

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
August 7, 2024, 5:30 p.m.**

Members Present: Scott Jacobson, Chairman
Eileen Sullivan, Vice Chairman – *participated remotely, then in-person*
Earl Arbuckle, Treasurer
Nelly Clotter-Woods, Member
Salina Imam, Member – *participated remotely*
Norma Muñoz, Member
William O’Neill, Member – *participated remotely*
Essen Otu, Member
Wayne Tormala, Member
Jane Wilson, Member – *participated remotely*

Members Absent: Chris Hooper, Member

Non-Voting Member Absent: Mary Rose Garrido Wilcox, District Board

Others/Guest Presenters: Michelle Barker, DHSc, Chief Executive Officer of the Federally Qualified Health Centers
Steve Purves, FACHE, President and Chief Executive Officer, Valleywise Health
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
Ijana Harris, JD, General Counsel
Crystal Garcia, RN, MBA, Vice President, Specialty Services, Quality and Safety
L.T. Slaughter, CPA, MBA, Chief Compliance Officer
Jo-el Detzel, Vice President Clinical Ancillary Services

Recorded by: Cynthia Cornejo, Senior. Deputy Clerk of the Board

Call to Order:

Chairman Jacobson called the meeting to order at 5:33 p.m.

Roll Call

Ms. Cornejo called roll. Following roll call, she noted that ten 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. Cornejo announced the Governing Council members participating remotely.

Call to the Public

Chairman Jacobson called for public comment. There were no comments.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – August 7, 2024**

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:
 - a. Minutes:
 - i. Intentionally Left Blank
 - b. Contracts:
 - i. Intentionally Left Blank
 - c. Governance:
 - i. Intentionally Left Blank
 - d. Medical Staff:
 - i. Acknowledge the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

MOTION: Mr. Arbuckle moved to approve the consent agenda. Ms. Muñoz seconded.

VOTE: 10 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Ms. Imam, Ms. Muñoz, Mr. O’Neill, Mr. Otu, Mr. Tormala, Ms. Wilson
0 Nays
1 Absent: Mr. Hooper
Motion passed.

2. Mission Moment – A Patient Story

Ms. Detzel stated that patients often submit comments based on the care and services received at Valleywise Health. She shared some comments that were received earlier in the week. The comments highlighted the professionalism and cleanliness of Valleywise Health facilities and how patients were likely to recommend Valleywise Health to family and friends based on the quality of care received.

She also mentioned that Det Norske Veritas (DNV) surveyors for the hospital recertification were surveying all areas of the organization, including the Community Health Centers. DNV representatives stated they had two adjectives that would describe the Valleywise Health system: happy and collaborative.

Ms. Muñoz shared that her grandson had received care at the Valleywise Health Medical Center and it was a positive experience.

3. Discuss and Review Federally Qualified Health Centers Uniform Data System (UDS) Quality Metrics for the Second Quarter of Calendar Year 2024 and Fiscal Year End 2024

Ms. Garcia provided an overview of the Uniform Data System (UDS) for calendar year 2024. She mentioned the data was gathered on a calendar year as opposed to the fiscal year. As of June 2024, only one metric did not meet the benchmark; hemoglobin A1c.

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General Session, Presentation, Discussion and Action cont.:

3. Discuss and Review Federally Qualified Health Centers Uniform Data System (UDS) Quality Metrics for the Second Quarter of Calendar Year 2024 and Fiscal Year End 2024 cont.,

Ms. Garcia explained the childhood immunization had dropped because there was a logic in regards to the pneumococcal vaccine that was being built, once that was corrected, it should show that the metrics were being met. The Centers for Medicare and Medicaid Services (CMS) were working toward a solution and she was confident the metric would be within the established benchmark by year-end.

The colorectal cancer screening, controlling high blood pressure, ischemic vascular disease, weight assessment, and counseling for nutrition and physical activity for children and adolescents were highlighted in yellow, meaning that they were within 10% of meeting the target goal.

Depression screening had improved from prior years. The metric for controlling high blood pressure was better than last year, so staff was confident that the metric would be met by year-end.

NOTE: Vice Chairman Sullivan arrived at 5:48 p.m.

Ms. Garcia discussed the action plans to improve high blood pressure, noting that improvements had been made since 2020. Several clinics met the high blood pressure metrics and wanted to drill down and try to figure out what had been working and what needed to be improved. She noted a 3.8% improvement at the Valleywise Community Health Center South Phoenix/Laveen clinic for June. The Chandler internal medicine improved by 4.4% and the Mesa internal medicine improved by 3.5%.

Mr. Arbuckle asked if there were barriers preventing staff from taking a second blood pressure reading, if the first reading was outside of normal range.

Ms. Garcia stated that the main barriers were time and staff resources.

