Council Members	AGENDA
Scott Jacobson, Chairman Eileen Sullivan, Vice Chairman Earl Arbuckle, Treasurer Nelly Clotter-Woods, Member Chris Hooper, Member Salina Imam, Member Norma Muñoz, Member William O'Neill, Member Essen Otu, Member Wayne Tormala, Member Jane Wilson, Member	**Valleywise Community Health Centers Governing Council** **Mission Statement** The Valleywise Health's mission is to provide exceptional care, without exception, every patient, every time.

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

Wednesday, February 5, 2025
5:30 p.m.

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

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

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

5:30 **Call to Order**

Roll Call

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

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

Agendas are available within 24 hours of each meeting at Valleywise Community Health Centers and at Valley Comprehensive Health Centers, 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, Virginia G. Piper Charitable Trust Pavilion, 2609 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.

1/30/2025 11:28 AM

General Session, Presentation, Discussion and Action:

5:35 1. Approval of Consent Agenda: 5 min

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

a. Minutes:

i. **Approve** Valleywise Community Health Centers Governing Council meeting minutes dated January 2, 2025

b. Contracts:

i. **Accept** amendment #3 to the intergovernmental agreement (IGA) (90-22-167-1-03) between Maricopa County, Ryan White Part A Program and Maricopa County Special Health Care District dba Valleywise Health for the Emergency Relief Project Grant to revise Number 3

c. Governance:

i. **Approve** revisions to Policy - 89104 T Valleywise Community Health Centers Governing Council Members Attendance Expectations

ii. **Appoint** the following to the Valleywise Community Health Centers Governing Council's Connecting with the Community Ad Hoc Committee:
   a. Rebecca Birr
   b. Vicki Staples

d. Medical Staff:

i. Intentionally Left Blank

End of Consent Agenda

5:40 2. Mission Moment – A Patient Story 5 min - No Handout
Sean Stallings, FHC Manager

5:45 3. Discuss and Review Federally Qualified Health Centers Press Ganey Patient Experience Data for the Second Quarter of Fiscal Year 2025 10 min
Crystal Garcia, RN, MBA, Vice President, Specialty Services, Quality and Safety

5:55 4. Discuss and Review Federally Qualified Health Centers Patient Safety Report for the Second Quarter of Fiscal Year 2025 10 min
Crystal Garcia, RN, MBA, Vice President, Specialty Services, Quality and Safety

6:05 5. Discuss and Review Federally Qualified Health Centers Uniform Data System (UDS) Quality Metrics for Calendar Year End 2024 10 min
Crystal Garcia, RN, MBA, Vice President, Specialty Services, Quality and Safety

6:15 6. Discuss and Review Federally Qualified Health Centers Financials and Payor Mix for the Second Quarter of Fiscal Year 2025 10 min
Matthew Meier, MBA, Vice President, Financial Services

General Session, Presentation, Discussion and Action cont.;

6:25 7. Discuss, Review and **Approve** revision to Valleywise Health Policy: 21531 D - Ambulatory Clinics Management of No-Shows and Late Arrivals 5 min
Michelle Barker, DHSc, Chief Executive Officer, Federally Qualified Health Centers

6:30 8. Discussion and **Possible Action** on a Charter for the Valleywise Community Health Centers Governing Council's Connecting with the Community Ad Hoc Committee 10 min
Michelle Barker, DHSc, Chief Executive Officer, Federally Qualified Health Centers

6:40 9. Federally Qualified Health Centers' Chief Executive Officer's Report, including Ambulatory Operational Dashboards 10 min
Michelle Barker, DHSc, Chief Executive Officer, Federally Qualified Health Centers

6:50 10. Valleywise Health's President and Chief Executive Officer's Report 5 min - No Handout
Steve A. Purves, FACHE, President and Chief Executive Officer, Valleywise Health

6:55 11. Governing Council Member Closing Comments/Announcements 5 min - No Handout
Valleywise Community Health Centers Governing Council

7:00 **Adjourn**

1.a.i. Minutes - Minutes dated January 2, 2025

Minutes

Valleywise Community Health Centers Governing Council Meeting
Virginia G. Piper Charitable Trust Pavilion
2609 East Roosevelt Street, Phoenix, AZ 85008
2nd Floor, Auditoriums 1 and 2
January 2, 2025, 5:30 p.m.

DRAFT

Members Present:	Scott Jacobson, Chairman Eileen Sullivan, Vice Chairman – *participated remotely, then in-person* Earl Arbuckle, Treasurer Nelly Clotter-Woods, Member – *participated remotely, then in-person* Chris Hooper, Member Norma Muñoz, Member – *participated remotely* William O'Neill, Member – *participated remotely* Essen Otu, Member Wayne Tormala, Member – *participated remotely*
Members Absent:	Salina Imam, Member Jane Wilson, Member
Others/Guest Presenters:	Michelle Barker, DHSc, Chief Executive Officer of the Federally Qualified Health Centers Michael D. White, MD, MBA, Chief Clinical Officer Melanie Talbot, Chief Governance Officer; and Clerk of the Board Matthew Meier, MBA, Vice President, Financial Oscar Solis, Program Coordinator
Recorded by:	Denise Tapia, Deputy Clerk of the Board

Call to Order:

Chairman Jacobson called the meeting to order at 5:31 p.m.

Roll Call

Ms. Tapia called roll. Following roll call, she noted that nine of the eleven voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum.

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

Call to the Public

Chairman Jacobson 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 December 4, 2024

   b. Contracts:

      i. Acknowledge Amended and Restated Statement of Work #2 FQHC Services, for Master Services Agreement (90-23-177-1) between Maricopa County Special Health Care District dba Valleywise Health, and District Medical Group

   c. Governance:

      i. Approve registration fee for Valleywise Community Health Centers Governing Council members' Scott Jacobson, Earl Arbuckle, and Christopher Hooper to attend the Arizona Alliance for Community Health Centers (AACHC) Annual Conference April 9 -10, 2025, in Scottsdale, Arizona utilizing the Governing Council's seminar fees budget

   d. Medical Staff:

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

MOTION: Mr. Otu moved to approve the consent agenda. Mr. Hooper seconded.

VOTE: 9 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Muñoz, Mr. O'Neill, Mr. Otu, Mr. Tormala
0 Nays
2 Absent: Ms. Imam, Ms. Wilson
Motion passed.

2. Mission Moment – A Patient Story

Mr. Solis stated that there was a recent graduate from the Diabetes Empowerment Education Program (DEEP) who was originally hesitant to join the program. Prior to the program, the patient's health was deteriorating and was losing their sight, and was wheelchair bound. Throughout the program, the patient was supported by family, including their 12-year-old granddaughter. The health of the patient and their families improved after graduating from the program.

3. Presentation on Diabetes Empowerment Education Program (DEEP)

Mr. Solis provided an overview of the DEEP program. The first phase of the program was to remove barriers to health, reduce hospital and emergency department readmission rates and improve health outcomes for vulnerable, polychronic patients.

NOTE: Vice Chairman Sullivan arrived at 5:39 p.m.

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

3. Presentation on Diabetes Empowerment Education Program (DEEP) cont.

The program's objective was to provide 120 Spanish-speaking pre-diabetic and diabetic patients at Valleywise Community Health Center South Central, South Phoenix Laveen, and Avondale clinics with the education and tools needed to manage their diabetes. Patients were provided food boxes containing a sample of healthy and nutritious food and glucose monitors with test strips for the patients.

Patients were taught to understand the human body and how it affected each organ, and the risk factors involved in not monitoring their blood glucose levels. Patients were given food samples and meal preparation ideas. The patients were educated on the importance of medications and medical care, physical activity and the support of their friends and family.

Mr. Solis reviewed the program's accomplishments for the year. He created and developed the recruitment protocols for the DEEP program. There were ten complete cycles for the 8-week DEEP education sessions at three sites, with 78% of participants graduating. Three hundred and ten food boxes had been distributed.

Chairman Jacobson asked when and how often the food boxes were distributed.

Mr. Solis stated the food boxes were provided monthly, for 11 months, after the patient graduated from the program.

Chairman Jacobson asked how many patients had support systems versus lived alone.

Mr. Solis stated about half had a support system, but he would confirm and provide an answer to the Governing Council.

Mr. Solis mentioned that an orientation session was created for the DEEP program to provide program details and inform patients that there was no cost and that everyone was welcome.

Data was gathered from patients who completed the six-month mark. There was a 75% improvement in A1C levels, noting that not all patients graduated at the same time.

Chairman Jacobson stated he would imagine there was a level of depression with diabetes.

Mr. Solis stated there were, along with other issues in the home, including substance abuse and domestic violence. Patients were also referred to a social worker if needed.

The key success at the six-month mark were a 41% increase in consumption of healthy meals, 47% increase in physical activity, 53% increase in participants testing their glucose levels, an increase of diabetes knowledge, 100% improvement in their attitude towards diabetes and 100% improvement in self-efficacy.

NOTE: Dr. Clotter-Woods arrived at 5:58 p.m.

Mr. Solis outlined the program challenges, including the delay in hiring a program coordinator, as the administrative tasks associated with the program was time invasive. There were also challenges with capacity, participant management increased as patients graduated, overcoming patient concerns regarding an eight-week commitment, and limited classroom space.

The next steps for the program were hiring an additional coordinator, use the electronic medical record to help with patient outreach, invite participants to utilize the Advance Community's "nourishing the soul" support group, expand recipes for the food boxes, and have the patients complete the Social Determinants of Health (SDOH) through the MyChart application. An English-speaking DEEP program was approved and staff was working to improve patient A1C lab draws every 90 days.

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

3. Presentation on Diabetes Empowerment Education Program (DEEP) cont.

Dr. Barker mentioned staff would be working to add additional services, such as patient transportation, childcare opportunities, and explore other food box options.

Mr. Otu expressed his appreciation for the work dedicated to the program. He asked if graduates of the program could provide peer support for the incoming program participants.

Mr. Solis stated there were specific rules to follow but appreciated the idea. The biggest impact would be listening to the patients who went through the program.

Mr. O'Neill asked if there would be a kitchen built in the facility.

Mr. Solis stated that having a kitchen in the facility would be ideal, however, there were various licensing requirements involved. However, there were kitchens available through partners, that could assist patients.

Ms. Muñoz appreciated staff's efforts.

Mr. Tormala commended Mr. Solis and he believed the success of the DEEP program was due to his ability to connect with the patients.

4. Discuss, Review and Accept the Maricopa County Special Health Care District dba Valleywise Health, annual audit for fiscal year ending June 30, 2024, including information related to the Federally Qualified Health Centers

Mr. Meier presented the draft audit, noting that it was near complete. The audit focused on the health revenue analyzer tool, which included the accounts receivable and service patient revenue; the Proposition 480 bond funds, and the self-insurance accruals, pension plan, and risk management controls. There were no issues found.

The final financials were sent to the auditor for review. Once the final financials were approved, it would be brought back to the Governing Council.

He noted the uniform guidance audit was in progress and would go through the end of March.

Mr. Otu asked for clarification on the Safety Net Service Initiative (SNSI) and how it impacted the operating revenue.

Mr. Meier said SNSI was a new initiative, a program reimbursed Arizona Health Care Cost Containment System (AHCCCS) patients at a commercial rate.

MOTION: Mr. Arbuckle moved to accept the Maricopa County Special Health Care District dba Valleywise Health, annual audit for fiscal year ending June 30, 2024, including information related to the Federally Qualified Health Centers. Mr. Hooper seconded.

VOTE: 9 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Muñoz, Mr. O'Neill, Mr. Otu, Mr. Tormala
0 Nays
2 Absent: Ms. Imam, Ms. Wilson
Motion passed.

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

5. Discuss and Review the Semiannual Federally Qualified Health Centers Referral Report

Mr. Meier reviewed the semiannual Federally Qualified Health Centers (FQHC) referral report, noting over 80% of referrals remained with the Valleywise Health system. There was an increase quarter over quarter, but it was the first time it was over 80 percent.

Mr. Otu asked if it resulted from having more providers or capacity.

Dr. Barker stated that efforts had been made to engage providers to ensure patients could get quality and timely care.

6. Discuss and Review the Semiannual Health Resources and Services Administration (HRSA) Grants Funding Utilization Report

Mr. Meier reviewed the semiannual Health Services and Services Administration (HRSA) grants funding utilization report and stated all allocated funds for the organization for the fiscal year (FY) 2024 Service Area Competition (SAC) grant were received. The SAC grant for FY 2025 was to support the Family Resource Centers (FRCs), and nearly half of the allocated funds had been received, with the remaining amounts to be received and spent by March 31, 2025.

The American Rescue Plan Act (ARPA) grant was the largest grant awarded, at $16.9 million, and the entire amount had been spent.

The entire First Things First grant for FY 2024 had been received, however, an additional grant was available to support the FRCs, and the organization had until June 30, 2025, to use the funds.

The Bridge Access Program grant aimed to promote COVID-19 vaccinations. The funds had not been spent down, and Valleywise Health requested and received an extension to utilize the grant.

Dr. Barker noted that the grant would not be completely spent, as it was limited to COVID-19 vaccinations. She explained that the demand for the vaccination had declined.

7. Discuss and Review the Semiannual American Rescue Plan Act (ARPA) Funding Report

Mr. Meier reviewed the semiannual ARPA funding report and outlined how the grant funding had been spent.

8. Discuss, Review and Acknowledge Action Plan for the Strategic Plan for the Federally Qualified Health Centers for Fiscal Years 2025-2027

Dr. Barker provided an overview of the action plan for the strategic plan for the FQHCs. She reviewed the process used to create the strategic plan, which included the following focus areas: enhancing patient experience, empowering the team, connecting with the community, mobilizing equitable health initiatives, and modernizing the operations.

The focus areas also aligned with the Valleywise Health strategic pillars: patient experience, best people engagement, best quality and safety, and best financial management.

She reviewed the Valleywise Health FQHC strategy dashboard for FY 2025-2027.

She reviewed the plan to address enhancing patient experience, including monitoring the patient experience survey results and decreasing wait times.

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

8. Discuss, Review and Acknowledge Action Plan for the Strategic Plan for the Federally Qualified Health Centers for Fiscal Years 2025-2027, cont.

Dr. Barker reviewed the Valleywise Health strategic deployment operational dashboard items for FY 2025-2027. One of the project's focus areas was enhancing the patient experience by optimizing provider templates. The project measure was new patient time to book from first contact to the scheduled appointment date. The team was working toward accomplishing that metric. There were nine different work groups that were working toward the patient experience activities, which included establishing patient book times, increasing provider fill rates, decreasing patient no-shows, decreasing wait time for new Integrated Behavioral Health (IBH) patients, increasing percentage of AHCCCS patients, and an increase Press Ganey would recommend patient satisfaction metric and increase easy to get appointment patient satisfaction metric.

The next focus area was mobilizing equitable health initiatives. The project measure of success was as follows: increase SDOH screenings, controlling the diabetes A1C metric, controlling high blood pressure metric, improving body mass index metric, increasing access to Medication Assisted Treatment (MAT) for substance abuse, developing harm reduction strategy project, postpartum depression screening project and postpartum depression screening referrals, and complete a residency curriculum for 1-3 years with full accreditation from Commission On Dental Accreditation (CODA).

Connecting with the community focus area would be measured by assigning membership and then asking the committee to complete one project each year, as well as developing a refugee strategy project.

Dr. Barker stated the next area of focus was empowering the team, which would be a big project. The goal would be to increase employee engagement scores by one percent better than the benchmark, increase new employee retention, create an entry and mid-level career path for employees working on developing their skills and improving their career path to provide them the opportunity to grow at Valleywise Health.

Modernizing the operations focus area was to develop a communication framework based on the communication gaps within the FQHCs, develop operational best practices across all the clinics, and evaluate the feasibility and prioritize all stainable projects.

Mr. Otu mentioned there were many goals for the three-year timeframe and asked if there were adequate resources to support the goals.

Dr. Barker stated her goal was to address one project in each focus area yearly. There were people from each department that were reviewing the goals to ensure they were attainable.

Chairman Jacobson asked if the Governing Council could view the baseline of the employee satisfaction survey.

Dr. Barker stated she would get that number populated and let the Governing Council know.

Mr. O'Neil asked if other FQHC hospital systems had strategic plan goals.

Dr. Barker stated that all FQHCs had a strategic plan with different varieties and types.

Mr. Arbuckle asked if there was a timeline for the first year projects.

Dr. Barker stated everything that was marked as priority one was already in the starting phase.

Mr. Arbuckle asked if there was a process to review the goals at some point.

Dr. Barker mentioned the Governing Council would receive updates quarterly on the executive dashboard and per Governing Council's request, with annual updates on the operational dashboard.

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

8. Discuss, Review and Acknowledge Action Plan for the Strategic Plan for the Federally Qualified Health Centers for Fiscal Years 2025-2027, cont.

Dr. Barker requested flexibility in making changes to the strategic action plan without the Governing Council's permission, noting major initiatives would not be deleted without Governing Council approval.

MOTION: Mr. Hooper moved to acknowledge the action plan for the Strategic Plan for the Federally Qualified Health Centers for Fiscal Years 2025-2027. Mr. Arbuckle seconded.

VOTE: 9 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Muñoz, Mr. O'Neill, Mr. Otu, Mr. Tormala
0 Nays
2 Absent: Ms. Imam, Ms. Wilson
Motion passed.

9. Discussion and Possible Action on the Creation of a Valleywise Community Health Centers Governing Council Connecting with the Community Ad Hoc Committee

Dr. Barker recommended the creation of a joint Valleywise Health Community Health Centers Governing Council Connecting with the Community Ad Hoc Committee that would include Valleywise Health staff and four Governing Council members.

MOTION: Mr. Otu moved to approve the creation of a Valleywise Community Health Centers Governing Council Connecting with the Community Ad Hoc Committee. Dr. Clotter-Woods seconded

VOTE: 9 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Muñoz, Mr. O'Neill, Mr. Otu, Mr. Tormala
0 Nays
2 Absent: Ms. Imam, Ms. Wilson
Motion passed.

10. Discussion and Possible Appointment of Members to the Valleywise Community Health Centers Governing Council's Connecting with the Community Ad Hoc Committee

Dr. Barker recommended the following Governing Council members be appointed as representatives for the Committee: Earl Arbuckle, Nelly Clotter-Woods, Chris Hooper, and Scott Jacobson. She recommended the following Valleywise Health staff members: Sheli Bahena, Jee Moon, Jason Vail Cruz, Irene Noriega, Claudia Inabinet, and Helen Kennedy.

MOTION: Mr. Arbuckle moved to appoint Earl Arbuckle, Chris Hooper, Nelly Clotter-Woods, Scott Jacobson, Shelbi Bahena, Jee Moon, Jason Vail Cruz, Irene Noriega, Claudia Inabinet, and Helen Kennedy as members to the Valleywise Community Health Centers Governing Council's Connecting with the Community Ad Hoc Committee. Dr. Clotter-Woods seconded.

VOTE: 9 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Muñoz, Mr. O'Neill, Mr. Otu, Mr. Tormala
0 Nays
2 Absent: Ms. Imam, Ms. Wilson
Motion passed.

General Session, Presentation, Discussion and Action, cont.

11. Discussion and Possible Appointment of a Chair for the Valleywise Community Health Centers Governing Council's Connecting with the Community Ad Hoc Committee

Dr. Barker asked the Governing Council's Connecting with the Community Ad Hoc Committee members if they were interested in serving as Chair; Chris Hooper volunteered.

MOTION: Mr. Otu moved to appoint Chris Hooper as Chairman of the Valleywise Community Health Centers Governing Council's Connecting with the Community Ad Hoc Committee. Dr. Clotter-Woods seconded.

VOTE: 9 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Muñoz, Mr. O'Neill, Mr. Otu, Mr. Tormala
0 Nays
2 Absent: Ms. Imam, Ms. Wilson
Motion passed.

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

Dr. Barker mentioned there were some recommendations from the Governing Council members to review the attendance policy; there would be some changes that would be made to allow more privacy for the Governing Council members.

Dr. Barker reviewed the FQHC dashboard for November 2024, noting that the appointment fill rate was 91.3 percent. The new patient availability report would change to a rolling 30-day report, and she would look into new metrics and ways of capturing the information.

The no-show rate remained consistent. The referrals were ready to book in three days or less and were doing well.

All quality metrics were meeting the established benchmarks, or close to meeting. Quality metrics were monitored by calendar year and would reset in January 2025.

Dr. Barker reviewed the financial metrics. Revenues were six percent better than budget, with a negative three percent variance for expenses, and visits were five percent better than budget.

Mr. Arbuckle requested an update on the Mobile Health Unit.

Dr. Barker reviewed the statistics, noting that due to the delayed opening, the annual metrics would not be met.

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

This item was not discussed.

General Session, Presentation, Discussion and Action, cont.

14. Concluding Items

a. Old Business:

December 4, 2024
Bring back Policy 21531 D – Ambulatory Clinics Management of No-Shows and Late Arrivals

b. Governing Council Member Closing Comments/Announcements

Ms. Tapia reviewed old business and reiterated the request made throughout the meeting.

Adjourn

MOTION: Vice Chairman Sullivan moved to adjourn the January 2, 2025, Valleywise Community Health Centers Governing Council Meeting. Dr. Clotter-Woods seconded.

VOTE: 9 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Muñoz, Mr. O'Neill, Mr. Otu, Mr. Tormala
0 Nays
2 Absent: Ms. Imam, Ms. Wilson
Motion passed.

Meeting adjourned at 7:09 p.m.

_____
Denise Tapia
Deputy Clerk of the Board

1.b.i. Contracts - Ryan White Part A (IGA) (90-22-167-1-03)

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, January 7, 2025 3:02 PM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment #3 - IGA Increased Funding - Ryan White Part A (C-86-22-145-X-00) Emergency Relief Project Grant Maricopa County by and through the Ryan White Program

Message Information

From Purves, Stephen
To Talbot, Melanie;
Subject Contract Approval Request: Amendment #3 - IGA Increased Funding - Ryan White Part A (C-86-22-145-X-00) Emergency Relief Project Grant Maricopa County by and through the Ryan White Program
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
RFBA-90-22-167-1-03.pdf		File	RFBA-90-22-167-1-03.pdf
SAM.-Maricopa County-2025.pdf		File	SAM.-Maricopa County-2025.pdf
OIG - Maricopa County-2025.pdf		File	OIG - Maricopa County-2025.pdf
Valleywise Health Amendment 3.docx		File	Valleywise Health Amendment 3.docx

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment #3 - IGA Increased Funding - Ryan White Part A (C-86-22-145-X-00) Emergency Relief Project Grant
Contract Identifier Board - Amendment
Contract Number 90-22-167-1-03

Primary Responsible Party	Hammer, Mary P.
Departments	Grants - Ryan White Part A Primary
Product/Service Description	Amendment #3 - IGA Increased Funding - Ryan White Part A (C-86-22-145-X-00) Emergency Relief Project Grant
Action/Background	Approve Amendment #3 to the Intergovernmental Agreement (IGA) between Maricopa County, Ryan White Part A Program and Maricopa County Special Health Care District dba Valleywise Health for the Emergency Relief Project Grant to revise Number 3., Agreement Amount, currently stated as "$4,500,000 annually" will be deleted and replaced with $6,500,000 for the period from March 1, 2024, to February 28, 2025." All other terms and conditions of the original agreement shall remain in full force and effect. This Amendment #3 is adding $2,000,000.00 to the final year (March 1, 2024, through February 28,2025). This Amendment #3 is sponsored by Dr. Michael White, EVP and Chief Clinical Officer.
Evaluation Process	The requesting department has determined that the Contractor is performing satisfactorily and is meeting the goals and objectives of the organization.
Category	IGA
Effective Date	
Term End Date	2/28/2025
Annual Value	$2,000,000.00
Expense/Revenue	Revenue
Budgeted Travel Type	N/A
Procurement Number	
Primary Vendor	Maricopa County by and through the Ryan White Program

Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	
Melton, Christopher C.	Approved	
Joiner, Jennifer L.	Approved	
Barker, Michelle J.	Approved	
Hixson, Jeffrey B.	Approved	
Harris, Ijana M.	Approved	
White, Michael	Approved	
Meier, Matthew P.	Approved	
Purves, Stephen A.	Approved	
Talbot, Melanie L.	Current	

1.c.i Governance - Policy 89104 T Member Attendance Expectations

Valleywise Health Administrative Policy & Procedure

Effective Date: **11/22**

Reviewed Dates: **00/00**

Revision Dates: **06/24, 02/25**

DRAFT

Policy #: 89104 T

Policy Title: Valleywise Community Health Centers Governing Council Members Attendance Expectations

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

Purpose:

The purpose of the policy is to help ensure that Valleywise Community Health Centers Governing Council (Governing Council) members contribute their experiences and expertise to the oversight of the Federally Qualified Health Centers (FQHCs) by understanding the importance of attending and participating in Governing Council meetings.

Definitions:

Absence: Failure to attend at least 50% of a Governing Council meeting.

~~Excused absence: An absence approved by the Governing Council as an extenuating circumstance that does not count toward a Governing Council member's attendance record.~~

~~Extenuating circumstance: A nonrecurring event that is beyond the Governing Council member's control~~

Meeting: The gathering, in person or through technological devices, of a quorum of the members of the Governing Council at which they discuss, propose, or take legal action.

Member: Member of the Valleywise Community Health Centers Governing Council

Policy:

Serving on the Governing Council requires commitment and dedication to the organization. Members are expected to add regularly scheduled Governing Council meetings on their personal calendar to avoid scheduling other meetings during that time.

It is recognized that members may be unable to attend some meetings from time to time. It is incumbent upon members to advise the ~~Governing Council Chair~~Clerk when they are unable to attend a meeting.

Members need to attend more than 50% of a Governing Council meeting to be counted as present for the meeting.

If a member missed more than ~~1/4~~25% of Governing Council meetings within a rolling twelve-month period, it is considered a violation of Article III, Section II of the Valleywise Community Health Centers Governing Council Bylaws and ~~is cause for~~ shall be ~~removal~~ removed from the Governing Council.

Procedure:

1. If a member ~~is unable to~~cannot attend a Governing Council meeting, they need to notify the Clerk by email ~~Governing Council Chair~~ with as much notice as possible to ensure that a quorum will be established for said meeting.
    a. ~~Method of contact to notify the Governing Council is to be determined by the Governing Council and needs to be made clear during a Governing Council meeting to be reflected in the minutes.~~ The email should be sent to District.Clerks@valleywisehealth.org

~~2. Members may be absent from a Governing Council from time to time. Some reasons that are not considered extenuating circumstances:~~
    ~~a. Vacation~~
    ~~b. Social events~~
    ~~c. Commuting issues~~
    ~~d. Minor illness~~
    ~~e. Work commitments~~
    ~~f. Other voluntary work commitments~~

~~3. Members that are absent due to an extenuating circumstance may request that the Governing Council excuse the absence. The following may be considered an extenuating circumstance:~~
    ~~a. Bereavement of immediate family member or domestic partner~~
    ~~b. Court or administrative proceeding~~
    ~~c. Acute illness~~
    ~~d. Life threatening illness of immediate family member or domestic partner~~
    ~~e. Victim of a crime~~

~~4. To request an excused absence, the member needs to contact the Governing Council Chair, explaining the justification for the absence to be considered an extenuating circumstance.~~

~~a. The Governing Council Chair will ask the member how much information, if any, can be shared with the Governing Council for its consideration in excusing the absence.~~

~~b. The Governing Council Chair will direct the clerk to add the request for excused absence to the next regularly scheduled Governing Council meeting agenda.~~

~~5.~~2. If a member is in jeopardy of breaching the attendance requirements, ~~the~~ the Governing Council Chair will consult with them to discuss the matter.

~~6.~~3. If a member is absent from ~~1/4~~25% or more of Governing Council meetings, they will be asked to consider resigning. If the member ~~fails~~ does not~~to~~ resign, the Governing Council Chair will ~~recommend~~ ask ~~to~~ the entire Governing Council ~~that the member be removed~~to vote on removal due to excessive absences.

~~7.~~4. The member who is to be considered for ~~removed~~ removal will be sent a letter via the United States Postal Service (USPS) certified mail, giving the reason ~~for~~ the Governing Council is considering their ~~r~~removal. The letter will include the place, date, and time of the Governing Council meeting when the vote for removal will occur.

a. During the meeting, the member in question may address the Governing Council or give reasons for their opposition to their removal in a written statement read by the Governing Council Chair at the meeting.

~~8.~~5. A 2/3 majority of the Governing Council is required to remove a member from the Governing Council.

a. If the member isn't present for the vote, they will be notified via USPS certified mail of the final consideration and action.
b. If the vote is in favor of removal, the member will be removed immediately from the Governing Council.

References:
Valleywise Community Health Centers Governing Council Bylaws

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

POLICY RESPONSIBLE PARTY: Melanie Talbot, Chief Governance Officer and Board Clerk

DEVELOPMENT TEAM(S): Clerk's Office

Policy #: 89104 T

Policy Title: Valleywise Community Health Centers Governing Council Members Attendance Expectations

e-Signers: Melanie Talbot, Chief Governance Officer and Board Clerk

Place an X on the right side of applicable description:

New - ~~**X**~~

Retire - **Reviewed -**

Revised with Minor Changes -

Revised with Major Changes - x

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

Removed extenuating circumstances from policy; changed who to contact when absent.

List associated form(s): (If applicable)

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

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

Other: Valleywise Community Health Centers Governing Council
~~**06/24**~~**02/25**

Valleywise Health Administrative Policy & Procedure

Effective Date: **11/22**

Reviewed Dates: **00/00**

Revision Dates: **06/24, 02/25**

DRAFT

Policy #: 89104 T

Policy Title: Valleywise Community Health Centers Governing Council Members Attendance Expectations

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

Purpose:

The purpose of the policy is to help ensure that Valleywise Community Health Centers Governing Council (Governing Council) members contribute their experiences and expertise to the oversight of the Federally Qualified Health Centers (FQHCs) by understanding the importance of attending and participating in Governing Council meetings.

Definitions:

Absence: Failure to attend at least 50% of a Governing Council meeting.

Meeting: The gathering, in person or through technological devices, of a quorum of the members of the Governing Council at which they discuss, propose, or take legal action.

Member: Member of the Valleywise Community Health Centers Governing Council

Policy:

Serving on the Governing Council requires commitment and dedication to the organization. Members are expected to add regularly scheduled Governing Council meetings on their personal calendar to avoid scheduling other meetings during that time.

It is recognized that members may be unable to attend some meetings from time to time. It is incumbent upon members to advise the Clerk when they are unable to attend a meeting.

Members need to attend more than 50% of a Governing Council meeting to be counted as present for the meeting.

If a member missed more than 25% of Governing Council meetings within a rolling twelve-month period, it is considered a violation of Article III, Section II of the Valleywise Community Health Centers Governing Council Bylaws and shall be removed from the Governing Council.

Procedure:

1. If a member cannot attend a Governing Council meeting, they need to notify the Clerk by email with as much notice as possible to ensure that a quorum will be established for said meeting.
    a. The email should be sent to District.Clerks@valleywisehealth.org

2. If a member is in jeopardy of breaching the attendance requirements, the Governing Council Chair will consult with them to discuss the matter.

3. If a member is absent from 25% or more of Governing Council meetings, they will be asked to consider resigning. If the member does not resign, the Governing Council Chair will ask the entire Governing Council to vote on removal due to excessive absences.

4. The member who is to be considered for removal will be sent a letter via the United States Postal Service (USPS) certified mail, giving the reason the Governing Council is considering their removal. The letter will include the place, date, and time of the Governing Council meeting when the vote for removal will occur.
    a. During the meeting, the member in question may address the Governing Council or give reasons for their opposition to their removal in a written statement read by the Governing Council Chair at the meeting.

5. A 2/3 majority of the Governing Council is required to remove a member from the Governing Council.
    a. If the member isn't present for the vote, they will be notified via USPS certified mail of the final consideration and action.
    b. If the vote is in favor of removal, the member will be removed immediately from the Governing Council.

References:
Valleywise Community Health Centers Governing Council Bylaws

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

POLICY RESPONSIBLE PARTY: Melanie Talbot, Chief Governance Officer and Board Clerk

DEVELOPMENT TEAM(S): Clerk's Office

Policy #: 89104 T

Policy Title: Valleywise Community Health Centers Governing Council Members Attendance Expectations

e-Signers: Melanie Talbot, Chief Governance Officer and Board Clerk

Place an X on the right side of applicable description:

New -

Retire - **Reviewed -**

Revised with Minor Changes -

Revised with Major Changes - x

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

Removed extenuating circumstances from policy; changed who to contact when absent.

List associated form(s): (If applicable)

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

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

Other: Valleywise Community Health Centers Governing Council 02/25

3. FQHC Press Ganey Patient Experience Data

February 5, 2025

FQHC Press Ganey Data Review

Patient Experience Improvement Collaborative
Prepared by Steve Elliott, RN Quality Analyst

Presented by Crystal Garcia, VP of Specialty Services, Quality and Patient Safety

FQHC Priority Matrix

Current FQHC			
Medical Practice Pods			**OP Behavioral Health**
AVD FAMILY PRACTICE	NPX FAMILY PRACTICE	PXC OB/GYN	CHD INTEGRATED BH
CHD FAMILY PRACTICE	NPX INTERNAL MEDICINE	PXC OB/GYN INFER (REI)	GDL INTEGRATED BH
CHD INTERNAL MEDICINE	NPX OB/GYN	PXC OBSTETRICS COMP	PEC INTEGRATED BH
CHD OB/GYN	NPX PEDIATRICS	PXC PEDS	PXC INTEGRATED BH
GDL FAMILY PRACTICE	PEC CARDIAC CLINIC	PXC UROGYNECOLOGY	MSA INTEGRATED BH
GDL OB/GYN	PEC FAMILY PRACTICE	SPL FAMILY PRACTICE	NPX INTEGRATED BH
MCD FAMILY PRACTICE	PEC INTERNAL MEDICINE	SPL INTERNAL MEDICINE	SPL INTEGRATED BH
MCD INTERNAL MEDICINE	PEC OB/GYN	SPL OB/GYN	WMV INTEGRATED BH
MESA FAMILY PRACTICE	PEC PEDIATRICS	SPL PEDIATRICS	**OUTPATIENT SERIES**
MESA INTERNAL MEDICINE	PXC ADOLESCENT	SPX FAMILY PRACTICE	PXC ANTEPARTUM TEST
MESA OB/GYN	PXC GYN TUMOR	WMV OB/GYN	PXC COLPOSCOPY
MESA PEDIATRICS	PXC INTERNAL MEDICINE	WMV PEDIATRICS	PXC PEDS PROCEDURE
MESA PREVENTION			

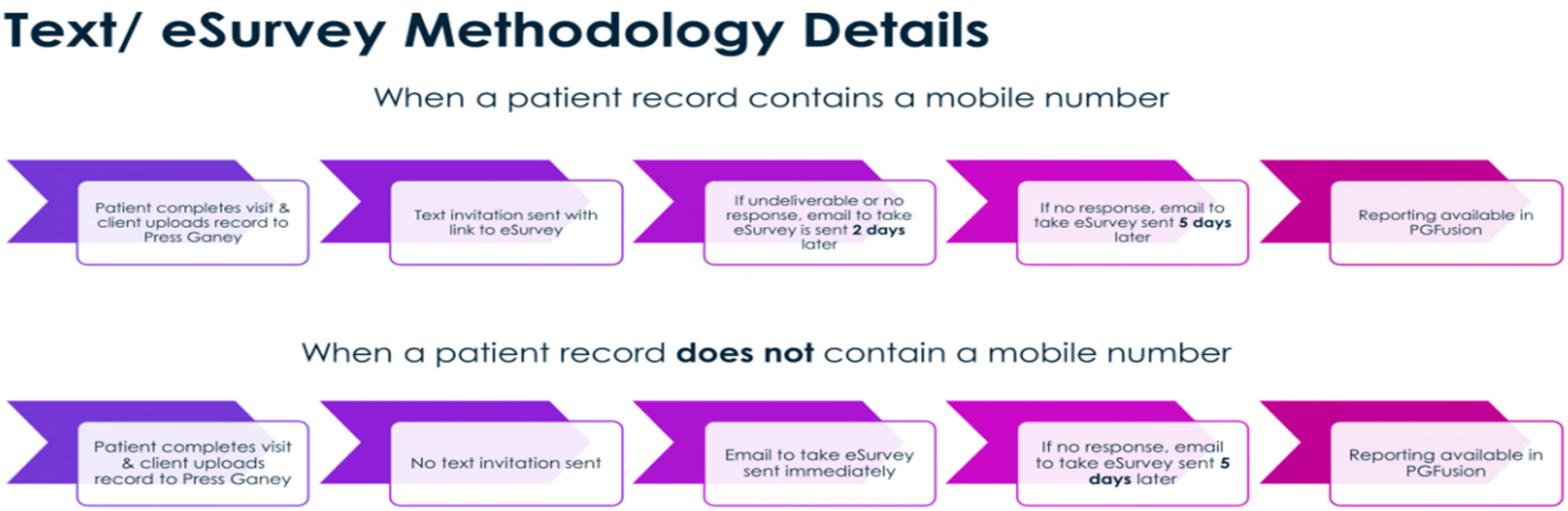
* Locations as last edited and reviewed on 09/12/24

Patient Experience Vendor:
Press Ganey
Surveys and Survey Modes

Implementation was successful on October 1, 2024

- Ambulatory (Medical Practice) (MD) FQHCs – Text and Email
- Outpatient (Lab, Imaging, Therapy, etc) (OU) – Text and Email
- Behavioral Health Outpatient (OY) – Text and Email
- Dental Services (DS) – Text and Email

Patient Experience Vendor:
Press Ganey
Surveys and Survey Modes



Patient Experience Vendor:
Press Ganey

Survey Metrics

Top Box	Shows the frequency and percentages of each rating for each question. The Top Box is the highest rating (Very Good for Press Ganey; Always for CAHPS) for each question on the survey
Percentile Rank	Proportion of scores in the database that are at or below your facility's score; these are ranks, not scores (For example, a 68 in percentile rank means your facility is equal to our better than 68% of the database and is lower than 32%)
Peer Groups	Peer groups are client facilities who share similar characteristics and are grouped together for benchmarking purposes
Date Type	There are two date types: Received Date and Discharge/Visit Date. Received date is the dat the survey was received by Press Ganey, and Discharge/Visit Date is the date the patient was last seen

PressGaney

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Patient Experience Vendor:
Press Ganey

How do I compare to others?

