



# Valleywise Community Health Centers Governing Council

## Compliance and Quality Committee Meeting

June 13, 2022  
5:30 p.m.

Agenda



**Committee Members**

Michelle Barker, DHSc, Committee Chair  
Daniel Messick, Committee Vice Chair  
Liz McCarty, Member  
Eileen Sullivan, Member  
Barbara Harding, CEO, FQHC Clinics, Non-Voting Member  
LT Slaughter, CCO, Non-Voting Member  
Christina Smarik-Snyder, M.D., Interim FQHC Medical Director, Non-Voting Member  
Nelson Silva-Craig, Director of Nursing, Ambulatory Care, Non-Voting Member  
Crystal Garcia, VP, Surgical, Specialty, Quality and Safety, Non-Voting Member  
Sandra Yuh, M.D., FQHC Quality Medical Director, Non-Voting Member

**AGENDA**

**Compliance and Quality Committee of the Valleywise Community Health Centers Governing Council**

**Mission Statement of the Valleywise Community Health Centers Governing Council**

Serve the population of Maricopa County with excellent, comprehensive health and wellness in a culturally respectful environment.

• Valleywise Health Medical Center • 2601 East Roosevelt Street • Phoenix, Arizona 85008 •

Meeting will be held remotely. Please visit <https://valleywisehealth.org/events/valleywise-community-health-centers-governing-councils-compliance-and-quality-committee-meeting-06-13-22/> for further information.

Monday, June 13, 2022  
5:30 p.m.

One or more of the members of the Valleywise Community Health Centers Governing Council's Compliance and Quality Committee may be in attendance telephonically or by other technological means. Committee members participating telephonically or by other technological means will be announced at the meeting.

**Please silence any cell phones, pagers, computers, or other sound devices to minimize disruption of the meeting.**

**Call to Order**

**Roll Call**

**Call to the Public**

*This is the time for the public to comment. The Compliance and Quality Committee 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*

Agendas are available within 24 hours of each meeting via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, Monday through Friday between the hours of 9:00 a.m. and 4:00 p.m. and on the internet at <https://valleywisehealth.org/about/governing-council/>. Accommodations for individuals with disabilities, alternative format materials, sign language interpretation, and assistive listening devices are available upon 72 hours advance notice via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.

**ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE**

**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 20 min  
*Crystal Garcia, Vice President, Surgical, Specialty, Quality and Safety*

**Adjourn**



Valleywise Community Health  
Centers Governing Council

Compliance and Quality  
Committee Meeting

June 13, 2022

Item 1.

CY 2021  
Quality of Care Audit



**Office of the Chief Executive Officer Valleywise  
Community Health Centers Governing Council**

2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: June 13, 2022

TO: Compliance and Quality Committee of the Valleywise Health Community Centers Governing Council

FROM: Crystal Garcia, MBA/HCM, RN, CPPS  
Vice President of Specialty Services, Quality and Safety

SUBJECT: Quality of Care Audit CY21

In review of Quality of Care for FQHC in calendar year (CY) 2021 the following activities occurred to help drive performance improvement.

- Quality Assurance/Quality Improvement plan was updated to ensure all the requirements for Health Resources and Services Administration (HRSA) Health Centers Program, Chapter 10: Quality Improvement/Assurance. The committee structure was aligned to include Medical, Dental and Behavioral Health.
- The approval of the CY21 UDS metrics that would be monitored, and actions taken for improvements.
- FQHC had a full-time dedicated Quality Analyst to help drive the process improvements of the department. The Quality Analyst worked closely with FQHC leadership to develop action plans based upon the quality metric data.
- Validations were conducted on the EHR (electronic health record) UDS reports to ensure appropriate data was being reported.
- National Research Corporation (NRC): Patient Experience Real Time Platform data was presented on a quarterly basis with action plans developed to help drive better performance.

The below Quality Metrics for Calendar Year 2021 entails the actions that have been taken to help drive performance improvement. During Calendar Year 2021 the COVID-19 Pandemic continued with various months seeing spikes in cases within the community.

- Body Mass Index (BMI) Screening and Follow Up Plan: The 2020 UDS National average was 65.72%. Valleywise FQHC CY21 was 33.44%. The BMI Focus Workgroup launched for calendar year 2022 to address challenges in achieving this measure after national logic changes were implemented in mid-year 2021. The BMI must be addressed when out of range every time it is generated, or a patient will fall out of meeting the measure guideline. Other

actions for this measure have included: reviewing/testing if EPIC logic and mapping utilized for the UDS Tobacco Screening and Cessation Measure can be utilized for BMI Measure and reviewing care notes and if current educational documents already exist that can support follow up plan for patients.

