

Minutes

**Valleywise Community Health Centers Governing Council
Compliance and Quality Committee
Valleywise Health Medical Center
June 13, 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*
Eileen Sullivan, Member - *participated remotely*
- Non-Voting Members Present:** Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics - *participated remotely*
Crystal Garcia, Vice President Surgical, Specialty, Quality and Safety - *participated remotely*
- Non-Voting Members Absent:** LT Slaughter, Chief Compliance Officer
Christina Smarik-Snyder, M.D., Interim Medical Director, Ambulatory Services
Nelson Silva-Craig, Director of Nursing, Ambulatory Care
Sandra Yuh, M.D., Federally Qualified Health Center Clinics Quality Medical Director
- 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 three of the four voting members of the Valleywise Community Health Centers Governing Council's Compliance and Quality Committee were present, which represented a quorum. Ms. Sullivan arrived after roll call.

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.

NOTE: Ms. Sullivan joined the meeting at 5:35 p.m.

Valleywise Community Health Centers Governing Council – Compliance and Quality Committee Meeting Minutes – General Session – June 13, 2022

General Session, Presentation, Discussion and Action:

1. Discuss and Review Quality of Care Audit for the Federally Qualified Health Center Clinics for Calendar Year 2021

Ms. Garcia highlighted key elements of the calendar year (CY) 2021 quality of care audit for the Federally Qualified Health Center (FQHC) clinics.

She explained that the Quality Assurance/Quality Improvement (QA/QI) plan was updated to ensure Health Resources and Service Administration (HRSA) Compliance Manual requirements were addressed.

Ms. Garcia highlighted details on the initiatives geared toward driving up performance improvement.

She explained that a dedicated quality analyst worked closely with FQHC clinic leadership to support improvement efforts. Uniform Data System (UDS) quality metrics were discussed and monitored by the committee on a regular basis. Information and data were routinely gathered by the quality analyst to produce reports for the committee. Scheduled validations were conducted on the electronic health record (EHR) UDS reports to ensure appropriate data was being reported. National Research Corporation (NRC) RealTime platform patient satisfaction survey results and actions plans were reviewed to monitor and improve performance.

Ms. Garcia gave an overview of individual UDS quality metric outcomes for the reported calendar year. She pointed out the metrics that met benchmark and cited various action plans to improve those measures that did not.

Quality metrics highlighted included body mass index (BMI) screening and follow up, cervical cancer screening, childhood immunizations, colorectal cancer screening, controlling high blood pressure, controlling and monitoring diabetes and hemoglobin A1C levels, ischemic vascular disease (IVD), and screening for clinical depression and follow up.

Other metrics discussed included weight assessment and counseling for nutrition and physical activity for children and adolescents, tobacco use; screening and cessation intervention, statin therapy for the prevention and treatment of cardiovascular disease, breast cancer screening and human immunodeficiency virus (HIV) screening.

Chairman Barker asked whether the COVID-19 pandemic could be contributed to unfavorable outcomes, specifically related to BMI screening, controlling high blood pressure and clinical depression screening.

Ms. Garcia explained the national logic changes were made to BMI data collection requirements.

When a patient's BMI was out of range, it was to be addressed during each subsequent visit. The ambulatory information technology (IT) team assessed functionalities within electronic privacy information center (EPIC) as it pertained to data collection recording. The team added an option in EPIC utilized to record follow-up plans when a BMI was out of the healthy range. Similar logic changes were made to support clinical depression screening and follow up data. Standardized workflows were implemented to ensure accurate data collection and reporting in EPIC.

Regarding controlling blood pressure, hypertension focus workgroups were in place to develop and monitor action plans concentrated on improvement of the metric.

Ms. Harding added that the COVID-19 pandemic presented a multitude of challenges which may have contributed to unfavorable outcomes. Patients were hesitant to receive in-person care for preventative and routine screenings during the height of the pandemic, resulting in delayed care.

Chairman Barker asked whether lack of medication compliance or unaffordability may be a factor in some of the unfavorable outcomes.

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Ms. Harding commented that the 340B drug pricing program allowed the covered entities such as Valleywise Health, to purchase outpatient medications at a discount. This amenity supported low cost medication for vulnerable patients in need of economical support. However, she believed that recent increases in gasoline costs could present potential barriers to patients.

Chairman Barker asked if the Governing Council would receive the quality of care audit information as presented.

Ms. Talbot said the information would be provided to the Governing Council at the July, 2022 meeting in the committee reports section of the packet.

Adjourn

MOTION: Ms. McCarty moved to adjourn the June 13, 2022 Valleywise Community Health Centers Governing Council's Compliance and Quality Committee meeting. Vice Chairman Messick seconded.

VOTE: 4 Ayes: Chairman Barker, Vice Chairman Messick, Ms. McCarty, Ms. Sullivan
0 Nays
Motion passed.

Meeting adjourned at 5:52 p.m.

Cassandra Santos
Assistant Clerk