Percentile Ranks

- Percentile rank shows how your mean score or top box percentage compares to facilities in your selected peer groups
- Each mean score or top box percentage gets a percentile rank by determining the proportion of the database that falls below that score
- The Median Score for all facilities equals the 50th percentile.
  - There is no 0 or 100th rank. The lowest is the 1st percentile rank; the highest is the 99th percentile rank.
- If your score is 68th percentile rank:
  - You are performing as well or better than 68% of your peers, OR…
  - 32% of your peers are performing better than you are

PressGaney

Patient Experience Vendor:
Press Ganey

Understanding Percentile Ranks

	86.1
	84.7
	84.5
	83.1
75th %ile	**80**
	79.6
	79.3
	78.5
	78.4
50th %ile	**78.3**
	77.9
	77.2
	77.1
	77.0
25th %ile	**69.9**
	69.5
	69.4
	69.1
	69
	68.7

- Here is a group of 20 hospitals and their scores ordered from highest to lowest.
- The example facility is the one in Blue with the score of 80. Count the number of hospitals that have score below yours.
- There are 15 that have scores lower than 80, so you divide 15 by the total number of hospitals in the database.

  15 divided by 20 = .75, which is 75%
- In this example, you scored is better than or equal to the 75th percentile.

PressGaney

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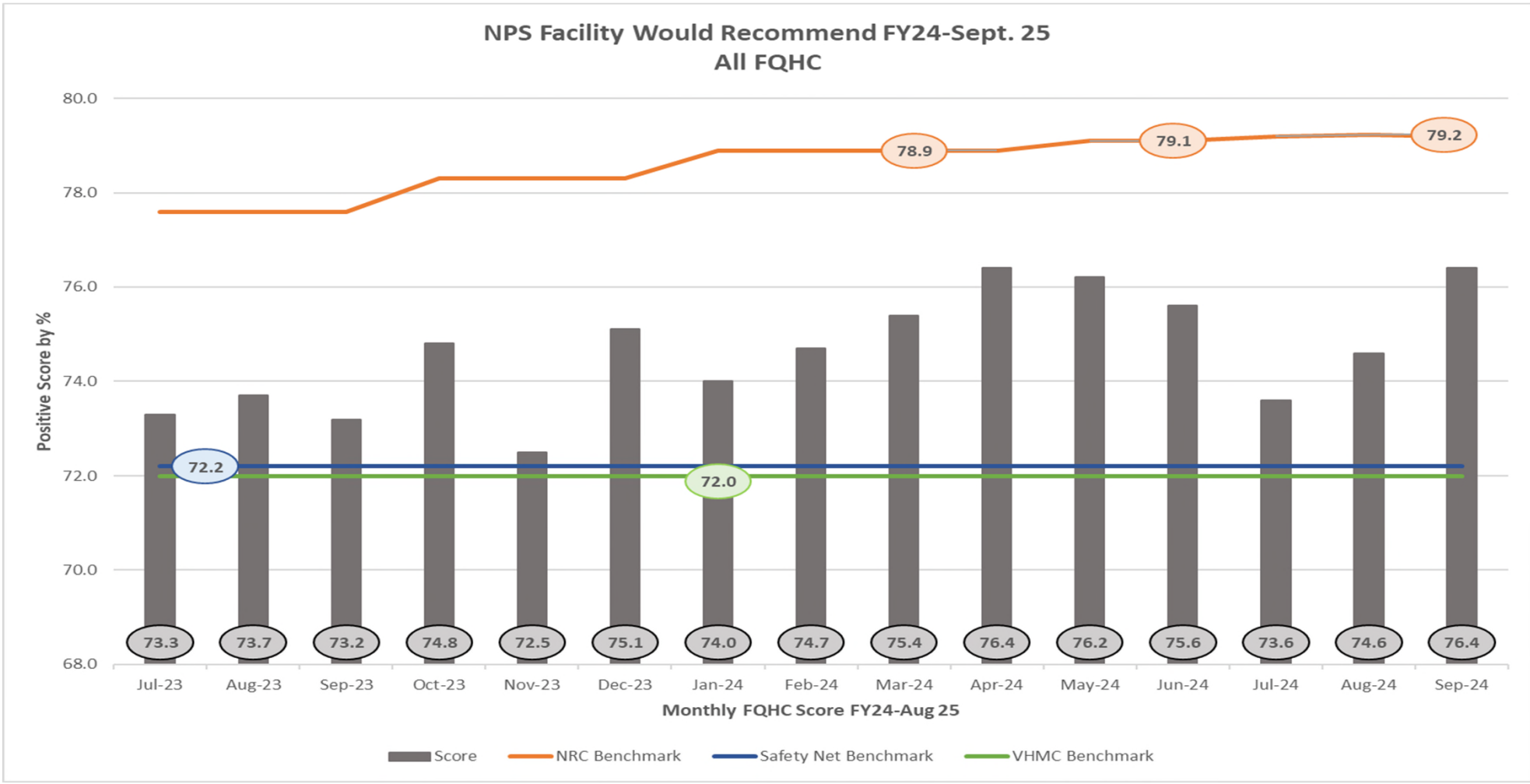
Patient Experience Vendor: Press Ganey

Client Name	Designator	Service Line/Survey	Mode	Response	Undeliverable Rate	Sent	Returned	Undeliverable
Valleywise Health	DS0101E	Dental Service	eSurvey	6.1%	8.6%	3167	176	272
Valleywise Health	MD0101E	Medical Practice	eSurvey	6.8%	8.8%	24268	1496	2139
Valleywise Health	MD0102E	Medical Practice	eSurvey	3.0%	6.4%	2608	73	166
Valleywise Health	MT0101CE	Medical Practice Telehealth	eSurvey	7.6%	8.4%	416	29	35
Valleywise Health	MT0102CE	Medical Practice Telehealth	eSurvey	0.0%	11.8%	17	0	2
Valleywise Health	OY0101E	Outpatient Behavioral Health	eSurvey	3.3%	8.0%	1417	43	114

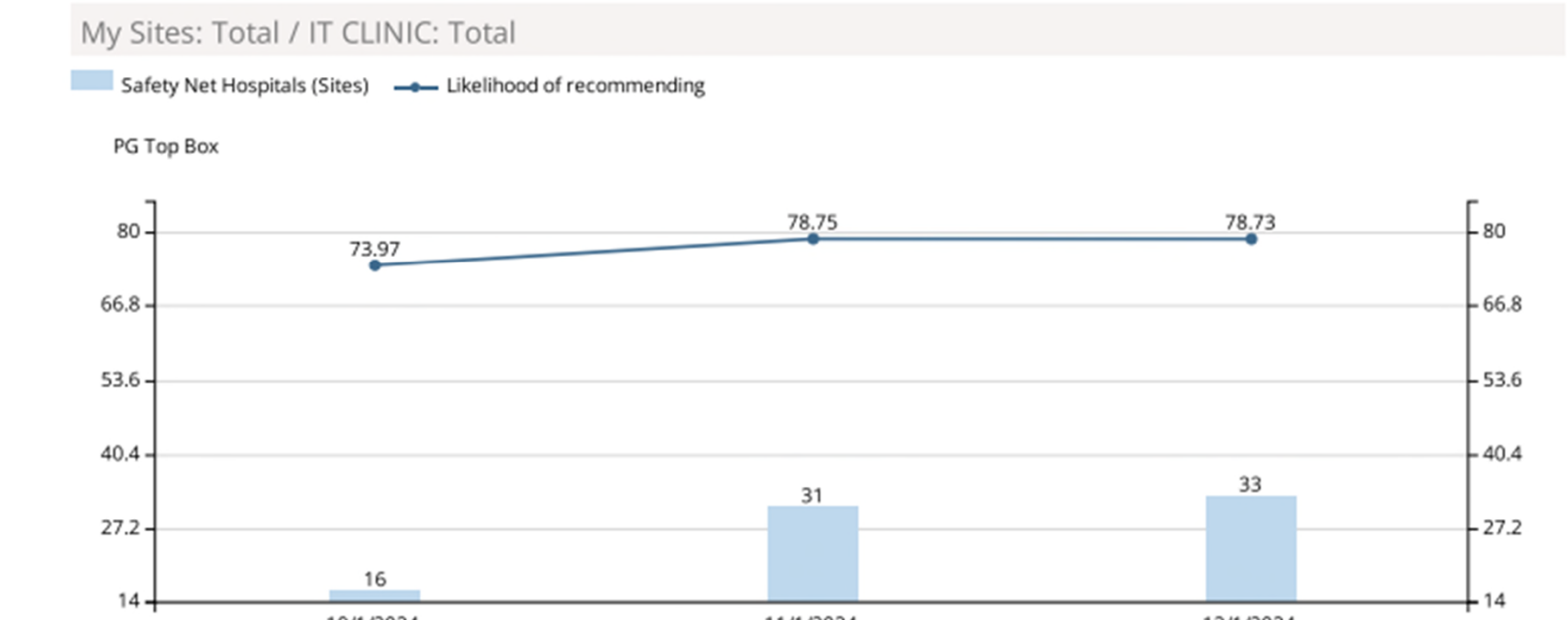
Response Rates

Service Line	Mode	Median Response Rate	Average Response Rate
DS	eSurvey	8.2%	8.8%
MD	eSurvey	12.3%	12.9%
MT	eSurvey	11.2%	12.3%
OY	eSurvey	5.8%	6.9%

FQHC NPS Score FY24-Sept. 25



FQHC Likelihood of Recommending (PG)



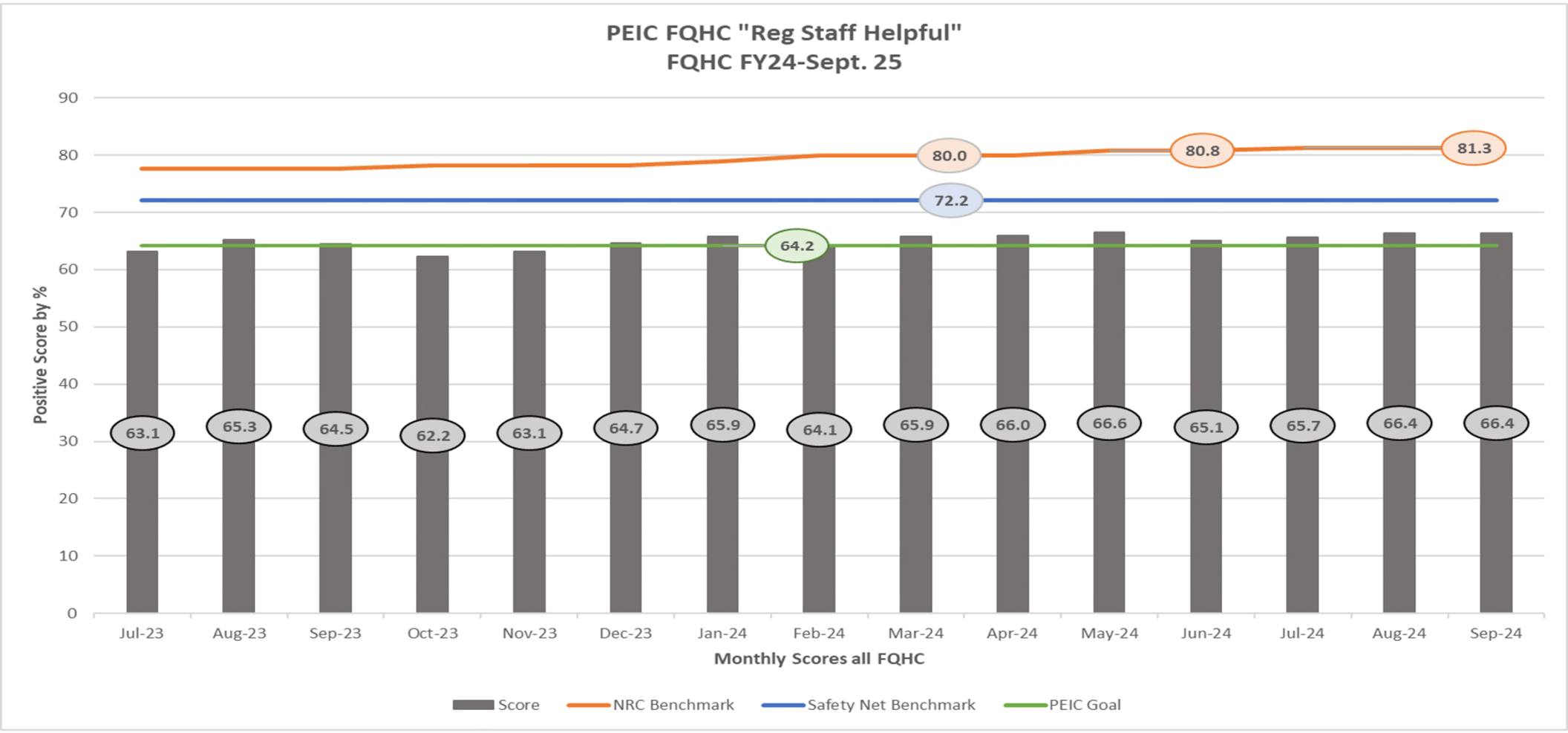
Visit Date	10/1/2024 10/31/2024	11/1/2024 11/30/2024	12/1/2024 12/31/2024
Benchmark Period	5/1/2024 10/31/2024	6/1/2024 11/30/2024	7/1/2024 12/31/2024
Sample Size	n=584	n=353	n=268
Peer Group Size	N=343	N=344	N=341

“Reg Staff Helpful”

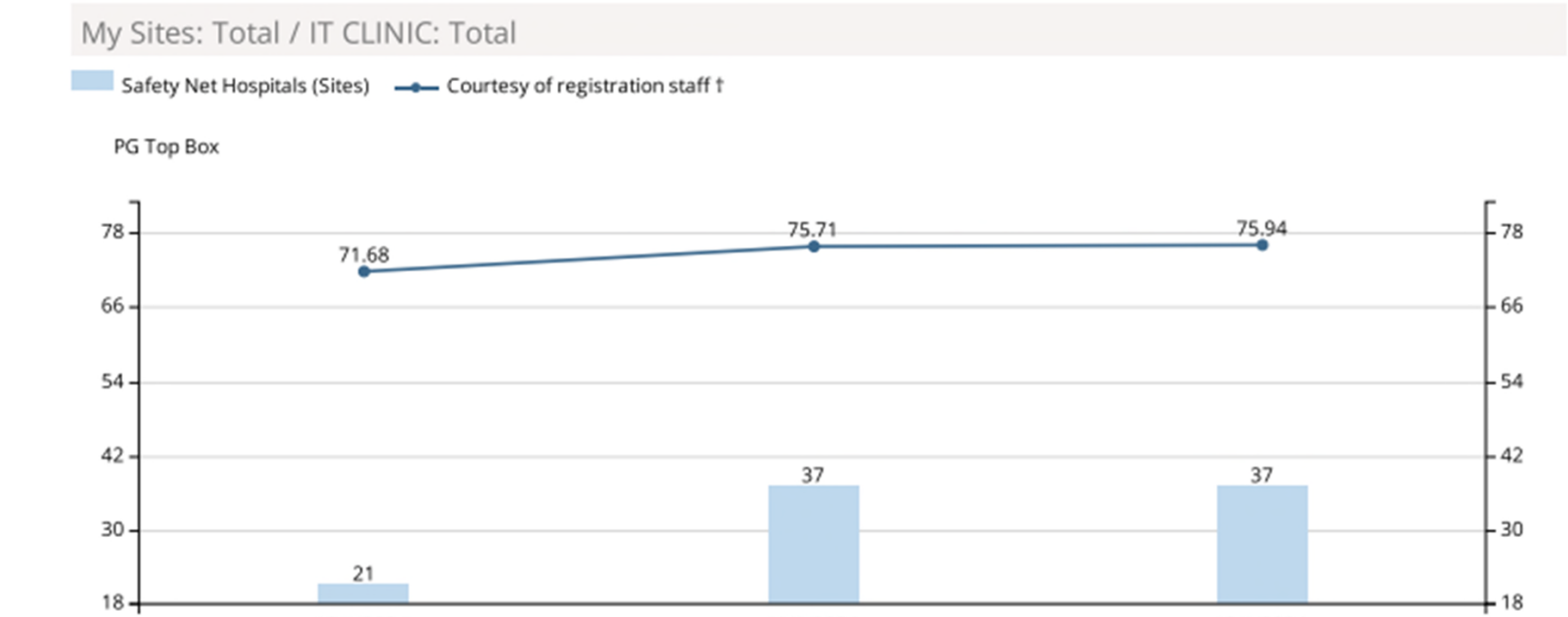
As of 01/12/2024 the internal PEIC Goal of 64.2% has been established. NRC and SafetyNet Hospital Benchmarks remain as points of reference. The Data from the NRC Graphs do not yet reflect this change.

With the changeover to Press Ganey, we will need to decide as a committee whether our goal scores need to be adjusted to reflect the Top Box scores Press Ganey uses.

FQHC Positive Responses – Reg Staff Helpful



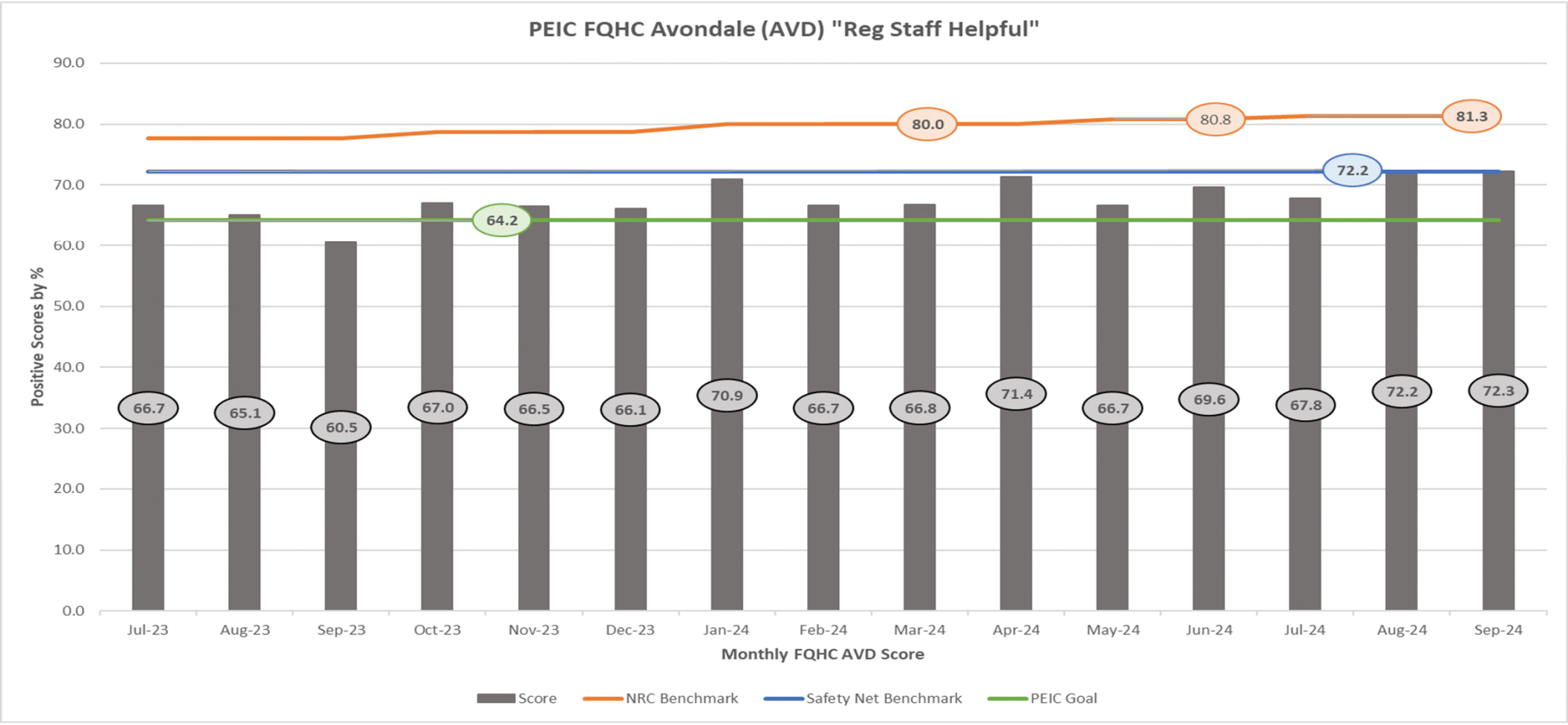
FQHC – Courtesy of Registration Staff



Visit Date	10/1/2024 10/31/2024	11/1/2024 11/30/2024	12/1/2024 12/31/2024
Benchmark Period	5/1/2024 10/31/2024	6/1/2024 11/30/2024	7/1/2024 12/31/2024
Sample Size	n=572	n=354	n=266
Peer Group Size	N=190	N=192	N=193

Appendix A
Reg Staff Helpful

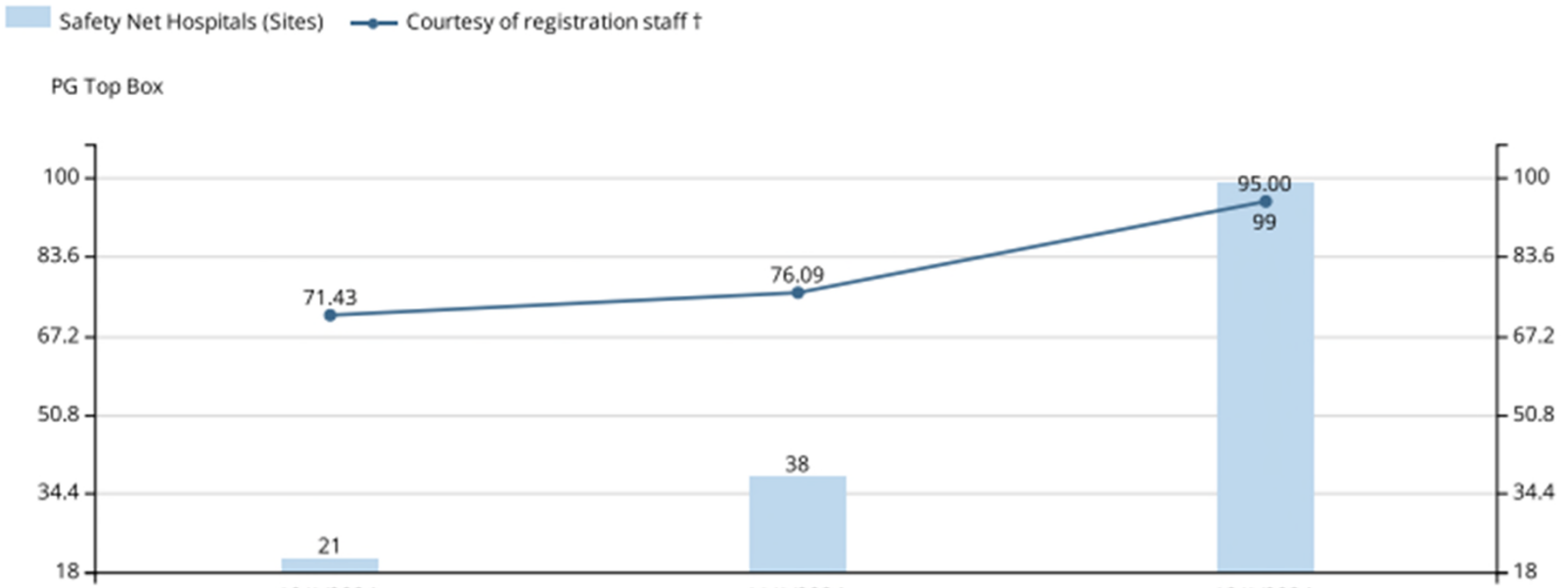
Trend –FY24-Sept. 25 - Avondale



Press Ganey Top Box - Avondale

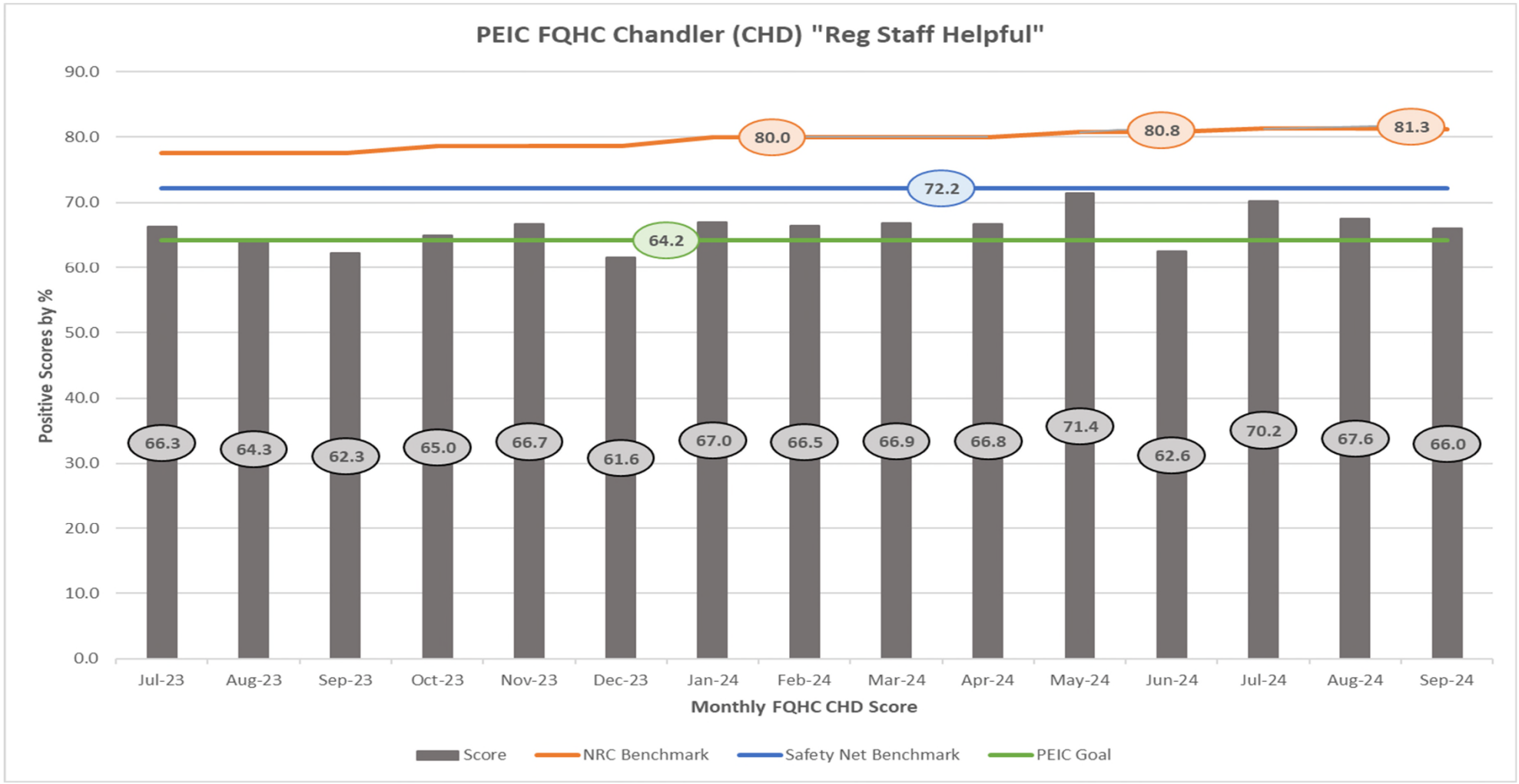
Medical Practice

My Sites: Total / IT CLINIC: 'Valleywise Community Health Center - Avondale'

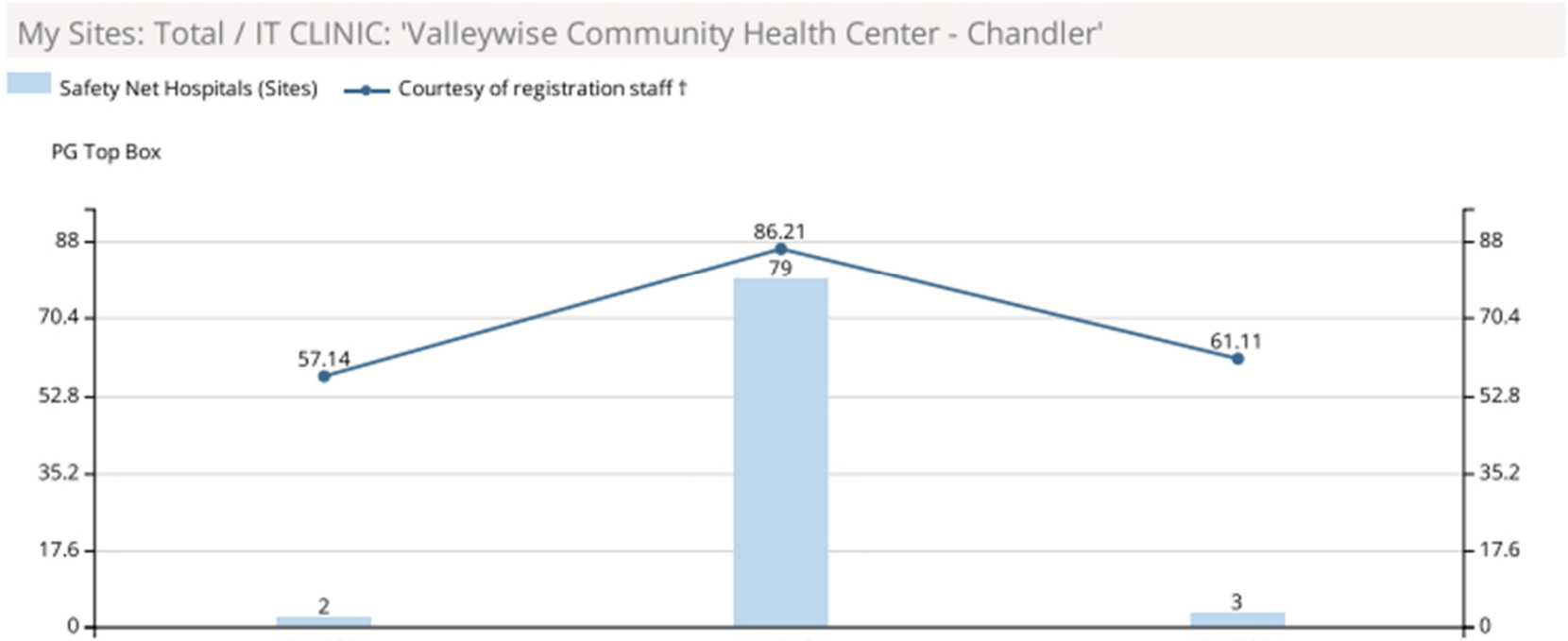


Visit Date	10/1/2024 10/31/2024	11/1/2024 11/30/2024	12/1/2024 12/31/2024
Benchmark Period	5/1/2024 10/31/2024	6/1/2024 11/30/2024	7/1/2024 12/31/2024
Sample Size	n=49	n=46	n=20
Peer Group Size	N=190	N=192	N=193

Trend –FY24-Sept. 25 - Chandler

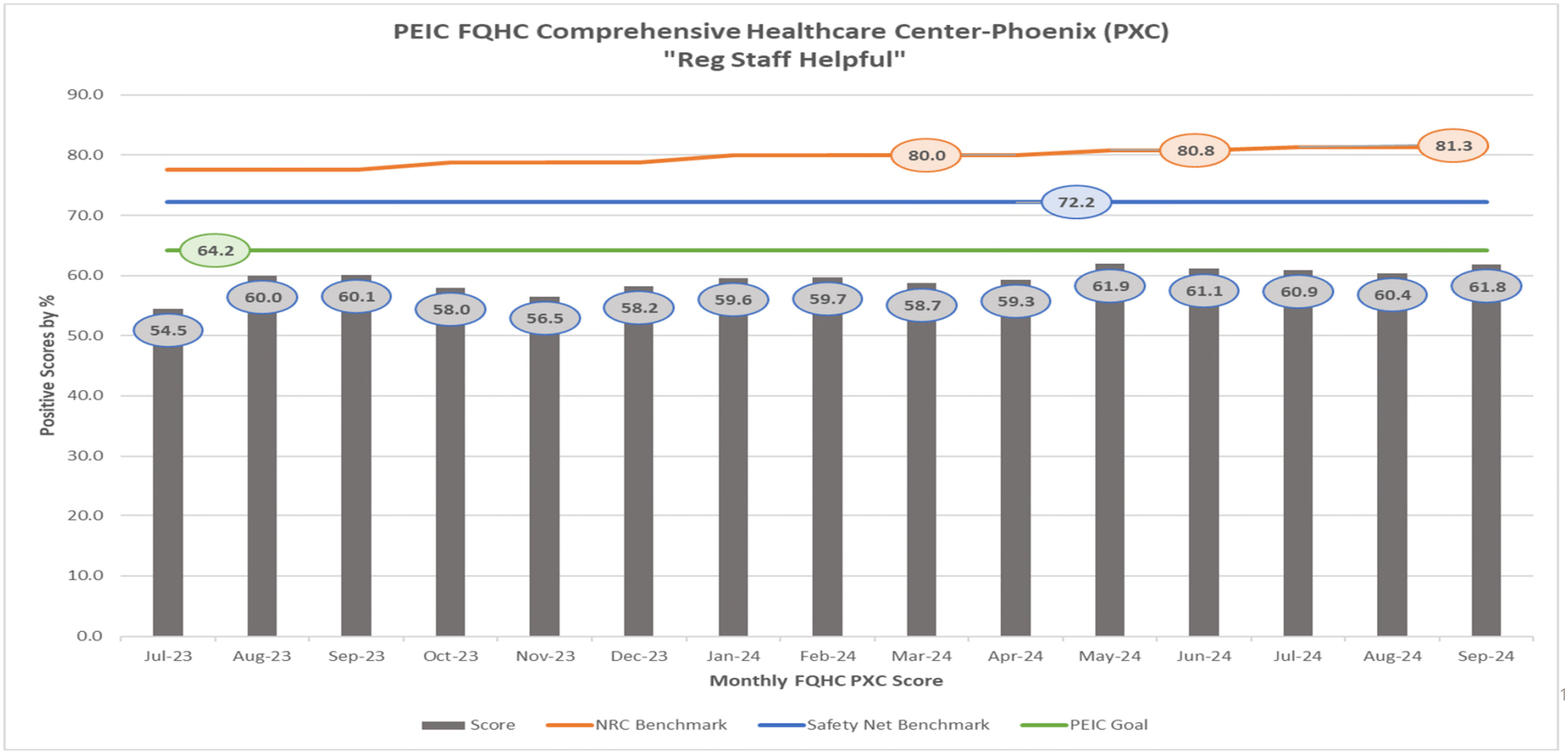


Press Ganey Top Box - Chandler



Visit Date	10/1/2024 10/31/2024	11/1/2024 11/30/2024	12/1/2024 12/31/2024
Benchmark Period	5/1/2024 10/31/2024	6/1/2024 11/30/2024	7/1/2024 12/31/2024
Sample Size	n=42	n=29	n=18
Peer Group Size	N=190	N=192	N=193

