



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020
6:00 p.m.

Agenda



<p><u>Council Members</u> Melissa Kotrys, Chair Ryan Winkle, Vice Chair Terry Benelli, Treasurer Michelle Barker, Member Pedro Cons, Member Chris Hammond, Member Scott Jacobson, Member Joseph Larios, Member Liz McCarty, Member Daniel Messick, Member Isaac Serna, Member Susan Gerard, District Board, Non-Voting Member</p>	<p><u>AGENDA</u> Valleywise Community Health Centers Governing Council</p> <p>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.</p>
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- Valleywise Health Medical Center • 2601 East Roosevelt Street • Phoenix, Arizona 85008 •
- Conference and Administration Center • Auditoriums 1 and 2 •
- Office 602-344-5177 •

Wednesday, March 4, 2020
6:00 p.m.

One or more of the members of the Valleywise Community Health Centers Governing Council may participate telephonically. Council members participating telephonically will be announced at the meeting.

Pursuant to A.R.S. § 38-431.03(A)(3), or any applicable and relevant state or federal law, the Valleywise Community Health Centers Governing Council may vote to recess into an Executive Session for the purpose of obtaining legal advice from the Valleywise Community Health Centers Governing Council's attorney or attorneys on any matter listed on the agenda. The Valleywise Community Health Centers Governing Council also may wish to discuss any items listed for Executive Session discussion in General Session, or the Valleywise Community Health Centers Governing Council may wish to take action in General Session on any items listed for discussion in Executive Session. To do so, the Valleywise Community Health Centers Governing Council will recess Executive Session on any particular item and reconvene General Session to discuss that item or to take action on such item.

If you are carrying a cell phone, pager, computer, or other sound device, we ask that you silence it at this time to minimize disruption of the meeting.

Agendas are available within 24 hours of each meeting in the office of the Chief Governance Officer, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, Conference and Administration Center, 2nd Floor, 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 through the office of the Chief Governance Officer, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, Conference and Administration Center, 2nd Floor, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.

Call to Order

Roll Call

Call to the Public

This is the time for the public to comment. The Valleywise Community Health Centers Governing Council 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.

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda: 5 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 Committee member.

a. Minutes:

- i. **Approve** Valleywise Community Health Centers Governing Council Meeting Minutes Dated February 5, 2020

b. Contracts:

- i. **Acknowledge** amendment #1 to the intergovernmental agreement (90-19-176-1-01) between the Arizona Department of Health Services (ADHS) and the Maricopa County Special Health Care District dba Valleywise Health for the Refugee Clinic
- ii. **Acknowledge** a new contract (90-20-034-1) between F&N Enterprise Inc., dba Smithcraft and the Maricopa County Special Health Care District dba Valleywise Health for the internal and site wayfinding signage services
- iii. **Acknowledge** a new contract (90-20-034-2) between Airpark Signs & Graphics and the Maricopa County Special Health Care District dba Valleywise Health for the internal and site wayfinding signage services
- iv. **Acknowledge** a new contract (90-20-034-3) between Yesco LLC and the Maricopa County Special Health Care District dba Valleywise Health for the internal and site wayfinding signage services

c. Governance:

- i. **Accept** recommendations from the Finance Committee to keep the Dental clinic at the Valleywise Community Health Center-Avondale open in addition to the Dental clinic that will open at the Valleywise Comprehensive Health Center-Peoria
- ii. **Approve** registration fee, not to exceed rates allowable under applicable District practices or policies for Scott Jacobson to attend the Arizona Partnership for Healthy Communities' 7th Annual Arizona Healthy Communities Conference on Thursday, March 26, 2020, in Phoenix, Arizona

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 Appointments, FPPEs, Reappointments, Change of Privileges/Status, Waiver Requests, and Resignations

