July 1, 2022, new questions were released based upon best practice recommendations from NRC.

- Based upon review of collective data a few areas for opportunity of improvement are:
  - Care providers explain things
  - Seen in a timely manner
  - Easy to get Appointment

FQHC: Patient Satisfaction
Who see patient's comments? Replies?

- Ambulatory leaders have active log-ins to the NRC platform to be able to view patient comments and data.
- Weekly email subscriptions are set up to automatically send comments to Ambulatory leaders and Clinic Medical Directors

- Service Recovery training for leaders to help understand the need to respond to patients

FQHC: Patient Satisfaction
Are Behavioral Health Patients included?

- July 1, 2022, Outpatient Behavioral Health question pod was approved for use.
- Continue to work with IT and NRC to ensure all Integrated BH clinics are a part of outreach.
- This continues to be a work in progress.

Valleywise Community Health Centers Governing Council Meeting

May 18, 2023

Item 8.

GC Responsibilities
Financial Oversight

Valleywise Health

FQHC Financial Oversight

Financial Oversight Agenda

- *Breakdown of the Income Statement*
- *Financial Indicators*
- *Payor Mix*
- *Budget (Future Focus)*

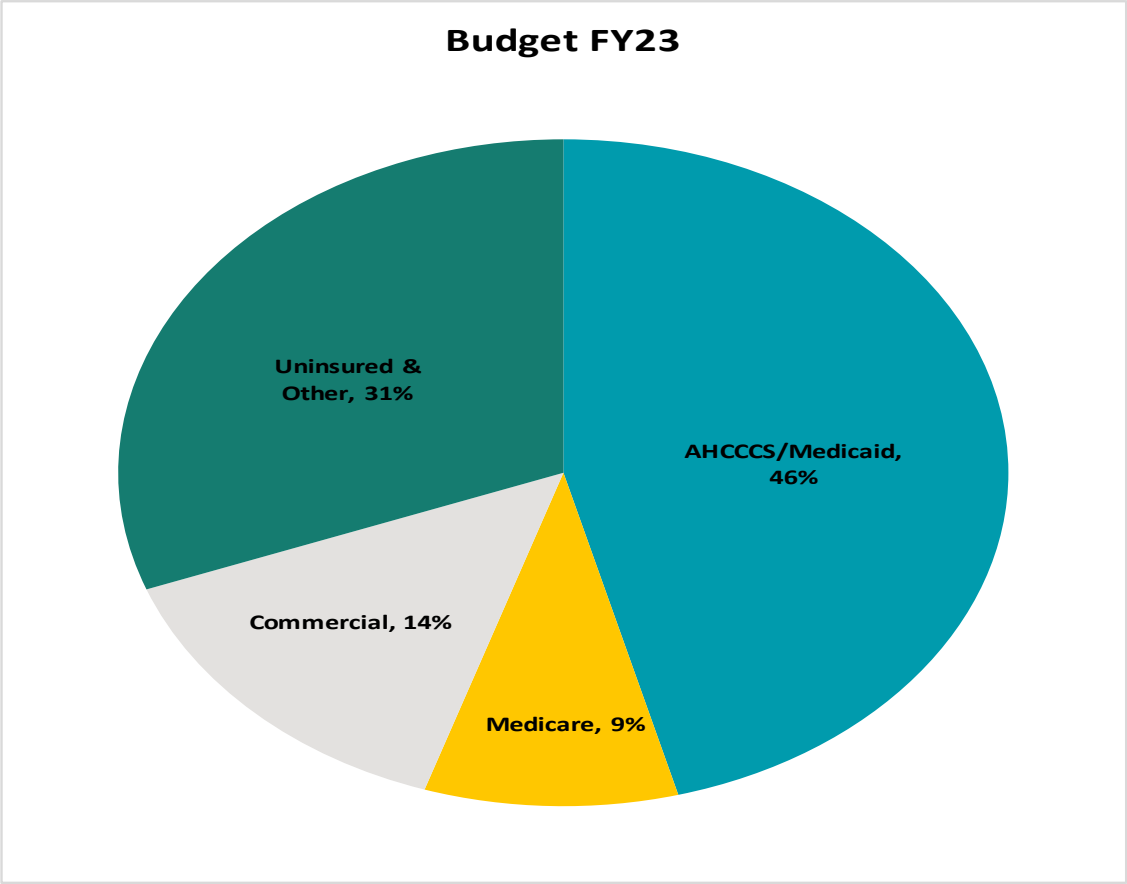
Income Statement

	FY23 Actual	FY23 Budget	Variance Favorable (Unfavorable)	%
Visits	**208,350**	**203,451**	**4,899**	**2%**
Operating Revenues				
Net patient service revenue	**$ 43,007,680**	**$ 42,209,471**	**$ 798,210**	**2%**
Other Operating Revenue	3,069,911	3,232,065	(162,154)	**(5%)**
Total operating revenues	**$ 46,077,591**	**$ 45,441,536**	**$ 636,055**	**1%**
Operating Expenses				
Salaries and wages	18,448,102	17,138,294	(1,309,808)	(8%)
Contract labor	43,090	5,662	(37,428)	(661%)
Employee benefits	5,846,734	5,421,784	(424,950)	(8%)
Medical service fees	14,833,816	14,960,483	126,668	1%
Supplies	2,100,654	2,022,267	(78,387)	(4%)
Purchased services	195,306	290,803	95,497	33%
Other expenses	654,596	646,097	(8,499)	(1%)
Allocated ancillary expense	6,692,580	6,832,091	139,511	2%
Total operating expenses	**$ 48,814,878**	**$ 47,317,480**	**(1,497,397)**	**(3%)**
Margin (before overhead allocation)	**$ (2,737,287)**	**$ (1,875,945)**	**$ (861,342)**	**(46%)**
Overhead Allocation	*12,296,290*	*11,887,713*	*(408,577)*	*(3%)*
Margin (after overhead allocation)	**$ (15,033,577)**	**$ (13,763,657)**	**$ (1,269,919)**	**(9%)**

Financial Indicators

	FY23 Actual	FY23 Budget	Variance Favorable (Unfavorable)	%
Per Visit Analysis ($/Visit)				
Net patient service revenue	$ 206.42	$ 207.47	$ (1.05)	
Other Operating Revenue	14.73	15.89	(1.15)	
Total operating revenues	**$ 221.15**	**$ 223.35**	**$ (2.20)**	**(1%)**
Total operating expenses	**234.29**	**232.57**	**(1.72)**	**(1%)**
Margin (before overhead allocation)	**$ (13.14)**	**$ (9.22)**	**$ (3.92)**	**(42%)**
Overhead Allocation	59.02	58.43	(0.59)	(1%)
Margin (after overhead allocation)	**$ (72.16)**	**$ (67.65)**	**$ (4.50)**	**(7%)**

Payor Mix



Budget (Future Focus)

- *What is the budget process?*
- *What percentage of the overall hospital system is the FQHC?*
- *Who directs the budget?*

Questions?

Valleywise Community Health Centers Governing Council Meeting

May 18, 2023

Item 8.

GC Responsibilities Compliance

FY2023 Valleywise Health Community Health Centers Governing Council - Compliance Training and Discussion Series

Reporting Group: Compliance and Internal Audit
Person Reporting:
L.T. Slaughter, Jr., CPA, CGMA, CHC, CISSP, CISA, MBA
Reporting period: FY2023
Chief Compliance Officer/Privacy Officer

Two Compliance Words for 2023:

- Inertia: Objects in motion tend to stay in motion, while objects at rest tend to stay at rest.

- Excellence (see the next slide).

What is Excellence?

Definition: "the quality of being outstanding or extremely good"

Our Excellence Value:

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

What is Compliance?

- Compliance is adhering to the laws, rules, regulations, policies and procedures that govern the job we perform.
- It is the responsibility of *all the employees* of the organization.

Excellence and Compliance produce the best results!

Healthcare companies with an effective compliance program, effective quality program and strong internal controls have these attributes:

- Significantly less errors;
- Significantly less rework;
- Higher patient quality scores;
- Higher employee and patient satisfactions; and
- Are more profitable!