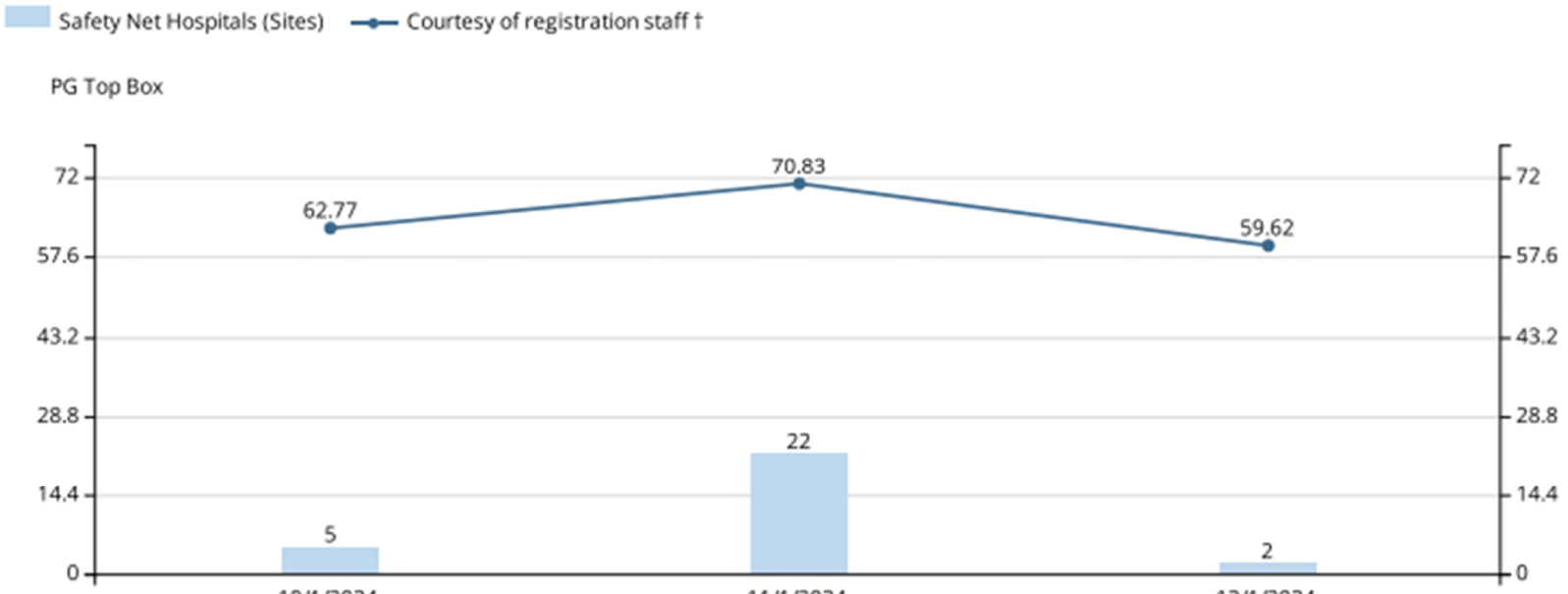
Trend – FY24-Sept. 25 Comprehensive Healthcare Center-Phoenix



Press Ganey Top Box – CHC Phoenix

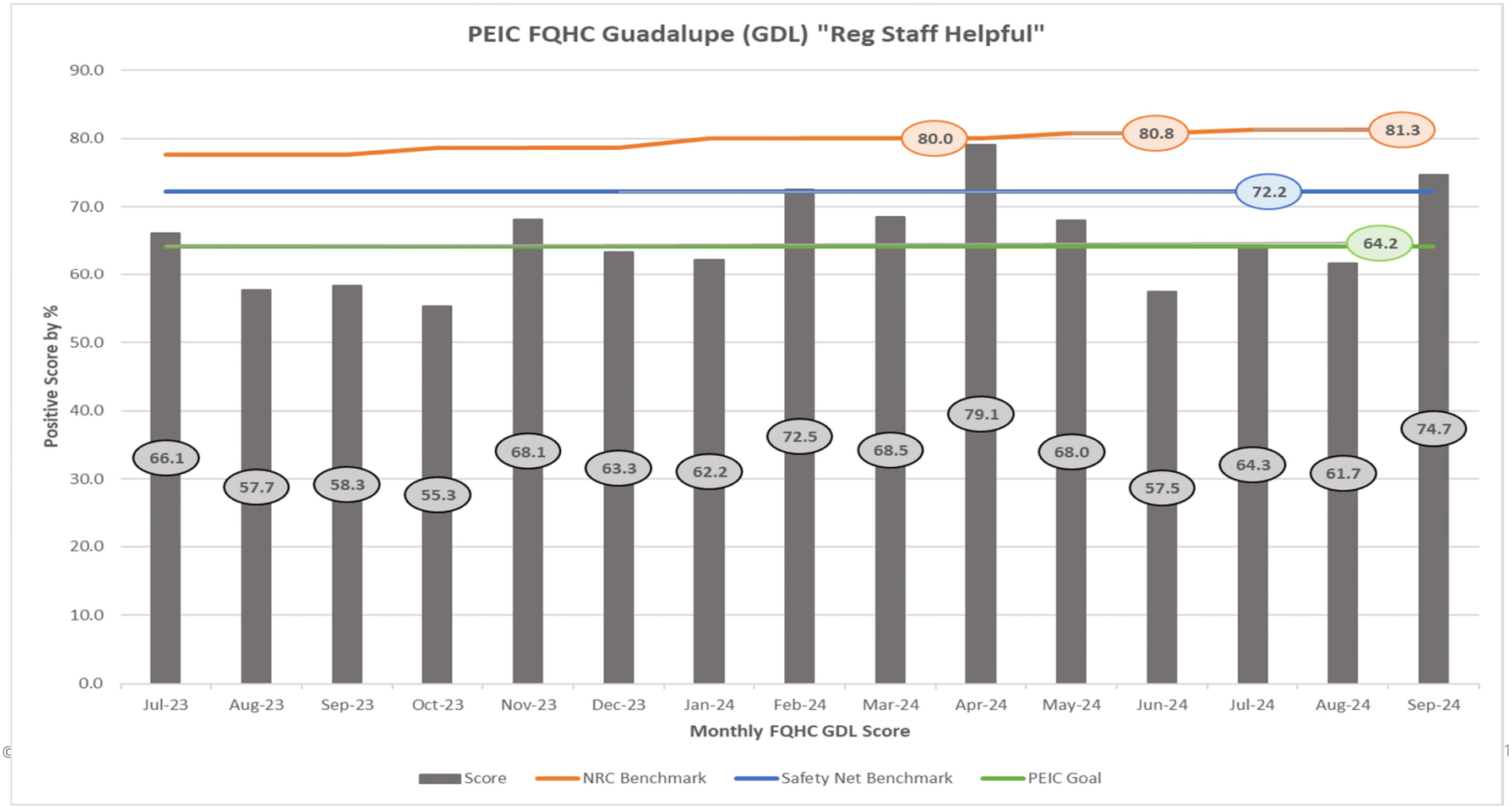
Medical Practice

My Sites: Total / IT CLINIC: 'Valleywise Comprehensive Health Center - Phoenix'



Visit Date	10/1/2024 10/31/2024	11/1/2024 11/30/2024	12/1/2024 12/31/2024
Benchmark Period	5/1/2024 10/31/2024	6/1/2024 11/30/2024	7/1/2024 12/31/2024
Sample Size	n=137	n=72	n=52
Peer Group Size	N=190	N=192	N=193

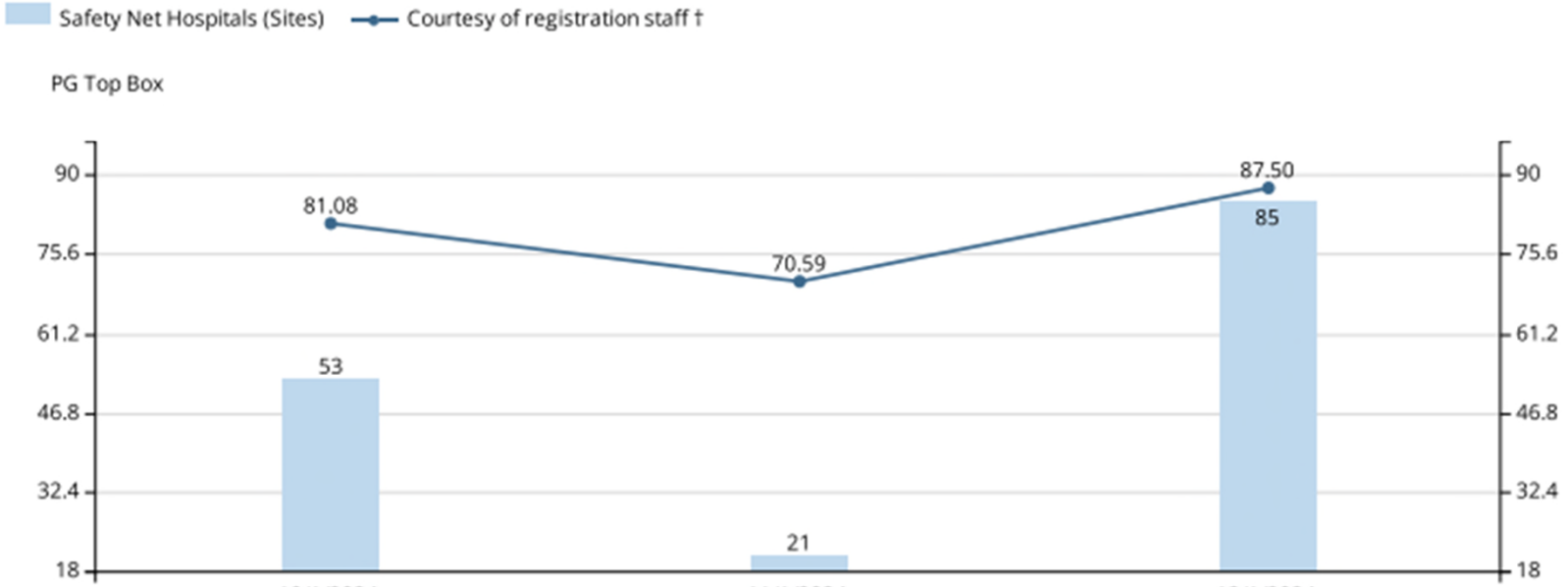
Trend – FY24-Sept. 25 - Guadalupe



Press Ganey Top Box - Guadalupe

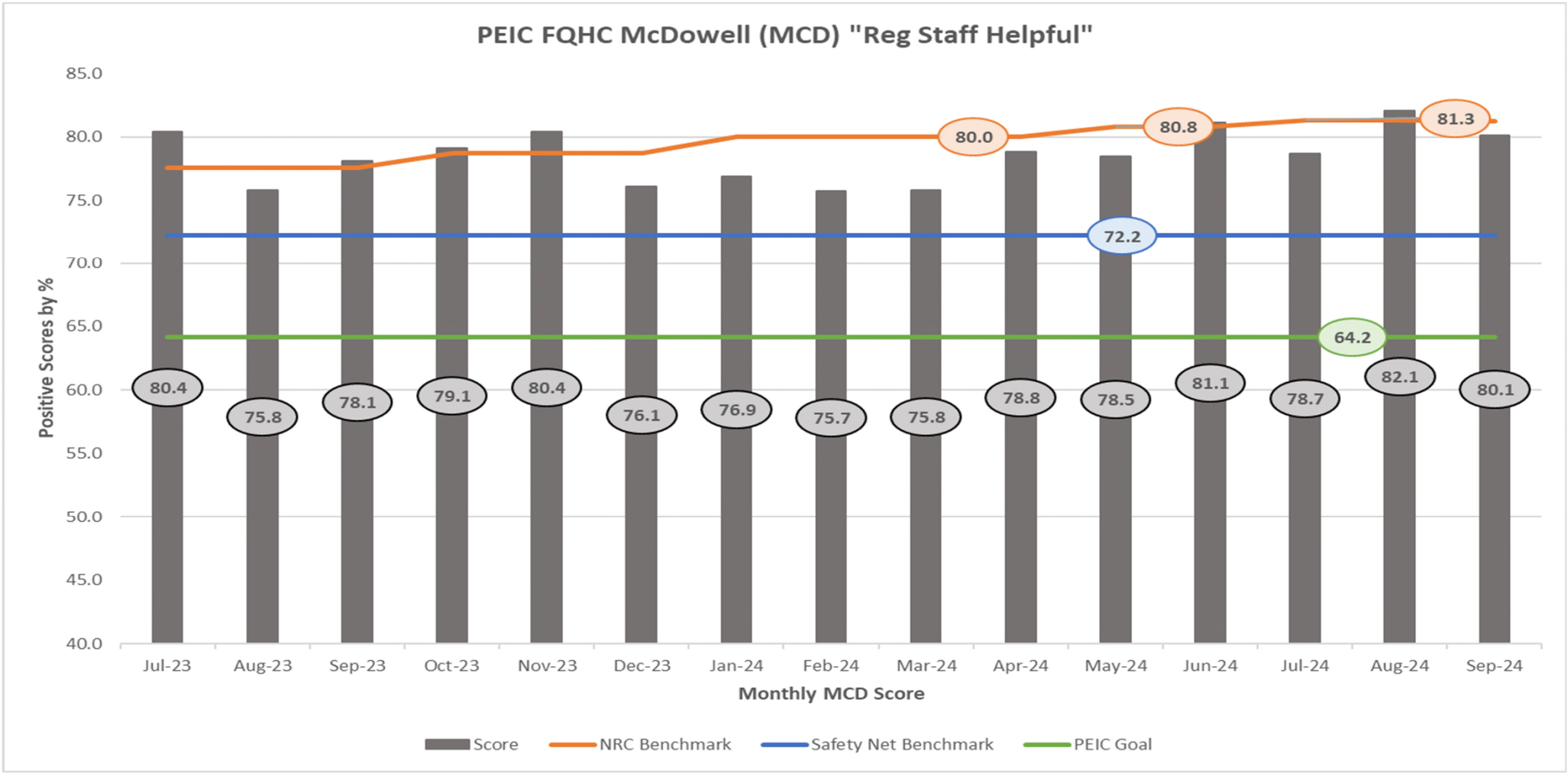
Medical Practice

My Sites: Total / IT CLINIC: 'Valleywise Community Health Center - Guadalupe'

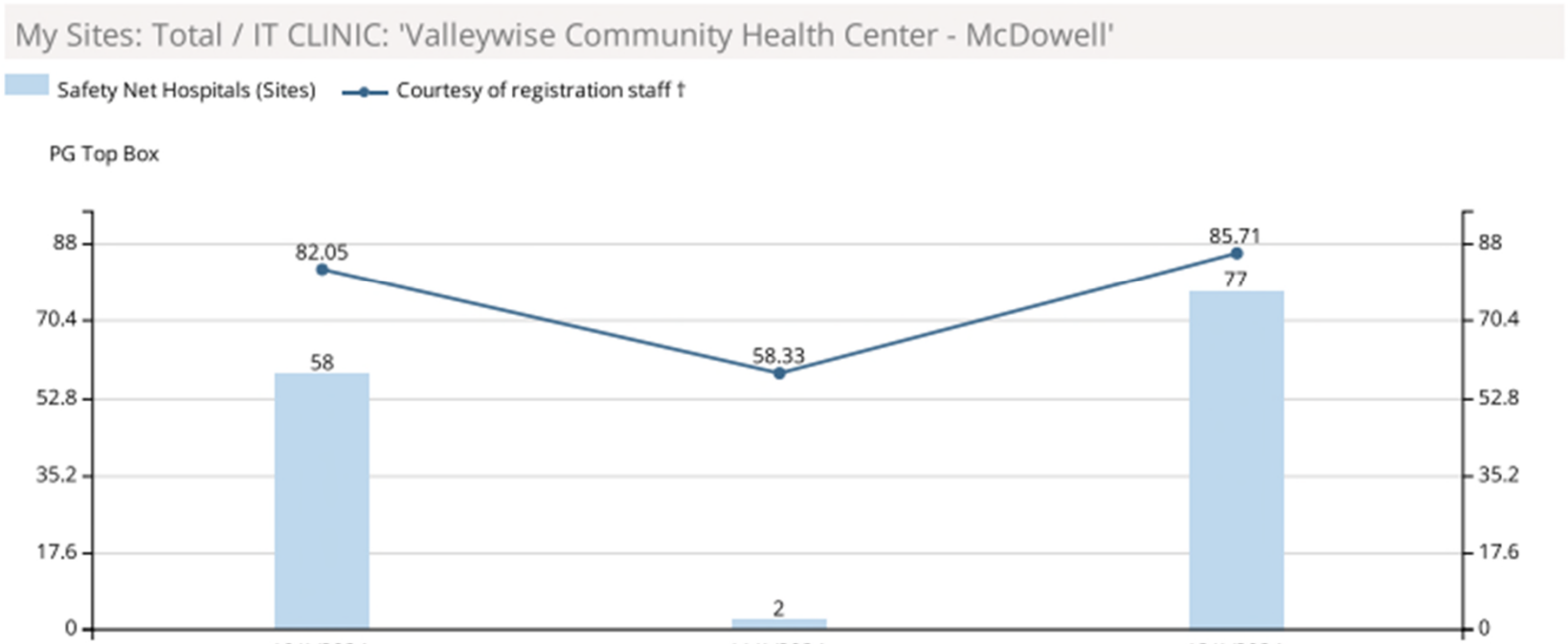


Visit Date	10/1/2024 10/31/2024	11/1/2024 11/30/2024	12/1/2024 12/31/2024
Benchmark Period	5/1/2024 10/31/2024	6/1/2024 11/30/2024	7/1/2024 12/31/2024
Sample Size	n=37	n=17	n=8
Peer Group Size	N=190	N=192	N=193

Trend – FY24-Sept. 25 - McDowell

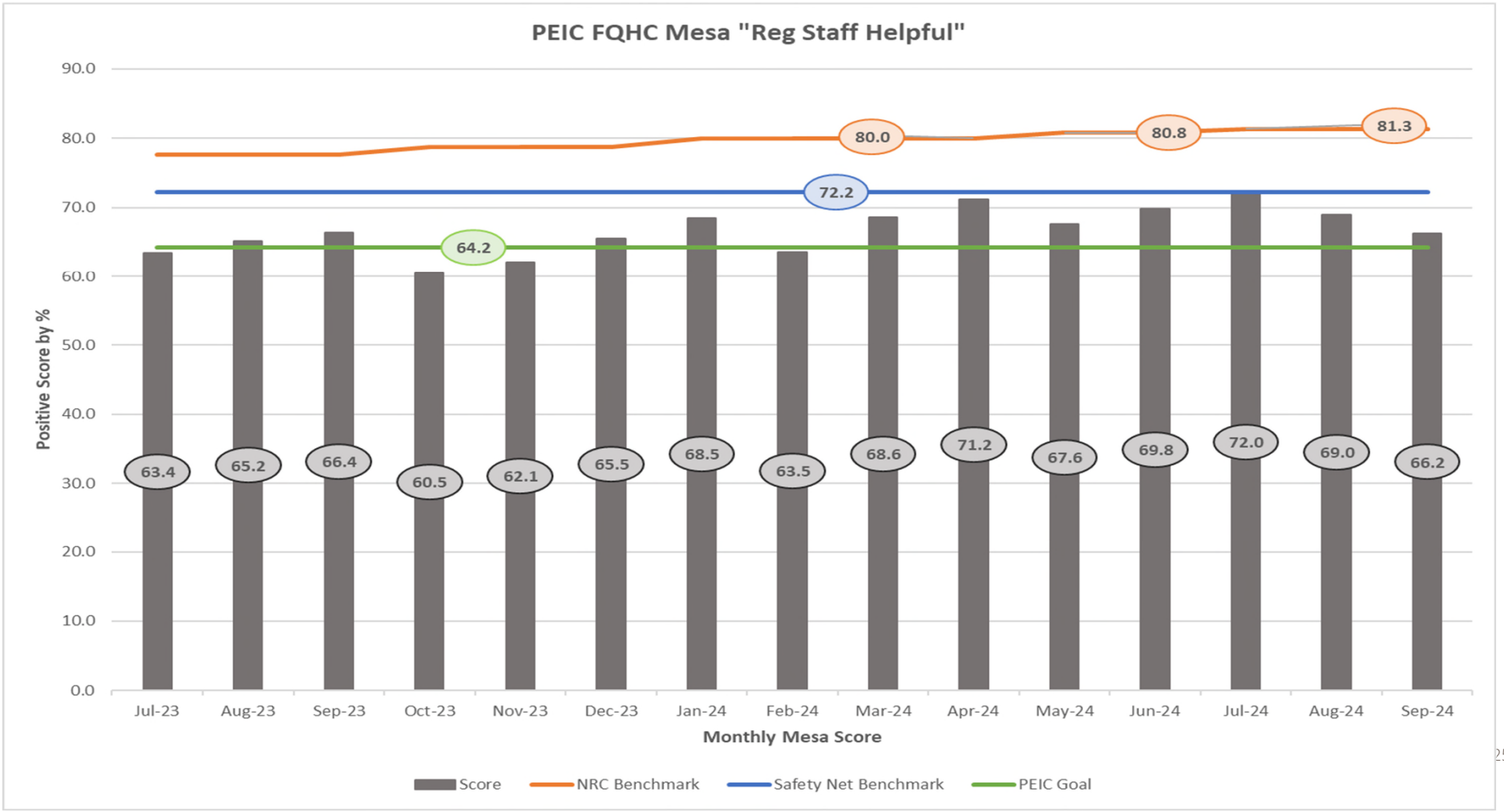


Press Ganey Top Box - McDowell



Visit Date	10/1/2024 10/31/2024	11/1/2024 11/30/2024	12/1/2024 12/31/2024
Benchmark Period	5/1/2024 10/31/2024	6/1/2024 11/30/2024	7/1/2024 12/31/2024
Sample Size	n=39	n=12	n=14
Peer Group Size	N=190	N=192	N=193

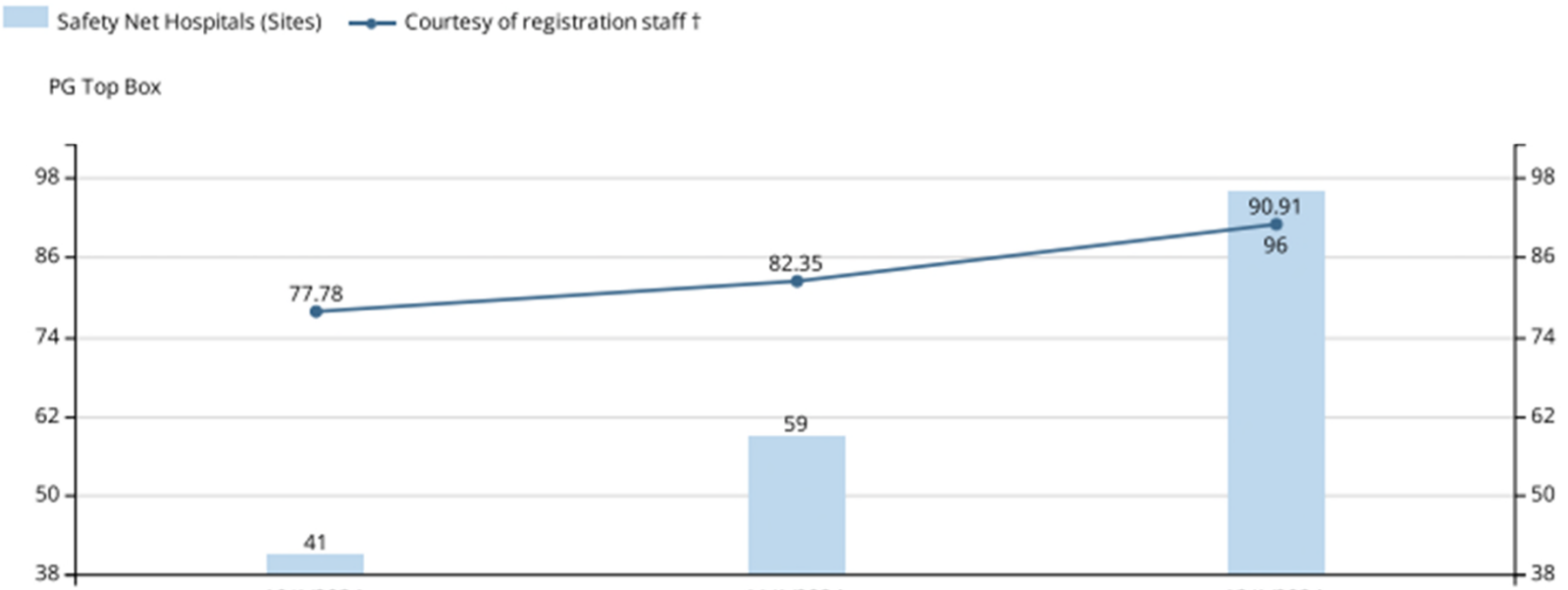
Trend –FY24-Sept. 25 - Mesa



Press Ganey Top Box - Mesa

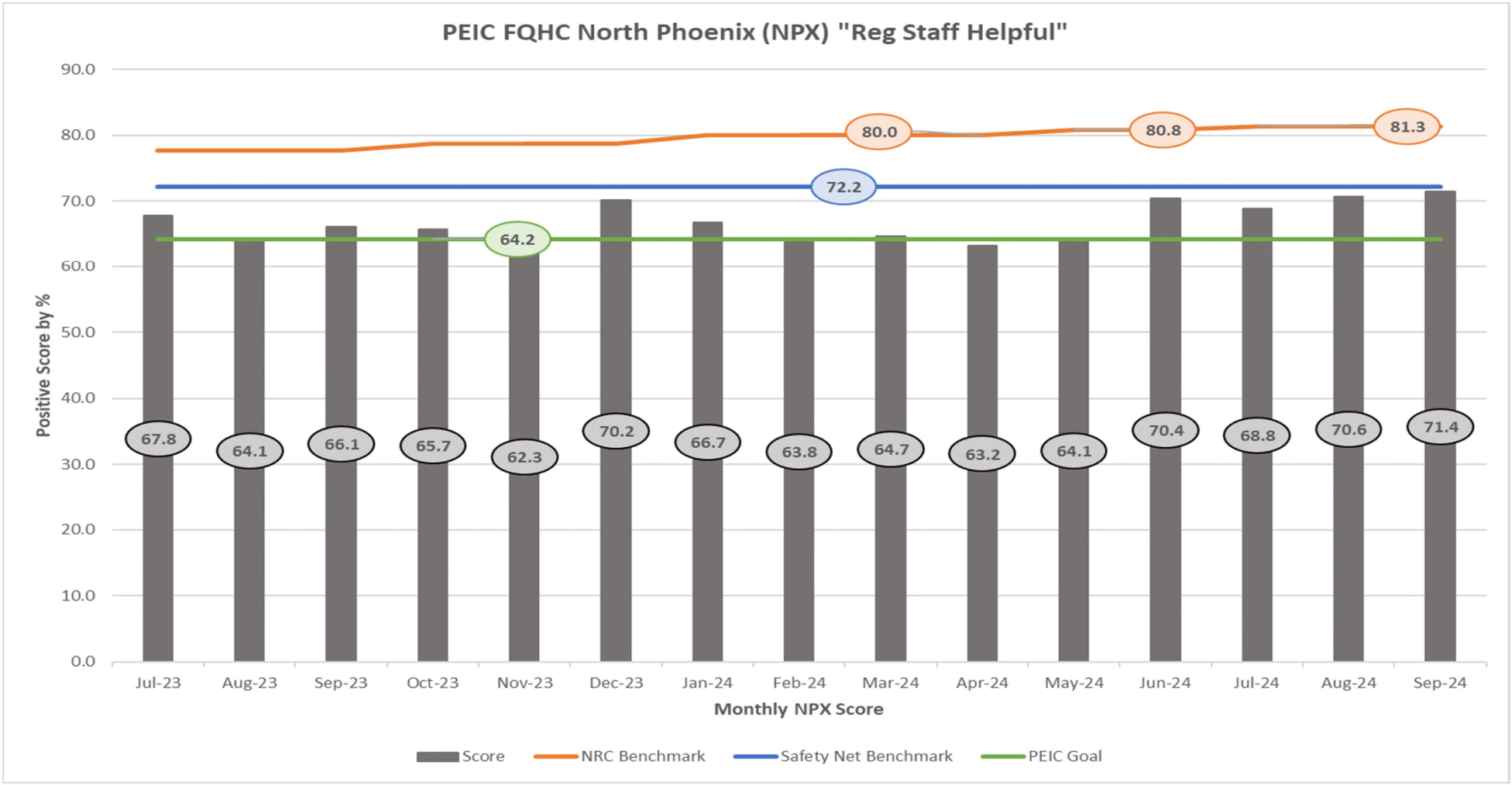
Medical Practice

My Sites: Total / IT CLINIC: 'Valleywise Community Health Center - Mesa'

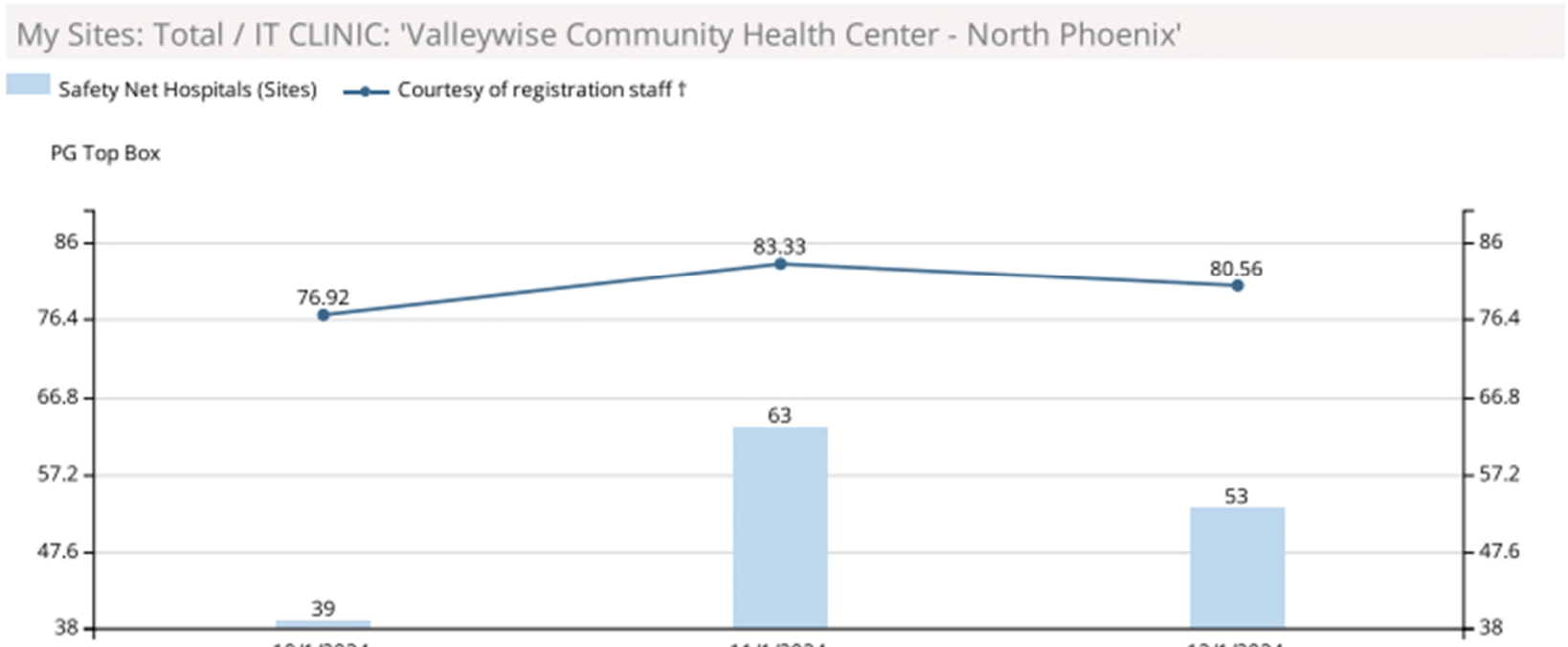


Visit Date	10/1/2024 10/31/2024	11/1/2024 11/30/2024	12/1/2024 12/31/2024
Benchmark Period	5/1/2024 10/31/2024	6/1/2024 11/30/2024	7/1/2024 12/31/2024
Sample Size	n=18	n=17	n=22
Peer Group Size	N=190	N=192	N=193