End of Consent Agenda

2. Discussion and Exercise on the Valleywise Community Health Centers Governing Council's Priorities **75 min**
Valleywise Community Health Centers Governing Council
3. Presentation on Valley Well! Valle Salud! Campaign **10 min**
Bill Byron, Senior Vice President Marketing and Communications
4. Valleywise Community Health Centers Governing Council Committee Reports **5 min**
 - a. Compliance and Quality Committee
 - b. Executive Committee
 - c. Finance Committee
 - d. Strategic Planning and Outreach Committee
5. Reports to the Valleywise Community Health Centers Governing Council **10 min**
 - a. Federally Qualified Health Center Clinics Chief Executive Officer's Report
Barbara Harding, Chief Executive Officer, Federally Qualified Health Centers
 - b. Valleywise Health's President and Chief Executive Officer's Report
Steve Purves, President and Chief Executive Officer, Valleywise Health
 - c. Maricopa County Special Health Care District Board of Directors Report
Susan Gerard, Director, Maricopa County Special Health Care District Board of Directors
 - d. Report on the Arizona Alliance for Community Health Centers (AACHC) Governance Training
Scott Jacobson and Daniel Messick, Valleywise Community Health Centers Governing Council members
6. Chairman and Council Member Closing Comments/Announcements **5 min**
Valleywise Community Health Centers Governing Council
7. Review Staff Assignments **5 min**
Cassandra Santos, Assistant Clerk

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

7. Review Staff Assignments, cont.

Old Business:

November 6, 2019

Future agenda item: in February 2020, the specific metrics used to track screening process data used for the new eligibility tool/ process for the sliding fee discount program

Keep the Governing Council apprised of any immigration issue changes as the federal level

December 4, 2019

Schedule a meeting with Mr. Larios, et al to review Innova Group demographic information. Bring back to the Governing Council if deemed necessary.

January 2, 2020

Future agenda item: presentation from the Maricopa County Dept of Public Health

February 5, 2020

Future agenda item: presentation pertaining to Public Charge Rule's potential impact to the Valleywise Health Federally Qualified Health Centers

Adjourn



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 1.a.i.

February 5, 2020
Meeting Minutes

Minutes

**Valleywise Community Health Centers Governing Council
Valleywise Health Medical Center
Conference and Administration Center, Auditoriums 1 and 2
February 5, 2020
6:00 p.m.**

DRAFT

Members Present: Melissa Kotrys, Chairman
Terry Benelli, Treasurer
Michelle Barker, Member
Pedro Cons, Member
Chris Hammond, Member
Scott Jacobson, Member
Joseph Larios, Member
Liz McCarty, Member
Daniel Messick, Member – *participated telephonically*
Isaac Serna, Member – *participated telephonically*
Eileen Sullivan, Member – *participated telephonically at 6:17 p.m.*

Members Absent: Ryan Winkle, Vice Chairman

Non-Voting Members Present: Susan Gerard, Maricopa County Special Health Care District
Board of Directors – *arrived at 6:11 p.m.*

Others/ Guest Presenters: Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics
Steve Purves, President & Chief Executive Officer, Valleywise Health
Michael White, M.D., Executive Vice President, Chief Medical Officer
Kevin Lopez, M.D., Medical Director, Ambulatory Services – *excused himself at 6:55 p.m.*
L.T. Slaughter, Chief Compliance Officer
Ijana Harris, Assistant General Counsel

Recorded by: Cassandra Santos, Assistant Clerk

Call to Order

Chairman Kotrys called the meeting to order at 6:05 p.m.

Roll Call

Ms. Santos called roll. Following roll call, it was noted that ten of the twelve voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Ms. Sullivan arrived after roll call. Mr. Messick and Mr. Serna participated telephonically. Ms. Sullivan participated telephonically shortly after roll call.

For the benefit of all participants, Ms. Santos named the individuals present as well as those participating telephonically.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – February 5, 2020**

Call to the Public

Chairman Kotrys called for public comment. There were no comments from the public.