Expectations for Board Oversight of Compliance Program Functions

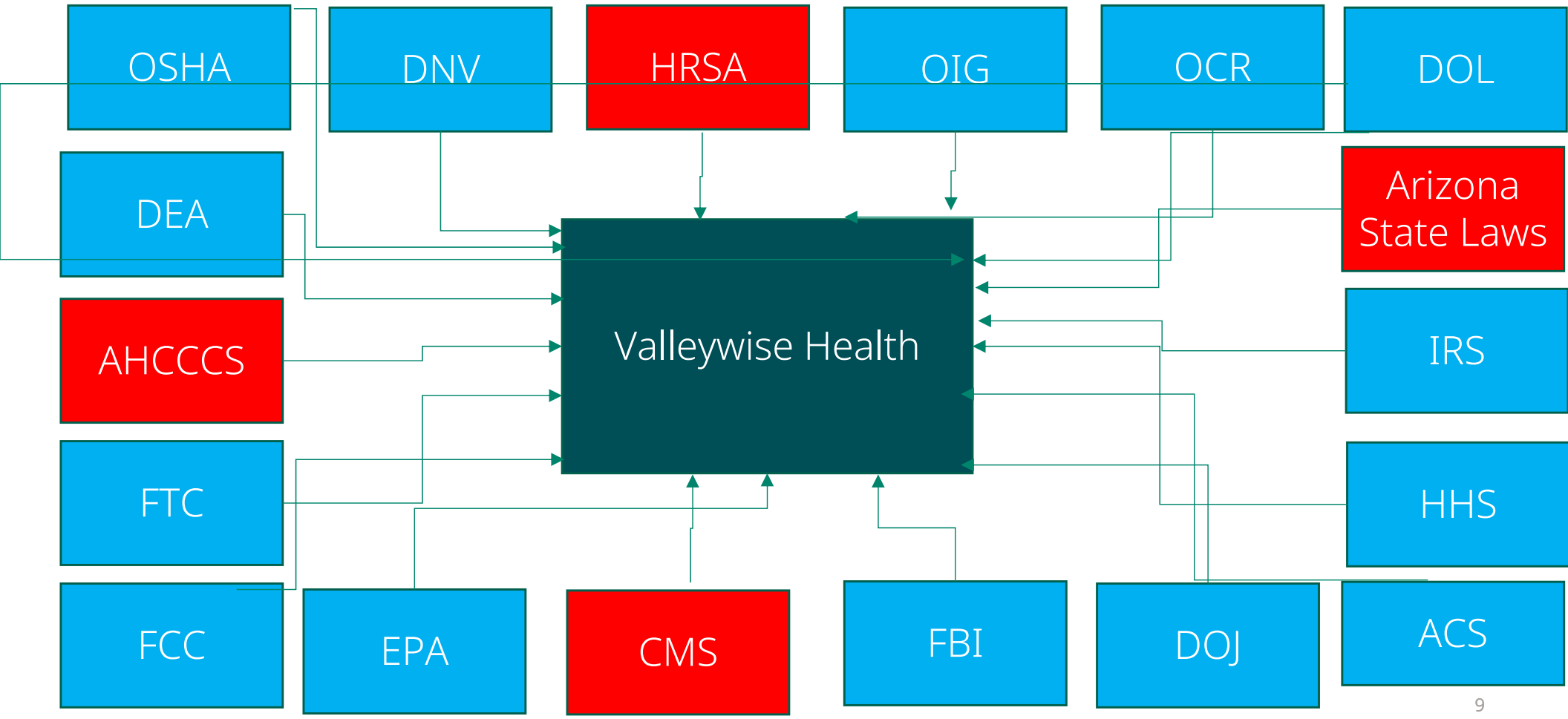
- A Board must act in good faith in the exercise of its oversight responsibility for its organization, including making inquiries to ensure: (1) a corporate information and reporting system exists and (2) the reporting system is adequate to assure the Board that appropriate information relating to compliance with applicable laws will come to its attention timely and as a matter of course.

Expectations for Board Oversight of Compliance Program Functions

- The existence of a corporate reporting system is a key compliance program element, which not only keeps the Board informed of the activities of the organization, but also enables an organization to evaluate and respond to issues of potentially illegal or otherwise inappropriate activity.

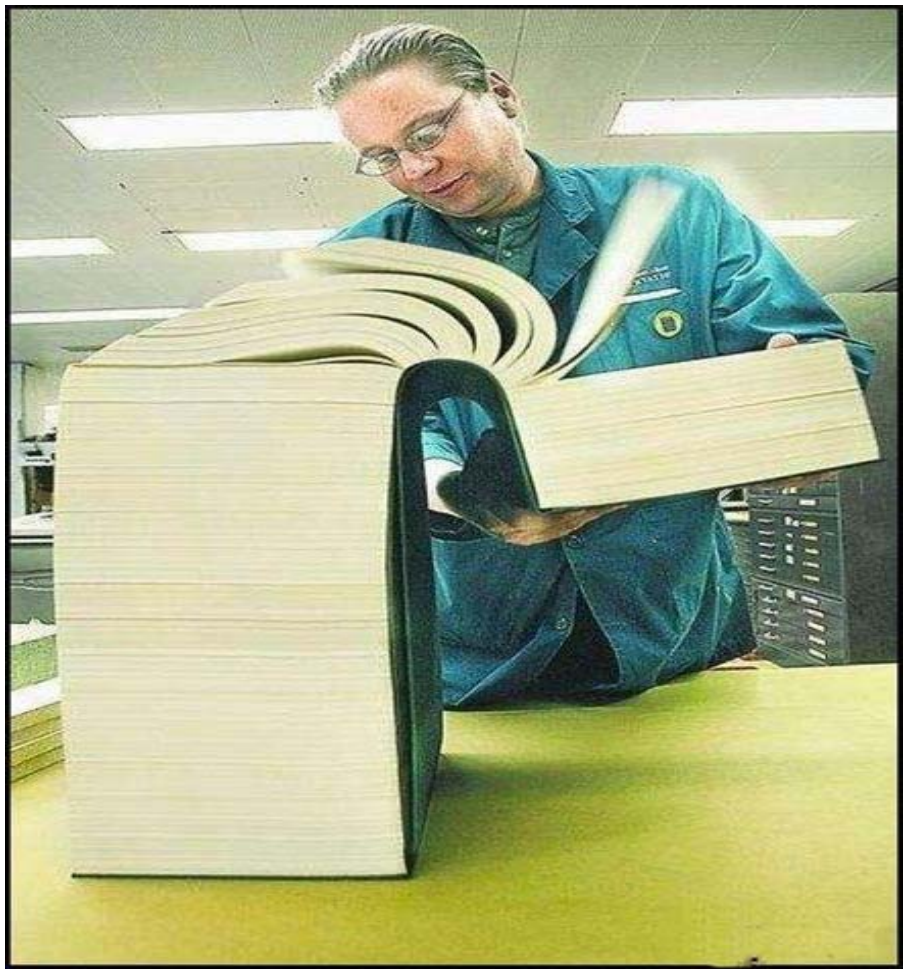
UNDERSTAND THE HEALTHCARE ENVIRONMENT

Healthcare Regulation/Quality Oversight Bodies



Healthcare Regulation Oversight Bodies

- Arizona Healthcare Cost Containment System (AHCCCS)
- Center for Medicare and Medicaid Services (CMS)
- Health Resources and Services Administration (HRSA)
- United States Department of Justice (DOJ)
- Office of Inspector General (OIG)
- Office for Civil Rights (OCR)
- Valleywise Health District policies
- Internal Revenue Service (IRS)
- Food and Drug Administration (FDA)
- Many Others (OSHA, FCC, DEA, etc.)