Trend – FY24-Sept. 25 – North Phoenix

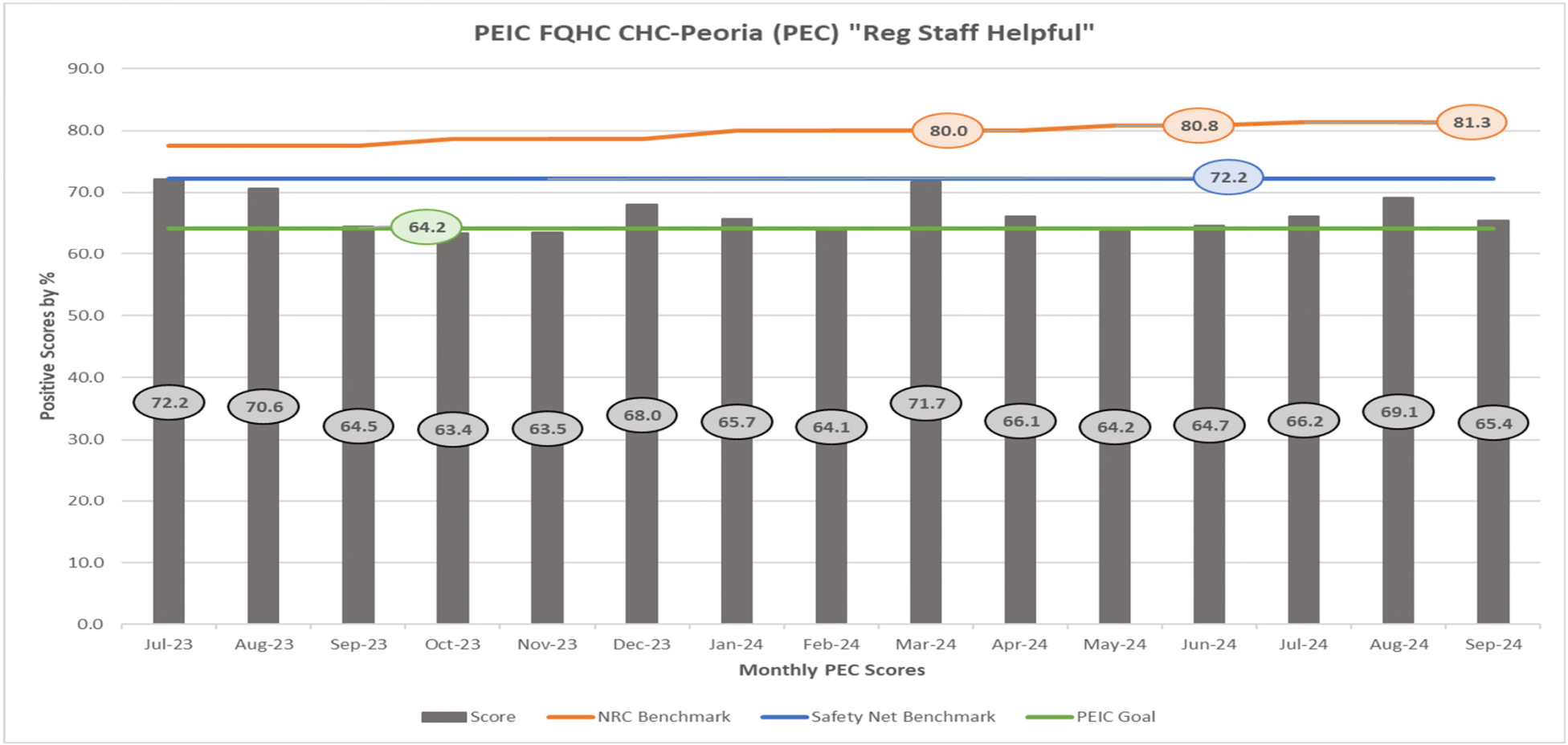


Press Ganey Top Box – North Phoenix

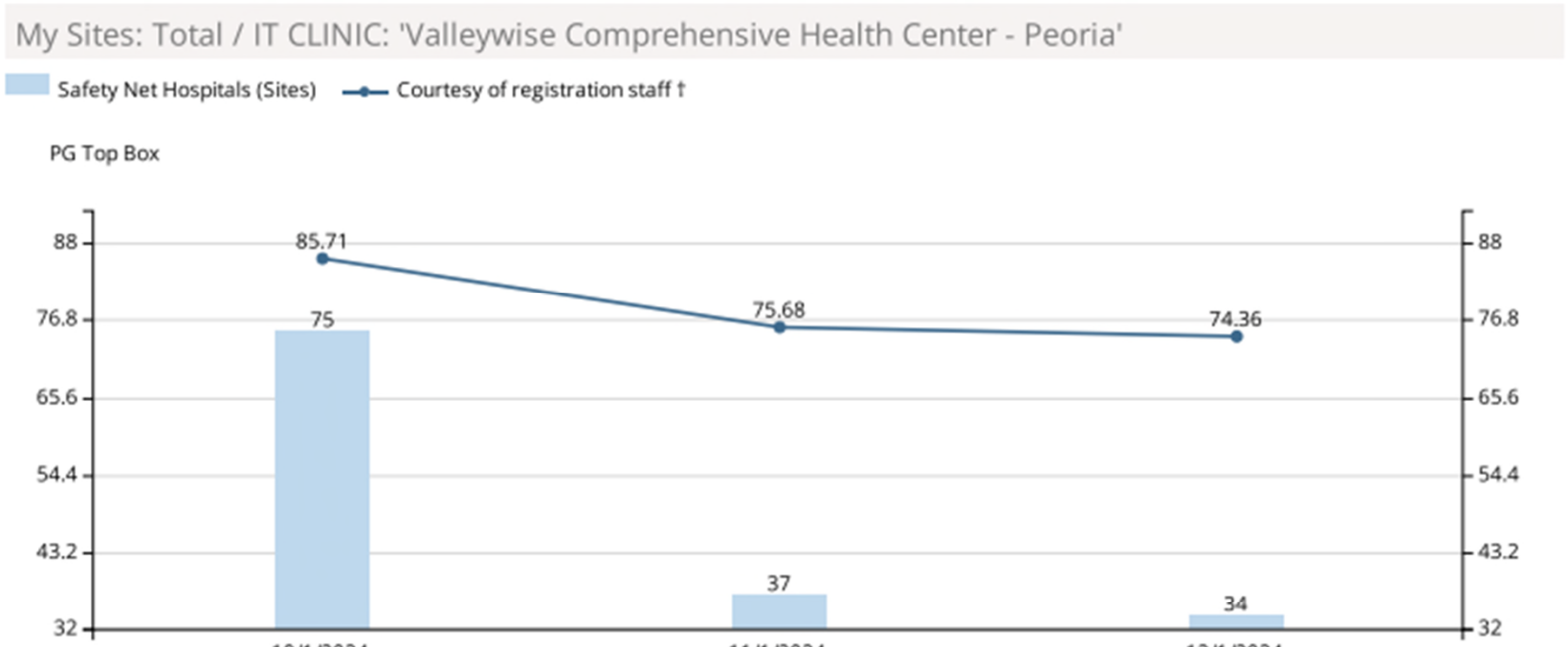


Visit Date	10/1/2024 10/31/2024	11/1/2024 11/30/2024	12/1/2024 12/31/2024
Benchmark Period	5/1/2024 10/31/2024	6/1/2024 11/30/2024	7/1/2024 12/31/2024
Sample Size	n=52	n=48	n=36
Peer Group Size	N=190	N=192	N=193

Trend – FY24-Sept. 25 Comprehensive Healthcare Center-Peoria

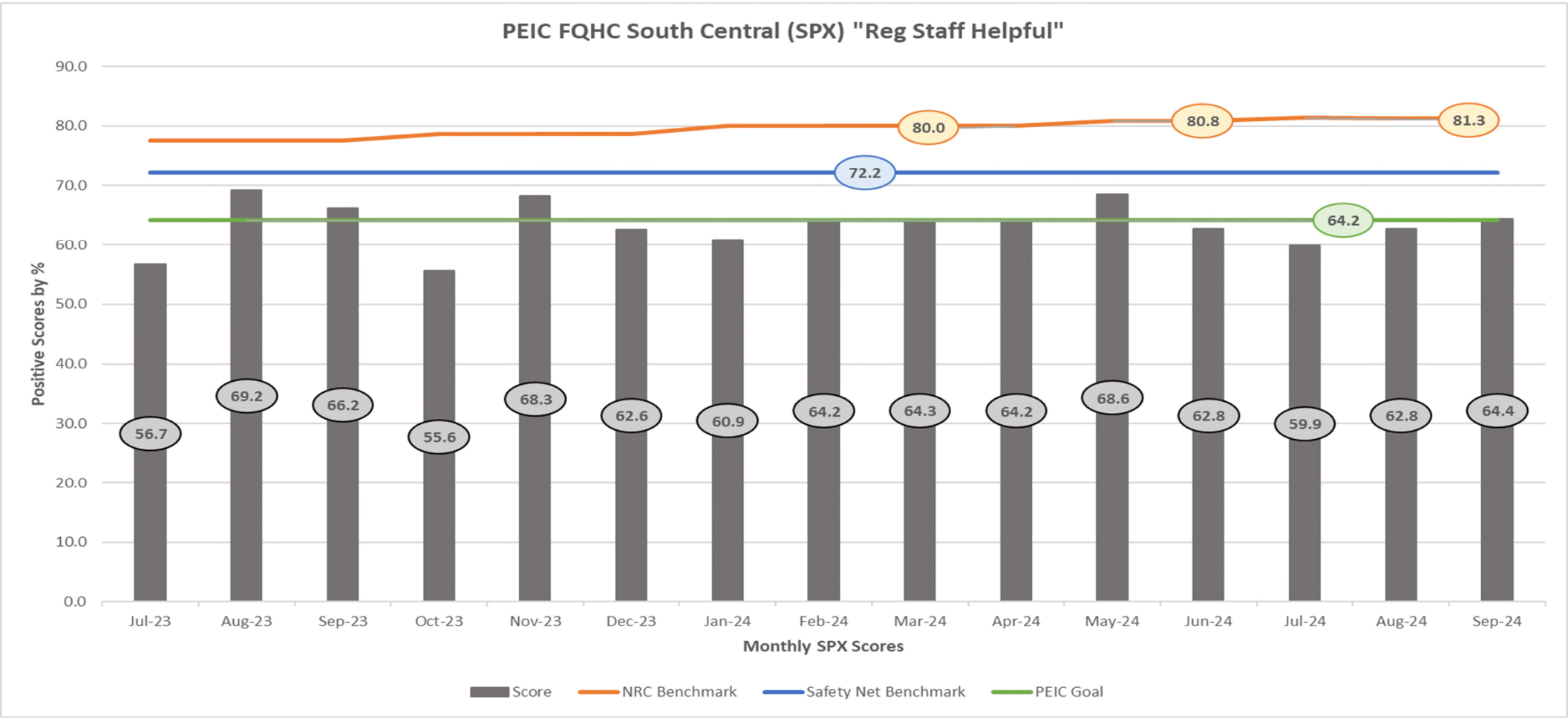


Press Ganey Top Box – CHC Peoria



Visit Date	10/1/2024 10/31/2024	11/1/2024 11/30/2024	12/1/2024 12/31/2024
Benchmark Period	5/1/2024 10/31/2024	6/1/2024 11/30/2024	7/1/2024 12/31/2024
Sample Size	n=77	n=37	n=39
Peer Group Size	N=190	N=192	N=193

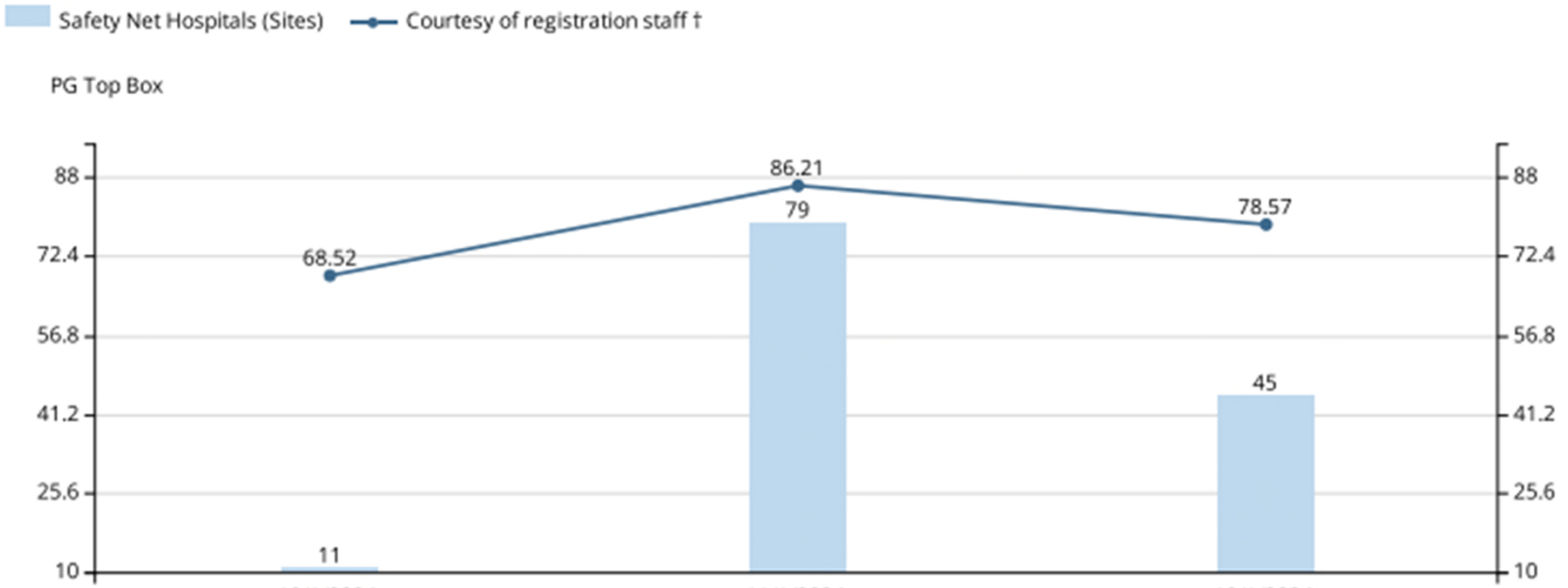
Trend – FY24-Sept. 25 – South Central



Press Ganey Top Box – South Central Phoenix

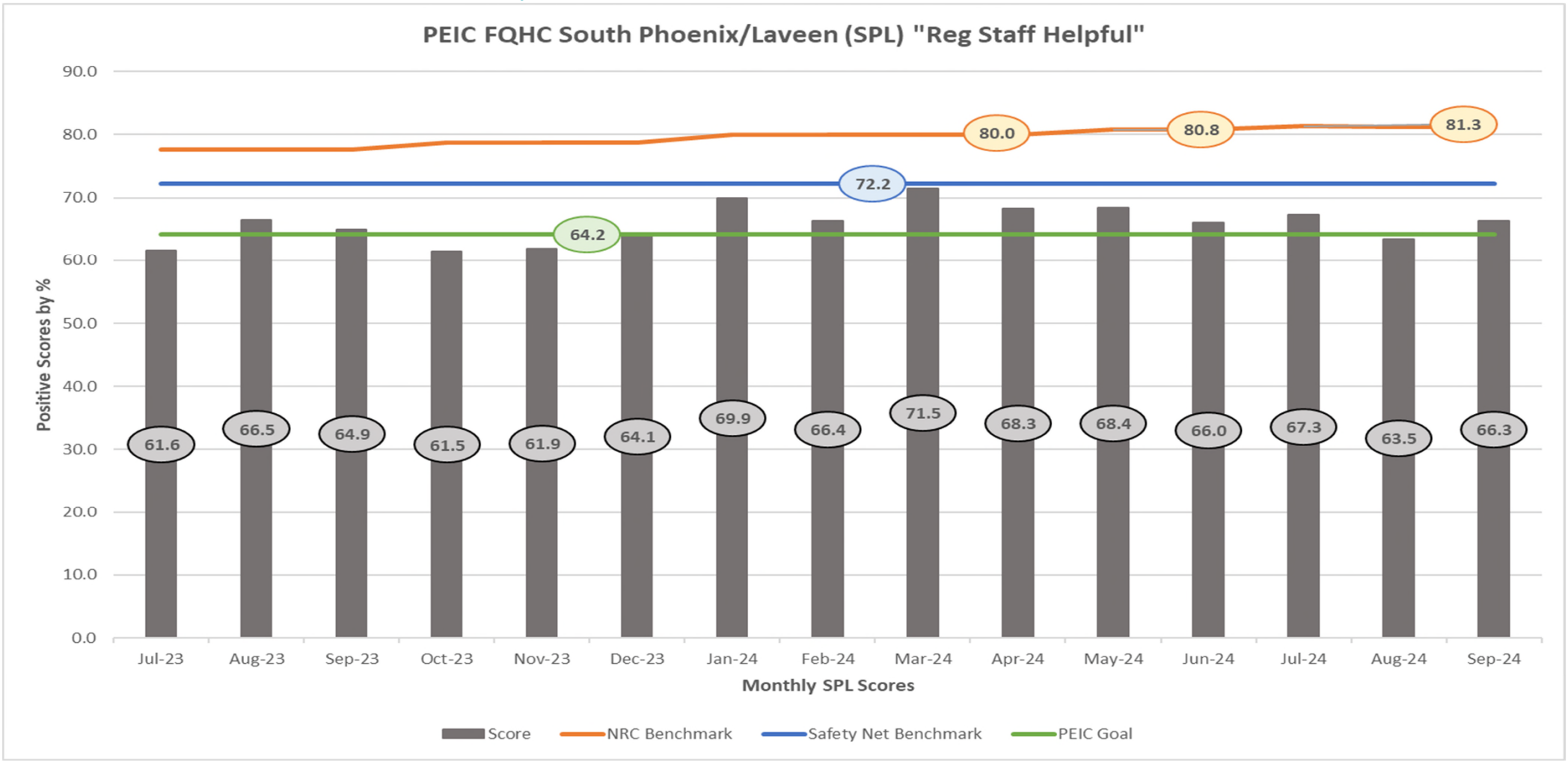
Medical Practice

My Sites: Total / IT CLINIC: 'Valleywise Community Health Center - South Central'

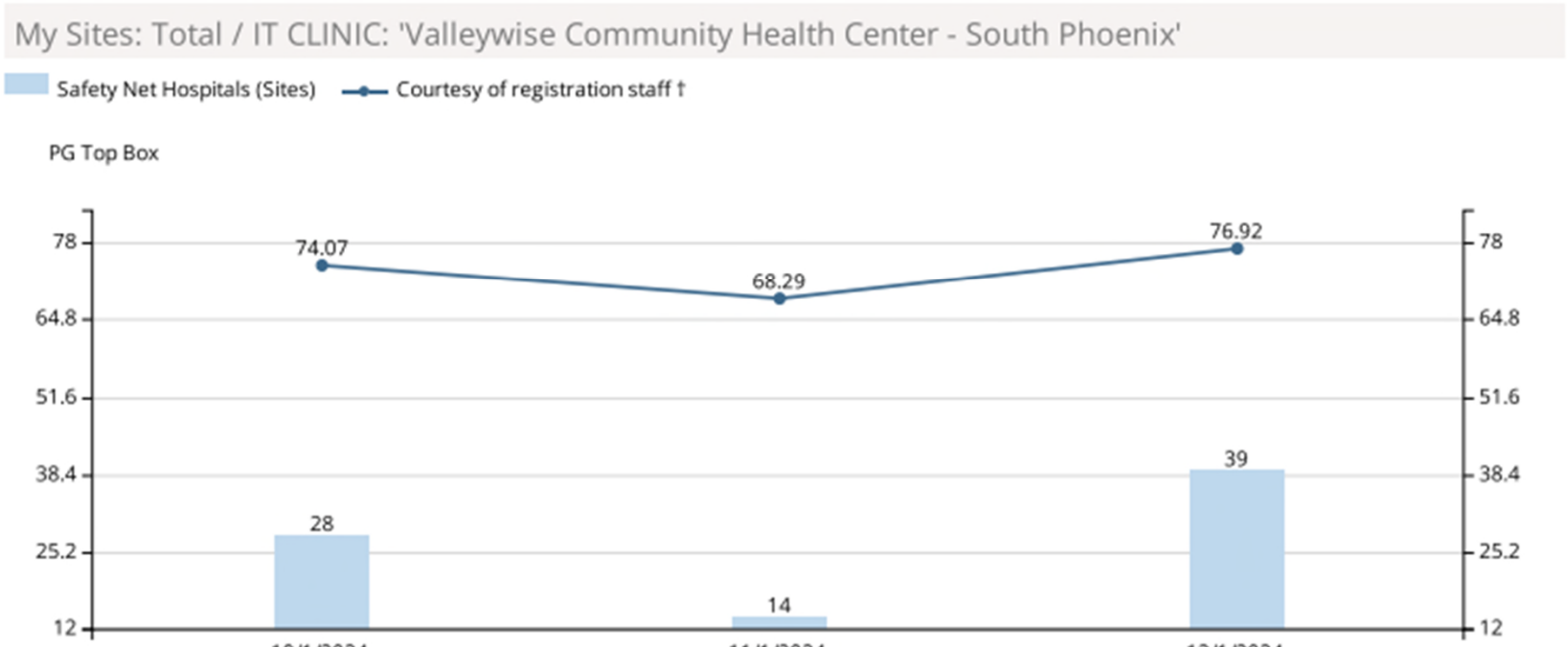


Visit Date	10/1/2024 10/31/2024	11/1/2024 11/30/2024	12/1/2024 12/31/2024
Benchmark Period	5/1/2024 10/31/2024	6/1/2024 11/30/2024	7/1/2024 12/31/2024
Sample Size	n=54	n=29	n=28
Peer Group Size	N=190	N=192	N=193

Trend – FY24-Sept. 25 – South Phoenix/Laveen

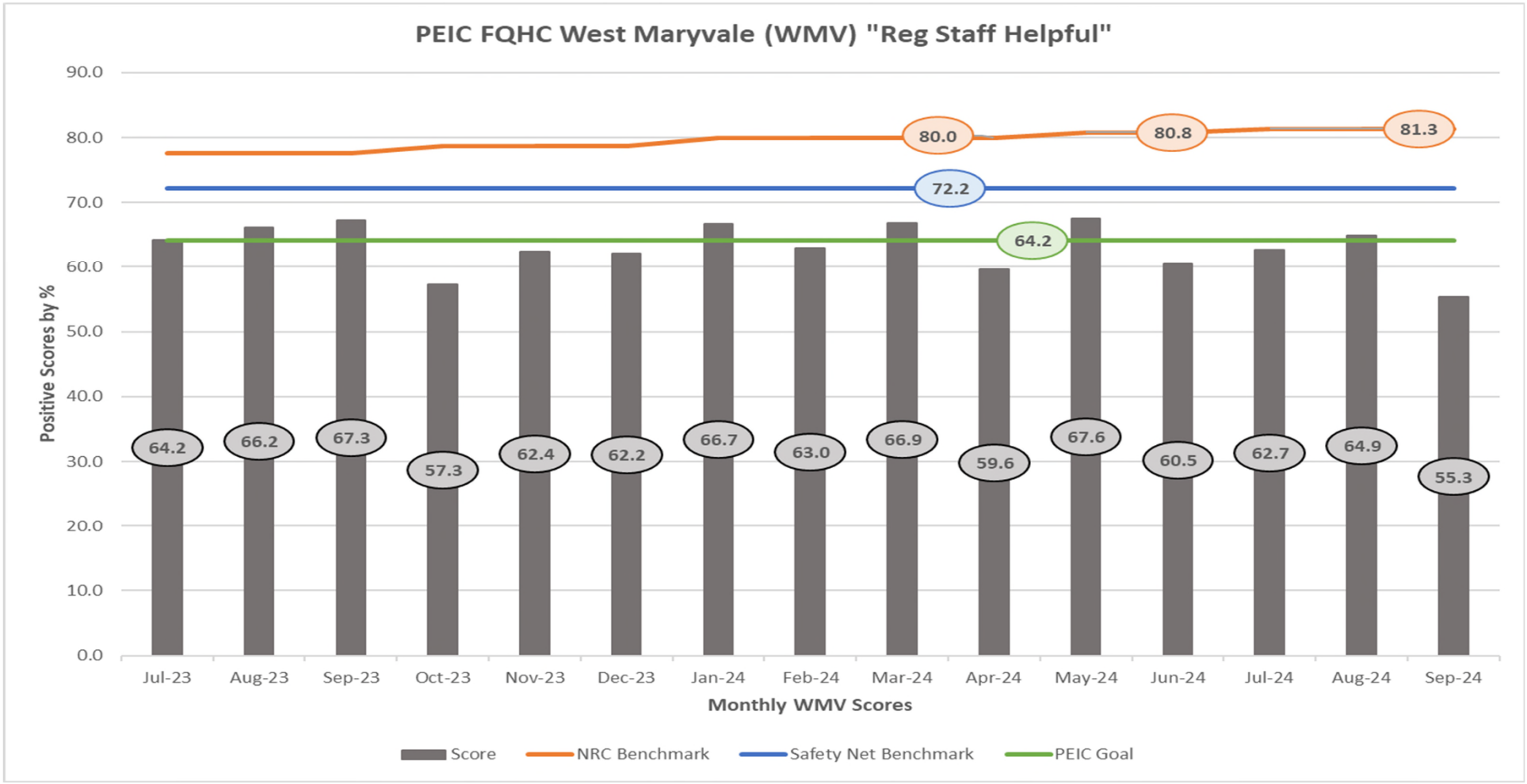


Press Ganey Top Box – South Phoenix Laveen



Visit Date	10/1/2024 10/31/2024	11/1/2024 11/30/2024	12/1/2024 12/31/2024
Benchmark Period	5/1/2024 10/31/2024	6/1/2024 11/30/2024	7/1/2024 12/31/2024
Sample Size	n=54	n=41	n=26
Peer Group Size	N=190	N=192	N=193

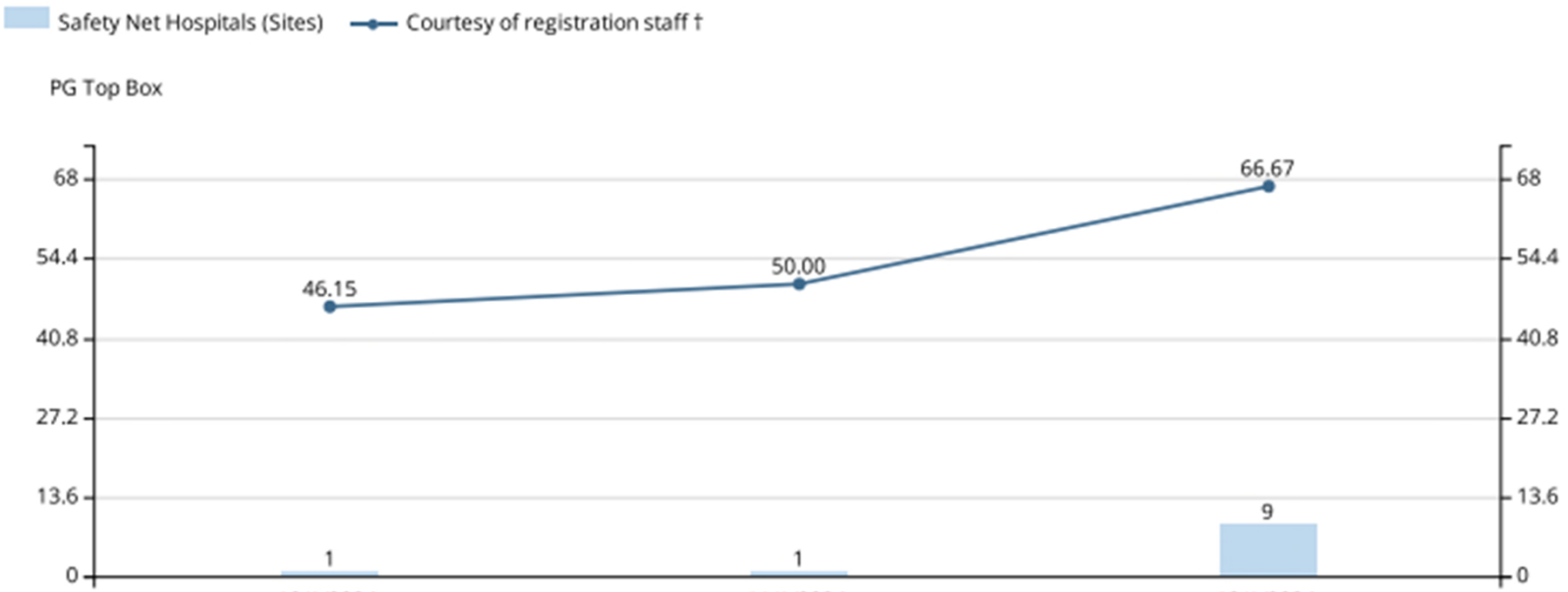
Trend – FY24-Sept. 25 – West Maryvale



Press Ganey Top Box – West Maryvale

Medical Practice

My Sites: Total / IT CLINIC: 'Valleywise Community Health Center - West Maryvale'



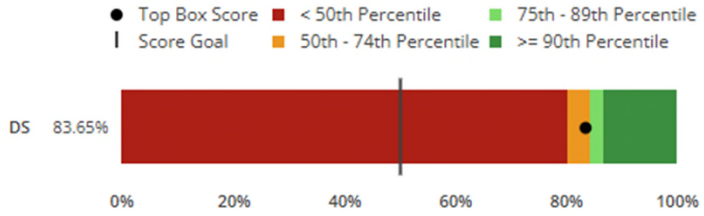
Visit Date	10/1/2024 10/31/2024	11/1/2024 11/30/2024	12/1/2024 12/31/2024
Benchmark Period	5/1/2024 10/31/2024	6/1/2024 11/30/2024	7/1/2024 12/31/2024
Sample Size	n=13	n=6	n=3
Peer Group Size	N=190	N=192	N=193

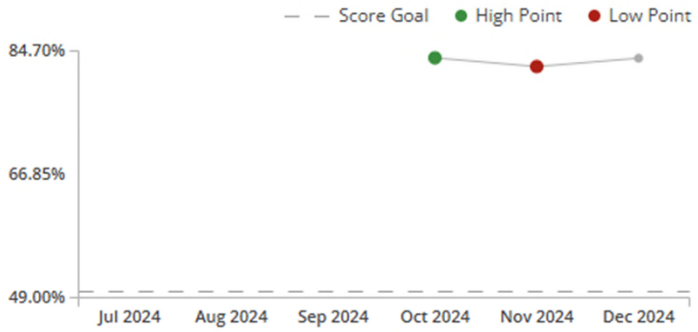
Dental Services FY 25 Q2

Dental Services | Performanc... | DENTAL ROLLI...

Service Line Performance

PG Likelihood to Recommend





Section Performance

SORT BY: Default | SELECT: Standard

▲ Positive ▼ Negative

Survey Type	Section	Current n	Current Period (Oct 2024-Dec 2024)	Previous Period (Sep 2024-Nov 2024)	Change	
PG	Access	179	63.56%	62.26%	1.30%	▲
PG	Dentist	166	81.40%	79.63%	1.77%	▲
PG	Dental Team	177	82.34%	80.57%	1.76%	▲
PG	Overall Assessment	176	77.41%	75.37%	2.04%	▲
PG	Moving Through Your Visit	178	69.82%	67.87%	1.96%	▲

Integrated BH FY 25 Q2

PressGaney
integrated BH

Generated: 1/22/2025 11:15 AM ET
Service Date Range: 10/1/2024 - 12/31/2024
Valleywise Health - System (11756)

Outpatient Behav. Health

Valleywise Health - System (11756)

Report Details

Filters: IT UNIT: AVD INTEGRATED BH, CHD INTEGRATED BH, GDL INTEGRATED BH, INTEGRATED BH PSYCH, MESA INTEGRATED BH, NPX INTEGRATED BH, PEC INTEGRATED BH, SPL INTEGRATED BH, WMV INTEGRATED BH
Groups: None
Demographics: None
Benchmarking Options: Peer group score and Peer group rank
Peer Groups: None
Benchmarking: None

Questions	Top Box	n
Overall	88.31	22
Overall†	87.61	22
Access Overall	84.09	22
Access Overall †	87.88	22
Courtesy of registration personnel †	95.45	22
Ease of getting an appointment	86.36	22
Convenience of appointment times	81.82	22
Treatment Area Overall	87.72	19
Cleanliness of treatment area	84.21	19
Privacy of treatment area	84.21	19
Comfort level in treatment area	94.74	19

Integrated BH FY 25 Q2 Continued

Care Provider Overall	93.44	22
Helpfulness of time w/ CP	90.48	21
CP inform you re: medication	94.44	18
Courtesy/respect of CP	95.45	22
Primary Therapist Overall	82.76	22
Trust in skill of therapist	81.82	22
Therapist concern for your question	81.82	22
Therapist understood you	86.36	22
Information re:your treatment	80.95	21
Your Care Overall	90.80	22
Staff concern for your privacy	95.45	22
Staff addressed emotional needs	86.36	22
Response to concerns/complaints	90.48	21
Staff efforts to include care decis	90.91	22
Overall Assessment Overall	90.91	22
Overall Assessment Overall †	84.88	22
Staff worked together care for you	90.91	22
Degree condition has improved †	65.00	20
Overall rating of care	90.91	22
Likelihood of recommending	90.91	22

Action Items:

PEIC FQHC meetings with clinic leadership

Emailed subscriptions to reports and comments

Working with Press Ganey on survey mode and response rate

Valleywise Health

End slide is Noto Sans Light 15pt, two lines max

4. FQHC Patient Safety Report

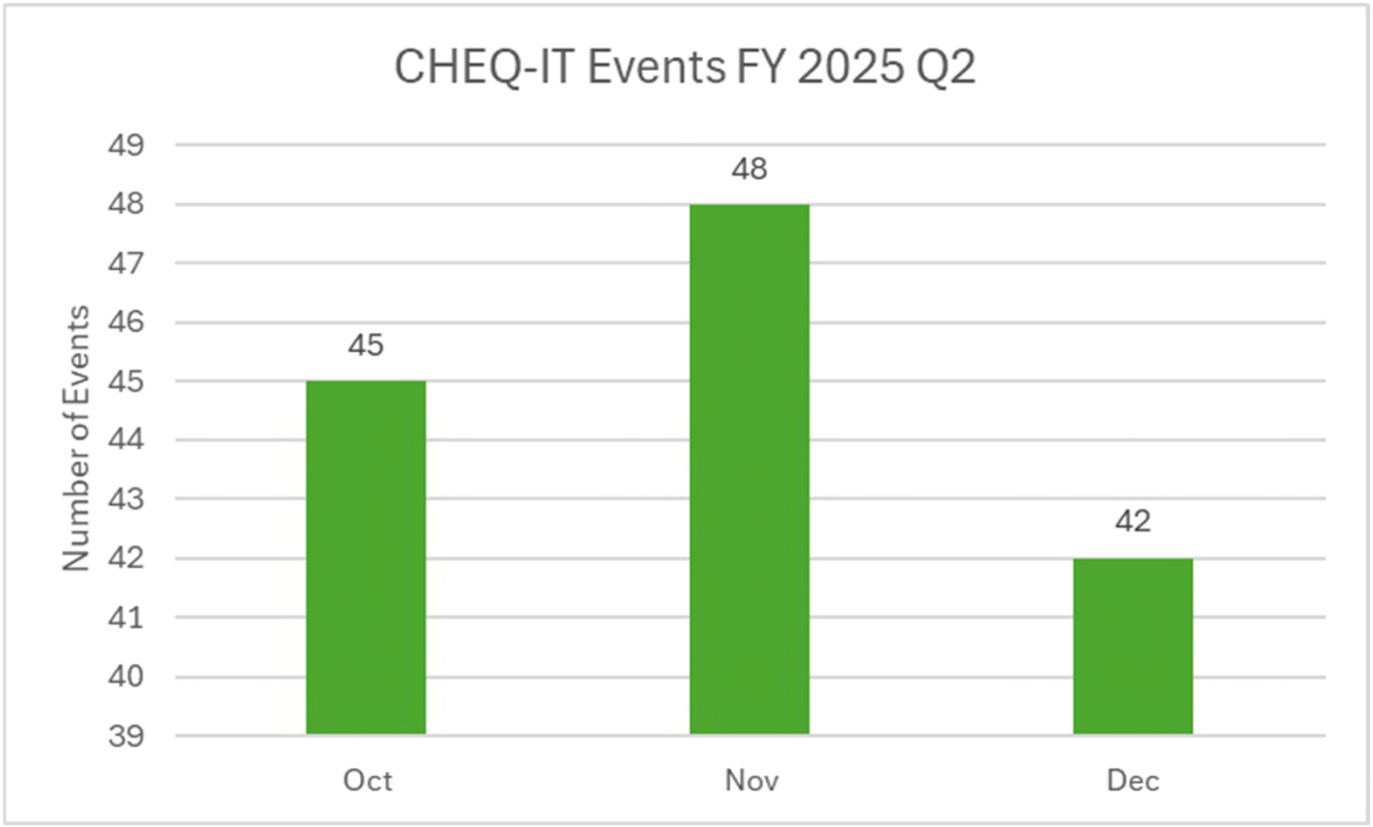
Federally Qualified Health Center (FQHC)

Patient Safety FY 25 Qtr 2

Report prepared by Jo Anna Hernandez, Quality Analyst

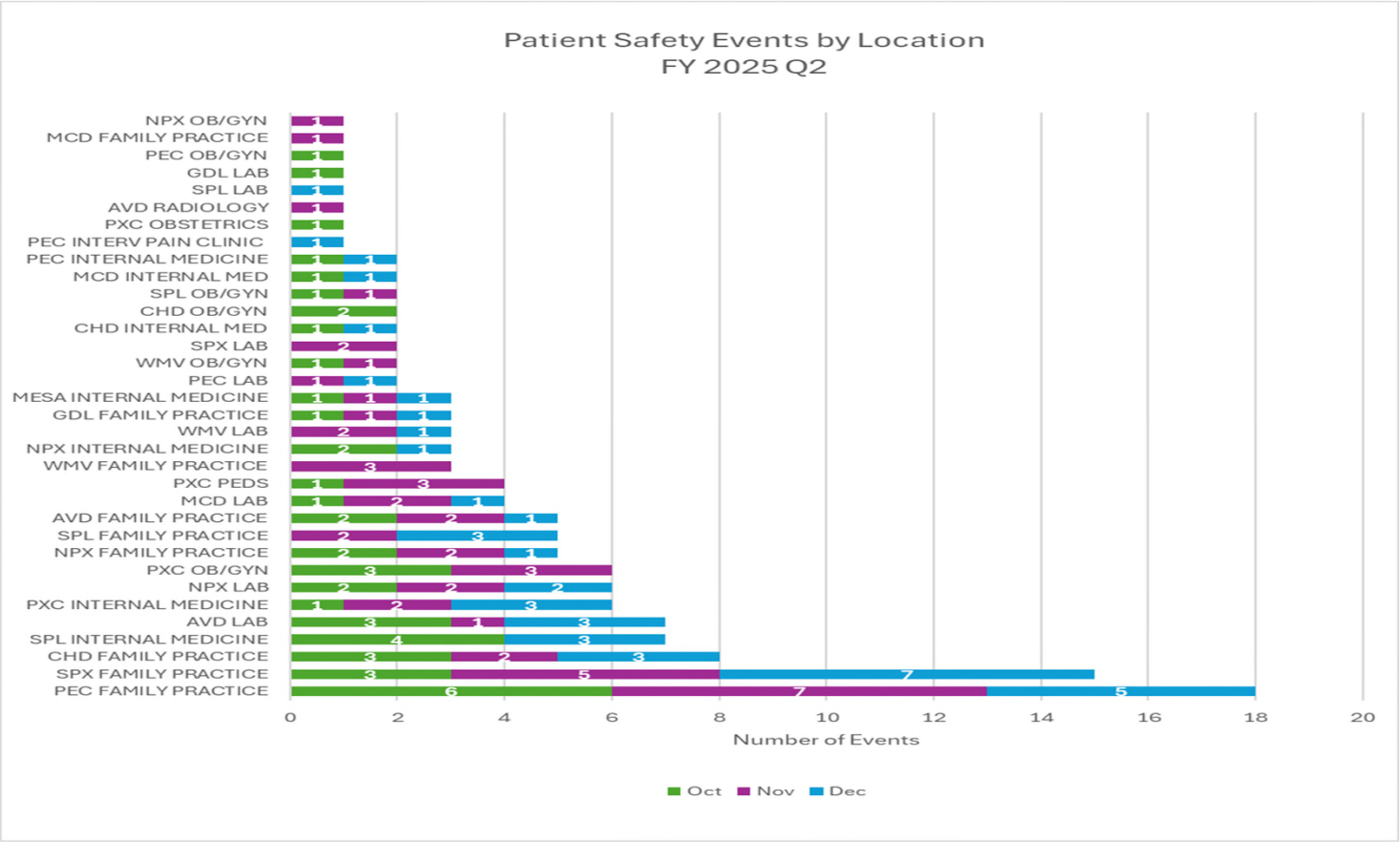
Report Presented by Crystal Garcia,
VP of Specialty Srvs., Quality and Patient Safety