Mr. Otu highlighted the negative variance in the Valleywise Comprehensive Health Center-Peoria results and asked if the results were due to staffing challenges.

Ms. Garcia stated she would have to get more information. The individual clinics were being evaluated to determine why there was a lower gap in the second blood pressure readings, but it was a focus.

Dr. Barker stated that there were a number of new providers, and education related to the process may be needed. If the provider did the second blood pressure check themselves, it did not necessarily get recorded, so an implementation process needed to be put in place for the second check to be recorded.

Mr. O'Neill asked if there were any research solutions for the depression screening increases or if it was to gather data.

Dr. Barker stated Valleywise Health were not the ones who chose the metrics. They were metrics that were required by the Health Resources and Services Administration (HRSA), which grants the Federally Qualified Health Center (FQHC) status. As far as treating the patients that screened positive for depression, they get a referral and if there was a significant concern for the patient's safety or well-being, there would be a warm hand-off where the patient would be transferred and introduced or taken to the Integrated Behavioral Health (IBH) to address the issue right away.

Ms. Garcia continued with the metrics for screening for depression, noting that Valleywise Community Health Center-South Phoenix/Laveen had increased depression screenings by 12% in the last two months. She noted the work being done and the best practice alert for the clinic managers, with various task forces meeting at various time frames but they were all working together.

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General Session, Presentation, Discussion and Action cont.:

3. Discuss and Review Federally Qualified Health Centers Uniform Data System (UDS) Quality Metrics for the Second Quarter of Calendar Year 2024 and Fiscal Year End 2024 cont.:

Mr. O'Neill asked if the name of the depression task force could be changed to mental health taskforce.

Dr. Barker stated the reason it was called the depression taskforce was because it focused solely on depression screening, which was a requirement of the HRSA grant along with several other funding sources.

4. Discuss and Review Federally Qualified Health Centers Patient Safety Report for the Fourth Quarter of Fiscal Year 2024 and Fiscal Year End 2024

Ms. Garcia reviewed patient safety events for the fourth quarter of fiscal year (FY) 2024. Events were entered into the Continuous Healthcare Evaluation & Quality Improvement Tool (CHEQ-IT) by staff. It was used to track any trends to make process improvements based on information received. The most frequent class of events reported were safety and security, which included Code White events. A Code White was when a patient, visitor or staff was in distress and needed medical assistance.

Dr. Barker explained how employees responded to a Code White, specifically inside the Comprehensive Health Centers, noting that the responding clinic would record the event regardless of whether the patient was being treated at that clinic.

Ms. Garcia explained the different events by class or category and reviewed the number and type of events for the FQHCs.

Vice Chairman Sullivan inquired about the increase in reported events in April and May 2024.

Ms. Garcia noted patient safety events were employee driven and reporting levels fluctuated from month to month.

Examples of safety events included, but were not limited to, device or medical/surgical supply, medical imaging, falls, health information management, and safety and security.

Behavioral health events included, but were not limited to, upset patients, patients leaving the clinic against medical advice, and refusing to seek a higher level of care upon staff's recommendations.

Ms. Garcia highlighted specific events for each category and outlined how staff would track and monitor those events to ensure process improvements were implemented.

Chairman Jacobson asked how many patients were seen in the emergency department related to drug overdose.

Mr. Purves stated it varied monthly; but it was a routine occurrence in the emergency department.

Dr. Barker suggested a future presentation related to the opioid crisis.

Mr. Otu asked if staff and patient incidents were reported together on the safety report.

Ms. Garcia stated if there was a staff member that had a fall and was put into the patient safety event then it would be reported within the report as well.

Mr. Purves stated that all employee incidents were required to be reported.

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General Session, Presentation, Discussion and Action cont.:

5. Discuss and Review Federally Qualified Health Centers National Research Corporation (NRC) RealTime Platform Patient Experience Data for the Fourth Quarter of Fiscal Year 2024

Ms. Garcia presented the patient experience survey results and noted that the response rate was 29.4% fiscal year to date (FYTD), with 40,524 responses received.

The net promoter score (NPS) for all FQHC's for the month of June was 75.6%, with 2,900 responses. There was an internal benchmark and a safety net benchmark set, and both benchmarks were met for the whole year.

The score for the Valleywise Comprehensive Health Center Phoenix was 75.5%, Valleywise Comprehensive Health Center-Peoria was 72.4%, and the FQHCs was 75.8%. She noted a decrease in score at Valleywise Community Health Center-Chandler, and staff would monitor.

Ms. Garcia outlined the action plans in place to improve the patient experience. In the Community Health Centers, there was a focus related to the registration staff, and if patients perceived them as helpful. The internal benchmark had been met. The Patient Experience Improvement Committee developed action plans to improve the scores.

Chairman Jacobson asked if all the frontline staff had de-escalation training.

Dr. Barker stated there were various degrees of training.