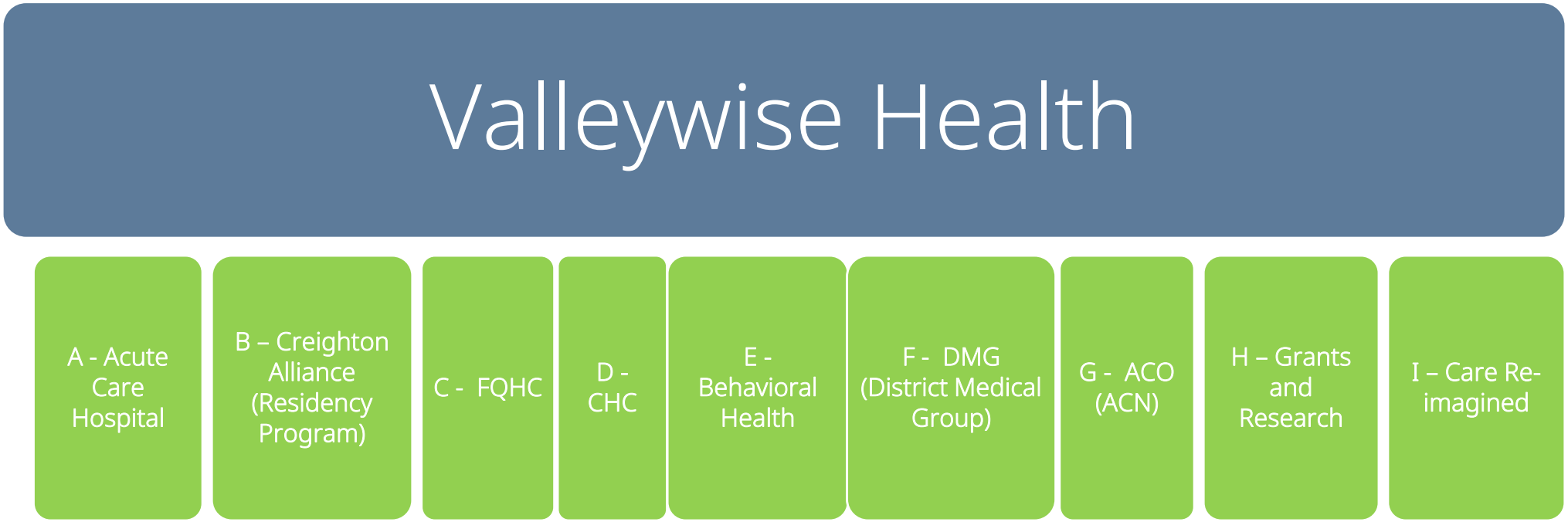


Changes to current healthcare regulations

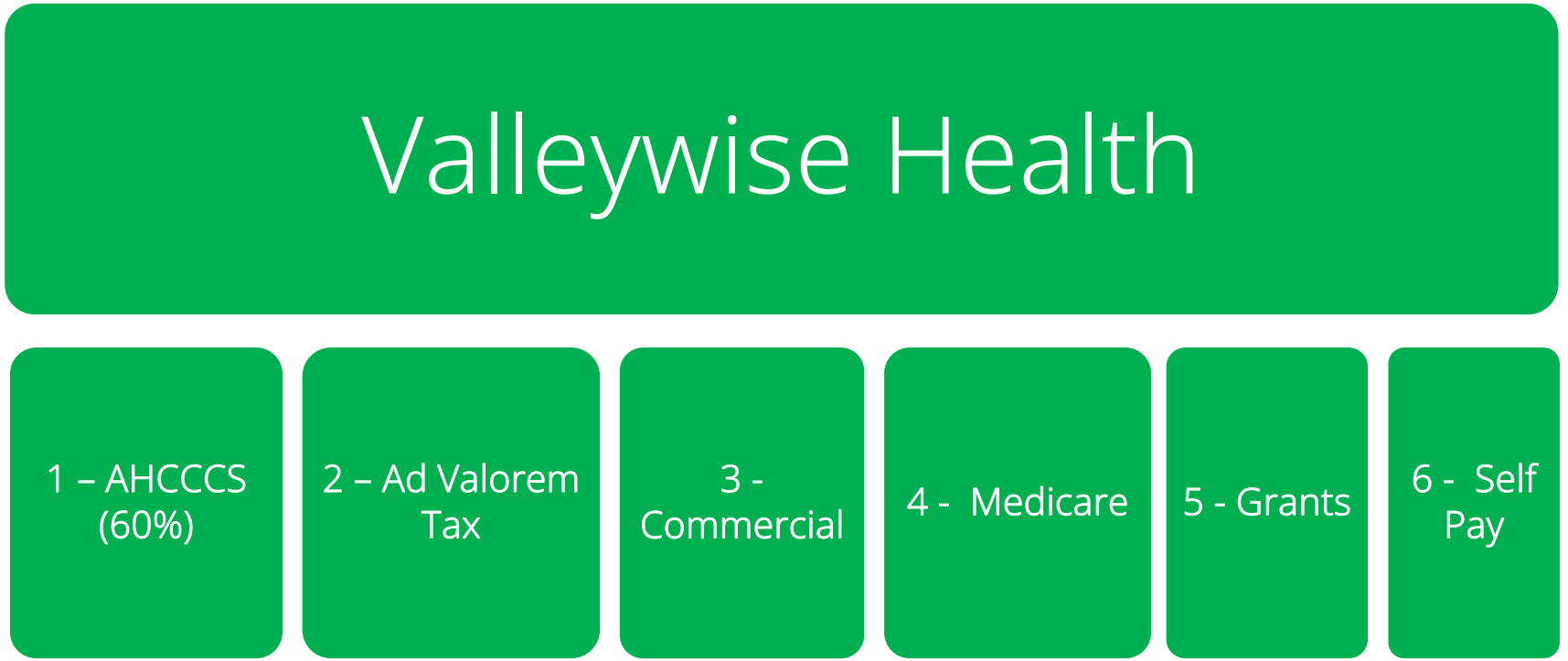
Valleywise Health

UNDERSTAND THE BUSINESS

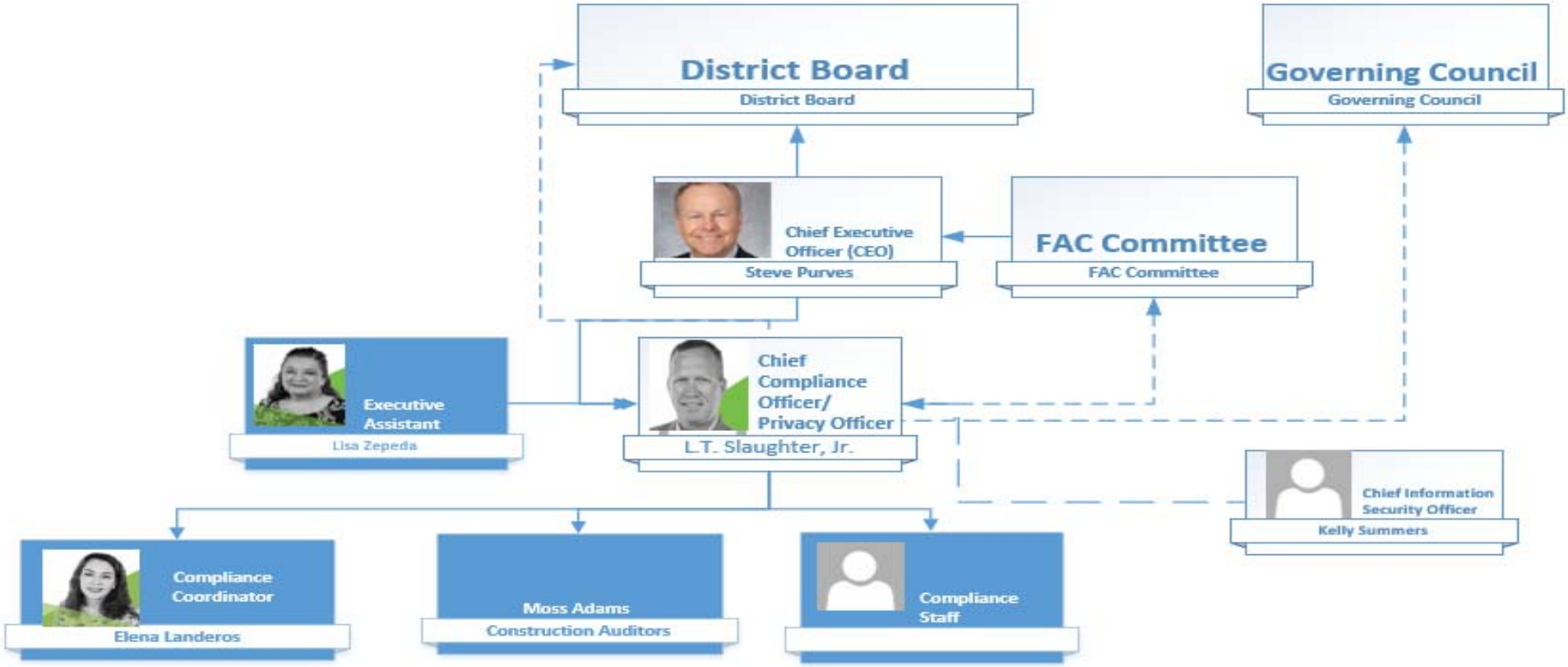
Understand the Business – Valleywise Health's Main Business Units