CHEQ-IT Events FY2025 Q2



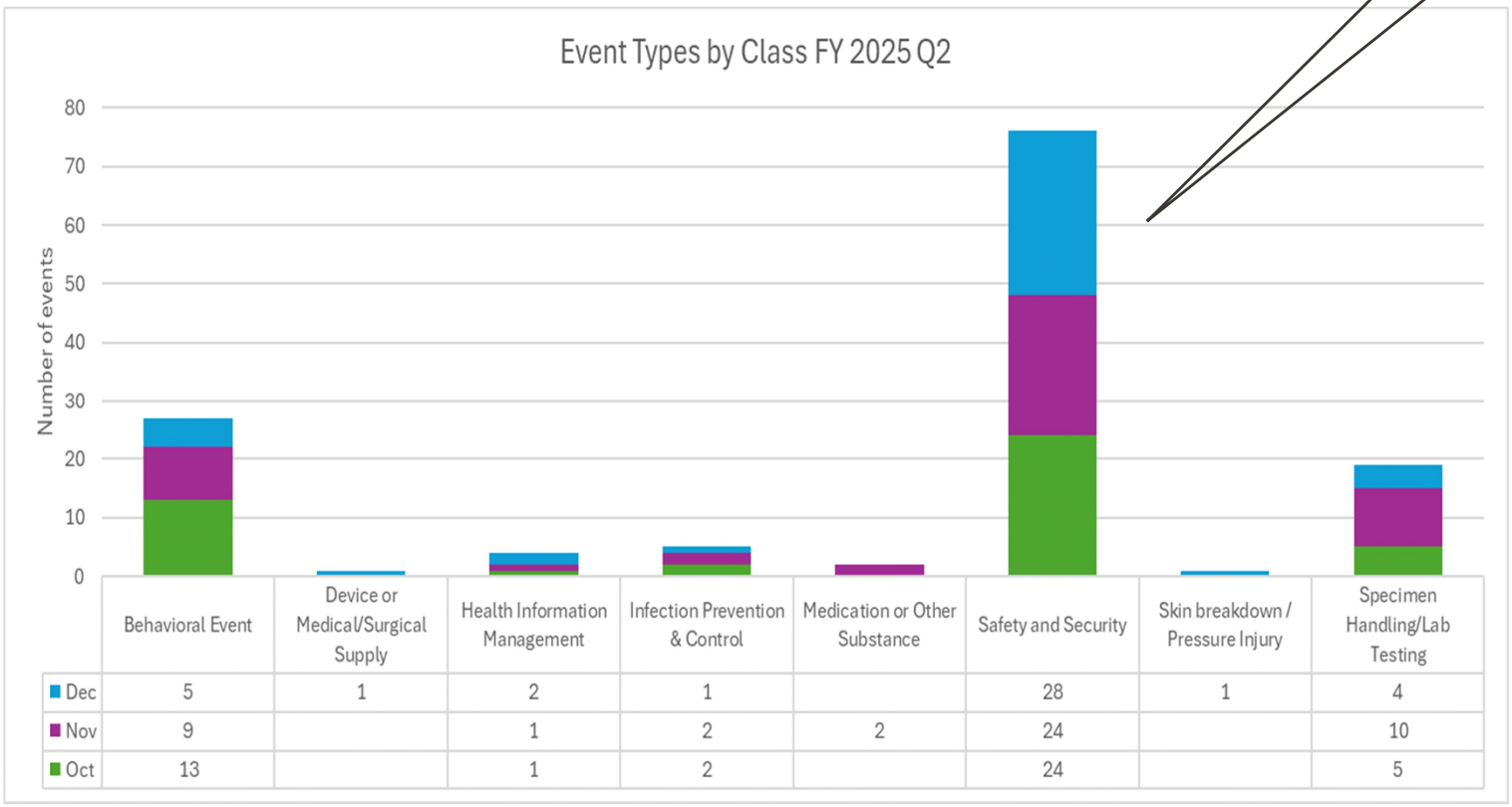
135 Patient Safety Events reported.

CHEQ-IT Events by Location



The highest number of events reported are SPX and PEC Family Practice.

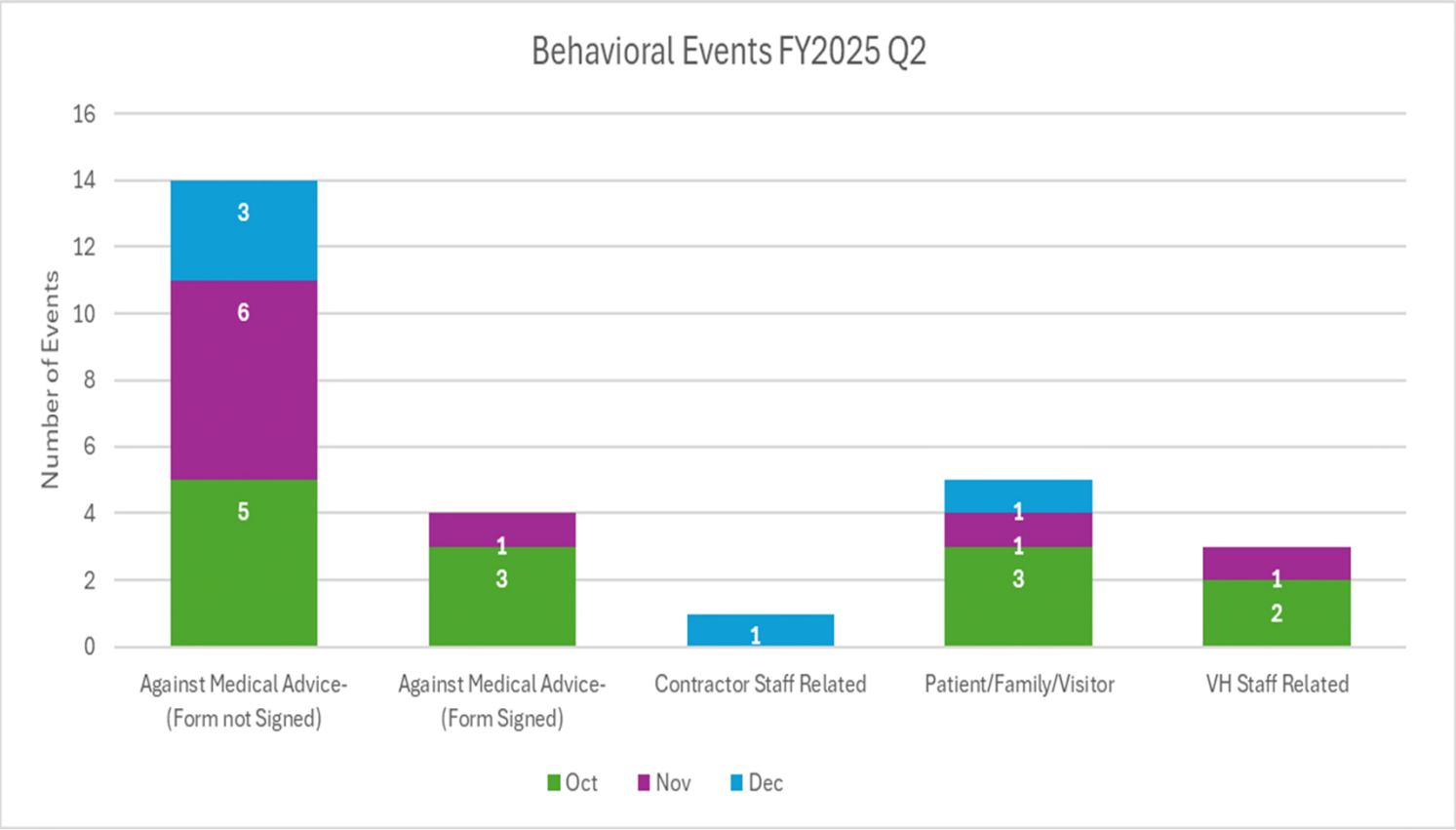
CHEQ-IT Events by Class



	Behavioral Event	Device or Medical/Surgical Supply	Health Information Management	Infection Prevention & Control	Medication or Other Substance	Safety and Security	Skin breakdown / Pressure Injury	Specimen Handling/Lab Testing
Dec	5	1	2	1		28	1	4
Nov	9		1	2	2	24		10
Oct	13		1	2		24		5

The most frequently reported class of events are **Safety and Security**, followed by **Behavioral**.

Behavioral Events



Drill down on next slide.

Behavioral Events

AMA/Triage Line 13 Events

- 2 events - Abdominal pain and bloody/black stool-refused ED.
- Facial swelling and SOB-refused call to 911. “Feeling better now.”
- Frequent caller, sinus issues and SOP-refused ED.
- Heart palpitations and dizziness - refused ED.
- Pt. hearing voices-refused 911 or ED.
- Dizziness, offered a same day appointment-refused due to transportation issues.
- Facial numbness, loss of balance, brain fog-refused ED.
- Severe SOB complaints, but no audible distress-refused 911.
- Change in cognition, refusing food/meds-caretaker refused ED.
- Called regarding 2-month-old injury-refused 911 or ED.
- OB patient with:
  - clear discharge-refused OB Triage due to childcare issues.
  - pre-eclampsia risks, refused OB Triage and left AMA.
  - hypertension-refused OB Triage due to childcare issues.
  - high blood glucose-refused OB Triage.

Behavioral Events

Pt/Family/Visitor

- Interpreter not used when giving vaccines. Pt. >45 yrs old given HPV vaccine-no contraindications or data supporting effectiveness.
- 2 events involving Security/PD.
- CRISIS team called for patient's spouse due to disrupted behavior-connected with resources.

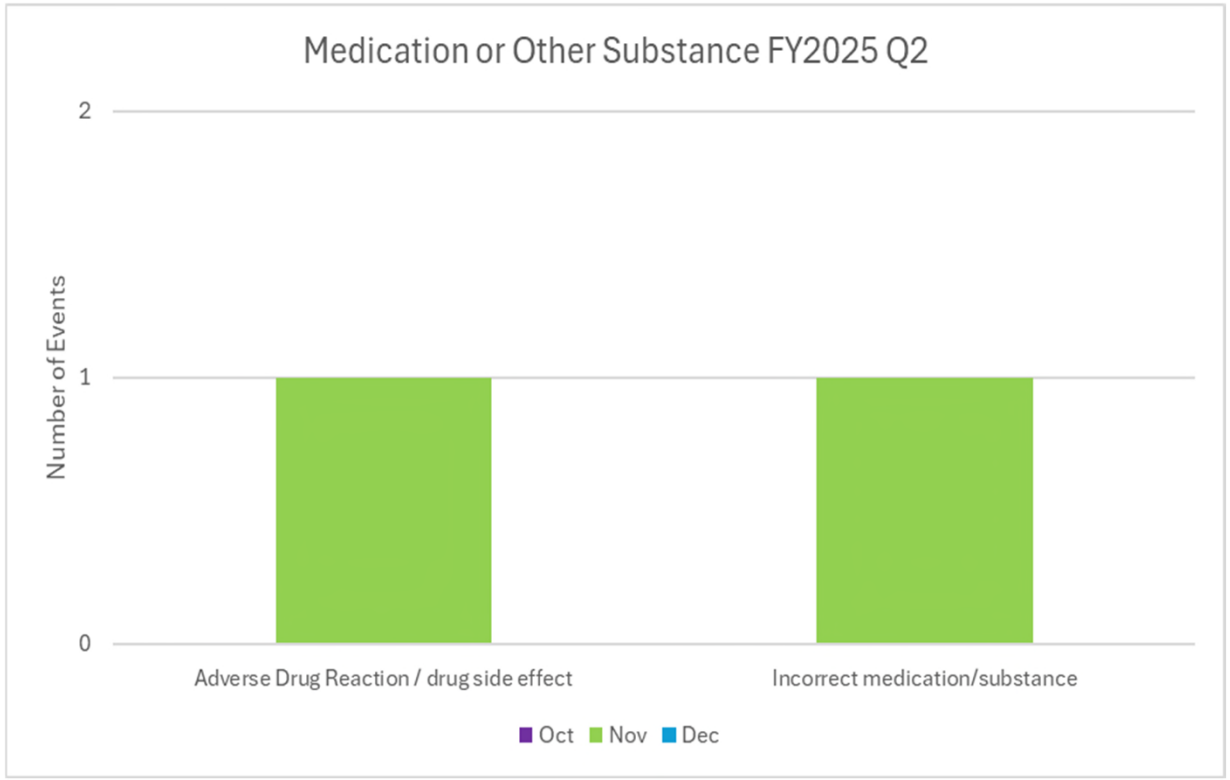
VH Staff Related

- Employee safety concern after clinic hours.
- Peds pt. incorrectly told to present to ED due to critical bilirubin.

Contractor Related Staff

- Issues with Stericycle and sharps pickup.

Medication Events



Adverse Drug Reaction/Drug Side Effect

- Adverse reaction to HPV vaccine-no harm identified.

Incorrect medication/substance

- Flu vaccine ordered, COVID vaccine given.

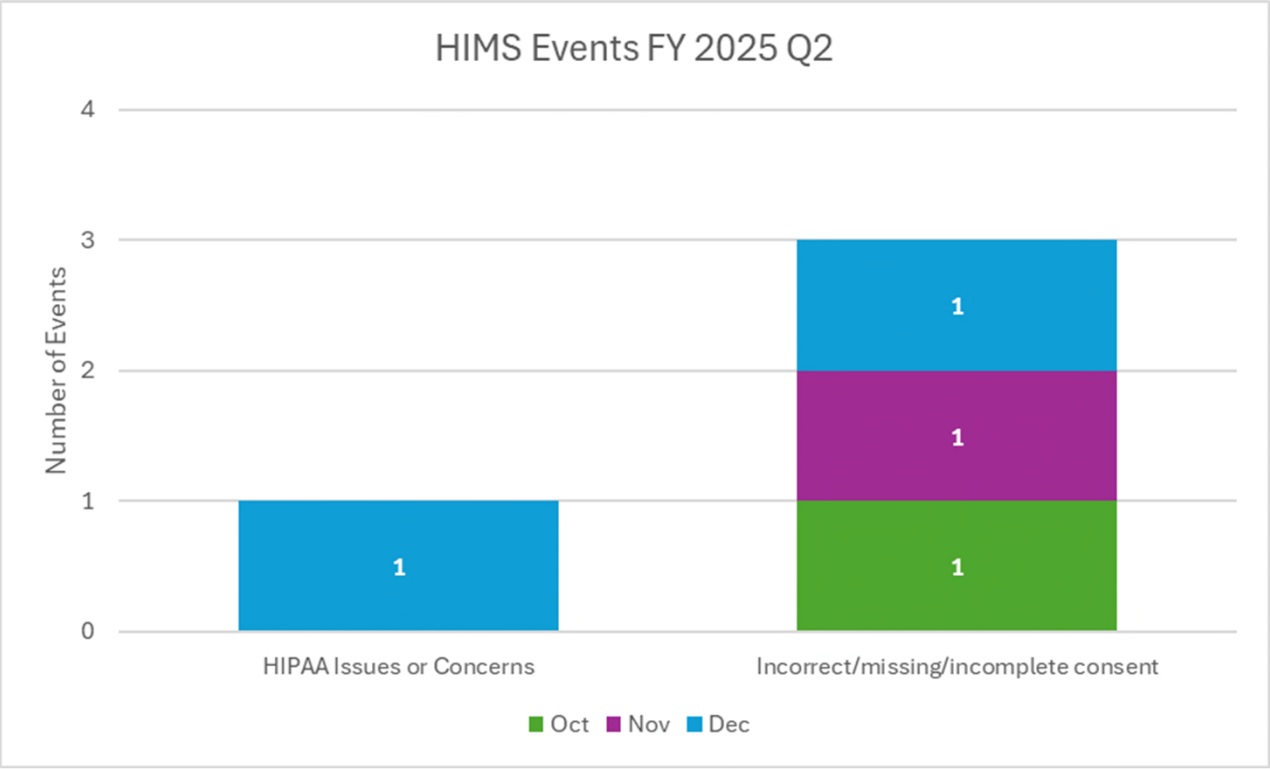
No Wrong Person Events

- Decrease from 2 events in Q1

Incorrect Medication or Dose

- Decrease from 3 events in Q1

HIM Events



Incorrect/missing/incomplete documentation

- 3 consent related events.

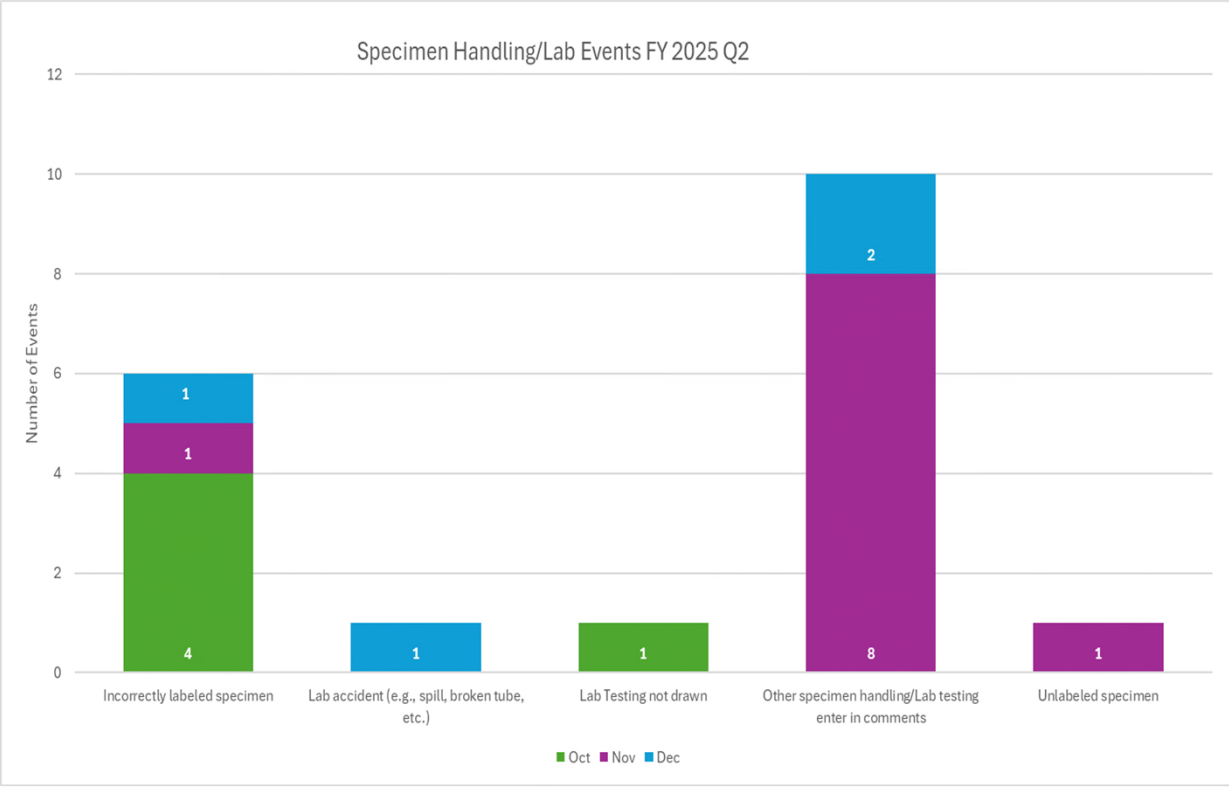
HIPAA Issues or Concerns

- MyChart access and appointment given to wrong patient.

Consent related events

- Decrease from 7 events in Q1

Specimen Handling/Lab Events



Incorrectly labeled specimen

- 3 events Cytology specimen labeling issues-delay in processing test.
- 2 barcode scanning issues for POC.
- A1C results received for a patient that has not been seen.

Lab Accident

- Specimen not transported via courier over weekend-several specimens cancelled.

Unlabeled Specimen

- Unlabeled pathology specimen-requiring verification prior to testing.

Other Specimen Handling Issues

- 2 events with A1C, wrong barcode scanned.
  - High A1C result on one pt. that had normal A1C two weeks
- 2 events Newborn Screens incorrectly labeled.

FQHC's: What's Happening?

- No Falls reported.
- Decrease in Medication Errors.
- Continued improvement in the consent related events.
- Pathology specimen related events continue to provide an area for improvement.
- Continue to track and trend and develop events and action plans, as necessary.
- Report all deviations from patient care and safety.

ECRI Diagnostic Sprint Update

- Increase in “unique” or irretrievable specimens requiring patient ID to be confirmed.
    - Include tissue, biopsies, and invasive collections
- 45 specimens in FY2024 from OB/Gyn clinics

Update

- Q2 OB/Gyn Labeling events = 2
- Specimen Labeling Education updated and sent to Educators for review and distribution.
- Continued work to standardize workflow both in clinics and EPIC.

Valleywise Health

QUESTIONS?

5. FQHC Uniform Data System (UDS)

UDS Reporting 2024 CYTD

February 5th, 2025
Report Prepared by: Amanda Jacobs, QA

Report Presented by: Crystal Garcia, VP of Specialty Services, Quality and Patient Safety

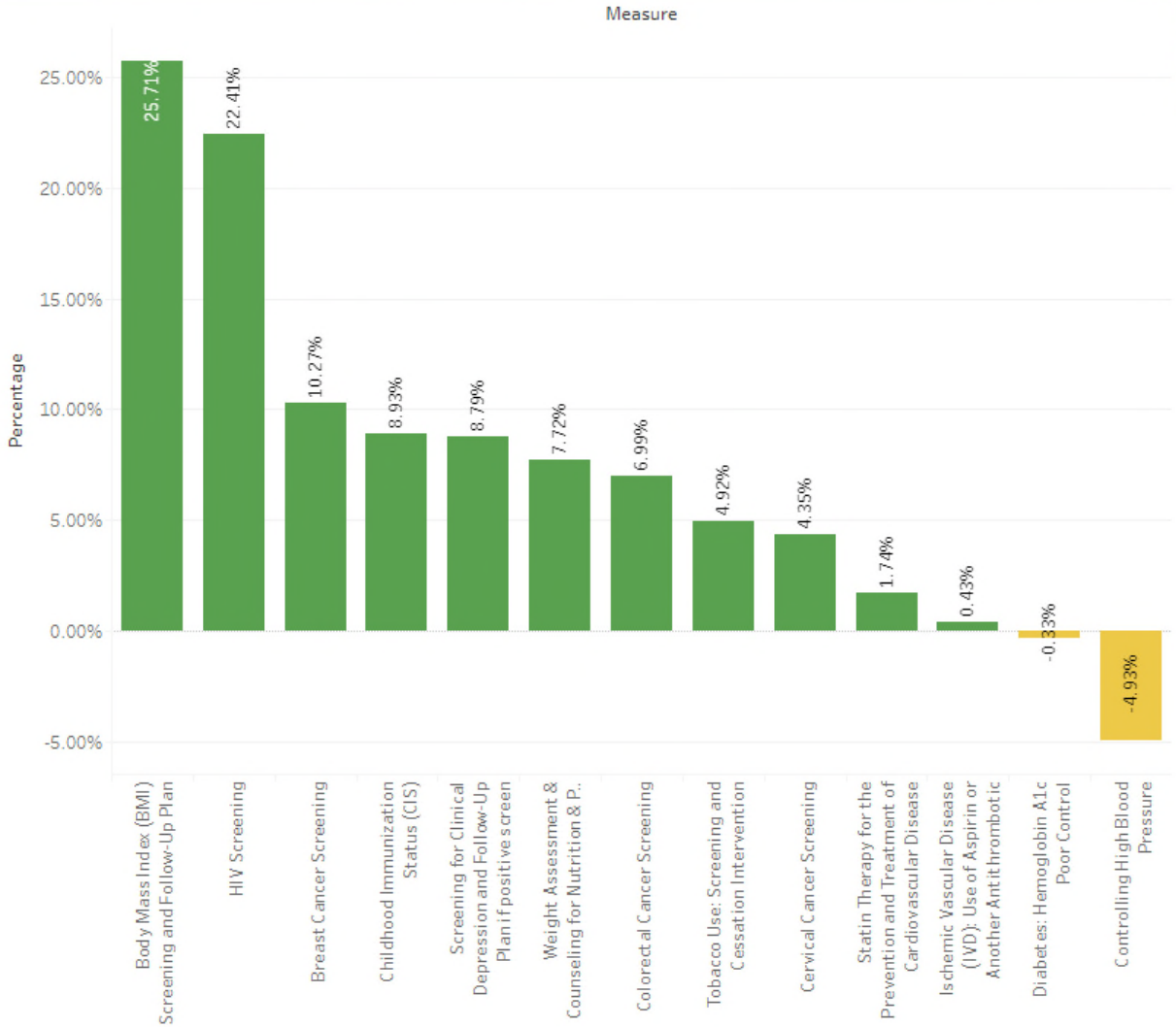
Valleywise Health FQHC UDS Quality Measure Report Results: December 2024 CYTD

UDS Clinical Quality Measure	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	HP 2030 Goal	*Target Goal* (2022 UDS National Average)	*Target Goal* (2023 UDS National Average)	Variance from 2022 UDS Average	Variance from 2023 UDS Average	Intended Direction	Monthly Status (2022 UDS average)	Monthly Status (2023 UDS average)
Body Mass Index (BMI) Screening and Follow-Up Plan	88.52%	90.00%	91.00%	91.68%	92.14%	92.32%	92.54%	92.62%	92.75%	92.84%	92.86%	92.84%	N/A*	61.04%	67.13%	31.80%	25.71%	↑		
Cervical Cancer Screening	56.60%	55.73%	56.07%	56.53%	56.83%	57.30%	57.33%	57.46%	59.17%	59.34%	59.29%	59.31%	84.3%	53.99%	54.96%	5.32%	4.35%	↑		
Childhood Immunization Status (CIS)	15.90%	16.88%	17.35%	17.83%	18.91%	19.11%	19.42%	18.98%	41.25%	40.52%	40.17%	39.16%	N/A*	33.23%	30.23%	5.93%	8.93%	↑		
Colorectal Cancer Screening	33.81%	36.12%	37.84%	39.28%	40.95%	42.13%	43.46%	44.65%	45.67%	46.76%	47.40%	48.09%	74.4%	42.82%	41.10%	5.27%	6.99%	↑		
Controlling High Blood Pressure	55.02%	57.13%	58.04%	59.45%	60.23%	61.77%	63.31%	63.57%	63.26%	62.69%	61.36%	60.75%	N/A*	63.40%	65.68%	-2.65%	-4.93%	↑		
Diabetes: Hemoglobin A1c Poor Control	60.66%	52.48%	45.20%	40.32%	35.87%	33.50%	32.10%	31.75%	31.04%	30.03%	29.60%	29.14%	11.6%	30.42%	28.81%	-1.28%	0.33%	↓		
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	76.52%	76.76%	76.31%	73.03%	76.27%	76.27%	76.42%	76.52%	76.72%	76.59%	76.36%	76.21%	N/A*	76.83%	75.78%	-0.62%	0.43%	↑		
Screening for Clinical Depression and Follow-Up Plan if positive screen	67.02%	69.50%	71.00%	73.11%	74.11%	75.62%	76.92%	77.70%	78.14%	79.25%	79.73%	80.39%	13.5%	70.02%	71.60%	10.37%	8.79%	↑		
Tobacco Use: Screening and Cessation Intervention	81.84%	84.96%	86.85%	87.66%	88.13%	88.73%	89.31%	89.50%	89.28%	89.56%	89.69%	89.82%	N/A*	84.60%	84.90%	5.22%	4.92%	↑		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	46.99%	50.71%	54.42%	57.29%	61.10%	64.69%	69.17%	71.99%	73.87%	76.45%	77.93%	79.22%	N/A*	69.81%	71.50%	9.41%	7.72%	↑		
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	76.40%	76.88%	76.90%	76.71%	76.64%	76.60%	76.43%	76.50%	79.16%	79.35%	79.38%	79.05%	N/A*	76.07%	77.31%	2.98%	1.74%	↑		
Breast Cancer Screening	53.51%	55.39%	56.07%	57.41%	58.32%	59.88%	60.80%	61.04%	61.62%	62.32%	62.46%	62.67%	80.5%	50.28%	52.40%	12.39%	10.27%	↑		
HIV Screening	71.15%	70.15%	70.15%	70.07%	69.99%	69.96%	69.90%	69.95%	70.67%	70.64%	70.66%	70.86%	N/A*	43.82%	48.45%	27.04%	22.41%	↑		

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

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

Ambulatory UDS Benchmark Tracker



Month, Year of Date
December 2024

Classification
- Met
- Out of Range
- Trending

Export to Excel

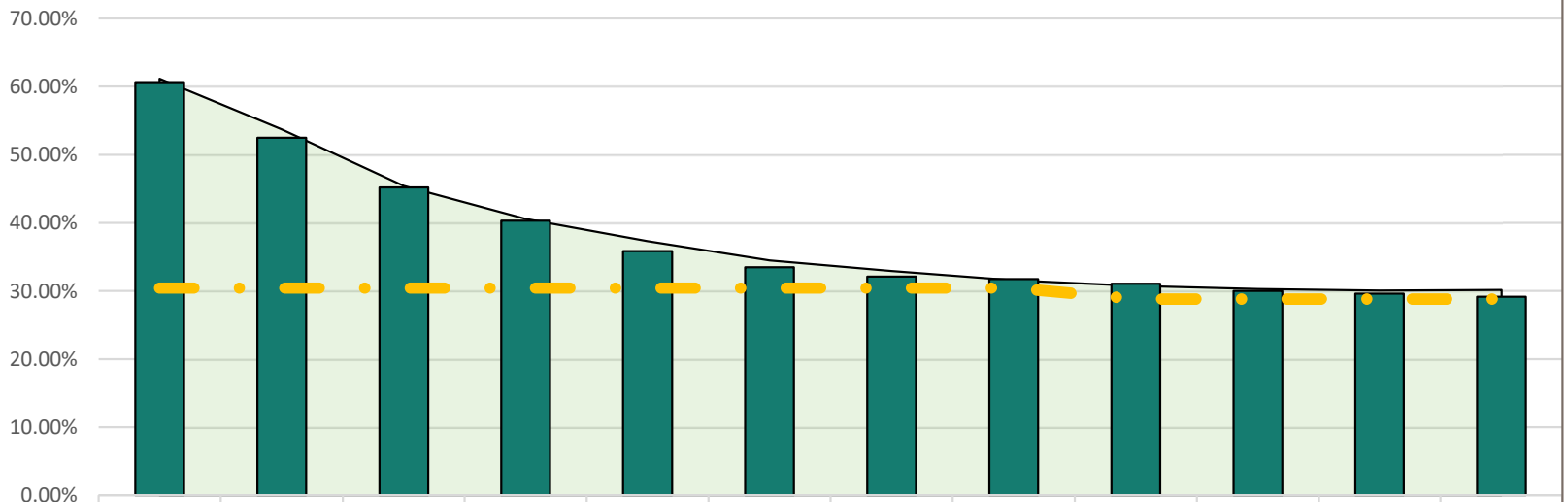
Benchmark Variance Tracker:

- 0.00% representing UDS goal/benchmark
- Based on latest 2023 national averages
- Color classifications match with scorecard
- Green = Equal or greater than benchmark
- Yellow = Less than 10% negative variance
- Red = Greater than 10% negative variance

UDS Quality Metric Outcomes & Trends 2024

Diabetes: HbA1c >9.0% or No Test Done
Valleywise Health - FQHC

Definition:
Percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the measurement period



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	61.15%	53.74%	45.41%	40.59%	37.29%	34.46%	32.94%	31.56%	30.76%	30.30%	30.05%	30.13%
2024	60.66%	52.48%	45.20%	40.32%	35.87%	33.50%	32.10%	31.75%	31.04%	30.03%	29.60%	29.14%
UDS National Average: <28.81%	30.42%	30.42%	30.42%	30.42%	30.42%	30.42%	30.42%	30.42%	28.81%	28.81%	28.81%	28.81%

Diabetes Poor Control YOY Review:

UDS Measure: Diabetes: HbA1c >9.0% or No Test Done

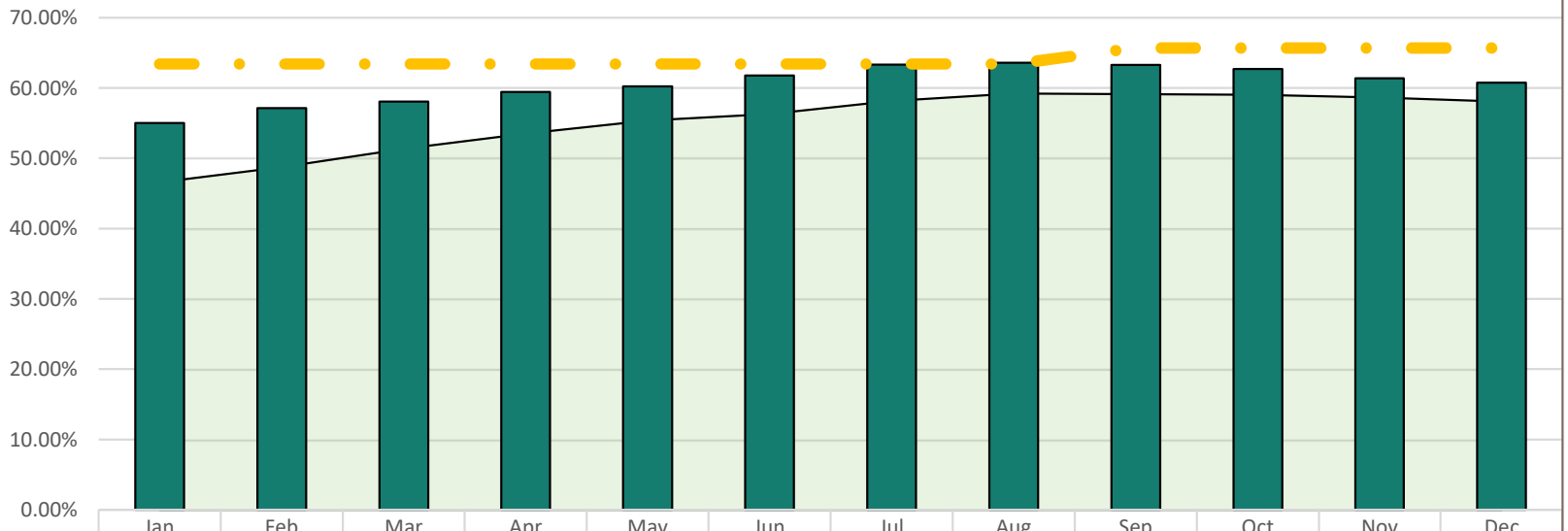
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
CY 2022	70.50%	59.49%	50.22%	42.90%	38.95%	36.25%	34.25%	32.76%	31.90%	31.04%	30.68%	30.28%
CY 2023	61.15%	53.74%	45.41%	40.59%	37.29%	34.46%	32.94%	31.56%	30.76%	30.30%	30.05%	30.13%
YOY Change	-9.35%	-5.75%	-4.81%	-2.31%	-1.66%	-1.79%	-1.31%	-1.20%	-1.14%	-0.74%	-0.63%	-0.15%

UDS Measure: Diabetes: HbA1c >9.0% or No Test Done

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
CY 2023	61.15%	53.74%	45.41%	40.59%	37.29%	34.46%	32.94%	31.56%	30.76%	30.30%	30.05%	30.13%
CY 2024	60.66%	52.84%	45.20%	40.32%	35.87%	33.50%	32.10%	31.75%	31.04%	30.03%	29.60%	29.14%
YOY Change	-0.49%	-0.90%	-0.21%	-0.27%	-1.42%	-0.96%	-0.84%	0.19%	0.28%	-0.27%	-0.45%	-0.99%

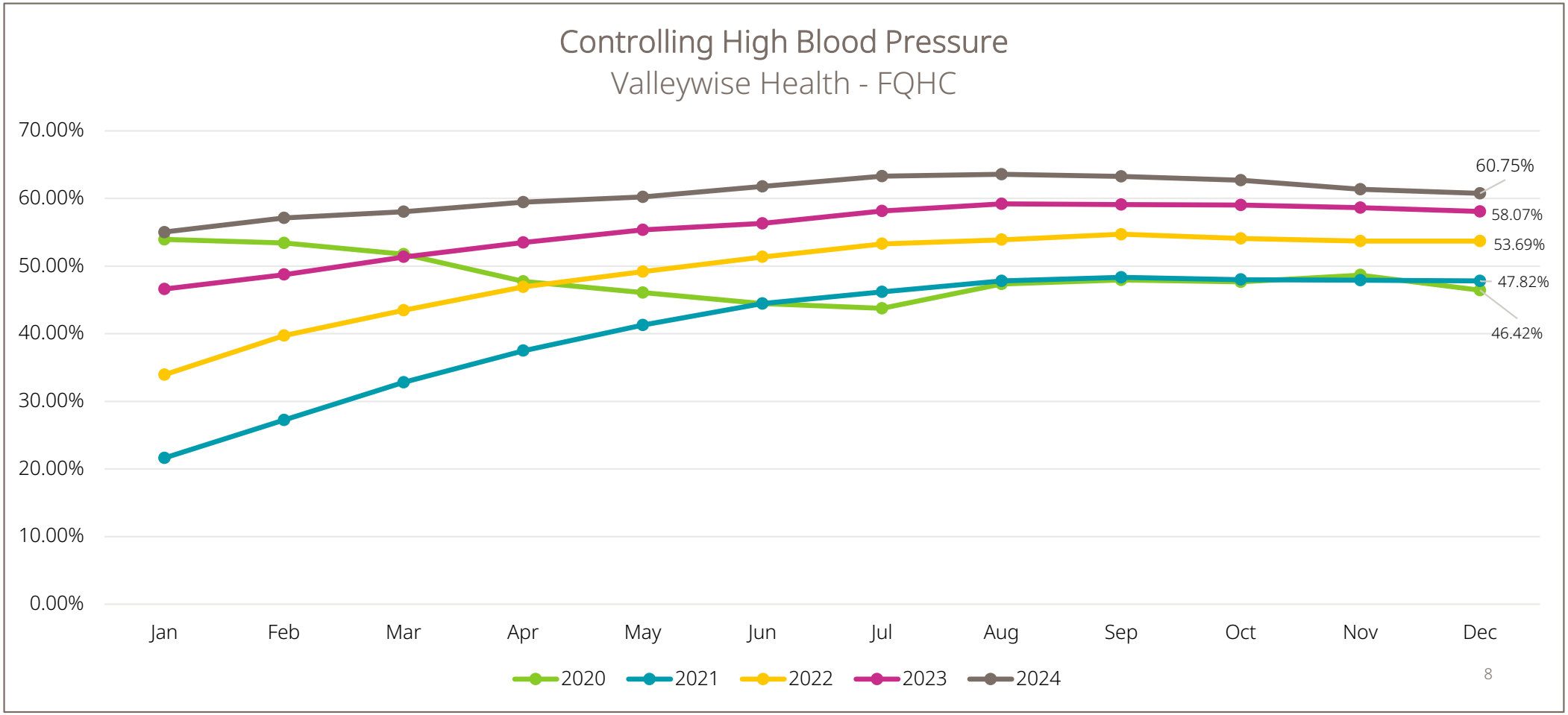
Controlling High Blood Pressure
Valleywise Health - FQHC

Definition:
Percentage of patients 18–85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period.



