

Minutes

<p>Valleywise Community Health Centers Governing Council Compliance and Quality Committee Valleywise Health Medical Center February 14, 2022 5:30 p.m.</p>

Voting Members Present: Michelle Barker, Committee Chair - *participated remotely*
Liz McCarty, Member - *participated remotely*

Voting Members Absent: Daniel Messick, Committee Vice Chair

Non-Voting Members Present: Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics - *participated remotely*
LT Slaughter, Chief Compliance Officer - *participated remotely*
Christina Smarik-Snyder, M.D., Interim Medical Director, Ambulatory Services - *participated remotely*
Nelson Silva-Craig, Director of Nursing, Ambulatory Care - *participated remotely*
Crystal Garcia, Vice President Surgical, Specialty, Quality and Safety - *participated remotely*
Sandra Yuh, M.D., Federally Qualified Health Center Clinics Quality Medical Director - *participated remotely*

Others/Guest Presenters: Melanie Talbot, Chief Governance Officer – *participated remotely*

Recorded by: Cassandra Santos, Assistant Clerk - *participated remotely*

Call to Order

Chairman Barker called the meeting to order at 5:30 p.m.

Roll Call

Ms. Talbot called roll. Following roll call, it was noted that two of the three voting members of the Valleywise Community Health Centers Governing Council's Compliance and Quality Committee were present, which represented a quorum.

For the benefit of all participants, Ms. Talbot named the committee members participating remotely.

Call to the Public

Chairman Barker called for public comment.

There were no comments.

**Valleywise Community Health Centers Governing Council – Compliance and Quality Committee
Meeting Minutes – General Session – February 14, 2022**

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:

a. Minutes:

- i. Approve Compliance and Quality Committee Meeting Minutes Dated November 8, 2021

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

VOTE: 2 Ayes: Chairman Barker, Ms. McCarty
0 Nays
1 Absent: Vice Chairman Messick
Motion passed.

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

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

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

She discussed and compared statistics and trends from CYs 2017 through 2021. There were consistent growth trends within various populations over the years.

Identifying health outcomes by race and ethnicity, as well as staffing and utilization, clinical, and general financial aspects were important trends to consider.

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

Ms. Harding shared statistics related to patients that spoke another language other than English.

She described the sexual orientation and gender identity (SOGI) data collection process which included information related to a patient's sexual orientation, gender identity, and preferred pronouns.

Statistics demonstrated steady improvement in collecting SOGI data from CYs 2017 to 2021, which was attributed to staff's implementation of a data collection task team.

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

She explained the unique unduplicated patient count which meant each patient was counted only once for a visit regardless of the number of visits throughout the reported calendar year.

The reported unduplicated patient count for CY 2021 was 83,659. Due to the COVID-19 pandemic, the unduplicated patient count for CY 2020 was significantly lower compared to 2019. While the count had then increased CY 2021, it was lower than pre-pandemic levels.

**Valleywise Community Health Centers Governing Council – Compliance and Quality Committee
Meeting Minutes – General Session – February 14, 2022**

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

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

Ms. Harding explained that continued decrease in the unduplicated patient count could become detrimental to the organization's community market share, a key indicator of market competitiveness.

Chairman Barker asked if the unduplicated patient count was expected to return to pre-pandemic levels and whether the decrease indicated that patients were receiving services elsewhere.

Ms. Harding said that the goal was to grow the overall patient base and increase the community market share. She compared annual market share growth to other local FQHC organizations and confirmed the possibility of patient loss CY 2021.

She briefly spoke about challenges associated with appointment fill rates within the ambulatory setting

Ms. Harding explained the challenges related to provider vacancies, which ultimately affected the appointment fill rate. Many of the clinics were not meeting the benchmark of greater than 85 percent, indicating patient access was not being met, therefore affecting patient satisfaction.

The appointment no-show rate was the percentage of appointments for which patients did not show and affected resource utilization and anticipated revenue. When an appointment was scheduled and missed, this was commonly referred to as a missed opportunity. The metric showed improvement within previous years as a result of staffing conducting appointment reminder calls, appointment confirmations by automated systems, and other initiatives.

It was important to maximize provider utilization, improve the appointment fill rate and reduce the number of missed opportunities. It was a challenging balance to maintain, especially factoring in provider shortages and other factors.

3. Discuss and Review Uniform Data System (UDS) Quality Metrics for the Federally Qualified Health Center Clinics for the fourth quarter of calendar year 2021

Ms. Garcia gave an overview of UDS quality metrics for 2021 calendar year end (CYE). She highlighted metrics that had opportunity to improve, including but not limited to, body mass index (BMI) screening and controlling high blood pressure, cervical cancer screening, and screening for depression and follow up. However, breast cancer and colorectal cancer screening reached their benchmarks.

She gave an update on UDS quality metrics for the fourth quarter of CY 2021 and noted metrics that had required improvement and ones that met the benchmark. She pointed out metrics that showed consistent improvement compared to the previous reported quarters.