Understand the Business – Valleywise Health's Major Payers/Revenue

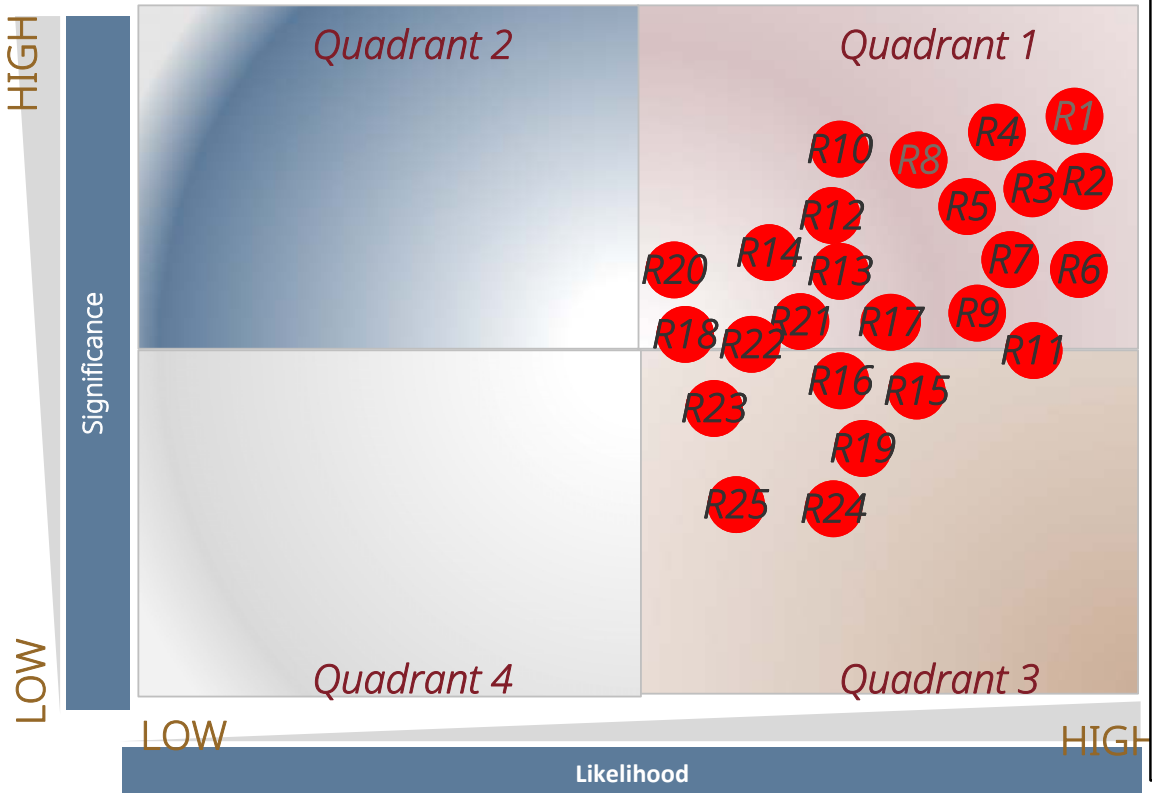


Valleywise Health Compliance Department
Organization Chart and Reporting Structure



Risk Assessment Process– Prioritization Map

The map below depicts the highest rated risks based on feedback from interviews and other data gathering. The risks are plotted based on their individual significance to the business along with the likelihood that issues and / or improvement opportunities currently exist. The highest risk areas are shown in Quadrant 1 and generally include those risks that are inherently high for the industry or are a known concern to Valleywise Health.



FY2023 Top 25 Risk Factors

R1 Workforce/Physician Recruitment and Retention
R2 Trauma – ACS Verification/AZ State Certification/Process Improvement Activities
R3 Behavioral Health (BH) – Title 36 – Timed-Out Patients/Monitoring of BH Patients (Observe Smart Implementation)/ IMD Exclusion Compliance
R4 Revenue Cycle - (A/R Valuation, Burn Cases, COVID, Telemedicine, Patient Access Center (PAC), External Referrals, Leakage of Patients)
R5 DMG Contract Compliance/New Agreement
R6 Care-Reimagined Projects (Prop 480)/Hospital Re-location/Future Operating Costs
R7 Patient Violence/Active Shooter/Infant Abduction/SDI Office/(Physician Security Controls)
R8 Privacy (Media/External Provider) and IT Security (Cyber Threats) of Protected Health Information/ Remote Workforce Controls/ Information Blocking (Cures Act)
R9 IT Disaster Recovery and Business Continuity (SAFER Regulations)
R10 EMTALA/Dedicated Emergency Departments and Maryvale Configuration
R11 Kronos and Payroll Reconciliation and Communication
R12 COVID Resurgence/Ending of the Public Health Emergency
R13 Public Information Requests – E-mails/Expenses/P-Cards/Conflicts of Interest
R14 Grant and Research Department (uniform guidance)
R15 Clinical Validation/Documentation Accuracy and Coding
R16 Hospital Accreditation (DNV) and FQHC Licensure (HRSA)
R17 GME and Resident Supervision/Medical Students and Controls (Creighton Alliance)
R18 EPIC Implementation Process of Quarterly Updates/New Tower/IT Staffing
R19 Compliance with Medicare and AHCCCS Medicaid Regulations
R20 Charge Master/Charge Capture/Work Queues
R21 Pharmacy 340b and 797 Compliance
R22 Supply Chain - Procurement Process/Value Analysis/Supply Interface/ Vendor and Contract Management
R23 Quality and Internal and External Score Rating
R24 Managed Care Contracts/Differential Adjustment Payments (DAP)/Payer Contract Management/ Denied Reimbursement/Credentialling Physicians
R25 Access to and Analytical Reporting of Data

Top Risks Changes for Valleywise Health in 2023

1. Pandemic Hangover (Burnout, vacancy rates, etc.) (Increased)
2. Tower Move (Increased)
3. Cybersecurity (Increased)
4. Telehealth Explosion/Ending Public Health Emergency (Increased)
5. Supply Chain (Increased)
6. Grant Audits (Increased)
7. Price Transparency (Increased)
8. Forecasting Difficulties (Increased)
9. Clinical Quality (Increased)
10. Physician Alignment and Contracting (Increased)
11. Patient Safety (Increased)
12. Emergency Preparedness (Increased)
13. Reputation and Conflicts of Interest (Increased)
14. Case Management (Increased)

And many more!

Valleywise Health's Compliance Plan

To help the organization follow rules and be ethical, the Office of Inspector General (OIG) has listed seven elements that facilities should include in their corporate compliance plan. Valleywise Health has used the OIG's guideline as a model, and it is the responsibility of all employees to understand ours

Element One: Code of Conduct and Ethics ("The Code") and Policies and Procedures

THE CODE

"The Code" has been adopted by Valleywise Health to provide standards by which the Board of Directors, employees, officers, medical staff and agents will conduct themselves to protect and promote organization-wide integrity and to enhance Valleywise Health's ability to achieve its organizational mission."

Policies and Procedures

All policies and procedures are located on the Vine and are contained in Compliance 360 (our online policy and procedure management system).

Compliance 360° Policies/Forms

Valleywise Health
Code of Conduct and Ethics 2023*

Please sign here:_____ Date: _____

Please print your name:_____ Dept. _____

*We are requesting that you sign this today

Standards of Conduct and Ethics – "THE CODE"

Valleywise Health

T - Treat all Patients with respect and dignity – Providing High Quality Services

H - Healthcare Legal and Regulatory Compliance – Full Compliance with applicable laws.