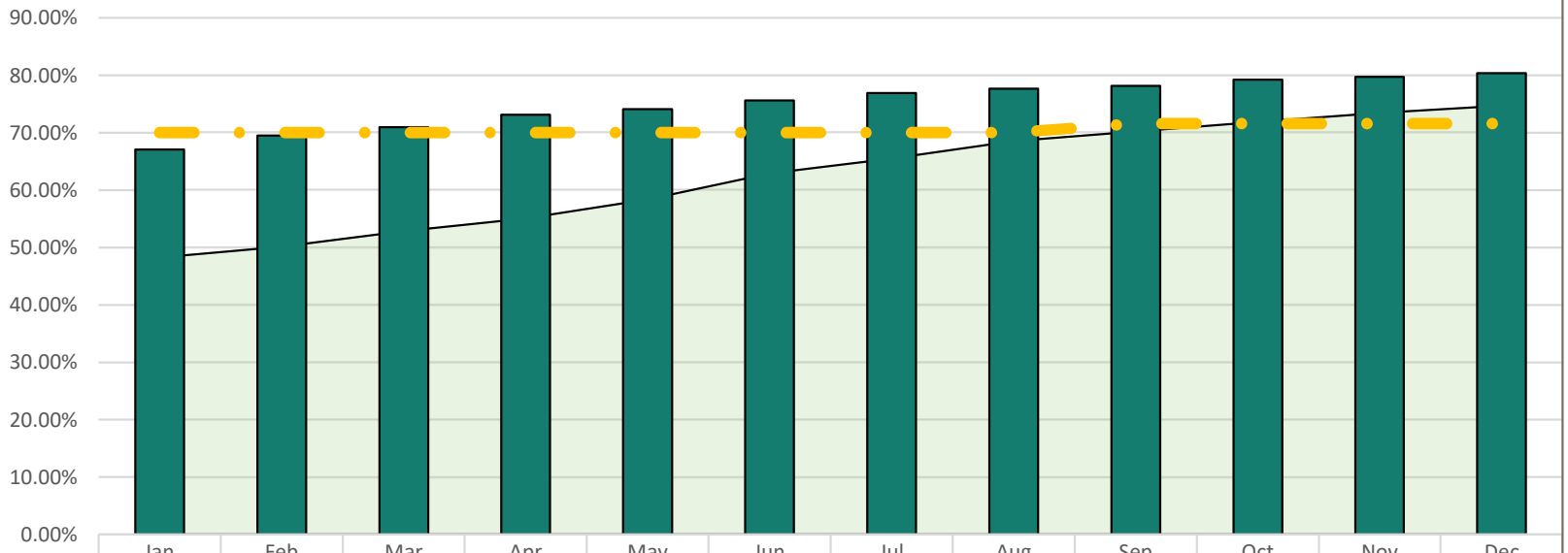
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	46.59%	48.74%	51.35%	53.49%	55.36%	56.29%	58.15%	59.19%	59.10%	59.03%	58.65%	58.07%
2024	55.02%	57.13%	58.04%	59.45%	60.23%	61.77%	63.31%	63.57%	63.26%	62.69%	61.36%	60.75%
UDS National Average: 65.68%	63.40%	63.40%	63.40%	63.40%	63.40%	63.40%	63.40%	63.40%	65.68%	65.68%	65.68%	65.68%

Controlling High Blood Pressure YOY Review:



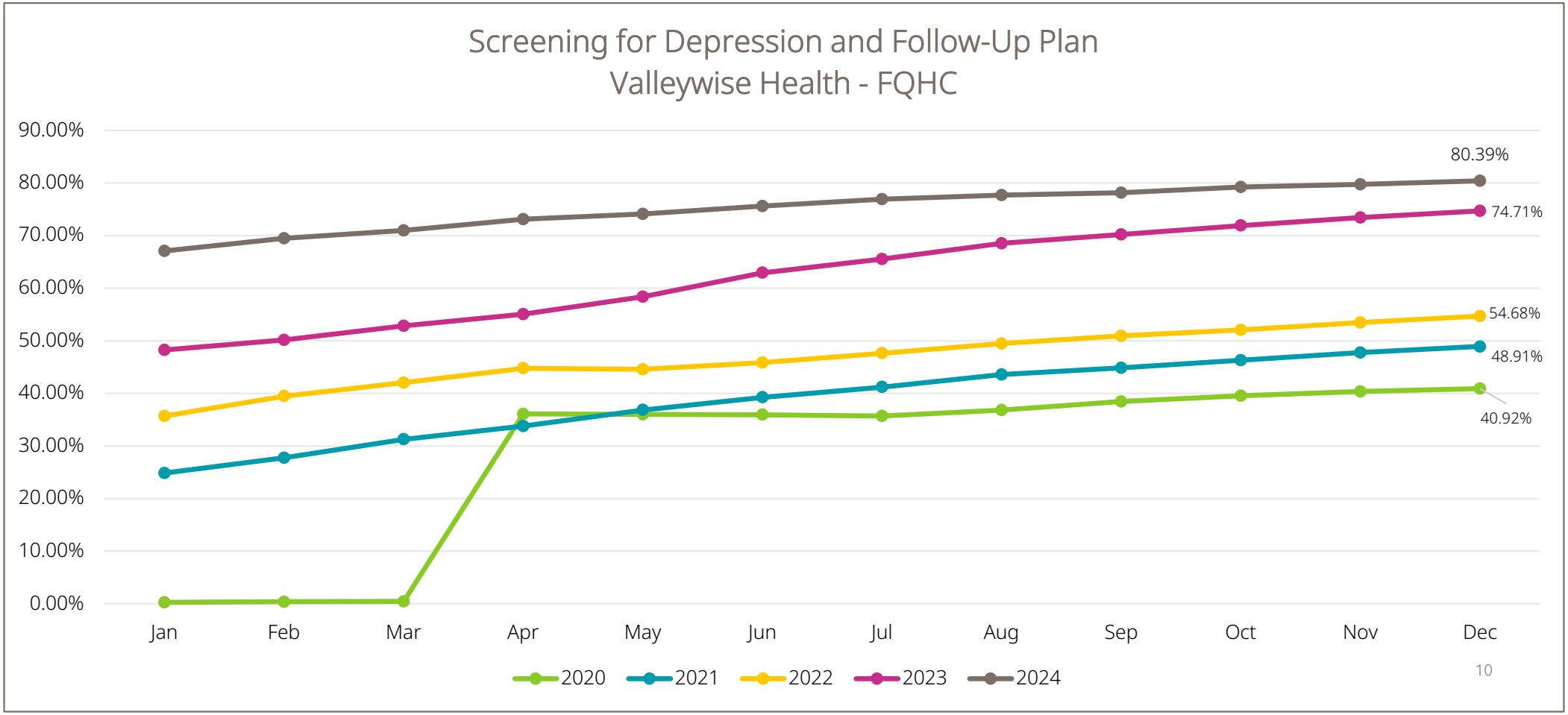
Screening for Depression and Follow-Up Plan
Valleywise Health - FQHC

Definition:
Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter



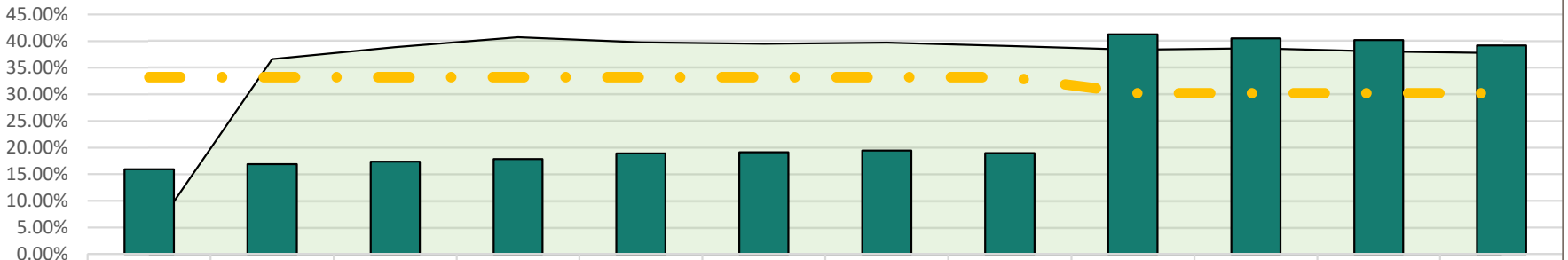
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	48.25%	50.16%	52.84%	55.06%	58.36%	62.93%	65.53%	68.52%	70.21%	71.91%	73.44%	74.71%
2024	67.06%	69.50%	71.00%	73.11%	74.11%	75.62%	76.92%	77.70%	78.14%	79.25%	79.73%	80.39%
UDS National Average: 71.60%	70.02%	70.02%	70.02%	70.02%	70.02%	70.02%	70.02%	70.02%	71.60%	71.60%	71.60%	71.60%

Depression Screening & F/U Plan YOY Review:



Definition:
Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (HiB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

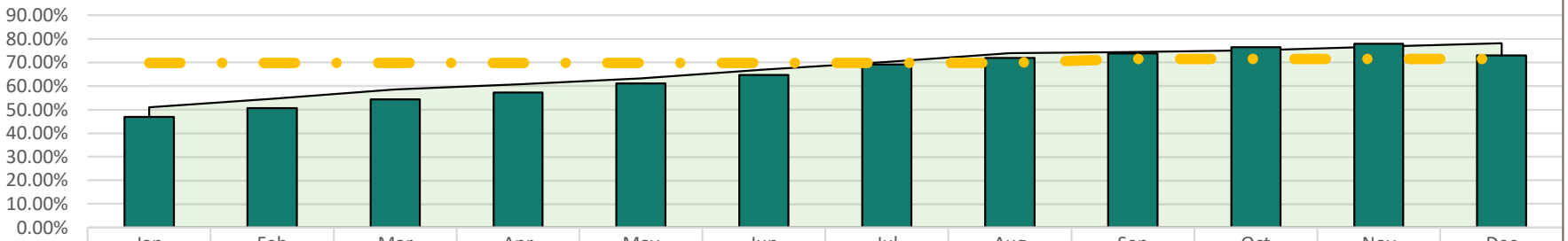
Childhood Immunization Status
Valleywise Health - FQHC



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	3.13%	36.63%	38.85%	40.77%	39.78%	39.51%	39.72%	39.07%	38.40%	38.63%	38.06%	37.74%
2024	15.90%	16.88%	17.35%	17.83%	18.91%	19.11%	19.42%	18.98%	41.25%	40.52%	40.17%	39.16%
UDS National Average: 30.23%	33.23%	33.23%	33.23%	33.23%	33.23%	33.23%	33.23%	33.23%	30.23%	30.23%	30.23%	30.23%

Definition:
Percentage of patients 3–17* years of age who had an outpatient medical visit and who had evidence of height, weight, and body mass index (BMI) percentile documentation and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement period

Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents
Valleywise Health - FQHC



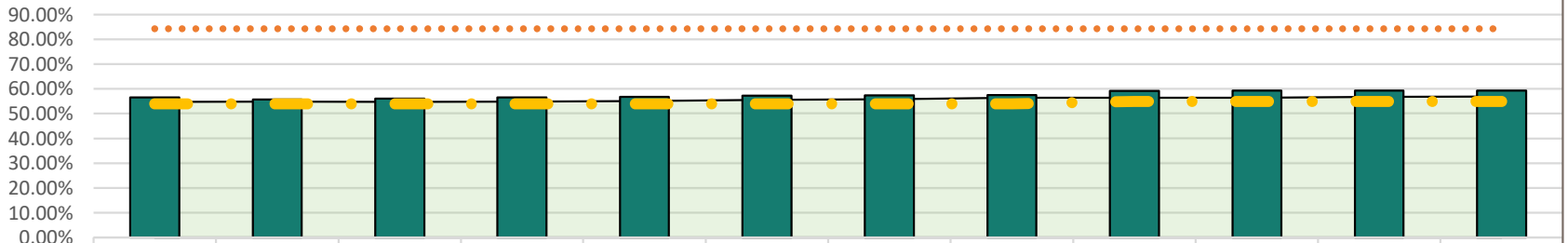
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	51.04%	54.62%	58.55%	60.81%	63.25%	67.00%	70.29%	73.96%	74.47%	75.20%	76.70%	78.08%
2024	46.99%	50.71%	54.42%	57.29%	61.10%	64.69%	69.17%	71.99%	73.87%	76.45%	77.93%	72.99%
UDS National Average: 71.50%	69.81%	69.81%	69.81%	69.81%	69.81%	69.81%	69.81%	69.81%	71.50%	71.50%	71.50%	71.50%

Definition:
Percentage of women 21*–64 years of age who were screened for cervical cancer using either of the following criteria:

• Women age 21*–64 who had cervical cytology performed within the last 3 years

• Women age 30–64 who had human papillomavirus (HPV) testing performed within the last 5 years

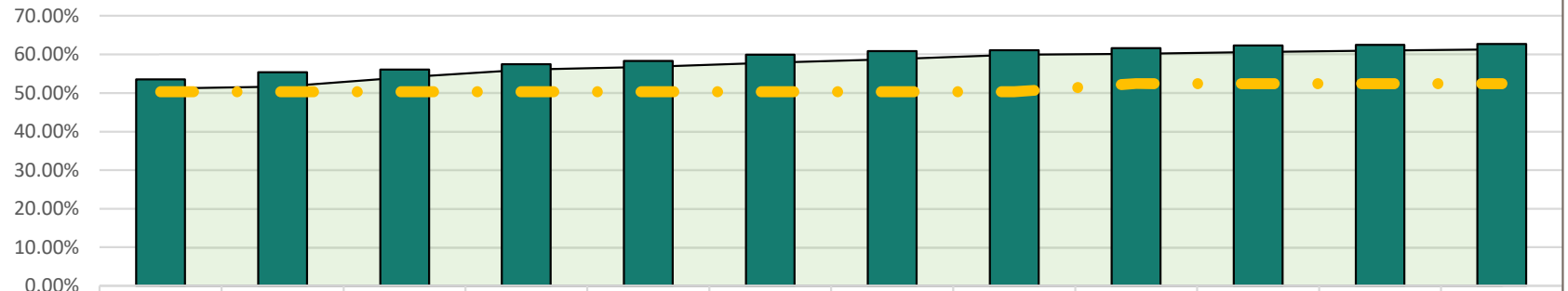
Cervical Cancer Screening
Valleywise Health - FQHC



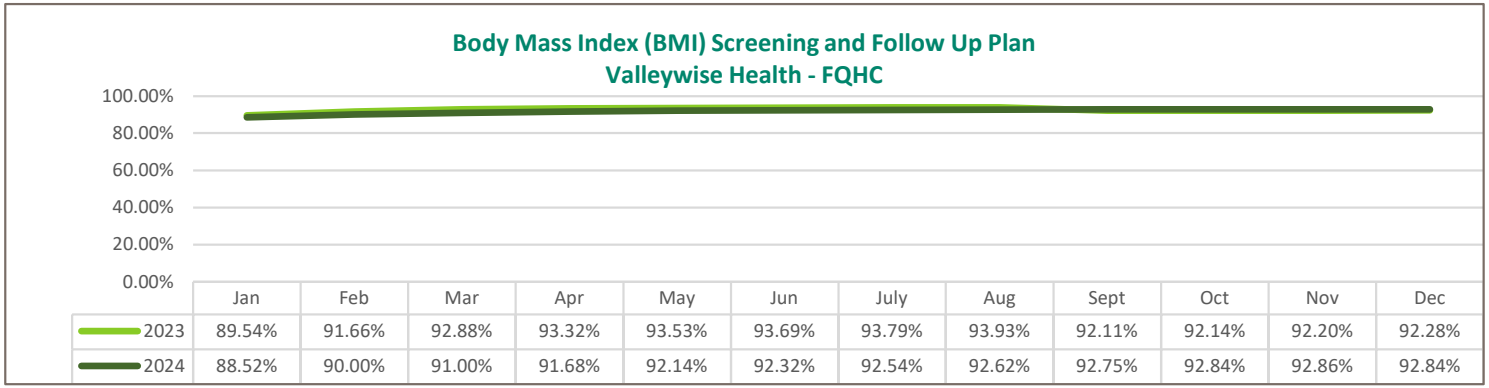
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	54.68%	54.81%	54.76%	54.84%	55.10%	55.59%	55.83%	56.38%	56.45%	56.45%	56.73%	56.93%
2024	56.60%	55.73%	56.07%	56.53%	56.83%	57.30%	57.33%	57.46%	59.17%	59.34%	59.29%	59.31%
UDS National Average: 54.96%	53.99%	53.99%	53.99%	53.99%	53.99%	53.99%	53.99%	53.99%	54.96%	54.96%	54.96%	54.96%
HP 2030 Target: 84.3%	84.30%	84.30%	84.30%	84.30%	84.30%	84.30%	84.30%	84.30%	84.30%	84.30%	84.30%	84.30%

Definition:
Percentage of women 50*–74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period

Breast Cancer Screening
Valleywise Health - FQHC

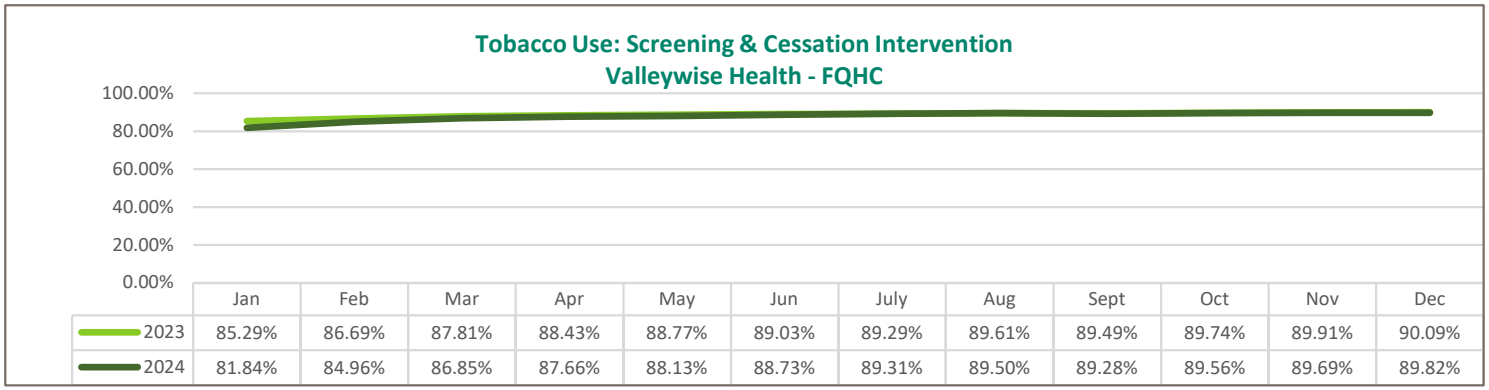


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	51.10%	51.68%	54.03%	56.03%	56.79%	57.83%	58.79%	59.93%	60.17%	60.61%	61.02%	61.25%
2024	53.51%	55.39%	56.07%	57.41%	58.32%	59.88%	60.80%	61.04%	61.62%	62.32%	62.46%	62.67%
UDS National Average: 52.40%	50.28%	50.28%	50.28%	50.28%	50.28%	50.28%	50.28%	50.28%	52.40%	52.40%	52.40%	52.40%



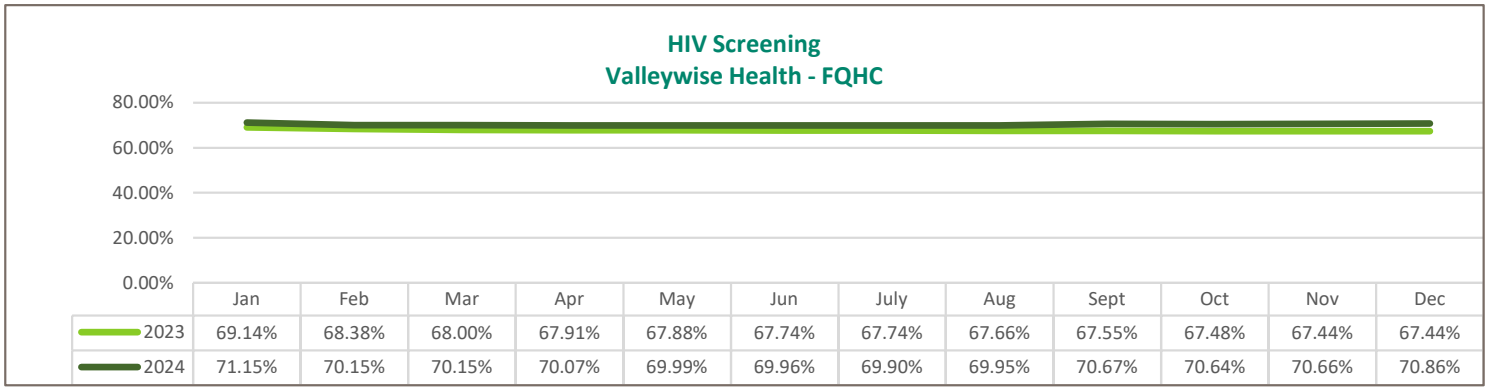
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
2023	89.54%	91.66%	92.88%	93.32%	93.53%	93.69%	93.79%	93.93%	92.11%	92.14%	92.20%	92.28%
2024	88.52%	90.00%	91.00%	91.68%	92.14%	92.32%	92.54%	92.62%	92.75%	92.84%	92.86%	92.84%

Definition:
Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the measurement period AND who had a follow-up plan documented if BMI was outside of normal parameters



	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
2023	85.29%	86.69%	87.81%	88.43%	88.77%	89.03%	89.29%	89.61%	89.49%	89.74%	89.91%	90.09%
2024	81.84%	84.96%	86.85%	87.66%	88.13%	88.73%	89.31%	89.50%	89.28%	89.56%	89.69%	89.82%

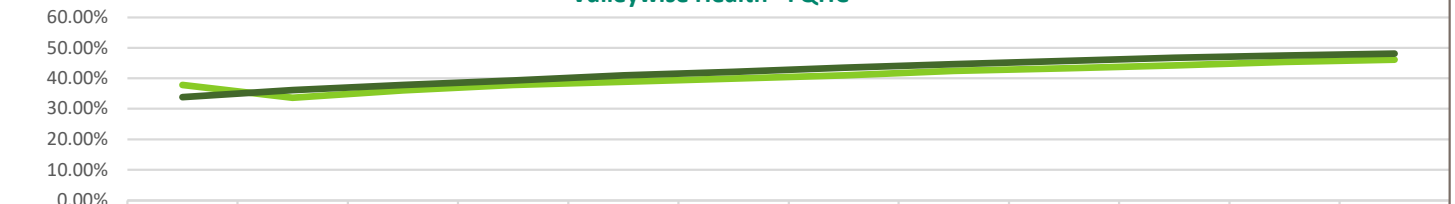
Definition:
Percentage of patients aged 12 years and older who were screened for tobacco use one or more times during the measurement period and who received tobacco cessation intervention if identified as a tobacco user



	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
2023	69.14%	68.38%	68.00%	67.91%	67.88%	67.74%	67.74%	67.66%	67.55%	67.48%	67.44%	67.44%
2024	71.15%	70.15%	70.15%	70.07%	69.99%	69.96%	69.90%	69.95%	70.67%	70.64%	70.66%	70.86%

Definition:
Percentage of patients aged 15–65 at the start of the measurement period who were between 15–65 years old when tested for HIV

Colorectal Cancer Screening
Valleywise Health - FQHC



	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
2023	37.75%	33.64%	35.97%	37.79%	38.80%	39.90%	40.89%	42.43%	43.24%	44.24%	45.34%	46.06%
2024	33.81%	36.12%	37.84%	39.28%	40.95%	42.13%	43.46%	44.65%	45.67%	46.76%	47.40%	48.09%

Definition:
Percentage of adults 45–75 years of age who had appropriate screening for colorectal cancer

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
Valleywise Health - FQHC

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
2023	74.29%	75.78%	76.58%	76.74%	76.87%	77.07%	76.87%	76.53%	76.83%	76.85%	76.98%	76.88%
2024	76.52%	76.76%	76.31%	76.03%	76.27%	76.27%	76.42%	76.52%	76.72%	76.59%	76.36%	76.21%

Definition:
Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period or who had an active diagnosis of IVD during the measurement period, and who had documented use of aspirin or another antiplatelet during the measurement period

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
Valleywise Health - FQHC

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
2023	76.56%	77.44%	77.70%	77.41%	77.19%	77.00%	76.74%	76.83%	76.63%	76.71%	79.85%	76.81%
2024	76.40%	76.88%	76.90%	76.71%	76.64%	76.60%	76.43%	76.50%	79.16%	79.35%	79.38%	79.05%

Definition:
Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period:

- All patients who were previously diagnosed with or currently have a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure; OR

- Patients aged 20 to 75 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level >= 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; OR

- Patients aged 40-75 years with a diagnosis of diabetes; OR

- Patients aged 40 to 75 with a 10-year ASCVD risk score of >= 20 percent

Announcements & Key Action Items

Task Forces:

Hypertension Task Force

A1c Management Task Force

Pediatrics Task Force

Cervical/Breast Cancer Task Force

Depression Task Force

Colorectal Cancer Screening Task Force

6. FQHC Financials and Payor Mix

Valleywise Health
FQHC

With Ancillary Services
OCT-DEC FY 2025

OCT-DEC FY25 Actual vs Budget

		VCHC				OP Behavioral Health				VCHC - Phoenix			
		OCT-DEC FY 2025				OCT-DEC FY 2025				OCT-DEC FY 2025			
		FY25 Actual	FY25 Budget	Variance Favorable (Unfavorable)	%	FY25 Actual	FY25 Budget	Variance Favorable (Unfavorable)	%	FY25 Actual	FY25 Budget	Variance Favorable (Unfavorable)	%
(a)	**Visits**	**41,138**	**40,416**	**722**	**2%**	**8,119**	**7,699**	**420**	**5%**	**17,000**	**16,344**	**656**	**4%**
	Operating Revenues												
(b)	Net patient service revenue	**$ 9,448,852**	**$ 9,305,096**	**$ 143,756**	**2%**	**$ 1,962,794**	**$ 1,747,650**	**$ 215,144**	**12%**	**$ 3,085,236**	**$ 2,793,398**	**$ 291,838**	**10%**
(c)	Other Operating Revenue	542,559	597,806	(55,247)	**(9%)**	110,404	216,815	(106,412)	**(49%)**	81,023	86,483	(5,460)	**(6%)**
(e)	**Total operating revenues**	**$ 9,991,411**	**$ 9,902,901**	**$ 88,509**	**1%**	**$ 2,073,197**	**$ 1,964,465**	**$ 108,732**	**6%**	**$ 3,166,259**	**$ 2,879,881**	**$ 286,378**	**10%**
	Operating Expenses												
(f)	Salaries and wages	4,079,683	3,862,141	(217,542)	(6%)	1,123,748	1,017,248	(106,500)	(10%)	1,759,612	1,600,531	(159,081)	(10%)
(g)	Contract labor	-	-	-		-	-	-		-	-	-	
(h)	Employee benefits	1,172,774	1,236,026	63,252	5%	325,634	319,274	(6,360)	(2%)	513,985	512,646	(1,338)	(0%)
(i)	Medical service fees	3,646,484	3,601,400	(45,084)	(1%)	308,884	211,766	(97,117)	(46%)	1,333,048	1,487,048	154,000	10%
(j)	Supplies	970,757	774,389	(196,368)	(25%)	2,972	3,677	705	19%	195,055	131,145	(63,910)	(49%)
(k)	Purchased services	46,186	30,820	(15,366)	(50%)	165,366	60,322	(105,044)	(174%)	28,168	17,928	(10,240)	(57%)
(l)	Other expenses	364,948	203,089	(161,858)	(80%)	9,337	9,078	(258)	(3%)	10,816	9,483	(1,333)	(14%)
(n)	Allocated ancillary expense	2,627,615	2,490,748	(136,867)	(5%)	-	-	-		380,807	333,261	(47,546)	(14%)
(o)	**Total operating expenses**	**$ 12,908,446**	**$ 12,198,612**	**(709,834)**	**(6%)**	**$ 1,935,941**	**$ 1,621,366**	**(314,574)**	**(19%)**	**$ 4,221,491**	**$ 4,092,042**	**(129,449)**	**(3%)**
(p)	**Margin (before overhead allocation)**	**$ (2,917,035)**	**$ (2,295,710)**	**$ (621,325)**		**$ 137,257**	**$ 343,099**	**$ (205,842)**		**$ (1,055,232)**	**$ (1,212,161)**	**$ 156,929**	
(q)	Percent Margin	(29%)	(23%)			7%	17%			(33%)	(42%)		
(u)	*Overhead Allocation*	*3,350,284*	*3,187,496*	*(162,787)*		*409,660*	*351,058*	*(58,602)*		*981,785*	*948,486*	*(33,298)*	
(v)	**Margin (after overhead allocation)**	**$ (6,267,319)**	**$ (5,483,207)**	**$ (784,113)**		**$ (272,403)**	**$ (7,959)**	**$ (264,444)**		**$ (2,037,017)**	**$ (2,160,647)**	**$ 123,631**	
(w)	Percent Margin	(63%)	(55%)			(13%)	(0%)			(64%)	(75%)		
	Per Visit Analysis ($/Visit)												
(x)	Net patient service revenue	$ 229.69	$ 230.23	$ (0.55)		$ 241.75	$ 227.00	$ 14.75		$ 181.48	$ 170.91	$ 10.57	
(y)	Other Operating Revenue	13.19	14.79	(1.60)		13.60	28.16	(14.56)		4.77	5.29	(0.53)	
(z)	PCMH Revenue	-	-	-		-	-	-		-	-	-	
(aa)	**Total operating revenues**	**$ 242.88**	**$ 245.02**	**$ (2.15)**	**(1%)**	**$ 255.35**	**$ 255.17**	**$ 0.18**	**0%**	**$ 186.25**	**$ 176.20**	**$ 10.05**	**5%**
(ab)	**Total operating expenses**	**313.78**	**301.83**	**(11.96)**	**(4%)**	**238.45**	**210.60**	**(27.84)**	**(13%)**	**248.32**	**250.37**	**2.05**	**1%**
(ac)	**Margin (before overhead allocation)**	**$ (70.91)**	**$ (56.80)**	**$ (14.11)**	**(25%)**	**$ 16.91**	**$ 44.57**	**$ (27.66)**	**(62%)**	**$ (62.07)**	**$ (74.17)**	**$ 12.09**	**16%**
(af)	*Overhead Allocation*	81.44	78.87	(2.57)	(3%)	50.46	45.60	(4.86)	(11%)	57.75	58.03	0.28	0%
(ag)	**Margin (after overhead allocation)**	**$ (152.35)**	**$ (135.67)**	**$ (16.68)**	**(12%)**	**$ (33.55)**	**$ (1.03)**	**$ (32.52)**	**(3,145%)**	**$ (119.82)**	**$ (132.20)**	**$ 12.37**	**9%**