There were changes made to the BMI screening requirements which required staff to seek alternative ways to collect data accurately. BMI focus workgroups were launched to address challenges in achieving the measure. National changes were implemented that stated when a patient's BMI was out of range, it should be addressed during each visit. Action plans were incorporated to support improvement of the metric.

Ms. Garcia noted consistent improvement, month over month during CY 2021, related to cervical cancer screening. Although the metric did not meet benchmark it was within 1.5% of the UDS national average. Action plans and workgroups were created to continue improvement.

Ms. Garcia emphasized the metric related to controlling high blood pressure which required improvement. She presented action plans that supported improvement of the metric such as policy change and the development of a focus workgroup.

Valleywise Community Health Centers Governing Council – Compliance and Quality Committee Meeting Minutes – General Session – February 14, 2022

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

4. Discuss and Review National Research Corporation (NRC) RealTime Platform Patient Satisfaction data for the Federally Qualified Health Center Clinics for the second quarter of fiscal year 2022

Regarding screening for depression and follow up, Ms. Garcia shared details related to the measure in electronic medical record (EMR). There were changes made to improve screening and action plans that concentrated on improvement of the metric.

Chairman Barker applauded staff for consistent efforts to improve outcome measures.

The committee briefly discussed the consistent improvement of various metrics, year over year.

Ms. Garcia presented the National Research Corporation (NRC) RealTime platform patient satisfaction survey results for the second quarter of fiscal year (FY) 2022.

The net promotor score (NPS) was calculated from the survey question that asked patients to rate the likelihood they would recommend the facility to family or friends. The NPS for the second quarter was 71.7 with a patient response rate, or n-size of 5,683.

Ms. Garcia pointed out patient satisfaction survey questions with negative gaps or areas with opportunity to improve. She shared the NPS for specific FQHC clinics highlighting recent improvement within various locations.

She shared dynamics of the NRC RealTime starter kit which included suggested patient satisfaction survey questions, used as a tool to revise the current survey questions. The revised questions would be shared at the next committee meeting.

Ms. Garcia announced the Valleywise Health Service Excellence Committee which was recently developed specifically to assist patients within the ambulatory setting.

She described components of the Valleywise Health organizational standard acknowledge, connect, communicate, every person, every time (ACCEPT) which aimed to improve the patient experience. Using ACCEPT helped to provide a positive first impression to patients, visitors, and one another. It showed courtesy and respect and aimed to demonstrate compassion for those seeking services at Valleywise Health.

Ms. Garcia shared patient satisfaction results for Valleywise Community Health Centers and FQHC clinics located at Valleywise Comprehensive Health Centers, stating that the majority met benchmark. Patient satisfaction results for the dental clinics were also highlighted.

She shared NRC RealTime patient satisfaction comments received from the second quarter.

Ms. Garcia pointed out that the n-size for each individual clinic was displayed within the report.

5. Discuss and Review the Compliance and Internal Audit Work Plans and the Ethics Line Report for the Federally Qualified Health Center Clinics for the second quarter of fiscal year 2022

Mr. Slaughter outlined the compliance report for the FQHC clinics for the second quarter of FY 2022.

He highlighted compliance work plan projects including but not limited to, the COVID-19 pandemic, HRSA operational site visit (OSV) compliance follow-up, new facility reviews, telehealth, and resident model compliance. He shared individual risk assessment priorities and discussed the risk assessment scoring system used to develop and monitor projects.

**Valleywise Community Health Centers Governing Council – Compliance and Quality Committee
Meeting Minutes – General Session – February 14, 2022**

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

5. Discuss and Review the Compliance and Internal Audit Work Plans and the Ethics Line Report for the Federally Qualified Health Center Clinics for the second quarter of fiscal year 2022, cont.

Mr. Slaughter gave an update on details of the internal audit work plan such as quality reporting barriers, Care Reimagined controls and monitoring, FQHC grant reviews, business continuity assessment, and specialty referral assessment.

There were four calls made to the ethics point hotline during the quarter, all of which were investigated.

Mr. Slaughter compared trending statistics for previous reporting periods and mentioned that the benchmark for the number of days to close an investigation was 30 days or less. The average day to close an investigation during the second quarter was 36 days.

6. Chair and Committee Member Closing Comments/Announcements

There were no closing comments or staff assignments.

7. Review Staff Assignments

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

Adjourn

MOTION: Ms. McCarty moved to adjourn the February 14, 2022 Valleywise Community Health Centers Governing Council's Compliance and Quality Committee meeting. Chairman Barker seconded.

VOTE: 2 Ayes: Chairman Barker, Ms. McCarty
0 Nays
1 Absent: Vice Chairman Messick
Motion passed.

Meeting adjourned at 6:22 p.m.

Cassandra Santos
Assistant Clerk