E - Avoid Every Conflict of Interest – maintain a duty of loyalty to Valleywise Health

C - Relationships with Payers and Government - Satisfy the Conditions of Payment Required to Payers

O – Oversight of Relationships with Physicians and other Providers

D - Respect for Our Culture – Recognize our Diverse workforce

E – Electronic Information Systems – Information is used appropriately and safeguarded zealously.

E AVOID EVERY CONFLICT OF INTEREST

We maintain the highest standard of integrity and objectivity in dealing with suppliers and service providers. We are prohibited from accepting or giving gifts or tips. Under no circumstances will we accept or give kickbacks in return for improperly obtaining, influencing or rewarding favorable treatment in obtaining contracts, services, referrals, goods or business.

Conflict of Interest and Gift Policy

Once Printed This Document May No Longer Be Current

Valleywise Health Administrative Policy & Procedure

Effective Date: **08/10, 11/17**

Reviewed Dates: **03/15, 11/17, 05/19**

Revision Dates: **08/12, 11/17, 12/19, 12/21**

Policy #: 01291 S

Policy Title: Compliance: Conflicts of Interest and Gift Policy

Scope:
- **[ ] District Governance (G)**
- **[X] System-Wide (S)**
- **[ ] Division (D)**
- **[ ] Multi-Division (MD)**
- **[ ] Department (T)**
- **[ ] Multi-Department (MT)**

Board Conflict of Interest

Policy #: 01291 S
Policy Title: Compliance: Conflicts of Interest and Gift Policy

II. THE MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT BOARD OF DIRECTORS CONFLICT OF INTEREST AND GIFT POLICY

The Maricopa County Special Health Care District Board of Directors shall comply with all federal and state conflict of interest laws, including but not limited to the provisions **of A.R.S. § 38-501** et. seq. in addition, any such person who has such a conflict of interest shall make such conflict known to the Clerk of the Board, and it shall be recorded in the meeting minutes, and in the conflict of interest disclosure file maintained by the Clerk of the Board. Such person shall refrain from voting upon or participating in any such matter. If, at any time a Board member develops a potential conflict of interest, such potential conflict shall be disclosed to the Clerk of the Board. Any Board member may consult Board Counsel to resolve any possible conflict of interest question.

COI Disclosure Form

Valleywise Health
Conflict of Interest Disclosure Form

Prior to completion of this form you should be familiar with Valleywise Health's Conflict of Interest Policy which defines many terms used within this disclosure form. You should disclose all actual and potential conflicts of interest. In the event you have questions, please consult the Conflict of Interest Policy or contact the Valleywise Health Chief Compliance Officer, at (602) 344-5915.

A. Financial Relationships with Outside Organizations (Refer to Section 14 of the Valleywise Health Conflicts of Interest Policy)

1 Did you, or an immediate family member, during the past 12 months:

a.	receive a salary, royalties, consulting fees, speaking fees, honoraria, gifts (including meals exceeding $100.00), discounts, gift certificates, cash, or any other payments from any vendor or advisory board that is related or potentially related to your job responsibilities?	☐ YES	☐ NO
b.	receive funding in any form, cash or in kind, directly or indirectly, for any research activities from a vendor, contractor or agent which conducts business with Valleywise Health?	☐ YES	☐ NO
c.	have any ownership interest in any business entity, the business operations of which are related to or potentially related to your job responsibilities at Valleywise Health?	☐ YES	☐ NO
d.	enter into or participate in executing a contract between Valleywise Health and an entity which you or an immediate family member have/has a business or financial relationship?	☐ YES	☐ NO

COI Management Plan

Valleywise Health
Conflict of Interest Disclosure Form

E. Conflict of Interest Management Plan

I have identified an actual or apparent conflict of interest related to my job responsibilities at Valleywise Health arising from my or an immediate family member's financial relationship, or my fiduciary relationship.

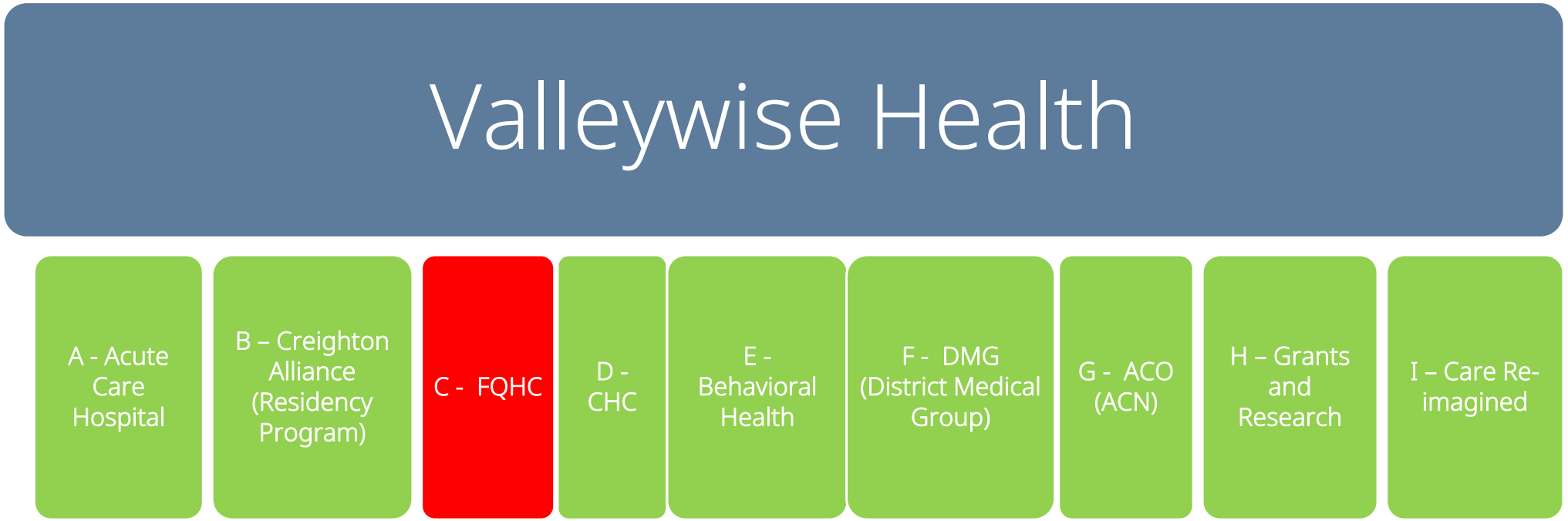
List all actual or potential conflicts of interest for you or any member of your immediate family. Include the names of all respective Valleywise Health parties (e.g. you or your immediate family member), the name of the person or entity with which the potential or actual conflict of interest arises (e.g. name of vendor, contractor or agent conducting business with Valleywise Health), and explain why this is a potential or actual conflict of interest. Use additional paper if necessary.

You/Immediate Family Member	Entity (Name of vendor, contractor, agency, etc.)	Explain Conflict