\*Historical: Body Mass Index (BMI) Screening and Follow-Up Plan formerly looked back 12 months for the follow up plan based on the encounter date. This logic was changed (effective 7/15/21) to look back 12 months from the last intervention. This dramatically impacts the way in which a patient meets the measure. What this means is previously BMI had to be addressed one time during the last 12 months. Now, BMI and the plan must be done every visit when not in range. This change should be noted when comparing year over year for the measure.

- Cervical Cancer Screening: The 2020 UDS National average >51.00%. Valleywise FQHC CY21 was 49.58%. Screening rates are just outside of the benchmark – within 1.5% of the UDS national average. The cervical screening intervals are being updated depending on patient age for purposes of bulk ordering. Report results will be available to show care gaps which will allow for mailers to be created.
- Childhood immunization: The 2020 UDS National average >40.42%. Valleywise FQHC CY21 was 47.63%. Valleywise was above the National average for this quality metric.
- Colorectal Cancer Screening: The 2020 UDS National average >40.09%. Valleywise FQHC CY21 was 50.83%. Valleywise was above the National average for this quality metric. The colorectal cancer screening intervals are being updated depending on patient age for purposes of bulk ordering. Report results will be available to show care gaps which will allow for mailers to be created.
- Controlling High Blood Pressure: The 2020 UDS National average >58.21%. Valleywise FQHC CY21 was 47.82%. The High Blood Pressure Policy has been finalized and was sent forward to be presented and approved at the Medical Executive Committee (MEC). Education regarding the policy will continue and the Hypertension Focus Workgroup continues to meet and develop actions to help improve this metric.
- Diabetes: Hemoglobin A1c poor control: The 2020 UDS National average <35.60%. Valleywise FQHC CY21 was 31.84%. The continued actions for Population Health management and Care Management staff to reinstitute chronic disease management interventions for management of diabetes. Bulk ordering for A1c Testing to be updated in order help capture more patients during the calendar measurement year. Bulk orders to look for patients seen in PCP office in the past 12 months (rather than past 18 months). The solution reviewed with end users was to add the same date when the order was created to the expected date field. A meeting is set up with clinical lab staff to review the impact of this to their workflow and verify if it solves the problem of labs not getting drawn. Will continue to monitor this metric.

- Ischemic Vascular Disease (IVD): Use of Aspirin or another antithrombotic: The 2020 UDS National average >78.80%. Valleywise FQHC CY21 was 79.91%. Valleywise was above the National average for this quality metric.
- Screening for clinical depression and follow-up plan if positive screen: The 2020 UDS National average >64.21%. Valleywise FQHC CY21 was 48.91%. The Behavioral Health Team looked further into if the PHQ2/PHQ9 screening tool was being done at every visit. The team found that more screenings were being completed at sites when it is part of the standard workflow, i.e., Medicare Wellness and EPSDT (Early and Periodic Screening, Diagnosis, and Treatment). Depression Screening workgroup is starting to meet regularly to review and discuss documentation adjustments for better capturing PHQ9 data for quality measures. This includes planning to release a tip sheet for review at the start of the new calendar year on the PHQ9. \*Historical: The Ambulatory Build Team made a change to the PHQ2/PHQ9 screening tool in late 2019; the row “refused” was not mapped due to an EPIC Foundation issue. This impacted the total number of exclusions that should have been removed from the metric denominator. The new row for “refused” was mapped and put into production end March of 2021. This change should be noted when comparing year over year for the measure.
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: The 2020 UDS National average >65.13%. Valleywise FQHC CY21 was 78.61%. Valleywise was above the National average for this quality metric.
- Tobacco Use: Screening and Cessation Intervention: The 2020 UDS National average >83.43%. Valleywise FQHC CY21 was 87.86%. Valleywise was above the National average for this quality metric.
- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: The 2020 UDS National Average >71.92%. Valleywise FQHC CY21 was 71.78%.
- Breast Cancer Screening: The 2020 UDS National average >45.34%. Valleywise FQHC CY21 was 58.38%.
- HIV Screening: The 2020 UDS National average >32.29%. Valleywise FQHC CY21 was 58.30%. Valleywise was above the National average for this quality metric.