Valleywise Health
FQHC

With Ancillary Services
OCT-DEC FY 2025

OCT-DEC FY25 Actual vs Budget

		VCHC - Peoria				Dental				Mobile Health Unit			
		OCT-DEC FY 2025				OCT-DEC FY 2025				OCT-DEC FY 2025			
		FY25 Actual	FY25 Budget	Variance Favorable (Unfavorable)	%	FY25 Actual	FY25 Budget	Variance Favorable (Unfavorable)	%	FY25 Actual	FY25 Budget	Variance Favorable (Unfavorable)	%
(a)	**Visits**	**6,978**	**6,619**	**359**	**5%**	**6,259**	**6,078**	**181**	**3%**	**297**	**229**	**68**	**30%**
	Operating Revenues												
(b)	Net patient service revenue	**$ 1,234,943**	**$ 1,212,648**	**$ 22,295**	**2%**	**$ 750,866**	**$ 684,465**	**$ 66,401**	**10%**	**$ 60,403**	**$ 25,291**	**$ 35,111**	**139%**
(c)	Other Operating Revenue	33,827	35,352	(1,525)	**(4%)**	33,030	32,797	233	**1%**	20,419	18	20,400	**110,290%**
(e)	**Total operating revenues**	**$ 1,268,770**	**$ 1,248,000**	**$ 20,770**	**2%**	**$ 783,897**	**$ 717,263**	**$ 66,634**	**9%**	**$ 80,821**	**$ 25,310**	**$ 55,512**	**219%**
	Operating Expenses												
(f)	Salaries and wages	689,271	646,561	(42,710)	(7%)	1,192,932	1,171,717	(21,215)	(2%)	50,416	64,891	14,476	22%
(g)	Contract labor	-	-	-		-	-	-		-	-	-	
(h)	Employee benefits	193,548	210,966	17,419	8%	313,511	332,008	18,497	6%	12,281	13,820	1,539	11%
(i)	Medical service fees	672,103	607,747	(64,356)	(11%)	-	-	-		20,871	25,975	5,103	20%
(j)	Supplies	64,446	48,352	(16,094)	(33%)	97,964	92,865	(5,099)	(5%)	6,041	2,388	(3,654)	(153%)
(k)	Purchased services	7,341	4,834	(2,507)	(52%)	59,548	43,319	(16,229)	(37%)	-	36	36	100%
(l)	Other expenses	3,425	2,771	(654)	(24%)	16,062	14,869	(1,192)	(8%)	571	3,842	3,272	85%
(n)	Allocated ancillary expense	177,303	156,575	(20,727)	(13%)	-	-	-		11,330	7,207	(4,124)	(57%)
(o)	**Total operating expenses**	**$ 1,807,435**	**$ 1,677,806**	**(129,629)**	**(8%)**	**$ 1,680,017**	**$ 1,654,779**	**(25,238)**	**(2%)**	**$ 101,510**	**$ 118,159**	**16,649**	**14%**
(p)	**Margin (before overhead allocation)**	**$ (538,666)**	**$ (429,806)**	**$ (108,859)**		**$ (896,120)**	**$ (937,516)**	**$ 41,396**		**$ (20,689)**	**$ (92,849)**	**$ 72,160**	
(q)	Percent Margin	(42%)	(34%)			(114%)	(131%)			(26%)	(367%)		
(u)	*Overhead Allocation*	*455,381*	*422,721*	*(32,660)*		*488,723*	*481,361*	*(7,362)*		*20,302*	*23,632*	*3,330*	
(v)	**Margin (after overhead allocation)**	**$ (994,046)**	**$ (852,527)**	**$ (141,519)**		**$ (1,384,843)**	**$ (1,418,877)**	**$ 34,034**		**$ (40,991)**	**$ (116,481)**	**$ 75,490**	
(w)	Percent Margin	(78%)	(68%)			(177%)	(198%)			(51%)	(460%)		
	Per Visit Analysis ($/Visit)												
(x)	Net patient service revenue	$ 176.98	$ 183.21	$ (6.23)		$ 119.97	$ 112.61	$ 7.35		$ 203.38	$ 110.44	$ 92.93	
(y)	Other Operating Revenue	4.85	5.34	(0.49)		5.28	5.40	(0.12)		68.75	0.08	68.67	
(z)	PCMH Revenue	-	-	-		-	-	-		-	-	-	
(aa)	**Total operating revenues**	**$ 181.82**	**$ 188.55**	**$ (6.72)**	**(4%)**	**$ 125.24**	**$ 118.01**	**$ 7.23**	**6%**	**$ 272.13**	**$ 110.52**	**$ 161.60**	**59%**
(ab)	**Total operating expenses**	**259.02**	**253.48**	**(5.54)**	**(2%)**	**268.42**	**272.26**	**3.84**	**1%**	**341.79**	**515.98**	**174.19**	**34%**
(ac)	**Margin (before overhead allocation)**	**$ (77.19)**	**$ (64.94)**	**$ (12.26)**	**(19%)**	**$ (143.17)**	**$ (154.25)**	**$ 11.07**	**7%**	**$ (69.66)**	**$ (405.46)**	**$ 335.80**	**83%**
(af)	*Overhead Allocation*	65.26	63.86	(1.39)	(2%)	78.08	79.20	1.11	1%	68.36	103.20	34.84	34%
(ag)	**Margin (after overhead allocation)**	**$ (142.45)**	**$ (128.80)**	**$ (13.65)**	**(11%)**	**$ (221.26)**	**$ (233.44)**	**$ 12.19**	**5%**	**$ (138.02)**	**$ (508.65)**	**$ 370.63**	**73%**

Valleywise Health
FQHC

With Ancillary Services
OCT-DEC FY 2025

OCT-DEC FY25 Actual vs Budget

All Clinics Combined

		OCT-DEC FY 2025			
		FY25 Actual	FY25 Budget	Variance Favorable (Unfavorable)	%
(a)	**Visits**	**79,791**	**77,385**	**2,406**	**3%**
	Operating Revenues				
(b)	Net patient service revenue	**$ 16,543,093**	**$ 15,768,547**	**$ 774,546**	**5%**
(c)	Other Operating Revenue	821,262	969,272	(148,010)	**(15%)**
(e)	**Total operating revenues**	**$ 17,364,355**	**$ 16,737,819**	**$ 626,536**	**4%**
	Operating Expenses				
(f)	Salaries and wages	8,895,662	8,363,089	(532,573)	(6%)
(g)	Contract labor	-	-	-	
(h)	Employee benefits	2,531,733	2,624,741	93,008	4%
(i)	Medical service fees	5,981,390	5,933,935	(47,454)	(1%)
(j)	Supplies	1,337,236	1,052,816	(284,420)	(27%)
(k)	Purchased services	306,608	157,258	(149,350)	(95%)
(l)	Other expenses	405,158	243,134	(162,024)	(67%)
(n)	Allocated ancillary expense	3,197,055	2,987,790	(209,265)	(7%)
(o)	**Total operating expenses**	**$ 22,654,841**	**$ 21,362,764**	**(1,292,077)**	**(6%)**
(p)	**Margin (before overhead allocation)**	**$ (5,290,486)**	**$ (4,624,945)**	**$ (665,541)**	
(q)	Percent Margin	(30%)	(28%)		
(u)	*Overhead Allocation*	*5,706,134*	*5,414,754*	*(291,380)*	
(v)	**Margin (after overhead allocation)**	**$ (10,996,620)**	**$ (10,039,698)**	**$ (956,922)**	
(w)	Percent Margin	(63%)	(60%)		
	Per Visit Analysis ($/Visit)				
(x)	Net patient service revenue	$ 207.33	$ 203.77	$ 3.56	
(y)	Other Operating Revenue	10.29	12.53	(2.23)	
(z)	PCMH Revenue	-	-	-	
(aa)	**Total operating revenues**	**$ 217.62**	**$ 216.29**	**$ 1.33**	**1%**
(ab)	**Total operating expenses**	**283.93**	**276.06**	**(7.87)**	**(3%)**
(ac)	**Margin (before overhead allocation)**	**$ (66.30)**	**$ (59.77)**	**$ (6.54)**	**(11%)**
(af)	*Overhead Allocation*	71.51	69.97	(1.54)	(2%)
(ag)	**Margin (after overhead allocation)**	**$ (137.82)**	**$ (129.74)**	**$ (8.08)**	**(6%)**

Valleywise Health
FQHC

With Ancillary Services
OCT-DEC FY 2025

YTD Actual vs Budget

		VCHC				OP Behavioral Health				VCHC - Phoenix			
		DEC Year to Date				DEC Year to Date				DEC Year to Date			
		FY25 Actual	FY25 Budget	Variance Favorable (Unfavorable)	%	FY25 Actual	FY25 Budget	Variance Favorable (Unfavorable)	%	FY25 Actual	FY25 Budget	Variance Favorable (Unfavorable)	%
(a)	**Visits**	**82,055**	**79,148**	**2,907**	**4%**	**17,371**	**15,429**	**1,942**	**13%**	**35,314**	**33,682**	**1,632**	**5%**
	Operating Revenues												
(b)	Net patient service revenue	**$ 18,992,127**	**$ 18,104,807**	**$ 887,320**	**5%**	**$ 4,004,043**	**$ 3,503,830**	**$ 500,213**	**14%**	**$ 6,160,115**	**$ 5,730,042**	**$ 430,074**	**8%**
(c)	Other Operating Revenue	1,141,361	1,129,599	11,763	**1%**	286,587	396,584	(109,998)	**(28%)**	180,274	182,189	(1,915)	**(1%)**
(e)	**Total operating revenues**	**$ 20,133,489**	**$ 19,234,406**	**$ 899,083**	**5%**	**$ 4,290,630**	**$ 3,900,414**	**$ 390,215**	**10%**	**$ 6,340,389**	**$ 5,912,231**	**$ 428,159**	**7%**
	Operating Expenses												
(f)	Salaries and wages	7,880,636	7,558,059	(322,577)	(4%)	2,218,875	2,028,800	(190,075)	(9%)	3,468,551	3,292,763	(175,788)	(5%)
(g)	Contract labor	-	-	-		-	-	-		-	-	-	
(h)	Employee benefits	2,410,795	2,423,554	12,758	1%	683,114	637,740	(45,374)	(7%)	1,049,930	1,056,706	6,776	1%
(i)	Medical service fees	7,632,106	7,131,608	(500,497)	(7%)	586,372	467,651	(118,721)	(25%)	2,949,662	3,124,406	174,744	6%
(j)	Supplies	1,397,240	1,392,145	(5,095)	(0%)	6,636	7,539	903	12%	308,367	270,891	(37,477)	(14%)
(k)	Purchased services	68,193	63,707	(4,485)	(7%)	170,245	120,064	(50,181)	(42%)	41,591	35,548	(6,043)	(17%)
(l)	Other expenses	640,509	467,778	(172,731)	(37%)	21,235	21,533	298	1%	21,057	26,391	5,334	20%
(n)	Allocated ancillary expense	5,258,057	4,915,599	(342,457)	(7%)	-	-	-		758,112	695,053	(63,059)	(9%)
(o)	**Total operating expenses**	**$ 25,287,535**	**$ 23,952,451**	**(1,335,084)**	**(6%)**	**$ 3,686,477**	**$ 3,283,327**	**(403,150)**	**(12%)**	**$ 8,597,271**	**$ 8,501,758**	**(95,513)**	**(1%)**
(p)	**Margin (before overhead allocation)**	**$ (5,154,047)**	**$ (4,718,045)**	**$ (436,001)**		**$ 604,153**	**$ 617,087**	**$ (12,935)**		**$ (2,256,881)**	**$ (2,589,527)**	**$ 332,645**	
(q)	Percent Margin	(26%)	(25%)			14%	16%			(36%)	(44%)		
(u)	*Overhead Allocation*	*6,567,345*	*6,234,885*	*(332,460)*		*782,934*	*706,530*	*(76,403)*		*1,999,474*	*1,971,387*	*(28,087)*	
(v)	**Margin (after overhead allocation)**	**$ (11,721,392)**	**$ (10,952,930)**	**$ (768,462)**		**$ (178,781)**	**$ (89,443)**	**$ (89,338)**		**$ (4,256,356)**	**$ (4,560,914)**	**$ 304,558**	
(w)	Percent Margin	(58%)	(57%)			(4%)	(2%)			(67%)	(77%)		
	Per Visit Analysis ($/Visit)												
(x)	Net patient service revenue	$ 231.46	$ 228.75	$ 2.71		$ 230.50	$ 227.10	$ 3.40		$ 174.44	$ 170.12	$ 4.32	
(y)	Other Operating Revenue	13.91	14.27	(0.36)		16.50	25.70	(9.21)		5.10	5.41	(0.30)	
(aa)	**Total operating revenues**	**$ 245.37**	**$ 243.02**	**$ 2.35**	**1%**	**$ 247.00**	**$ 252.80**	**$ (5.80)**	**(2%)**	**$ 179.54**	**$ 175.53**	**$ 4.01**	**2%**
(ab)	**Total operating expenses**	**308.18**	**302.63**	**(5.55)**	**(2%)**	**212.22**	**212.81**	**0.59**	**0%**	**243.45**	**252.41**	**8.96**	**4%**
(ac)	**Margin (before overhead allocation)**	**$ (62.81)**	**$ (59.61)**	**$ (3.20)**	**(5%)**	**$ 34.78**	**$ 40.00**	**$ (5.22)**	**(13%)**	**$ (63.91)**	**$ (76.88)**	**$ 12.97**	**17%**
(af)	*Overhead Allocation*	80.04	78.78	(1.26)	(2%)	45.07	45.79	0.72	2%	56.62	58.53	1.91	3%
(ag)	**Margin (after overhead allocation)**	**$ (142.85)**	**$ (138.39)**	**$ (4.46)**	**(3%)**	**$ (10.29)**	**$ (5.80)**	**$ (4.49)**	**(78%)**	**$ (120.53)**	**$ (135.41)**	**$ 14.88**	**11%**

Valleywise Health
FQHC

With Ancillary Services
OCT-DEC FY 2025

YTD Actual vs Budget

		VCHC - Peoria				Dental				Mobile Health Unit			
		DEC Year to Date				DEC Year to Date				DEC Year to Date			
		FY25 Actual	FY25 Budget	Variance Favorable (Unfavorable)	%	FY25 Actual	FY25 Budget	Variance Favorable (Unfavorable)	%	FY25 Actual	FY25 Budget	Variance Favorable (Unfavorable)	%
(a)	**Visits**	**14,099**	**13,738**	**361**	**3%**	**12,989**	**12,065**	**924**	**8%**	**310**	**442**	**(132)**	**(30%)**
	Operating Revenues												
(b)	Net patient service revenue	**$ 2,504,182**	**$ 2,501,420**	**$ 2,762**	**0%**	**$ 1,546,190**	**$ 1,374,959**	**$ 171,231**	**12%**	**$ 62,270**	**$ 48,501**	**$ 13,769**	**28%**
(c)	Other Operating Revenue	73,803	74,975	(1,172)	**(2%)**	82,500	68,263	14,237	**21%**	20,419	36	20,383	**57,142%**
(e)	**Total operating revenues**	**$ 2,577,985**	**$ 2,576,395**	**$ 1,590**	**0%**	**$ 1,628,690**	**$ 1,443,222**	**$ 185,468**	**13%**	**$ 82,689**	**$ 48,537**	**$ 34,152**	**70%**
	Operating Expenses												
(f)	Salaries and wages	1,350,460	1,341,821	(8,639)	(1%)	2,340,669	2,319,490	(21,179)	(1%)	85,639	128,505	42,866	33%
(g)	Contract labor	-	-	-		-	-	-		-	-	-	
(h)	Employee benefits	412,178	438,522	26,344	6%	676,578	675,252	(1,326)	(0%)	22,245	27,355	5,110	19%
(i)	Medical service fees	1,323,810	1,273,850	(49,959)	(4%)	-	-	-		26,043	45,642	19,599	43%
(j)	Supplies	91,961	100,462	8,501	8%	203,890	185,570	(18,320)	(10%)	6,362	4,621	(1,741)	38%
(k)	Purchased services	11,014	9,389	(1,625)	(17%)	108,311	85,640	(22,672)	(26%)	-	86	86	100%
(l)	Other expenses	5,733	8,544	2,811	33%	31,232	31,776	544	2%	1,347	7,883	6,537	83%
(n)	Allocated ancillary expense	362,522	325,163	(37,359)	(11%)	-	-	-		11,355	13,911	2,556	18%
(o)	**Total operating expenses**	**$ 3,557,678**	**$ 3,497,751**	**(59,927)**	**(2%)**	**$ 3,360,681**	**$ 3,297,728**	**(62,953)**	**(2%)**	**$ 152,990**	**$ 228,004**	**75,014**	**33%**
(p)	**Margin (before overhead allocation)**	**$ (979,693)**	**$ (921,356)**	**$ (58,337)**		**$ (1,731,991)**	**$ (1,854,506)**	**$ 122,515**		**$ (70,301)**	**$ (179,467)**	**$ 109,166**	
(q)	Percent Margin	(38%)	(36%)			(106%)	(128%)			(85%)	(370%)		
(u)	*Overhead Allocation*	*896,351*	*881,253*	*(15,098)*		*976,294*	*958,934*	*(17,361)*		*30,598*	*45,601*	*15,003*	
(v)	**Margin (after overhead allocation)**	**$ (1,876,044)**	**$ (1,802,609)**	**$ (73,436)**		**$ (2,708,286)**	**$ (2,813,440)**	**$ 105,154**		**$ (100,899)**	**$ (225,068)**	**$ 124,169**	
(w)	Percent Margin	(73%)	(70%)			(166%)	(195%)			(122%)	(464%)		
	Per Visit Analysis ($/Visit)												
(x)	Net patient service revenue	$ 177.61	$ 182.08	$ 4.47		$ 119.04	$ 113.96	$ 5.08		$ 200.87	$ 109.73	$ 91.14	
(y)	Other Operating Revenue	5.23	5.46	0.22		6.35	5.66	0.69		-	-	-	
(aa)	**Total operating revenues**	**$ 182.85**	**$ 187.54**	**$ 4.69**	**(3%)**	**$ 125.39**	**$ 119.62**	**$ 5.77**	**5%**	**$ 266.74**	**$ 109.81**	**$ 156.93**	**59%**
(ab)	**Total operating expenses**	**252.34**	**254.60**	**(2.27)**	**1%**	**258.73**	**273.33**	**14.60**	**5%**	**493.52**	**515.85**	**22.33**	**5%**
(ac)	**Margin (before overhead allocation)**	**$ (69.49)**	**$ (67.07)**	**$ 2.42**	**(4%)**	**$ (133.34)**	**$ (153.71)**	**$ 20.37**	**13%**	**$ (226.78)**	**$ (406.03)**	**$ 179.26**	**79%**
(af)	*Overhead Allocation*	63.58	64.15	(0.57)	1%	75.16	79.48	4.32	5%	98.70	103.17	4.47	5%
(ag)	**Margin (after overhead allocation)**	**$ (133.06)**	**$ (131.21)**	**$ 1.85**	**(1%)**	**$ (208.51)**	**$ (233.19)**	**$ 24.68**	**11%**	**$ (325.48)**	**$ (509.20)**	**$ 183.72**	**56%**

Valleywise Health
FQHC

With Ancillary Services
OCT-DEC FY 2025

YTD Actual vs Budget

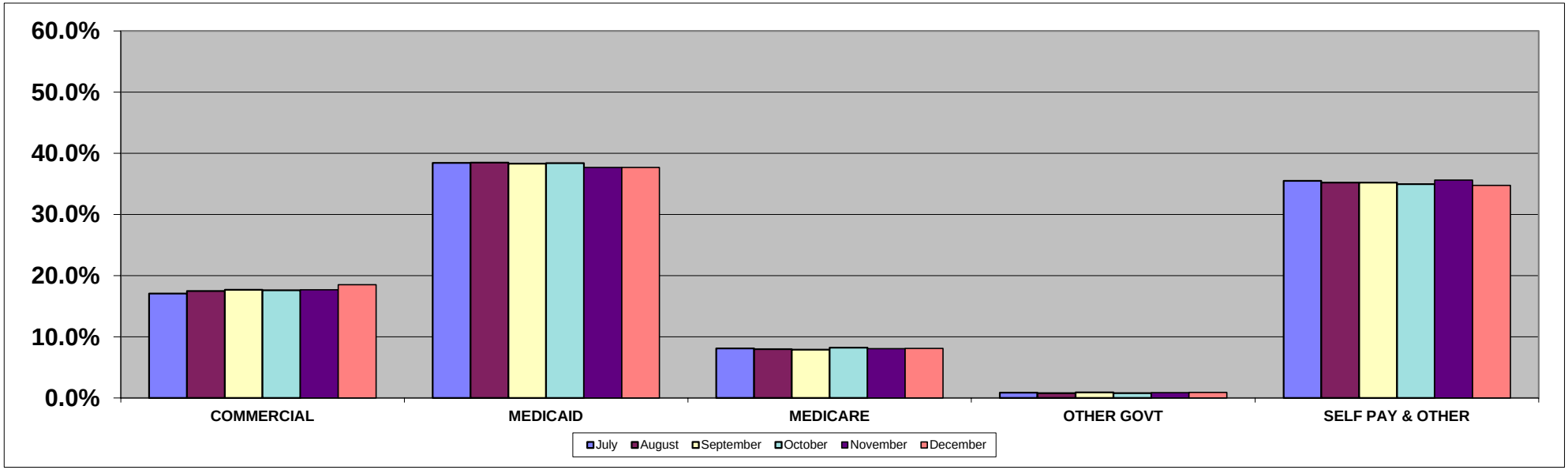
All Clinics Combined

		DEC Year to Date			
		FY25 Actual	FY25 Budget	Variance Favorable (Unfavorable)	%
(a)	**Visits**	**162,138**	**154,504**	**7,634**	**5%**
	Operating Revenues				
(b)	Net patient service revenue	**$ 33,268,928**	**$ 31,263,559**	**$ 2,005,368**	**6%**
(c)	Other Operating Revenue	1,784,944	1,851,646	(66,702)	**(4%)**
(e)	**Total operating revenues**	**$ 35,053,872**	**$ 33,115,205**	**$ 1,938,667**	**6%**
	Operating Expenses				
(f)	Salaries and wages	17,344,831	16,669,438	(675,393)	(4%)
(g)	Contract labor	-	-	-	
(h)	Employee benefits	5,254,841	5,259,129	4,288	0%
(i)	Medical service fees	12,517,992	12,043,158	(474,834)	(4%)
(j)	Supplies	2,014,458	1,961,228	(53,230)	(3%)
(k)	Purchased services	399,354	314,434	(84,920)	(27%)
(l)	Other expenses	721,113	563,906	(157,207)	(28%)
(n)	Allocated ancillary expense	6,390,045	5,949,726	(440,319)	(7%)
(o)	**Total operating expenses**	**$ 44,642,633**	**$ 42,761,019**	**(1,881,614)**	**(4%)**
(p)	**Margin (before overhead allocation)**	**$ (9,588,761)**	**$ (9,645,813)**	**$ 57,053**	
(q)	Percent Margin	(27%)	(29%)		
(u)	*Overhead Allocation*	*11,252,997*	*10,798,589*	*(454,408)*	
(v)	**Margin (after overhead allocation)**	**$ (20,841,758)**	**$ (20,444,403)**	**$ (397,355)**	
(w)	Percent Margin	(59%)	(62%)		
	Per Visit Analysis ($/Visit)				
(x)	Net patient service revenue	$ 205.19	$ 202.35	$ 2.84	
(y)	Other Operating Revenue	11.01	11.98	(0.98)	
(aa)	**Total operating revenues**	**$ 216.20**	**$ 214.33**	**$ 1.86**	**1%**
(ab)	**Total operating expenses**	**275.34**	**276.76**	**1.43**	**1%**
(ac)	**Margin (before overhead allocation)**	**$ (59.14)**	**$ (62.43)**	**$ 3.29**	**5%**
(af)	*Overhead Allocation*	69.40	69.89	0.49	1%
(ag)	**Margin (after overhead allocation)**	**$ (128.54)**	**$ (132.32)**	**$ 3.78**	**3%**

Valleywise Health - Federally Qualified Health Centers
Comparison ALL FQHC Visits by Payor - 6 Month Trend

Payer	July	August	September	October	November	December
COMMERCIAL	4,536	5,055	4,748	5,248	4,458	4,597
MEDICAID	10,218	11,159	10,270	11,434	9,492	9,360
MEDICARE	2,154	2,318	2,123	2,453	2,034	2,014
OTHER GOVT	236	220	229	233	217	228
SELF PAY & OTHER	9,430	10,197	9,454	10,411	8,977	8,635
Total	**26,574**	**28,949**	**26,824**	**29,779**	**25,178**	**24,834**

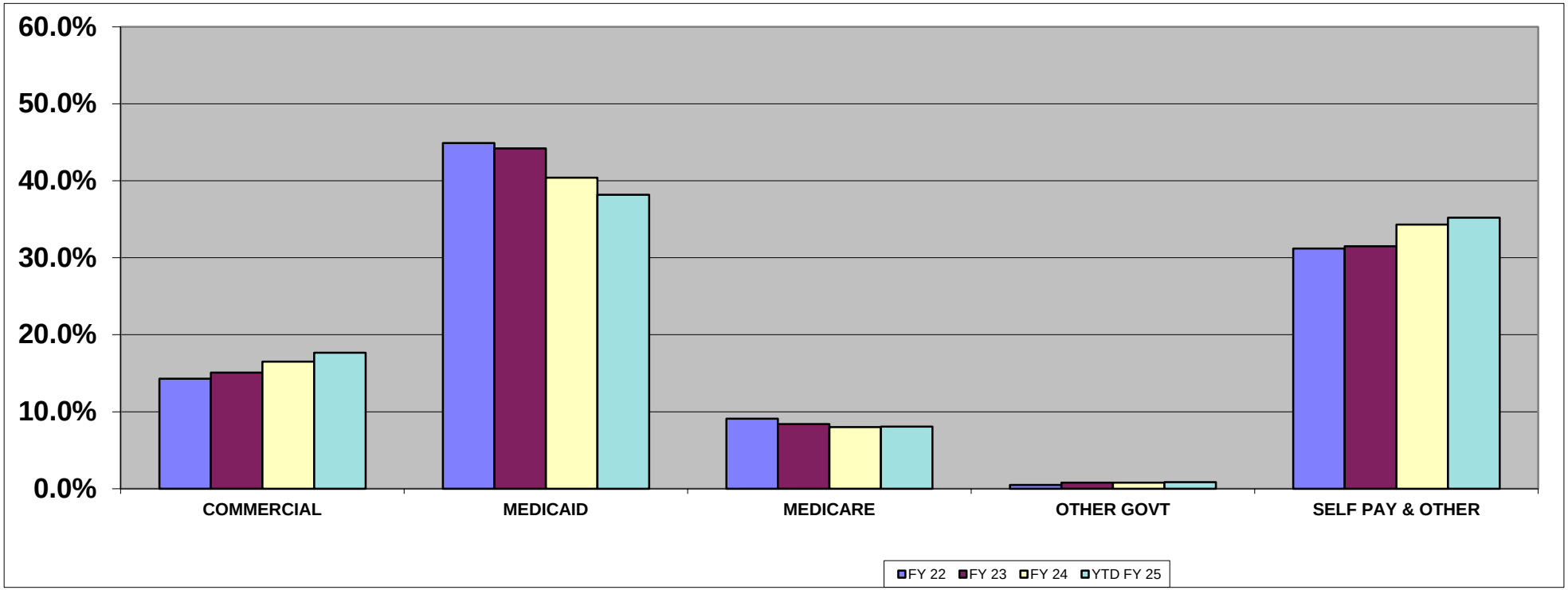
Payer	July	August	September	October	November	December
COMMERCIAL	17.1%	17.5%	17.7%	17.6%	17.7%	18.5%
MEDICAID	38.5%	38.5%	38.3%	38.4%	37.7%	37.7%
MEDICARE	8.1%	8.0%	7.9%	8.2%	8.1%	8.1%
OTHER GOVT	0.9%	0.8%	0.9%	0.8%	0.9%	0.9%
SELF PAY & OTHER	35.5%	35.2%	35.2%	35.0%	35.7%	34.8%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**



Valleywise Health - Federally Qualified Health Centers
Comparison ALL FQHC Visits by Payor - 4 Year Trend

Payer	FY 22	FY 23	FY 24	YTD FY 25
COMMERCIAL	45,520	47,527	51,934	28,642
MEDICAID	142,824	139,480	127,301	61,933
MEDICARE	28,805	26,566	25,193	13,096
OTHER GOVT	1,737	2,422	2,488	1,363
SELF PAY & OTHER	99,276	99,230	108,141	57,104
Total	**318,162**	**315,225**	**315,057**	**162,138**

Payer	FY 22	FY 23	FY 24	YTD FY 25
COMMERCIAL	14.3%	15.1%	16.5%	17.7%
MEDICAID	44.9%	44.2%	40.4%	38.2%
MEDICARE	9.1%	8.4%	8.0%	8.1%
OTHER GOVT	0.5%	0.8%	0.8%	0.8%
SELF PAY & OTHER	31.2%	31.5%	34.3%	35.2%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**



7. Policy 21531 D Ambulatory Clinics Management of No-Shows and Late Arrivals

Valleywise Health Administrative Policy & Procedure

Effective Date: **11/16**

Reviewed Dates: **02/19, 10/23**

Revision Dates: **10/20, 05/21, 09/21, 2/25**

Policy #: 21531 D

Policy Title: Ambulatory Clinics Management of No-Shows and Late Arrivals

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

Purpose: It is Valleywise Health's goal to work in partnership with patients to assure compliance with appointment attendance through clear communication and patient education.

Definitions:
Allied Health Professional: A health care practitioner other than a medical staff member who is authorized to provide patient care services in the hospital who has been granted clinical privileges.

Chronic No-Show**:** A patient who consistently fails to present themselves for scheduled appointments on three or more occasions within a rolling 12 month period.

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

Late arrivals: Failure to report for an outpatient appointment at the scheduled time.

Medical Staff: All physicians, dentists, oral surgeons, and podiatrists who have been appointed to the medical staff by the Board.

No-Show**:** Failure to report for an outpatient appointment.

Provider: A medical staff member with clinical privileges, physician, advanced practice provider, resident, or allied health professional.

Residents: Individuals licensed as appropriate, who are graduates of medical, allopathic and osteopathic, dental, or podiatric schools; who are appointed to a hospital's professional graduate training program that is approved by a nationally recognized accrediting body; and who participate in patient care under the direction of a member of the medical staff of the pertinent clinical disciplines with appropriate clinical privileges in the hospital.

Policy: It is the policy of the Ambulatory Division to monitor and manage appointment No-Shows and Late Arrivals. Any patient who fails to arrive to his/her appointment is considered a "No-Show." All ambulatory clinics will monitor outpatient "No-Shows" in order to follow-up with patients who miss scheduled appointments and to maximize availability of appointment slots to effectively utilize provider and staff resources. Exceptions: if the patient is a dental, pediatric or OB/GYN patient, contact those specific clinics for direction.

Procedure:
Clinic manager and/or center medical director (or designee) and clinical providers are responsible for taking the appropriate actions described below. Practices must follow procedures for review of patient clinical status, documentation of missed appointments, and documentation of patient contact attempts.

To ensure staff and patient understanding of this policy, the following will be completed:

No Shows:

1. New patients will be informed of the No-Show policy at the time of registration. Established patients will be informed annually.
    a. Notification will be documented in the electronic medical record.
2. Confirmation messages and/or reminder phone calls will occur at 24-72 hours prior to the scheduled appointment.
3. The provider will review patients' medical information daily for those who did not show and determine the appropriate follow-up necessary (if any) .
4. The patient's appointment status is designated as "No-Show" automatically at midnight by Epic when the patient fails to present for their scheduled appointment. Providers and/or staff should not No-Show the patient on the schedule.
5. Medical assistants are responsible for notifying the clinic manager of a patient's third No-Show.
6. After three No Shows in a rolling 12 month period, Chronic No-Show, the manager calls the patient and reviews the No Show policy with the patient. Manager will assess any extenuating circumstances and provide any necessary interventions.

Late arrivals for FQHCs:
Clinical staff will work as a team to accommodate patients who arrive late to the clinic. Providers and staff should not turn patients away regardless of the time the patient arrives and the clinic will exercise best efforts, as described below, to see

the patient. To ensure acute issues are addressed, the patient will be triaged by an RN to assess current condition if rescheduling is needed. Proper follow-up will be provided and scheduled for all presenting conditions.

1. If a patient arrives late, but within 9 minutes past the scheduled appointment time, the registrar will arrive the patient. The registrar will inform the patient his/her appointment may be delayed since they arrived late.
2. If the patient arrives 10 minutes or more past their scheduled appointment time (and does not have a situational consideration listed in bullet 3), the registrar will provide the patient with these options:
    a. If the patient is a dental, pediatric or OB/GYN patient, contact those specific clinics for direction.
    b. Schedule in another available same-day slot with current provider.
    c. Wait for cancellation or no-show and clinical team will work the patient into the schedule.
    d. Schedule with a different provider who has an open slot that day.
    e. Reschedule to a future day with current or another provider (last resort if exhausted the above options). RN will triage the patient if the patient is asking to be rescheduled.
3. The medical assistant will be notified of any extenuating circumstances that should also be taken into consideration when a patient arrives late (e.g., running late from another Valleywise appointment, waiting check in at the registration desk). The patient should not be denied their appointment if they arrived on time but were not marked arrived in Epic in a timely manner.
4. If the patient is unwilling to wait but feels they have an urgent issue, they will be triaged by a RN.
5. The registrar will inform the medical assistant of the situation and what the patient decides based upon options in bullet 2.
6. The clinical team will proactively inform registrars if providers are running behind, so they can provide updates to the patients and offer options, if available.
7. The clinic manager, medical director or designee will be notified immediately of patient dissatisfaction and may need to speak to the patient to diffuse the situation. The clinic manager and/or medical director will be notified if this process is not followed.

Late Arrivals for Medical and Surgical Specialty Clinics:

1. If a patient arrives past their scheduled appointment (**greater than 5 minutes past their scheduled appointment is considered late**) the front desk will contact the CRL, or Service Line RN Manager, or Nursing Director to assess the ability to work the patient into the schedule same day. The CRL, or Service Line RN Manager, or Nursing Director will assess to validate the following:
    a. Adding the patient into the schedule will still allow for physician / APP / staff to close the clinic session at the scheduled time.
    b. If the schedule will not allow for the patient to be seen same day; however, the issue for visit was for urgent / emergent need the leader will discuss with the appropriate provider / physician follow up recommendations i.e., refer to the ED, refer to a later date, etc.

c. If the schedule will not allow for the patient to be seen same day the leader will have patient scheduled for the next available appointment.

~~2. If the patient arrives late, after 5 minutes of his/her scheduled appointment start time slot, the patient will be advised they missed their appointment.~~

~~3. The clinic staff will notify the charge nurse, surgeon or provider who will then assess if the patient must be seen or can be rescheduled into the next available opening.~~

References:

MGMA Operating Policies & Procedures Manual for Medical Practices 5th ed.

Valleywise Health Policy & Procedure - Approval Sheet
(**Before submitting, fill out COMPLETELY**.)
POLICY RESPONSIBLE PARTY: Christie Blanda, Ambulatory Director of Operations, FQHC

DEVELOPMENT TEAM(S): Ambulatory Leadership Team

Policy #: 21531 D

Policy Title: Ambulatory Clinics Management of No-Shows and Late Arrivals

e-Signers: Christie Blanda, Ambulatory Director of Operations, FQHC

Place an X on the right side of applicable description:

New -

Retire - **Reviewed -x**

Revised with Minor Changes -

Revised with Major Changes – x

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

- Clarification of late arrival time for specialty clinics.
- No Show process updated.

List associated form(s): (If applicable)

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

Required Approval: Valleywise Community Health Centers Governing Council 2/25

Committee: Medical Executive Committee 01/25

Committee: Systemwide P&P 02/25

Reviewed for EPIC: 00/00

Other: Sherry Stotler, SVP, Chief Nursing Officer 01/25

Other: Michael White, MD 01/25
EVP & Chief Clinical Officer

Other: Christina Smarik Snyder, MD 01/25

FQHC Ambulatory Medical Director

Valleywise Health Administrative Policy & Procedure

Effective Date: **11/16**

Reviewed Dates: **02/19, 10/23**

Revision Dates: **10/20, 05/21, 09/21, 2/25**

Policy #: 21531 D

Policy Title: Ambulatory Clinics Management of No-Shows and Late Arrivals

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

Purpose: It is Valleywise Health's goal to work in partnership with patients to assure compliance with appointment attendance through clear communication and patient education.

Definitions:
Allied Health Professional: A health care practitioner other than a medical staff member who is authorized to provide patient care services in the hospital who has been granted clinical privileges.

Chronic No-Show**:** A patient who consistently fails to present themselves for scheduled appointments on three or more occasions within a rolling 12-month period.

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

Late arrivals: Failure to report for an outpatient appointment at the scheduled time.