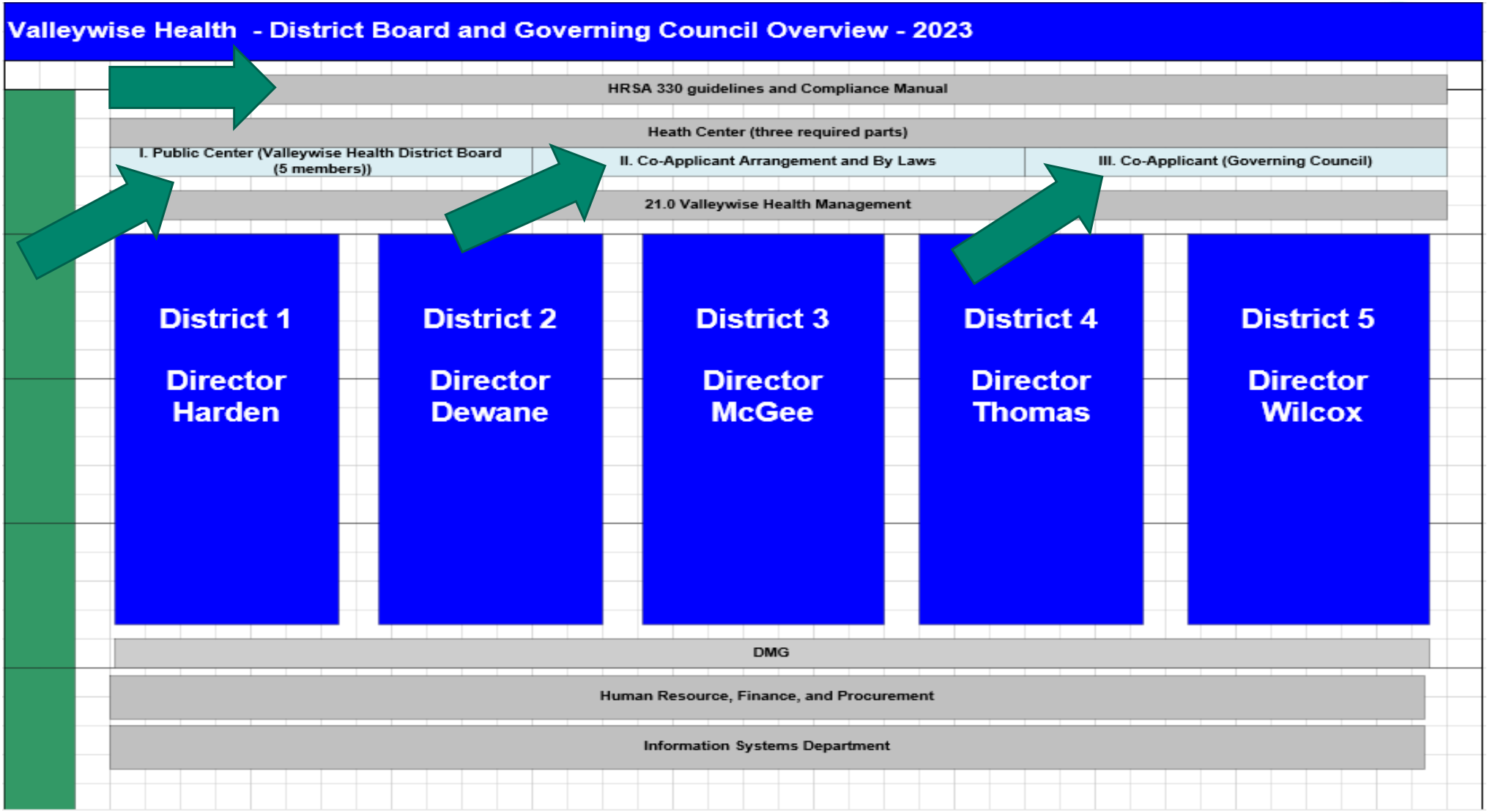
This is my conflict of interest management plan: (circle one or both)

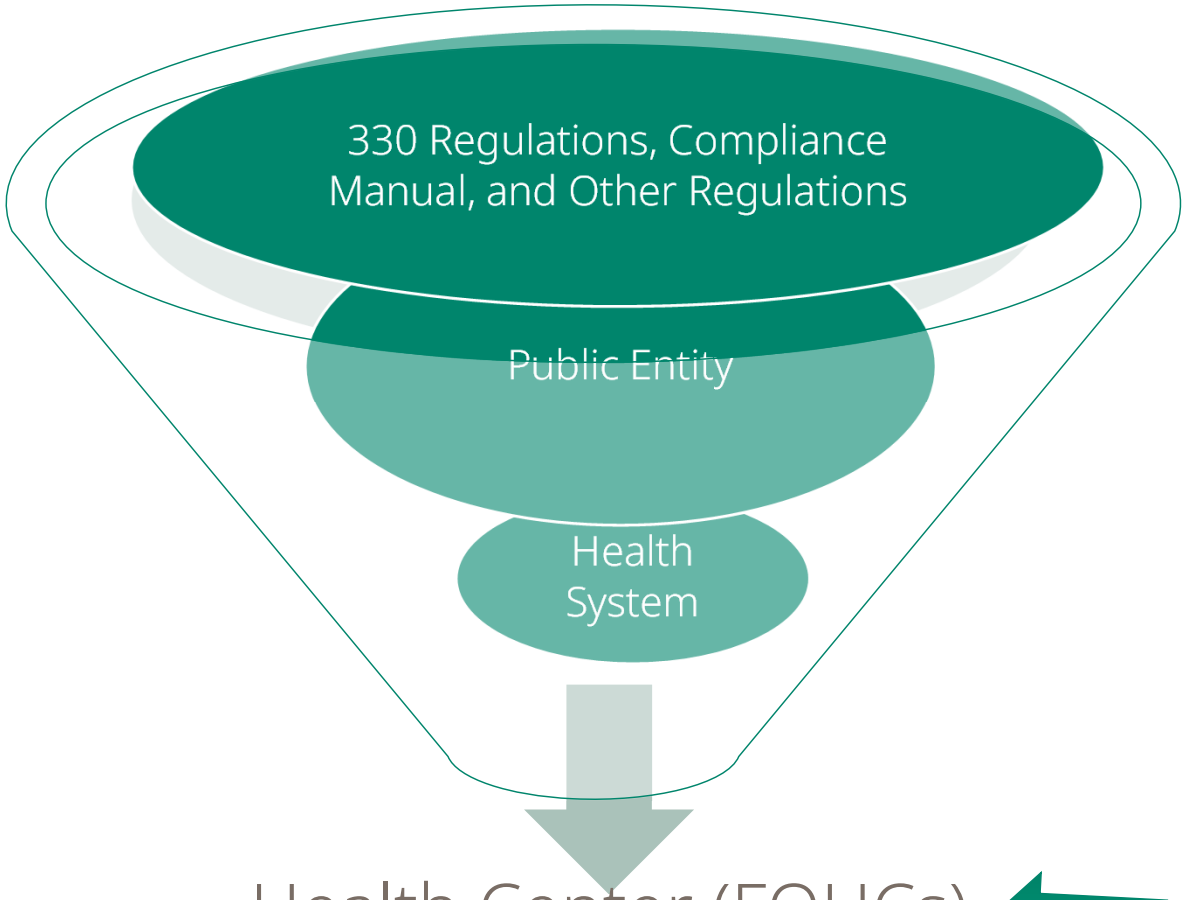
1. I will recuse myself from participating in any negotiation, voting, decision-making or product recommendation or evaluation with respect to any transaction with, or on behalf of, Valleywise Health that involves any of the listed companies or organizations.
2. In consultation with the Valleywise Health Compliance Officer, I have also agreed on the following specific actions that I will take to manage the conflict(s) of interest(s) effectively.

