

Minutes

**Valleywise Community Health Centers Governing Council
Compliance and Quality Committee
Valleywise Health Medical Center
May 9, 2022
5:30 p.m.**

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

Non-Voting Members Present: Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics - *participated remotely*
LT Slaughter, Chief Compliance Officer - *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*

Non-Voting Members Absent: Christina Smarik-Snyder, M.D., Interim Medical Director, Ambulatory Services

Others/Guest Presenters: Michael White, M.D., Chief Clinical Officer - *participated remotely*
Melanie Talbot, Chief Governance Officer - *participated remotely*

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

Call to Order

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

Roll Call

Ms. Talbot called roll. Following roll call, it was noted that all 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 – May 9, 2022

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:

a. Minutes:

i. Approve Compliance and Quality Committee Meeting Minutes Dated February 14, 2022

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

VOTE: 3 Ayes: Chairman Barker, Vice Chairman Messick, Ms. McCarty
0 Nays
Motion passed.

2. Discuss and Review Uniform Data System (UDS) Quality Metrics for the Federally Qualified Health Center Clinics for the first quarter of calendar year 2022

Ms. Garcia gave an overview of UDS quality metrics for fiscal year end (FYE) 2021 and the first quarter of calendar year (CY) 2022.

She outlined metrics that required improvement such as controlling diabetes and hemoglobin A1c ranges and weight assessment and counseling for nutrition and physical activity for children and adolescents. Other measures that did not meet benchmark included cervical cancer screening, controlling high blood pressure, BMI screening and follow-up and clinical depression screening and follow-up.

Ms. Garcia presented bar graph data which compared information from FYE 2021 to fiscal year to date (FYTD) 2022, as of March. She spoke about the performance improvement action plans to improve measures.

She emphasized action plans for BMI screening and follow-up improvement.

There were changes made to requirements regarding data collection, stating that when a BMI was out of range, it was to be addressed during each subsequent visit. The ambulatory information technology (IT) team assessed the functionality within electronic privacy information center (EPIC) related to data collection recording. A new option was added in EPIC regarding the patient's follow-up plan when a BMI was out of healthy range. However, challenges existed within system utilization related to follow-up option capability as the system required an eligible professional to input data. Medical assistants were not eligible to input the data, therefore delays occurred in recording data.

Regarding cervical cancer screening, although the measure remained steady, quality work groups routinely analyzed whether screening reconciliations were appropriately recorded.

Ms. Garcia spoke about action plans to improve controlling high blood pressure which included quality focus group initiatives. She added that although the measure did not currently meet the benchmark, it had improved by 10% since the beginning of the calendar year.

She reviewed the action plan for screening for depression and follow-up plans. Chart review analysis demonstrated areas of the process which required improvement such as inaccuracy in data recording methods. Screening projects were initiated to improve accurate reporting of elements associated with the measure.

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

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

Ms. Garcia presented the National Research Corporation (NRC) RealTime platform patient satisfaction survey results for the third 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 overall NPS for the quarter was 70 with a patient response rate of 5,934.

Ms. Garcia highlighted patient satisfaction survey questions that indicated areas of opportunity to improve. She shared data about specific Federally Qualified Health Center (FQHC) clinics pointing out improvement at various locations, including Valleywise Community Health Center-Guadalupe.

Patient satisfaction results for the dental clinics were also presented.

Ms. Garcia described elements of the Valleywise Health organizational standard acknowledge, connect, communicate, every person, every time (ACCEPT) which aimed to improve patient experience. The goal was to provide a positive first impression to patients, visitors, and others. It aimed to deliver courtesy and respect and demonstrated compassion for those seeking health care services.

She provided select NRC RealTime patient satisfaction comments reported during the quarter.

4. Discuss and Review revised National Research Corporation (NRC) RealTime Platform Patient Satisfaction survey questions for the Federally Qualified Health Center Clinics

Ms. Garcia presented the updated NRC RealTime platform patient satisfaction survey questions. She described dynamics of the NRC RealTime starter kit, which included suggested patient satisfaction survey questions developed by NRC and was used as a tool to revise the survey questions. Survey questions were tailored to understand the patient experience on a more personalized level. Survey questions would include details mentioning the specific clinic visited by the patient.