Medical Staff: All physicians, dentists, oral surgeons, and podiatrists who have been appointed to the medical staff by the Board.

No-Show**:** Failure to report for an outpatient appointment.

Provider: A medical staff member with clinical privileges, physician, advanced practice provider, resident, or allied health professional.

Residents: Individuals licensed as appropriate, who are graduates of medical, allopathic and osteopathic, dental, or podiatric schools; who are appointed to a hospital's professional graduate training program that is approved by a nationally recognized accrediting body; and who participate in patient care under the direction of a member of the medical staff of the pertinent clinical disciplines with appropriate clinical privileges in the hospital.

Policy: It is the policy of the Ambulatory Division to monitor and manage appointment No-Shows and Late Arrivals. Any patient who fails to arrive to his/her appointment is considered a "No-Show." All ambulatory clinics will monitor outpatient "No-Shows" in order to follow-up with patients who miss scheduled appointments and to maximize availability of appointment slots to effectively utilize provider and staff resources. Exceptions: if the patient is a dental, pediatric or OB/GYN patient, contact those specific clinics for direction.

Procedure:
Clinic manager and/or center medical director (or designee) and clinical providers are responsible for taking the appropriate actions described below. Practices must follow procedures for review of patient clinical status, documentation of missed appointments, and documentation of patient contact attempts.

To ensure staff and patient understanding of this policy, the following will be completed:

No Shows:

1. New patients will be informed of the No-Show policy at the time of registration. Established patients will be informed annually.
    a. Notification will be documented in the electronic medical record.
2. Confirmation messages and/or reminder phone calls will occur at 24-72 hours prior to the scheduled appointment.
3. The provider will review patients' medical information daily for those who did not show and determine the appropriate follow-up necessary (if any) .
4. The patient's appointment status is designated as "No-Show" automatically at midnight by Epic when the patient fails to present for their scheduled appointment. Providers and/or staff should not No-Show the patient on the schedule.
5. Medical assistants are responsible for notifying the clinic manager of a patient's third No-Show.
6. After three No Shows in a rolling 12-month period, Chronic No-Show, the manager calls the patient and reviews the No Show policy with the patient. Manager will assess any extenuating circumstances and provide any necessary interventions.

Late arrivals for FQHCs:
Clinical staff will work as a team to accommodate patients who arrive late to the clinic. Providers and staff should not turn patients away regardless of the time the patient arrives, and the clinic will exercise best efforts, as described below, to see

the patient. To ensure acute issues are addressed, the patient will be triaged by an RN to assess current condition if rescheduling is needed. Proper follow-up will be provided and scheduled for all presenting conditions.

1. If a patient arrives late, but within 9 minutes past the scheduled appointment time, the registrar will arrive the patient. The registrar will inform the patient his/her appointment may be delayed since they arrived late.
2. If the patient arrives 10 minutes or more past their scheduled appointment time (and does not have a situational consideration listed in bullet 3), the registrar will provide the patient with these options:
    a. If the patient is a dental, pediatric or OB/GYN patient, contact those specific clinics for direction.
    b. Schedule in another available same-day slot with current provider.
    c. Wait for cancellation or no-show and clinical team will work the patient into the schedule.
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    e. Reschedule to a future day with current or another provider (last resort if exhausted the above options). RN will triage the patient if the patient is asking to be rescheduled.
3. The medical assistant will be notified of any extenuating circumstances that should also be taken into consideration when a patient arrives late (e.g., running late from another Valleywise appointment, waiting check in at the registration desk). The patient should not be denied their appointment if they arrived on time but were not marked arrived in Epic in a timely manner.
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6. The clinical team will proactively inform registrars if providers are running behind, so they can provide updates to the patients and offer options, if available.
7. The clinic manager, medical director or designee will be notified immediately of patient dissatisfaction and may need to speak to the patient to diffuse the situation. The clinic manager and/or medical director will be notified if this process is not followed.

Late Arrivals for Medical and Surgical Specialty Clinics:

1. If a patient arrives past their scheduled appointment (**greater than 5 minutes past their scheduled appointment is considered late**) the front desk will contact the CRL, or Service Line RN Manager, or Nursing Director to assess the ability to work the patient into the schedule same day. The CRL, or Service Line RN Manager, or Nursing Director will assess to validate the following:
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    b. If the schedule will not allow for the patient to be seen same day; however, the issue for visit was for urgent / emergent need the leader will discuss with the appropriate provider / physician follow up recommendations i.e., refer to the ED, refer to a later date, etc.

c. If the schedule will not allow for the patient to be seen same day the leader will have patient scheduled for the next available appointment.

References:
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Valleywise Health Policy & Procedure - Approval Sheet
(**Before submitting, fill out COMPLETELY**.)
POLICY RESPONSIBLE PARTY: Christie Blanda, Ambulatory Director of Operations, FQHC

DEVELOPMENT TEAM(S): Ambulatory Leadership Team

Policy #: 21531 D

Policy Title: Ambulatory Clinics Management of No-Shows and Late Arrivals

e-Signers: Christie Blanda, Ambulatory Director of Operations, FQHC

Place an X on the right side of applicable description:

New -

Retire - **Reviewed -x**

Revised with Minor Changes -

Revised with Major Changes – x

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

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List associated form(s): (If applicable)

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

Required Approval: Valleywise Community Health Centers Governing Council 2/25

Committee: Medical Executive Committee 01/25

Committee: Systemwide P&P 02/25

Reviewed for EPIC: 00/00

Other: Sherry Stotler, SVP, Chief Nursing Officer 01/25

Other: Michael White, MD **01/25**
EVP & Chief Clinical Officer

Other: Christina Smarik Snyder, MD **01/25**
FQHC Ambulatory Medical Director

8. Connecting with the Community Committee Charter

DRAFT

Valleywise Community Health Centers Governing Council
Ad Hoc Connecting with the Community Committee Charter

Purpose
The purpose of the Connecting with the Community Committee (Committee) of the Valleywise Community Health Centers Governing Council (Governing Council) is to enhance the engagement between the Federally Qualified Health Centers (FQHCs) and the surrounding community.

Membership
The Committee shall consist of no more than four (4) voting Governing Council members, four (4) FQHC Clinic Managers, one (1) of which should be the Clinic Manager of the Mobile Health Unit; and one (1) staff member from each of the following departments: dental, community outreach, family resource centers, and integrated behavioral health. The Chief Executive Officer of the FQHCs is an ex-officio member of the Committee. All Committee members are voting members. A voting Governing Council member will serve as the Committee Chair. The Committee Chair will recommend, and the Committee will appoint a Vice Chair. Per the Governing Council Bylaws, Committee members are appointed by the Governing Council.

Responsibilities

1. In collaboration with the Maricopa County Department of Public Health, develop focus areas for a Community Health Needs Assessment (CHNA). Make recommendations to the Governing Council to approve a CHNA at least once every three (3) years.

2. Collect and analyze community feedback to identify health priorities and barriers to access.

3. Ensure each FQHC's services, offerings, and programs meet the needs of the population it serves.

4. Ensure the community is informed about the FQHCs' programs and services and that they meet the needs of the population served.

5. Ensure the FQHCs' services are accessible to underserved and vulnerable populations, including low-income, minority, and elderly groups.

Approved: _____

Responsibilities, cont.

6. To support health promotion and social well-being, create or strengthen partnerships with community organizations, schools, local businesses, faith-based groups, and government agencies.

7. Review existing outreach efforts and community engagement programs to assess their effectiveness and recommend a plan to strengthen them, if necessary, to the Governing Council.

8. In collaboration with FQHC leadership, design and launch community engagement initiatives that address specific health needs identified in the CHNA.

9. Lead efforts to improve health literacy in the community by hosting workshops and informational sessions. Provide educational materials on health topics relevant to the local population.

10. Organize community events, health fairs, and educational seminars to engage residents in healthy living practices.

11. Recommend to Valleywise Health leadership new outreach methods, digital engagement tools, and partnerships that can improve community participation.

Meetings

Meetings will be held quarterly or as needed. 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 by technological means. 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 activities to the Governing Council at least quarterly.

9. FQHC Ambulatory Operational Dashboards

FQHC Measures

As of December 2024

Access

Average of Appointment Fill Rates FYTD

91.2%

New Patient Availability (Days)

18.1

No Show Rate FYTD

17.0%

Referrals Ready to Book in ≤ 3 Days by Percentage (FYTD)

95.7%

Patient Satisfaction

Press Ganey FYTD

Coming soon !

Quality

Quality measures at or Above Target CYTD

Meet or Exceeding Target Goal	85%
Within 10% of the Target Goal	15%
>10% Outside target Goal	0%

Financial

% Variance of Revenue FYTD

6%

% Variance of Expenses FYTD

-4%

% Variance of Visits FYTD

4.9%

Valleywise Health

Ambulatory Pillars Dashboard

December 2024

	Community Health Centers	Other FQHC Clinics	Mobile Unit

PATIENT EXPERIENCE - Ambulatory

	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell **	McDowell - Mesa ***		VCHCs FYTD	Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary		Other FQHC-Peoria FYTD	Mobile Health Unit	Grand Total
Press Ganey Score FYTD *(Likelihood to recommend)*																							
n-size																							

ACCESS - Ambulatory

	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell **	McDowell - Mesa ***		VCHCs FYTD	Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary		Other FQHC-Peoria FYTD	Mobile Health Unit	Grand Total
Appointments Scheduled FYTD		16,056	18,227	7,299	16,419	16,655	21,914	21,900	16,449	19,097	1,005		155,021	26,027	21,371	8,920	1,686	16,602	14,194		88,800	465	244,286
Provider Appointment Fill Rate FYTD		94.9%	94.0%	90.8%	94.0%	92.9%	93.7%	87.2%	92.3%	95.6%	91.7%		93.1%	88.6%	87.4%	100.0%	n/a	96.9%	74.9%		87.9%	49.5%	91.2%
Scheduled Appointment No-Shows FYTD		2,245	2,652	1,430	2,761	2,944	4,017	4,637	2,883	3,954	166		27,689	3,981	3,288	797	305	2,482	2,803		13,656	76	41,421
No Show Rate FYTD	<18%	14.0%	14.5%	19.6%	16.8%	17.7%	18.3%	21.2%	17.5%	20.7%	16.5%		17.9%	15.3%	15.4%	8.9%	18.1%	15.0%	19.7%		15.4%	16.3%	17.0%

FINANCE - Ambulatory

		Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell **	McDowell - Mesa ***		VCHCs FYTD	Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary		Other FQHC-Peoria FYTD	Mobile Health Unit ****	Grand Total FQHC	FYTD FQHC *****
In-Person Visits FYTD		8,639	9,309	3,498	8,550	8,556	9,985	11,267	8,387	6,902	435		75,528	12,563	10,765	5,670	411	9,334	8,812		47,555	310		141,065
Virtual Visits FYTD		560	730	457	343	587	1,105	541	457	1,695	52		6,527	1,536	151	8	9	138	16		1,858	0		21,073
Total Actual Visits (includes Nurse Only Visits) FYTD		9,199	10,039	3,955	8,893	9,143	11,090	11,808	8,844	8,597	487		82,055	14,099	10,916	5,678	420	9,472	8,828		49,413	310		162,138
Budgeted Visits FYTD		10,293	9,192	3,642	9,071	9,419	10,032	10,338	7,755	8,828	578		79,148	13,738	10,865	4,770	758	9,226	8,063		47,420	442		154,504
Variance FYTD		(1,094)	847	313	(178)	(276)	1,058	1,470	1,089	(231)	(91)		2,907	361	51	908	(338)	246	765		1,993	(132)		7,634
Variance by % FYTD		-10.6%	9.2%	8.6%	-2.0%	-2.9%	10.5%	14.2%	14.0%	-2.6%	-15.7%		3.7%	2.6%	0.5%	19.0%	-44.6%	2.7%	9.5%		4.2%	-29.9%		4.9%
Total Number of Patients seen by provider FYTD		8,841	9,742	3,824	8,160	8,783	10,670	11,502	8,518	7,339	388		77,767	13,714	9,721			9,026	8,525		40,986	261	119,014	

BEHAVIORAL HEALTH - Ambulatory

Finance	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen		BH Psychiatry		BH FYTD	PEC	PXC
In-Person Visits FYTD		333	196	93	382	545	429	186	171		306		4,683	734	1,308
Virtual Visits FYTD		1,214	1,003	616	1,078	1,877	726	1,461	680		2,451		12,688	1,582	0
Total Actual Visits FYTD		1,547	1,199	709	1,460	2,422	1155	1,647	851		2757		17,371	2,316	1,308
Budget Visits FYTD		1,909	1,093	530	1,195	1,877	1097	1,419	1089		2210		15,429	1,653	1,355
Variance FYTD		(362)	106	179	265	545	58	228	(238)		547		1,942	663	(47)
Variance by % FYTD		-19.0%	9.7%	33.7%	22.1%	29.0%	5.3%	16.1%	-21.9%		24.8%		12.6%	40.1%	-3.5%

DENTAL - Ambulatory

Finance		Avondale	Chandler							McDowell **			Dental FYTD	PEC	PXC
Actual Visits FYTD		1,367	1,610							1,666			12,989	2,877	5,469
Budget Visits FYTD		1,383	1,500							1,711			12,065	2,548	4,923
Variance FYTD		-16	110							-45			924	329	546
% Variance FYTD		-1.2%	7.3%							-2.6%			7.7%	12.9%	11.1%

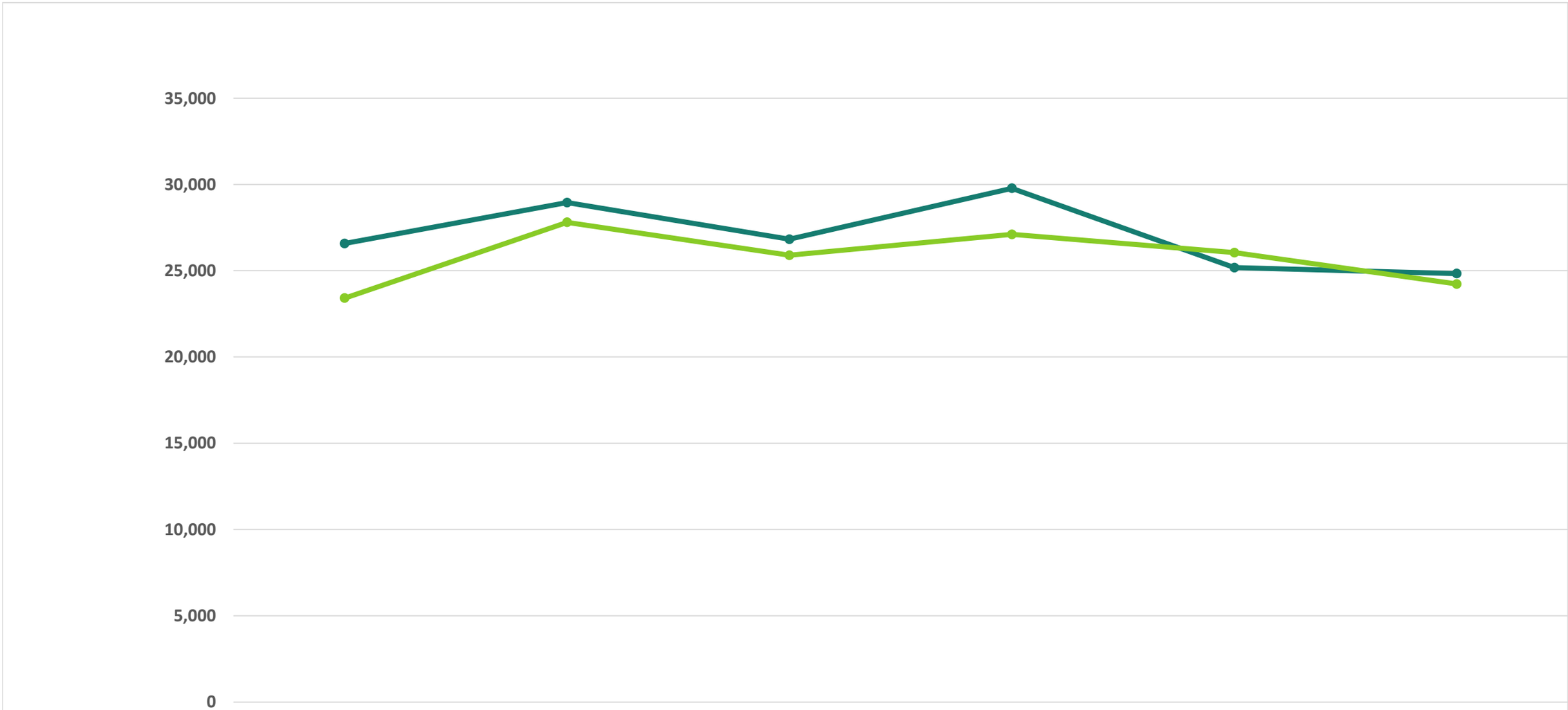
LEGEND:

- Not in Target
- 5% less than the target
- Target ≥ 95%

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

Valleywise Health

FQHC Grand Total Actual vs Budgeted Visits
FY 2025 Trend



	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
FYTD Actual Visits	26,574	28,949	26,824	29,779	25,178	24,834
FYTD Budgeted Visits	23,417	27,810	25,891	27,110	26,046	24,229

Ambulatory Care

Quality /Regulatory Metrics		Reporting Program	2023 UDS National Average	2022 UDS National Average	CYTD 2023	Desired Direction	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	June 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	YTD
Unified Data System																			
Body Mass Index (BMI) Screening and Follow-Up Plan	HRSA	> 67.13%	> 61.04%	92.31%		↑	✓ 88.52%	✓ 90.00%	✓ 91.00%	✓ 91.68%	✓ 92.14%	✓ 92.32%	✓ 92.54%	✓ 92.62%	✓ 92.75%	✓ 92.84%	✓ 92.86%		✓ 92.86%
Numerator							11,701	18,898	25,203	30,516	35,632	39,102	42,822	45,897	48,054	51,111	53,449		53,449
Denominator							13,219	20,997	27,696	33,285	38,671	42,354	46,276	49,556	51,813	55,055	57,561		57,561
Cervical Cancer Screening	HRSA	> 54.96%	> 53.99%	57.20%		↑	✓ 56.60%	✓ 55.73%	✓ 56.07%	✓ 56.53%	✓ 56.83%	✓ 57.30%	✓ 57.33%	✓ 57.46%	✓ 59.17%	✓ 59.34%	✓ 59.29%		✓ 59.29%
Numerator							4,087	6,271	8,122	9,744	11,308	12,420	13,484	14,466	15,606	16,558	17,241		17,241
Denominator							7,221	11,252	14,485	17,237	19,899	21,676	23,520	25,174	26,373	27,905	29,081		29,081
Childhood Immunization Status (CIS)	HRSA	> 30.23%	> 33.23%	37.62%		↑	✗ 15.90%	✗ 16.88%	✗ 17.35%	✗ 17.83%	✗ 18.91%	✗ 19.11%	✗ 19.42%	✗ 18.98%	✓ 41.25%	✓ 40.52%	✓ 40.17%		✓ 40.17%
Numerator							62	108	139	164	198	210	222	224	495	498	511		511
Denominator							390	640	801	920	1,047	1,099	1,143	1,180	1,200	1,229	1,272		1,272
Colorectal Cancer Screening	HRSA	> 41.10%	> 42.82%	46.18%		↑	✗ 33.81%	✗ 36.12%	✗ 37.84%	! 39.28%	! 40.95%	! 42.13%	✓ 43.46%	✓ 44.65%	✓ 45.67%	✓ 46.76%	✓ 47.40%		✓ 47.40%
Numerator							2,646	4,444	6,070	7,457	8,865	9,870	10,986	11,926	12,671	13,615	14,271		14,271
Denominator							7,827	12,303	16,041	18,983	21,649	23,430	25,280	26,711	27,745	29,117	30,110		30,110
Controlling High Blood Pressure	HRSA	> 65.68%	> 63.40%	58.07%		↑	✗ 55.02%	! 57.13%	! 58.04%	! 59.45%	! 60.23%	! 61.77%	! 63.31%	✓ 63.57%	! 63.26%	! 62.69%	! 61.36%		! 61.36%
Numerator							2,889	4,729	6,265	7,594	8,733	9,700	10,430	10,820	11,008	11,192	11,132		11,132
Denominator							5,251	8,277	10,794	12,774	14,499	15,703	16,475	17,020	17,402	17,854	18,142		18,142
Diabetes: Hemoglobin A1c Poor Control	HRSA	< 28.81%	< 30.42%	29.87%		↓	✗ 60.66%	✗ 52.48%	✗ 45.20%	✗ 40.32%	✗ 35.87%	✗ 33.50%	! 32.10%	! 31.75%	! 31.04%	! 30.03%	! 29.60%		! 29.60%
Numerator							2,222	3,044	3,415	3,571	3,589	3,612	3,711	3,867	3,910	3,943	3,998		3,998
Denominator							3,663	5,800	7,555	8,857	10,006	10,782	11,560	12,179	12,595	13,129	13,509		13,509
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	HRSA	> 75.78%	> 76.83%	76.08%		↑	! 76.52%	! 76.76%	! 76.31%	! 76.03%	! 76.27%	! 76.27%	! 76.42%	! 76.52%	✓ 76.72%	✓ 76.59%	✓ 76.36%		✓ 76.36%
Numerator							528	849	1,079	1,253	1,408	1,511	1,627	1,714	1,796	1,868	1,912		1,912
Denominator							690	1,106	1,414	1,648	1,846	1,981	2,129	2,240	2,341	2,439	2,504		2,504
Screening for Clinical Depression and Follow-Up Plan if positive screen	HRSA	> 71.60%	> 70.02%	73.77%		↑	! 67.06%	! 69.50%	✓ 71.00%	✓ 73.11%	✓ 74.11%	✓ 75.62%	✓ 76.92%	✓ 77.70%	✓ 78.14%	✓ 79.25%	✓ 79.73%		✓ 79.73%
Numerator							7,743	12,607	16,997	21,081	25,194	28,263	31,598	34,411	46,776	50,401	53,106		53,106
Denominator							11,546	18,139	23,941	28,834	33,996	37,376	41,077	44,287	59,860	63,595	66,604		66,604
Tobacco Use: Screening and Cessation Intervention	HRSA	> 84.90%	> 84.60%	90.12%		↑	! 81.84%	✓ 84.96%	✓ 86.85%	✓ 87.66%	✓ 88.13%	✓ 88.73%	✓ 89.31%	✓ 89.50%	✓ 89.28%	✓ 89.56%	✓ 89.69%		✓ 89.69%
Numerator							3,222	7,640	12,022	16,515	21,442	25,202	29,175	32,562	36,184	39,687	42,263		42,263
Denominator							3,937	8,992	13,843	18,840	24,329	28,404	32,666	36,384	40,527	44,313	47,122		47,122
Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents	HRSA	> 71.50%	> 69.81%	78.14%		↑	✗ 46.99%	✗ 50.71%	✗ 54.42%	✗ 57.29%	✗ 61.10%	! 64.69%	! 69.17%	✓ 71.99%	✓ 73.87%	✓ 76.45%	✓ 77.93%		✓ 77.93%
Numerator							1,016	1,823	2,584	3,410	4,375	5,145	6,245	7,190	7,982	8,968	9,795		9,795
Denominator							2,162	3,595	4,748	5,952	7,160	7,953	9,029	9,988	10,805	11,731	12,569		12,569
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	HRSA	> 77.31%	> 76.07%	75.29%		↑	✓ 76.40%	✓ 76.88%	✓ 76.90%	✓ 76.71%	✓ 76.64%	✓ 76.60%	✓ 76.43%	✓ 76.50%	✓ 79.16%	✓ 79.35%	✓ 79.38%		✓ 79.38%
Numerator							3,470	5,543	7,222	8,493	9,605	10,363	11,109	11,710	11,921	12,458	12,854		12,854
Denominator							4,542	7,210	9,392	11,071	12,533	13,529	14,535	15,307	15,059	15,700	16,194		16,194
Breast Cancer Screening	HRSA	> 52.40%	> 50.28%	61.32%		↑	✓ 53.51%	✓ 55.39%	✓ 56.07%	✓ 57.41%	✓ 58.32%	✓ 59.88%	✓ 60.80%	✓ 61.04%	✓ 61.62%	✓ 62.32%	✓ 62.46%		✓ 62.46%
Numerator							1,829	2,937	3,817	4,593	5,263	5,790	6,301	6,639	6,926	7,314	7,530		7,530
Denominator							3,418	5,302	6,807	8,000	9,025	9,670	10,364	10,876	11,240	11,737	12,056		12,056
HIV Screening	HRSA	> 48.45%	> 43.82%	67.50%		↑	✓ 71.15%	✓ 70.15%	✓ 70.15%	✓ 70.07%	✓ 69.99%	✓ 69.96%	✓ 69.90%	✓ 69.95%	✓ 70.67%	✓ 70.64%	✓ 70.66%		✓ 70.66%
Numerator							8,937	13,823	18,089	21,725	25,302	27,801	30,524	32,931	34,866	37,159	39,169		39,169
Denominator							12,561	19,706	25,787	31,005	36,150	39,739	43,667	47,076	49,334	52,604	55,434		55,434

‡ -

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

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

*Known issue - childhood immunizations measure logic not currently recognizing PCV15 or PCV20 vaccine formulations
-Result/Impact: false negative scoring on measure
-Resolution: 2024 value set update completed in Q3. September data forward reflects correction.

Valleywise Health

Ambulatory Pillars Dashboard

Data Dictionary

Federally Qualified Health Centers

	Data Source	Owner	Frequency	System
PATIENT EXPERIENCE - Ambulatory				
Net promoter score (Would recommend facility)	A customer loyalty index calculated based on a patient's response on a scale of 1-10 to the question "How likely would you be to recommend this facility to your family and friends?". The NPS = % Promoters (9 or 10 responses) - % Detractors (0-6 responses) *Scores are limited to include only FQHC departments by clinic cost center on this dashboard for: 416603, 416608, 416609, 416704, 416707, 416711, 416601, 416701, 416613, 476707, 576130, 576101, 476101, 476102, 476104, 476106, 476105* *Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments within each community health center are excluded from locational roll ups*	NRC Real Time Score Summary *pulled by Amanda Jacobs	Monthly	NRC Health - Department Summary Report
ACCESS - Ambulatory				
Appointments Scheduled FYTD	All appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments. *For FYTD. *Note: For active providers only - FYTD does not account for historical provider information	FQHC Appointment Statistics by Clinic Details (Prior Month) Report *last modified 6/2/2020 by Vondra Dee Nason *pulled by Amanda Jacobs	Monthly	EPIC Report
Provider Appointment Fill Rate FYTD	Provider schedule utilization metric calculated by number of patients to appointment slots available. *For MTD and FYTD. Data is pulled from Epic Clarity: Availability table, which looks at the Provider Templates. *Limited to MD, NP, PA, and Midwives - as of February 2024 data*	FQHC Clinic Performance Dashboard FQHC Provider Availability *pulled by Amanda Jacobs	Monthly	Tableau
Scheduled Appointment No-Shows FYTD	All No- show appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments. *For FYTD.	FQHC Appointment Statistics by Clinic Details (Prior Month) Report *last modified 6/2/2020 by Vondra Dee Nason *pulled by Amanda Jacobs	Monthly	EPIC Report
No Show Rate FYTD	Percentage of Scheduled Patients who were a "No show" patient or same day cancellation. *For FYTD.	Amanda Jacobs	Monthly	Formula
FINANCE - Ambulatory				
In-Person Visits FYTD	Total Actual Visits (includes nurse only visits) FYTD - Virtual Visits FYTD	Nancy Horskey	Monthly	Axiom
Virtual Visits FYTD	Virtual Telemedicine Visits (telephonic/audio/visual/other virtual type) FYTD	Nancy Horskey	Monthly	Axiom
Total Actual Visits (includes nurse only visits) FYTD	All visits per Clinic (visit count methodology). For the Fiscal Year to Date	Nancy Horskey	Monthly	Axiom
Budgeted Visits FYTD	All budgeted visits per Clinic (visit count methodology) For the Fiscal Year to Date	Nancy Horskey	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - Budgeted Visits FYTD. For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD / Budgeted Visits FYTD (%) For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
Total Number of Patients seen by provider	Completed visits for provider only	Maria Aguirre	Monthly	Epic - Clarity Query
Grand Total FQHC	Includes Month Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula
FYTD FQHC	Includes FYTD Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula

Valleywise Health

Ambulatory Pillars Dashboard

Data Dictionary

Federally Qualified Health Centers

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

Valleywise Health

Ambulatory Pillars Dashboard

Data Dictionary

Federally Qualified Health Centers

		Data Source	Owner	Frequency	System
QUALITY - Ambulatory					
Quality /Regulatory Metrics	**Required by:**		Quality	Monthly	
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	**CMS69v12**	**Description:** Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the measurement period AND who had a follow-up plan documented if BMI was outside of normal parameters **Numerator:** Patients with a documented BMI during the encounter or during the measurement period, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the measurement period **Denominator:** All patients aged 18 and older on the date of the encounter with at least one eligible encounter during the measurement period ***Exclusions/Exceptions Outlined via eCQI Resource Center:*** *https://ecqi.healthit.gov/ecqm/ec/2024/cms0069v12*	Quality	Monthly	EPIC/UDS
Cervical Cancer Screening	**CMS124v12**	**Description:** Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: * Women age 21-64 who had cervical cytology performed within the last 3 years * Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years **Numerator:** Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria: * Cervical cytology performed during the measurement period or the two years prior to the measurement period for women 24-64 years of age by the end of the measurement period * Cervical human papillomavirus (HPV) testing performed during the measurement period or the four years prior to the measurement period for women who are 30 years or older at the time of the test **Denominator:** Women 24-64 years of age by the end of the measurement period with a visit during the measurement period ***Exclusions/Exceptions Outlined via eCQI Resource Center:*** *https://ecqi.healthit.gov/ecqm/ec/2024/cms0124v12*	Quality	Monthly	EPIC/UDS
Childhood Immunization Status (CIS)	**CMS117v12**	**Description:** Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday **Numerator:** Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday **Denominator:** Children who turn 2 years of age during the measurement period and who have a visit during the measurement period ***Exclusions/Exceptions Outlined via eCQI Resource Center:*** *https://ecqi.healthit.gov/ecqm/ec/2024/cms0117v12*	Quality	Monthly	EPIC/UDS

		Data Source	Owner	Frequency	System
Colorectal Cancer Screening	**CMS130v12**	**Description:** Percentage of adults 45-75 years of age who had appropriate screening for colorectal cancer **Numerator:** Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: * Fecal occult blood test (FOBT) during the measurement period * Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period * Colonoscopy during the measurement period or the nine years prior to the measurement period * Stool DNA (sDNA) withFIT during the measurement period or the two years prior to the measurement period * CT Colonography during the measurement period or the four years prior to the measurement period **Denominator**: Patients 46-75 years of age by the end of the measurement period with a visit during the measurement period ***Exclusions/Exceptions Outlined via eCQI Resource Center:*** *https://ecqi.healthit.gov/ecqm/ec/2024/cms0130v12*	Quality	Monthly	EPIC/UDS
Controlling High Blood Pressure	**CMS165v12**	**Description**: Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period **Numerator:** Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period **Denominator:** Patients 18-85 years of age by the end of the measurement period who had a visit during the measurement period and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period. ***Exclusions/Exceptions Outlined via eCQI Resource Center:*** *https://ecqi.healthit.gov/ecqm/ec/2024/cms0165v12*	Quality	Monthly	EPIC/UDS
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	**CMS122v12**	**Description:** Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period **Numerator:** Patients whose most recent HbA1c level (performed during the measurement period) is >9.0% or is missing, or was not performed during the measurement period. **Denominator:** Patients 18-75 years of age with diabetes with a visit during the measurement period ***Exclusions/Exceptions Outlined via eCQI Resource Center:*** *https://ecqi.healthit.gov/ecqm/ec/2024/cms0122v12*	Quality	Monthly	EPIC/UDS
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	**CMS164v7**	**Description:** Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period or who had an active diagnosis of IVD during the measurement period, and who had documented use of aspirin or another antiplatelet during the measurement period **Numerator:** Patients who had an active medication of aspirin or another antiplatelet during the measurement year **Denominator:** Patients 18 years of age and older with a visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD overlapping the measurement year ***Exclusions/Exceptions Outlined via eCQI Resource Center:*** *https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS164v7.html*	Quality	Monthly	EPIC/UDS

Valleywise Health

Ambulatory Pillars Dashboard

Data Dictionary

Federally Qualified Health Centers

		Data Source	Owner	Frequency	System
Screening for Clinical Depression and Follow-Up Plan	**CMS2v13**	**Description:** Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter **Numerator:** Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter **Denominator**: All patients aged 12 years and older at the beginning of the measurement period with at least one qualifying encounter during the measurement period ***Exclusions/Exceptions Outlined via eCQI Resource Center:*** *https://ecqi.healthit.gov/ecqm/ec/2024/cms0002v13*	Quality	Monthly	EPIC/UDS
Tobacco Use: Screening and Cessation Intervention:	**CMS138v12**	**Description:** Percentage of patients aged 12 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user **Numerator:** *Patients who were screened for tobacco use at least once during the measurement period and *Who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user **Denominator:** Patients aged 12 years and older seen for at least two medical visits in the measurement period or at least one preventive medical visit during the measurement period. ***Exclusions/Exceptions Outlined via eCQI Resource Center:*** *https://ecqi.healthit.gov/ecqm/ec/2024/cms0138v12*	Quality	Monthly	EPIC/UDS
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	**CMS155v12**	**Description:** Percentage of patients 3–17* years of age who had an outpatient visit with a primary care physician or OB/GYN and who had evidence of height, weight, and body mass index (BMI) percentile documentation, who had documentation of counseling for nutrition, and who had documentation of counseling for physical activity during the measurement period **Numerator:** Children and adolescents who have had: *their height, weight, and BMI percentile recorded during the measurement period and *counseling for nutrition during the measurement period and *counseling for physical activity during the measurement period **Denominator:** Patients 3 through 17 years of age by the end of the measurement period, with at least one outpatient visit with a PCP or OB/GYN during the measurement period ***Exclusions/Exceptions Outlined via eCQI Resource Center:*** *https://ecqi.healthit.gov/ecqm/ec/2024/cms0155v12*	Quality	Monthly	EPIC/UDS

		Data Source	Owner	Frequency	System
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	**CMS347v7**	**Description:** Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period: *All patients who were previously diagnosed with or currently have a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure; OR *Patients aged 20 to 75 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level >= 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; OR *Patients aged 40-75 years with a diagnosis of diabetes; OR *Patients aged 40 to 75 with a 10-year ASCVD risk score of >= 20 percent **Numerator:** Patients who are actively using or who receive an order (prescription) for statin therapy at any time during the measurement period **Denominator:** All patients who were previously diagnosed with or currently have a diagnosis of clinical ASCVD, including an ASCVD procedure. Patients aged 20 to 75 years at the beginning of the measurement period who have ever had a laboratory result of LDL-C >=190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia.Patients aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes. Population 4: Patients aged 40 to 75 at the beginning of the measurement period with a 10-year ASCVD risk score (i.e., 2013 ACC/AHA ASCVD Risk Estimator or the ACC Risk Estimator Plus) of >= 20 percent during the measurement period. ***Exclusions/Exceptions Outlined via eCQI Resource Center:*** *https://ecqi.healthit.gov/ecqm/ec/2024/cms0347v7*	Quality	Monthly	EPIC/UDS
Breast Cancer Screening	**CMS125v12**	**Description:** Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period **Numerator:** Women with one or more mammograms any time on or between October 1 two years prior to the measurement period and the end of the measurement period **Denominator:** Women 52-74 years of age by the end of the measurement period with a visit during the measurement period ***Exclusions/Exceptions Outlined via eCQI Resource Center:*** *https://ecqi.healthit.gov/ecqm/ec/2024/cms0125v12*	Quality	Monthly	EPIC/UDS
HIV Screening	**CMS349v6**	**Description:** Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for Human immunodeficiency virus (HIV) **Numerator:** Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday **Denominator:** Patients 15 to 65 years of age at the start of the measurement period AND who had at least one outpatient visit during the measurement period ***Exclusions/Exceptions Outlined via eCQI Resource Center:*** *https://ecqi.healthit.gov/ecqm/ec/2024/cms0349v6*	Quality	Monthly	EPIC/UDS