Minutes

Valleywise Community Health Centers Governing Council Valleywise Health Medical Center April 6, 2022 6:00 p.m.

Members Present: Ryan Winkle, Chairman - participated remotely

Michelle Barker, DHSc, Vice Chairman - participated remotely Nelly Clotter-Woods, Ph.D., Treasurer - participated remotely

Salina Imam, Member - participated remotely
Scott Jacobson, Member - participated remotely
Joseph Larios, Member - participated remotely
Liz McCarty, Member - participated remotely
Daniel Messick, Member - participated remotely

Members Absent: Terry Benelli, Member

Non-Voting Members

Present:

Mary Rose Garrido Wilcox, Maricopa County Special Health Care District

Board of Directors - participated remotely

Others/Guest Presenters: Barbara Harding, Chief Executive Officer, Federally Qualified Health

Center Clinics - participated remotely

Steve Purves, President & Chief Executive Officer, Valleywise Health -

participated remotely

Michael White, M.D., Chief Clinical Officer - participated remotely Claire Agnew, Chief Financial Officer - participated remotely

Anthony Dunnigan, Chief Medical Information Officer - participated remotely

Martin Demos, General Counsel - participated remotely

Melanie Talbot, Chief Governance Officer - participated remotely

Recorded by: Cassandra Santos, Assistant Clerk - participated remotely

Call to Order

Chairman Winkle called the meeting to order at 6:01 p.m.

Roll Cal

Ms. Talbot called roll. Following roll call, it was noted that seven of the nine voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Ms. Imam joined the meeting after roll call.

For the benefit of all participants, Ms. Talbot announced the Governing Council members participating remotely.

Call to the Public

Chairman Winkle called for public comment.

There were no comments.

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda: 15 min

Any matter on the Consent Agenda will be removed from the Consent Agenda and discussed as a regular agenda item upon the request of any voting Governing Council member.

a. Minutes:

 Approve Valleywise Community Health Centers Governing Council meeting minutes dated March 2, 2022

b. Contracts:

- Acknowledge a new agreement (MCO-20-025-MSA) between Aetna Network Services, LLC and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive health services
- ii. Acknowledge a new agreement (MCO-20-026-MSA) between Aetna Network Services, LLC and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive health services
- iii. Acknowledge amendment #3 to the agreement (MCO-20-001-03) between United Healthcare Insurance Company and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services including medical inpatient and outpatient hospital services, Federally Qualified Health Center medical and behavioral clinics, and professional services for the Navigate narrow network product

c. Governance:

- i. Accept Recommendations from the Finance Committee to Renew the Federally Qualified Health Center Clinics' Sliding Fee Discount Schedule
- ii. Accept Calendar Year (CY) 2021 Uniform Data System (UDS) Submission to Health Resources and Services Administration (HRSA)
- iii. Acknowledge grant application to Bank of America Foundation for funding in the amount of \$50,000, to provide Valleywise Health Staff, including Cultural Health Navigators (CHNs) with tools and trauma relief training to support Afghan Refugees
- iv. Acknowledge grant application to Department of Economic Security (DES) Office of Refugee Resettlement, for funding in the amount of \$240,000, for one year, to expand cross training for Licensed Clinical Social Workers (LCSWs) and Cultural Health Navigators (CHNs), to be able to provide mental health services and domestic violence support and treatment to medically vulnerable Afghan Refugees
- v. Acknowledge grant application to Blue Cross Blue Shield (BCBS) of Arizona for funding in the amount of \$125,000, for one year, to provide Valleywise Health Integrated Behavioral Health (IBH) staff with training to support the treatment of youth
- vi. Approve budget modification to Health Resources and Services Administration (HRSA) funding received for Expanding Capacity for Coronavirus Testing (ECT) Grant No. H8ECS38222

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

- 1. Approval of Consent Agenda, cont.:
 - d. Medical Staff:
 - i. Acknowledge the Federally Qualified Health Centers Medical Staff and Allied Health Professional Staff Credentials

MOTION: Mr. Jacobson moved to approve the consent agenda. Ms. McCarty seconded.

VOTE: 7 Ayes: Chairman Winkle, Vice Chairman Barker, Dr. Clotter-Woods, Mr. Jacobson,

Mr. Larios, Ms. McCarty, Mr. Messick

0 Navs

2 Absent: Ms. Benelli, Ms. Imam

Motion passed.

3. Presentation on Barriers to and Facilitators of Telehealth for Primary Care Patients

Vice Chairman Barker presented a research study regarding the use of telehealth by primary care patients.