Ms. Garcia mentioned the vendor used to survey patients would soon change to Press Ganey, and she outlined the benefits that would be achieved through that change.

Mr. Otu asked how the employees received positive comments submitted by patients.

Ms. Garcia stated that the clinic leaders received the comments and shared them with their staff.

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

Ms. Agnew stated that the internal referrals for the fourth quarter of fiscal year (FY) 2024 were 1.1% greater than the prior twelve months.

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

Ms. Agnew stated the Service Area Competition (SAC) grant was entirely spent in FY 2024, The grant for FY 2025, \$257,000 had been spent and there were plans developed to utilized the remainder of the funds by year end. The First Things First grant was still a work in progress but noted all the funds had been drawn down and there were plans to utilized the entire grant.

Vice Chairman Sullivan inquired if there was more money to be spent for the SAC grant.

Ms. Agnew stated that \$257,000 had been spent thus far, but the plan was to spend the entire grant.

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

Ms. Anew noted there was a no-cost extension until September 30, 2024 to spend the remaining American Rescue Plan Act (ARPA) funds and nearly all funds had been received. She reviewed the categories for which the funds were used were broken down.

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General Session, Presentation, Discussion and Action cont.:

9. Discuss and Review Federally Qualified Health Centers Financials and Payor Mix for the Fourth Quarter of Fiscal Year 2024

Ms. Agnew noted that the payor mix for the fourth quarter of FY 2024 was as follows: When revenue was below or above budget, expenses would follow; they fall in line together; if they did not, it would affect the bottom line. The Community Health Center visits were lower than budget by 15%, total operating revenues were lower than budget by 11%, and total operating expenses were lower than budget by 14%. The operating margin was greater than budget by \$514,744.

She discussed Outpatient Behavioral Health, noting that the visits were 14% greater than budget and the revenue at 8%. She said that this could be due to a payor mix difference in terms of who the payers were expected to be versus who they actually were. The expenses were greater, at 28%; noting there had been higher benefit costs this year. The operating margin was down by \$204,728.

The Comprehensive Health Center Phoenix was over budget by 1%, estimated from 18,000 visits. The revenues were below budget by 3%, so there was a payor mix difference. Operating expenses were less than budget by 5%, and the operating margin was greater than budget for the quarter by \$94,068.

The Comprehensive Health Center Peoria visits were 13% below budget, the revenues were 17% below budget, and the expenses were 2% below budget; because of that, the operating budget was affected by \$231,345.

Visits to the dental clinics were better than budget, however total operating revenues did not meet budget. Total operating expenses had a negative variance, resulting in a negative variance of \$202,787.

There were no actual visit volume for the mobile health unit yet.

Ms. Agnew stated that the total visits for all clinics combined for the fourth quarter were 8% less than budget, revenues 8% less than budget, expenses 7% less than budget, and the total operating margin were negative by \$17,230.

Ms. Agnew stated that the year-to-date totals also included the end of the fiscal year 2024 for all the combined clinics for visits they were below by 3%, the revenues were below by 2%, expenses were below by 1%, and missed margin by \$918,837.

The payor mix for the last six months showed that Medicaid had decreased over time.

For the four-year trend, the focus was on getting more Medicaid patients. She stated she was confident that management could control expenses.

Mr. Arbuckle asked if it was a trend throughout the valley.

Ms. Agnew stated there had been no trend in the past four years. Arizona Health Care Cost Containment System (AHCCCS) had increased the number of members in the last four years due to the public health emergency, individuals were not taken off; it just recently started a year ago. There was an intense focus on it for this year on how to bring the AHCCCS patients to Valleywise Health.

Mr. Tormala asked Ms. Agnew to explain the interface between obtaining more Medicaid patients and the marketing and communication requirements.

Ms. Agnew stated that marketing and communications were part of their team; they had to match marketing with clinic availability.

Mr. O'Neill asked how Valleywise Health would get contracted with AHCCCS to Medicare.

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General Session, Presentation, Discussion and Action cont.:

9. Discuss and Review Federally Qualified Health Centers Financials and Payor Mix for the Fourth Quarter of Fiscal Year 2024 cont.:

Ms. Agnew stated there was a managed care department that were contracted through the various AHCCCS plans; Valleywise Health was not contracted with all Medicare Advantage plans.

10. Discuss and Review Federally Qualified Health Centers Capital Expenditure Report from Fiscal Year 2024

Ms. Agnew noted for FY 2024, there had been three items submitted as capital: one for Ultrasound, vital machines, and a dental nomad. One had been paid in the amount of \$38,304 and the other two have been submitted but have not been processed yet.