Understand the Business – Valleywise Health's Main Business Units



HRSA Compliance Manual Chapters

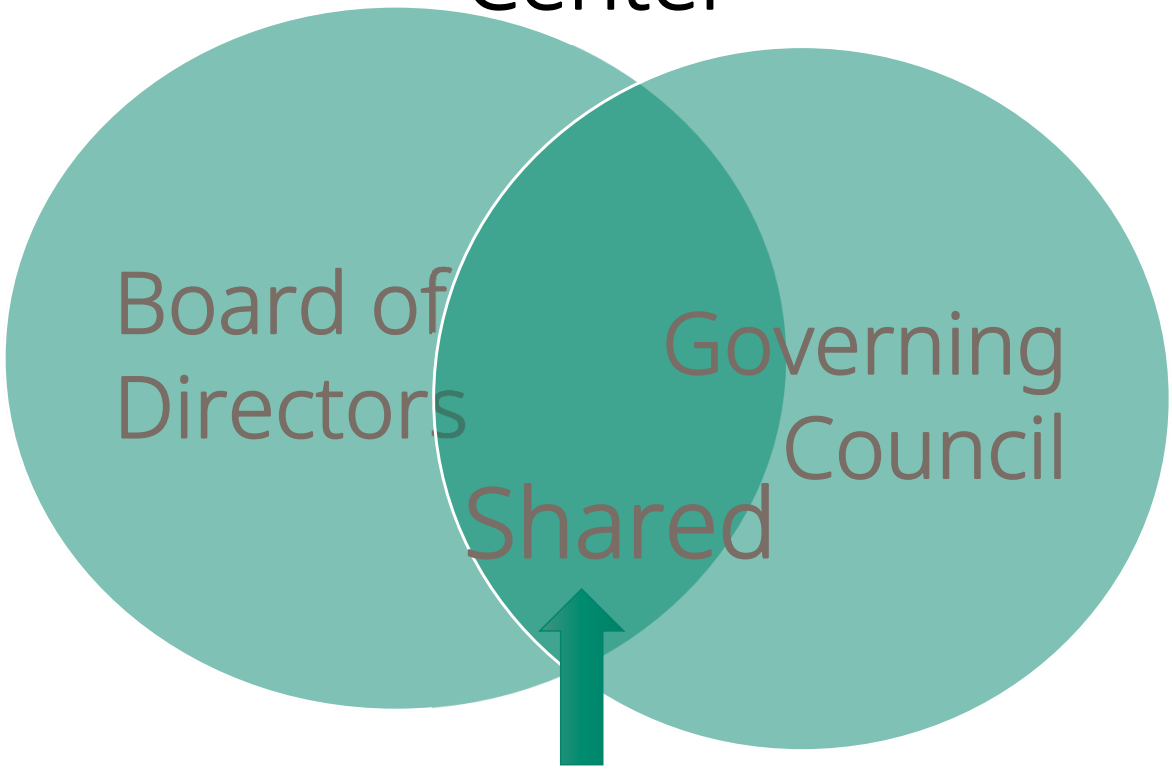

Valleywise Health - District Board and Governing Council Overview - 2023
HRSA 330 guidelines and Compliance Manual
Heath Center (three required parts)
I. Public Center (Valleywise Health District Board (5 members))
II. Co-Applicant Arrangement and By Laws
III. Co-Applicant (Governing Council)
21.0 Valleywise Health Management
District 1
Director Harden
District 2
Director Dewane
District 3
Director McGee
District 4
Director Thomas
District 5
Director Wilcox
DMG
Human Resource, Finance, and Procurement
Information Systems Department



Health Center (FQHCs)

(Board of Directors and Governing Council)

Responsibilities of the Health Center



CO-APPLICANT OPERATIONAL ARRANGEMENT
Between the
MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
and the
VALLEYWISE COMMUNITY HEALTH CENTERS GOVERNING COUNCIL

See Co-Applicant Arrangement

Site Visit Protocols and Guides

Health Center Program Site Visit Protocol (SVP)

The Site Visit Protocol is a tool to assist the Health Resources and Services Administration (HRSA) perform its oversight of health centers. The SVP includes a standard and transparent methodology that aligns with the Health Center Program Compliance Manual.

The Health Resources and Services Administration (HRSA) designed the Site Visit Protocol (SVP) to gather necessary information to perform its oversight responsibilities. The SVP includes a standard and transparent methodology that aligns with the Health Center Program Compliance Manual.

In 2023, HRSA updated the SVP to increase consistency, improve formatting, and incorporate plain language. These changes make the SVP easier to read and do not significantly alter or disrupt the way that site visits are conducted. In addition to these plain language edits, there is one substantive change to align with Calendar Year 2024 Requirements for Federal Tort Claims Act (FTCA) Coverage for Health Centers and Their Covered Individuals (hrsa.gov) (PDF - 900 KB), related to risk management and obstetrical training requirements.

For site visits conducted prior to April 13, 2023, use the 2022 version of the SVP.

For site visits conducted after April 13, 2023, use the 2023 version of the SVP.

Health Center Program Compliance Manual Overview and Operational Site Visit (OSV) Guidance

The Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC) is responsible for effective and efficient oversight of the Health Center Program. This includes ensuring that health centers comply with applicable statutory and regulatory requirements for the Health Center Program. The Health Center Program Compliance Manual serves as a streamlined and consolidated resource to assist health centers in understanding and demonstrating compliance with Health Center Program and Federal Torts Claims Act program requirements.

FQHC TIMELINE:

10/2018 - First site visit in nine years was a successful… achieving 90/93 Elements (97%)

9/2019 - We received full FQHC status in September 2019.

2/2020 - Technical Assistance Review

8/2021 – Operational Site Visit (OSV) – 93/93 Elements!!

**Next OSV is in 2024. OSVs are conducted every three years.

HRSA Compliance Manual Chapters

Chapter 13: Conflict of Interest

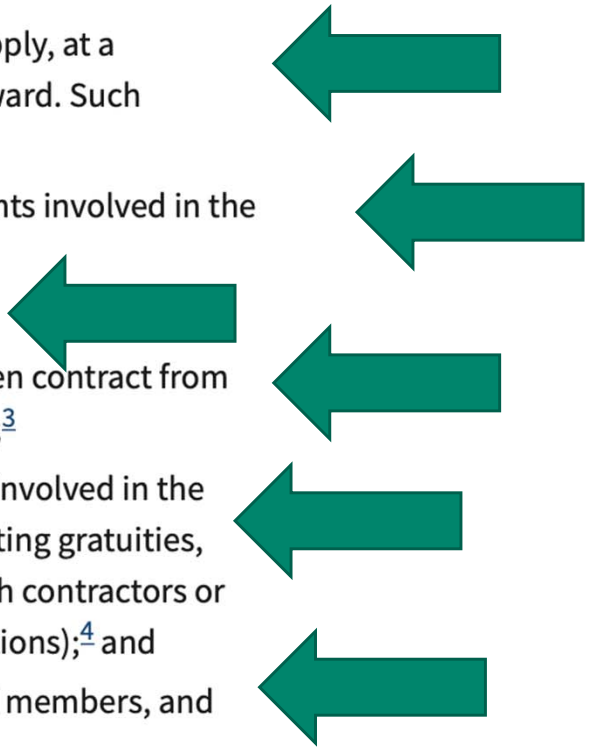
Requirements

- The health center must maintain written standards of conduct covering conflicts of interest[1] and governing the actions of its employees engaged in the selection, award, or administration of contracts that comply with all applicable Federal requirements.
- No employee, officer, or agent[2] of the health center may participate in the selection, award, or administration of a contract supported by a Federal award if he or she has a real or apparent conflict of interest.
- Officers, employees, and agents of the health center may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts.
- The health center's standards of conduct must provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the health center.
- If the health center has a parent, affiliate, or subsidiary organization that is not a State, local government, or Indian tribe, the health center also must maintain written standards of conduct covering organizational conflicts of interest.

Demonstrating Compliance

A health center would demonstrate compliance with these requirements by fulfilling all of the following:

a. The health center has and implements written standards of conduct that apply, at a minimum, to its procurements paid for in whole or in part by the Federal award. Such standards:
   - Apply to all health center employees, officers, board members, and agents involved in the selection, award, or administration of such contracts;
   - Require written disclosure of real or apparent conflicts of interest;
   - Prohibit individuals with real or apparent conflicts of interest with a given contract from participating in the selection, award, or administration of such contract;[3]
   - Restrict health center employees, officers, board members, and agents involved in the selection, award, or administration of contracts from soliciting or accepting gratuities, favors, or anything of monetary value for private financial gain from such contractors or parties to sub-agreements (including subrecipients or affiliate organizations);[4] and
   - Enforce disciplinary actions on health center employees, officers, board members, and agents for violating these standards.



Demonstrating Compliance

b. If the health center has a parent, affiliate, or subsidiary that is not a State, local government, or Indian tribe, the health center has and implements written standards of conduct covering organizational conflicts of interest[5] that might arise when conducting a procurement action involving a related organization. These standards of conduct require:
   - Written disclosure of conflicts of interest that arise in procurements from a related organization; and
   - Avoidance and mitigation of any identified actual or apparent conflicts during the procurement process.

c. The health center has mechanisms or procedures for informing its employees, officers, board members, and agents of the health center's standards of conduct covering conflicts of interest, including organizational conflicts of interest, and for governing its actions with respect to the selection, award and administration of contracts.

d. In cases where a conflict of interest was identified, the health center's procurement records document adherence to its standards of conduct (for example, an employee whose family member was competing for a health center contract was not permitted to participate in the selection, award, or administration of that contract).