During the COVID-19 pandemic, the use of telehealth services was widely adopted as a tool to maintain access to care while reducing exposure to the virus. It provided increased access to care by reducing travel time, decreasing overall cost, and minimizing provider shortage. Recent studies also showed that the use of telehealth assisted to improve health outcomes and was effective in chronic disease management.

Research study queries included aspects related to potential barriers and the facilitators of telehealth utilization. Patient demographics associated with greater use of the platform were also observed in the study. The goal of the research study was to understand various levels of telehealth usage from the patient perceptive.

NOTE: Ms. Imam joined the meeting at 6:12 p.m.

Vice Chairman Barker elaborated on research design methods, patient demographics of the study, survey participants, and other relative components. Participants were patients of Valleywise Health who received outpatient care in 2020 to 2021.

Survey questions were sent electronically and developed using the technology acceptance model (TAM), from validated question sets. The survey included five constructs of telehealth: access, ease of use, usefulness, satisfaction, and privacy and confidentiality. Patient characteristic questions within the survey included gender, ethnicity, race, age, income, education, insurance, annual visit accounts, and health status.

Vice Chairman Barker spoke briefly about the data collection process, statistical analysis methods, and she provided results stemming from the survey. She shared other key findings, such as comments from participants, limitations of telehealth and the research study, and future research concepts regarding the use of telehealth.

Mr. Jacobson asked if the survey included queries on MyChart utilization as it related to telehealth usage.

Vice Chairman Barker said that MyChart was not included within the identified research study constructs of telehealth.

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

3. Presentation on Barriers to and Facilitators of Telehealth for Primary Care Patients, cont.

Dr. Dunnigan mentioned, however, that staff recently implemented a pilot project to integrate telehealth options when scheduling appointments via MyChart.

Mr. Jacobson asked if language services were provided during telehealth visits for those who spoke a language other than English.

Vice Chairman Barker said she assumed telehealth visits followed the same procedure as in person visits when language service assistance was required.

Mr. Jacobson commented on the vulnerability of non-English speaking patients and the value of their perspective.

Vice Chairman Barker agreed and expressed concern about the lack of patient feedback captured from the vulnerable patients. The goal was to improve patient survey response rates from vulnerable patient populations to decrease skewed results and provide more actionable information.

Mr. Purves asked about the percentage of respondents who indicated they were not offered a telehealth visit when initially scheduling an appointment.

Vice Chairman Barker stated that 64% of respondents reported they were not offered the option and was not aware of the underlying reason.

Dr. Dunnigan stated that it was critical to address telehealth options strategically to reduce the digital divide intensified by the COVID-19 pandemic. Access to technology was another source of inequality and vulnerability among many individuals. Advanced digital migrations and access to technological adoption was a barrier to the adaptation of the telehealth platform.

Mr. Larios said that he believed telehealth was an effective option for privileged patients who had technological access during the COVID-19 pandemic. He agreed in the value of analyzing response form a vulnerable patient standpoint.

Vice Chairman Barker said a peer review study showed the majority of telehealth visits occurred on a cellular phone or landline, of which 90% of participating patients had access to. She described other avenues of telehealth access and noted that paper surveys were also made available to participants of the study.

Mr. Messick stated that he noticed target demographics were largely unidentified in the study.

Ms. Wilcox suggested a marketing strategy that illustrated telehealth as an option offered to Valleywise Health patients.

Chairman Winkle said although individuals had access to cellular phones or other technology, consistent stability was not guaranteed.

Mr. Messick commented that individuals may also not understand how to navigate a telehealth visit via cellular phone or computer.

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

2. Discuss and Review Select Data Points of the Calendar Year (CY) 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 a community health center, including patient demographics such as race, age, ethnicity, gender identity, sexual orientation, demographic characteristics, income, and by zip code.

The report was a valuable resource when analyzing comparison points. Identifying health outcomes by race and ethnicity, as well as staffing and utilization, clinical, and general financial aspects were important trends to consider.

She discussed and compared statistics and trends from CY 2017 through CY 2021, noting consistent growth trends within various populations over the years.

Chairman Winkle noticed that the number if Asian patients in CY 2021 had increased compared to prior years.

Dr. Clotter-Woods pointed out the steady decrease in the number of unique unduplicated patients over the years.

Ms. Harding agreed noting that while the unduplicated patient count had increased in CY 2021 compared to 2020, there was still oppurtunity to grow.

She shared statistics related to patients that spoke a language other than English including the significant increase in those patients from CY 2020 to CY 2021. She explored factors for the increase such as the recent influx of refugees resettling in Maricopa County.

Ms. Harding described the sexual orientation and gender identity (SOGI) data collection process including information related to a patient's sexual orientation, gender identity, and preferred pronouns. Statistics demonstrated steady improvement in collecting SOGI data from CY 2017 to CY 2021, which was attributed to staff's implementation of a data collection task team.