11. Discuss and Review the Annual Federally Qualified Health Center Service Area Competition (SAC) Funding Award No. H80CS33644-04-00 Budget Report for Year 2

Ms. Agnew stated that the FQHC SAC funding award was set up specifically by the grant in terms of how they want it to be arranged and had different time periods set up. The grant was reviewed quarterly with the guidance of HRSA. It breaks out between federal, which was the grant, and non-federal, which was everything outside of this specific grant. Historically, they support outpatient behavioral health and family resource centers.

Dr. Barker noted the SAC grant, which allows them to be under FQHC status was the main grant, which was only \$650,000. The value was being an FQHC, and Valleywise Health pays for the difference in the services that are not funded by the grant.

Ms. Agnew noted that being a full FQHC allowed Valleywise Health to get additional grants. Valleywise Health was subsidizing the FQHCs in the amount of \$29,549,178.

12. Discuss, Review and Approve the Maricopa County Special Health Care District dba Valleywise Health, Organizational Chart for the Federally Qualified Health Centers

Dr. Barker stated that the FQHC organizational chart had been updated. Some names were updated, some new clinic managers were added, and there was no structural change.

MOTION: Mr. Tormala moved to approve the Maricopa County Special Health Care District dba Valleywise Health, Organizational Chart for the Federally Qualified Health Centers. Mr. Arbuckle seconded.

VOTE: 10 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Ms. Imam, Ms. Muñoz, Mr. O’Neill, Mr. Otu, Mr. Tormala, Ms. Wilson

0 Nays

1 Absent: Mr. Hooper

Motion passed.

13. Federally Qualified Health Centers’ Chief Executive Officer’s Report, including Ambulatory Operational Dashboards

Dr. Barker stated that she was open to suggestions on how the dashboard was structured and the information provided.

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General Session, Presentation, Discussion and Action cont.:

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

She announced that twenty-three new providers would be joining the organization throughout the summer. She outlined the statistics, noting the no-show rate had remained at 16.6%, and staff was exploring ways to improve that. Nearly 97% of referrals were ready to book appointments within three days of receiving. She restated the most recent NPS.

She reiterated that the DNV surveyors were on site, and the clinics were doing very well.

Dr. Barker received feedback related to the Governing retreat held on July 27, 2024, with many respondents expressing their appreciation for the opportunity to collaborate. There was a consensus on the need to meet more frequently to discuss the implementation plan, which may occur quarterly.

Ms. Muñoz asked when the Governing Council would receive the findings of the strategic plan.

Dr. Barker stated staff was in the process of finalizing the document, which would be presented to the Governing Council at the September 4, 2024 meeting. Once approved, staff would then begin developing a plan to implement.

Dr. Barker announced the Ribbon Cutting Ceremony grand opening for the Mobile Health Unit was scheduled for September 4, 2024.

14. Maricopa County Special Health Care District Board of Directors Report

This item was not discussed.

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

Mr. Purves expressed the importance of the DNV survey and was proud to announce that the remarks thus far had been positive and well received.

There were some changes to the Board of Directors members, as three uncontested candidates had been appointed to the Board, beginning December 2, 2024

He stated that Valleywise Health had a successful fiscal year, including the opening of the new acute care hospital on June 13, 2024. He commended staff for the huge undertaking of moving over 200 patients from one medical center to the other.

He was optimistic about Valleywise Health's future, including improvements in patient safety. The Leapfrog organization rates hospitals with a letter grade from A through F. Valleywise Health received a B grade for Spring 2024.

Mr. Purves noted that staff had obtained supplemental funding, which was crucial for the safety net organization to continue to provide care to the most vulnerable individuals within the community.

Moving forward, the organization's focus would be on improving patient access throughout the system, decommissioning and demolishing the old acute care hospital, recruit and retain highly skilled individuals, and demonstrate good stewardship and fiscal discipline.

Mr. Tormala thanked Mr. Purves for his leadership.

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General Session, Presentation, Discussion and Action cont.:

15. Valleywise Health's President and Chief Executive Officer's Report cont.:

Mr. Otu also expressed his appreciation for Mr. Purves's update. He questioned where the commitment from the Board of Directors member was because the board of directors report was never given.

Mr. Purves stated Director Wilcox was unable to attend due to her being under the weather, but it would need to be addressed due to her leaving the Board.

Dr. Barker stated the Governing Council would revisit the Board of Director representative after the new Board members had been sworn in.

16. Governing Council Member Closing Comments/Announcements

There were no comments or announcements.

NOTE: Ms. Imam exited the meeting at 7:16 p.m.

17. Concluding Items

a. Old Business:

January 2024

Future presentation on effectiveness of depression interventions

b. Governing Council Member Closing Comments/Announcements

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

Adjourn

MOTION: Mr. Otu moved to adjourn the August 7, 2024, Valleywise Community Health Centers Governing Council Meeting. Vice Chairman Sullivan seconded.

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

Meeting adjourned at 7:24 p.m.



Denise Tapia
Deputy Clerk of the Board