Related Considerations

The following points describe areas where health centers have discretion with respect to decision-making or that may be useful for health centers to consider when implementing these requirements:

- The health center determines the appropriate methods for employees, officers, board members, and agents to disclose real or apparent conflicts of interest, as it applies to the procurement process.
- The health center determines how to inform its employees, officers, board members, and agents about the health center's standards of conduct (for example, inclusion within operating procedures or staff manuals, as part of disclosure forms/statements, employee and board orientations or trainings).
- The health center determines whether to establish additional standards of conduct that are not addressed by Federal requirements.
- The health center determines whether to set standards that define when a financial interest is not substantial or a gift is an unsolicited item of nominal value and, therefore, could be accepted by employees, officers, board members, and agents of the health center.

Footnotes

[1.] A conflict of interest arises when the employee, officer, or agent (including but not limited to any member of the governing board), any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. See: 45 CFR 75.327(c)1.

[2.] An agent of the health center includes, but is not limited to, a governing board member, an employee, officer, or contractor acting on behalf of the health center.

[3.] This includes, but is not limited to, prohibiting board members that are employees or contractors of a subrecipient of the health center from participating in the selection, award, or administration of that subaward. This also includes prohibiting board members who are employees of an organization that contracts with the health center from participating in the selection, award, or administration of that contract.

[4.] Health centers may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. See *Related Considerations* in this chapter.

[5.] Organizational conflicts of interest mean that because of relationships with a parent company, affiliate, or subsidiary organization, the health center is unable or appears to be unable to be impartial in conducting a procurement action involving a related organization. See: 45 CFR 75.327(c)(2).

VALLEYWISE HEALTH'S PROACTIVE RESPONSE:

- ✓ Implemented a Compliance Program (Seven Elements)
- ✓ Keep in motion!
- ✓ Risk Management Plan (Risk Assessment)
- ✓ Compliance and Internal Audits
- ✓ Policies and Procedures Reviews
- ✓ Education Training General and Specific
- ✓ Designate a Compliance Officer, Privacy Officer and Information Security Officer
- ✓ Manage Conflict of Interests
- ✓ Discipline and Corrective Actions
- ✓ Communication and Team Work
- ✓ Expect to be Excellent!

HOSPITAL WEEK CELEBRATION
Videos

Questions?

Valleywise Community Health Centers Governing Council Meeting

May 18, 2023

Item 9.

GC Committees
No Handout

Valleywise Community Health Centers Governing Council Meeting

May 18, 2023

Item 10.

GC Meetings Structure

May 18, 2023

Valleywise Community Health Centers Governing Council Meetings

Agendas

- Agenda items based on Health Resources and Services Administration (HRSA) and Bylaws requirements.
- Consent agenda: the ability to approve multiple agenda items with one vote.
  - If a Governing Council member wants to discuss a consent agenda item or if they have a question about the item, the item must be removed from the consent agenda.
- If the item is not posted for action, you cannot act (vote).
- If a matter is not specifically listed on the agenda, it may not be discussed.
- Chair's agenda: a scripted agenda that includes proposed motions for action items.

Meeting materials

- Governing Council meeting packets contain the meeting agenda and any supporting documents to accompany the agenda items.
- Packets provided to the Governing Council five days in advance.
- Governing Council members should prepare for the meeting by reading the materials in advance.
- Public meeting notice, agenda and meeting packet are available on the Governing Council's webpage on the Valleywise Health website. Previous meetings documents are also available.

  https://valleywisehealth.org/about/governing-council/

Meetings

- A quorum must be present before a meeting can be called to order. The meeting cannot be called to order prior to the time stated on the public meeting notice and agenda.

- Meeting can only be called to order by the Chair or Vice Chair of the Governing Council.

- In order to avoid disruption of the meeting, cell phones should be silenced. In addition, when participating remotely, participants should be muted unless speaking.

- During remote meetings, if you arrive after the meeting has been called to order, or need to leave early, best practice is to announce your arrival or departure.

Meetings, cont.

- Meetings are conducted using parliamentary procedures.
- Voting members need to be ready to vote when their name is called. If you do not respond when your name is called, the minutes will reflect that you were absent for the vote.
- In order to maintain decorum, those wishing to speak should do so through the Chair.
- You should regularly attend meetings and participate in the discussions. Questions are encouraged!

Good Governance

- Recruit new members and retain current members
- Have clearly defined roles and responsibilities – officers and members
- Establish behavior expectations – culture; engagement from all members
- Continual education and development – ongoing opportunities
- Succession planning – process in place

Valleywise Community Health Centers Governing Council Meeting

May 18, 2023

Item 10.

Parliamentary Procedures

Parliamentary Procedures At A Glance

To Do This: (1)	**You Say This:**	**May You Interrupt Speaker?**	**Must You Be Seconded?**	**Is the Motion Debatable?**	**Is the Motion Amendable?**	**What Vote Is Required?**
Adjourn the meeting (before all business is complete)	"I move that we "adjourn."	May not interrupt speaker	Must be seconded	Not debatable	Not amendable	Majority vote
Recess the meeting	"I move that we recess "until..."	May not interrupt speaker	Must be seconded	Not debatable	Amendable	Majority vote
Complain about noise, room temperature,etc.	"Point of privilege."	May interrupt speaker	No second needed	Not debatable (2)	Not amendable	None (3)
Suspend further consid-eration of something	"I move we table it."	May not interrupt speaker	Must be seconded	Not debatable	Not amendable	Majority vote
End debate	"I move the previous "question."	May not interrupt speaker	Must be seconded	Not debatable	Not amendable	Two-thirds vote
Postpone consideration of something	"I move we postpone "this matter until..."	May not interrupt speaker	Must be seconded	Debatable	Amendable	Majority vote
Have something studied further	"I move we refer this "matter to a commitee."	May not interrupt speaker	Must be seconded	Debatable	Amendable	Majority vote
Amend a motion	"I move that this motion "be amended by..."	May not interrupt speaker	Must be seconded	Debatable	Amendable	Majority vote
Introduce business (a primary motion)	"I move that..."	May not interrupt speaker	Must be seconded	Debatable	Amendable	Majority vote

Notes

1. These motions or points are listed in established order of precedence. When any one of them is pending, you may not introduce another that's listed below it. But you may introduce another that's listed above it
2. In this case, any resulting motion is debatable.
3. Chair decides.

Parliamentary Procedures At A Glance (continued)

To Do This: (4)	**You Say This:**	**May You Interrupt Speaker?**	**Must You Be Seconded?**	**Is the Motion Debatable?**	**Is the Motion Amendable?**	**What Vote Is Required?**
Object to procedure or to a personal affront	"Point of order."	May interrupt the speaker	No second needed	Not debatable	Not amendable	None (3)
Request information	"Point of information."	If urgent, may interrupt speaker	No second needed	Not debatable	Not amendable	None
Ask for a vote by actual count to verify a voice count	"I call for a division of the house."	May not interrupt speaker (5)	No second needed	Not debatable	Not amendable	None unless someone objects (6)
Object to considering some undiplomatic or improper matter	"I object to consider-ation of this question."	May interrupt speaker	No second needed	Not debatable	Not amendable	Two-thirds vote required
Take up a matter previously tabled	"I move we take from the table..."	May not interrupt speaker	Must be seconded	Not debatable	Not amendable	Majority required
Reconsider something already disposed of	"I move we now (or later) reconsider our action relative to..."	May interrupt speaker	Must be seconded	Debatable it original motion is debatable	Not amendable	Majority required
Consider something out of its scheduled order	"I move we suspend the rules and consider..."	May not interrupt speaker	Must be seconded	Not debatable	Not amendable	Two-thirds vote required
Vote on a ruling by the chair	"I appeal the chair's decision."	May interrupt speaker	Must be seconded	Debatable	Not amendable	Majority in the negative required to reverse chair's decision

Notes

4. The motions, points and proposals have no established order of precedence. Any of them may be introduced at any time except when the meeting is considering one of the top three matters listed in the chart (motion to adjourn, motion to recess,point of privilege).

5. But division must be called for before another motion is started.

6. Then majority vote is required.

Valleywise Community Health Centers Governing Council Meeting

May 18, 2023

Item 11.

GC Mentorship Program
No Handout

Valleywise Community Health Centers Governing Council Meeting

May 18, 2023

Item 12.

Closing Comments
No Handout