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

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 reiterated 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.

Mr. Jacobson asked for more detail about language services offered to FQHC clinic patients, as the need for language interpretation continued to grow. He asked for details about language services certification classes for staff.

Ms. Harding explained that languages services and community health navigators assisted patients that spoke a language other than English. She said that language services conducted classes which ultimately provided language interpretation certification.

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

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

Vice Chairman Barker pointed out the increase in SOGI data collection which was indicative of the accepting culture at Valleywise Health. She acknowledged potential barriers collection of such sensitive information and applicated staff for their undeniable efforts.

Mr. Larios suggested using the demographic data, particularly regarding race and ethnicity, for analyzing comparison to FQHC clinics within the area.

Ms. Harding offered to provide a report that compared Valleywise FQHCs with others in the state, specifically related to patient demographics.

- 4. Recent meeting reports from the Valleywise Community Health Centers Governing Council's committees
 - a. Compliance and Quality Committee
 - b. Executive Committee
 - c. Finance Committee
 - d. Strategic Planning and Outreach Committee

Vice Chairman Barker said there was nothing to report related to the Compliance and Quality Committee.

Chairman Winkle stated there was nothing to report from the Executive Committee.

Dr. Clotter-Woods said the Finance Committee met and discussed financial statistics for February 2022 and the quarterly referral report. They reviewed fiscal year (FY) 2023 capital target and patient volumes for the FQHC clinics.

Mr. Larios said that that the Strategic Planning and Outreach Committee continued to discuss topics related to planning for diversity, equity, and inclusion (DEI) efforts.

He asked for clarification on the reason the April, 2022 committee meeting was canceled.

Ms. Harding said it was canceled due to lack of agenda items up for discussion.

5. Federally Qualified Health Center Clinics Chief Executive Officer's report

Ms. Harding spoke about February 2022 volumes for the FQHC clinics which had a positive variance of 6.5% fiscal year to date (FYTD). She explained the challenges associated with clinical staffing vacancies within the FQHC clinics. Due to provider shortage, the implementation of human immunodeficiency virus (HIV) services at Valleywise Comprehensive Health Center-Peoria would be placed on hold.

Ms. Harding announced that Ms. Jori Davis accepted a position as Valleywise Health's Vice President of Support Services Ancillary and would no longer serve as the Director of Ambulatory Operations.

She discussed details of National Research Corporation (NRC) RealTime Platform patient satisfaction comments among other topics.

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

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

Ms. Wilcox said that the Maricopa County Special Health Care District (MC SHCD) Board of Directors was working on celebratory events for new clinic locations that recently opened.

She announced the topping off ceremony which took place March 2022 for the new Valleywise Health Support Services Building (SSB) scheduled to open in 2023.

Ms. Wilcox encouraged Governing Council members to contact her about particular topics or ideas she could bring back to the MC SHCD Board of Directors.

7. Valleywise Health's President and Chief Executive Officer's report

Mr. Purves announced today was the first day that Valleywise Health Medical Center did not report a positive COVID-19 patient.

He gave a brief update on Valleywise Health's financial state and touched on the challenges incurred during the continued plight of the COVID-19 pandemic. He also gave an overview of the current legislative progress related to safety net funding from the federal government.

Mr. Purves commended select staff for nominations and honor awards received from within the community.

In closing, he announced Valleywise Health received Health Equality Index (HEI) recertification from the Human Rights Campaign (HRC), with a perfect score.

For four consecutive years the organization was designated as a lesbian, gay, bisexual, transgender, queer (LGBTQ) health care quality leader. To celebrate the recertification and designation, staff planned an event for mid-April, 2022.

8. Chairman and Council Member Closing Comments/Announcements

There were no closing comments or announcements.

9. Review Staff Assignments

Ms. Talbot reviewed staff assignments stemming from the meeting.

She recapped old business from March 2, 2022 regarding a future presentation on targeted marketing materials for Valleywise Health's patient population. The item would be discussed at an upcoming Strategic Planning and Outreach Committee meeting and would be considered satisfied.

<u>Adjourn</u>

MOTION: Chairman Winkle moved to adjourn the April 6, 2022 Valleywise Community Health

Centers Governing Council meeting. Mr. Jacobson seconded.

VOTE: 8 Ayes: Chairman Winkle, Vice Chairman Barker, Dr. Clotter-Woods, Mr. Jacobson,

Ms. Imam, Mr. Larios, Ms. McCarty, Mr. Messick

0 Nays

1 Absent: Ms. Benelli **Motion passed.**

Meeting adjourned at 7:31 p.m.

Cassandra Santos, Assistant Clerk