She presented the updated questions to the committee which included questions about registration, ease of appointment, cleanliness of the facility and questions specific to telehealth, among others. She discussed next steps in the process of incorporating the updated questions.

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

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

He highlighted details on projects related to violent patients, information blocking rules, 340B drug pricing program compliance, the COVID-19 pandemic, Health Insurance Portability and Accountability Act (HIPAA) privacy controls and behavioral health models. He shared individual risk assessment priorities and discussed the risk assessment scoring system used to develop and monitor projects.

Mr. Slaughter provided details on internal audit work plans for the quarter which presented information on payroll review, Care Reimagined controls and monitoring, revenue cycle controls, and risk assessment planning and development.

Regarding the ethics point hotline, the one call made during the quarter, related to inappropriate behavior, was fully investigated. The benchmark for the number of days to close an investigation was 30 days or less, and it was noted that the average for the reported quarter was 33 days.

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

6. Discuss, Review and Make Recommendations to the Valleywise Community Health Centers Governing Council to Approve the annual Compliance Work Plan for the Federally Qualified Health Center Clinics for fiscal year 2023

Mr. Slaughter presented the annual Compliance Officer's Work Plan for FY 2023 and highlighted upcoming projects associated with the FQHC clinics. Major projects included, but were not limited to, HIPAA electronic referrals, telemedicine training, resident model compliance, women's clinic review and focus on new facilities. He spoke about risk assessment and the scoring system used to develop the plan.

He elaborated on risks associated with the impacts of COVID-19 and emphasized the Public Health Emergency (PHE) status. The expansion of behavioral health services, incorporation of telehealth, challenges in workforce staffing, and staff turnover were also a focal point.

Mr. Slaughter included projected time frames for projects, audit timing, and estimated hours of completion for projects. He talked about risk ratings and post review ranking processes used. A control factor rating tool was used to mitigate potential risk.

Projects were based on the results of risk assessment interviews completed during the previous fiscal year. Factors depended on the probability of occurrence and significance of risk, with the goal to uncover elements that posed risk or strategic threat to the organization.

MOTION: Vice Chairman Messick moved to make recommendations to the Valleywise Community Health Centers Governing Council to approve the annual Compliance Work Plan for the Federally Qualified Health Center Clinics for fiscal year 2023. Ms. McCarty seconded.

VOTE: 3 Ayes: Chairman Barker, Vice Chairman Messick, Ms. McCarty
0 Nays
Motion passed.

7. Discuss, Review and Make Recommendations to the Valleywise Community Health Centers Governing Council to Approve the annual Internal Audit Work Plan for the Federally Qualified Health Center Clinics for fiscal year 2023

Mr. Slaughter presented the annual Internal Audit Work Plan for FY 2023 and gave an overview of upcoming projects related to the FQHC clinics.

Projects included but were not limited to, Care-Reimagined controls and monitoring review, internal and external patient referral assessments, FQHC grant reviews, site reviews, internal audit requests, along with other special projects. The plan was to ensure the achievement in operational effectiveness and overall compliance.

He included projected time frames and estimated hours of completion for each project. Projects were based on the results of completed risk assessments and focused on internal controls and risk factors. Standard risk assessment tools were used, and thorough reevaluations were constant.

MOTION: Chairman Barker moved to make recommendations to the Valleywise Community Health Centers Governing Council to approve the annual Internal Audit Work Plan for the Federally Qualified Health Center Clinics for fiscal year 2023. Ms. McCarty seconded.

VOTE: 3 Ayes: Chairman Barker, Vice Chairman Messick, Ms. McCarty
0 Nays
Motion passed.

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

8. Chair and Committee Member Closing Comments/Announcements

There were no closing comments or announcements.

9. Review Staff Assignments

There were no staff assignments or follow up requests stemming from the meeting.

Ms. Talbot noted that an old business item related to the revised patient satisfaction survey questions was now considered satisfied.

Adjourn

MOTION: Ms. McCarty moved to adjourn the May 9, 2022 Valleywise Community Health Centers Governing Council's Compliance and Quality Committee meeting. Vice Chairman Messick seconded.

VOTE: 3 Ayes: Chairman Barker, Vice Chairman Messick, Ms. McCarty
0 Nays
Motion passed.

Meeting adjourned at 6:18 p.m.

Cassandra Santos
Assistant Clerk