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:
 - a. Minutes:
 - i. Approve Valleywise Community Health Centers Governing Council Meeting Minutes Dated January 2, 2020
 - b. Contracts:
 - i. Acknowledge a new Letter of Agreement (90-20-101-1) between District Medical Group and the Maricopa County Special Health Care District dba Valleywise Health to provide 4.55 FTEs to provide HIV Core Medical Services to HIV-positive patients at the Valleywise Community Health Center-McDowell
 - ii. Acknowledge amendment #1 to the Intergovernmental Agreement (90-19-137-1-01) between Maricopa County by and through the Ryan White Program and the Maricopa County Special Health Care District dba Valleywise Health to provide medically necessary health care and support services for low-income individuals with HIV infection
 - iii. Acknowledge a new contract (MCO-20-009-MSA) between Optum Behavioral Health operating as United Behavioral Health and the Maricopa County Special Health Care District dba Valleywise Health to establish a new behavioral health outpatient relationship and terms supporting all United Healthcare lines of business (Commercial, Medicare, Medicaid)
 - c. Governance:
 - i. Acknowledge Valleywise Health's Federally Qualified Health Center Clinics Locations, Services, and Hours of Operation
 - d. Medical Staff:
 - i. INTENTIONALLY LEFT BLANK

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

VOTE: 10 Ayes: Chairman Kotrys, Ms. Benelli, Ms. Barker, Mr. Cons, Ms. Hammond, Mr. Jacobson, Mr. Larios, Ms. McCarty, Mr. Messick, Mr. Serna
0 Nays
2 Absent: Vice Chairman Winkle, Ms. Sullivan
Motion passed.

**Valleywise Community Health Centers Governing Council
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General Session, Presentation, Discussion and Action:

3. Valleywise Health Care Reimagined Update

Dr. White gave an overview of Care Reimagined program updates. He went into detail about Proposition 480, an initiative passed by voters in 2014. The initiative provided the Maricopa County Special Health Care District (MC SHCD) with \$935 million in general obligation bonds to replace the acute care hospital, expand and improve the ambulatory network and behavioral health services.

He spoke about project timelines that consisted of construction and design competition details and touched on current construction endeavors at the Valleywise Health Medical Center.

He elaborated about the newly constructed courtroom located at the Valleywise Behavioral Health Center-Maryvale.

NOTE: Director Gerard arrived

Construction at the Valleywise Comprehensive Health Center-Peoria was almost complete. Dr. White mentioned other details associated with final operational aspects and said that the anticipated “go live” date of primary care, cardiology, dialysis, imaging, pharmacy and laboratory would occur in April, 2019.

He addressed information about the future openings of the Valleywise Community Health Centers- South Phoenix/Laveen and North Phoenix. He added that there was a slight delay in the projected timeline of construction activities at the Valleywise Community Health Center-North Phoenix, due to utility issues.

He went into detail about the remodeling, construction, and expansions at the Valleywise Community Health Centers-Avondale, Chandler, Mesa, West Maryvale, Maryvale, Guadalupe, and the Valleywise Health Medical Center.

Dr. White articulated the intention of the organization’s reinvention and the ambulatory network vision through 2026. He reminded members of the locations that would offer integrated behavioral health care within primary care settings, comprehensive primary care centers which included obstetrics, pediatrics, specialty behavioral health, specialty care services, and dentistry.

Specialty and surgical care services like endoscopy, surgery dialysis, infusions, oncology/hematology, advanced imaging, and primary care services for Human Immunodeficiency Virus (HIV) medical care were also a part of the ambulatory network design at select locations.

NOTE: Ms. Sullivan arrived.

He gave brief updates about important milestones pertaining to the work being done at the Valleywise Community Health Center-Mesa, West Maryvale, and Maryvale. He noted elements of schematic design and further design development.

4. Discuss and Review Ambulatory Operational Dashboard

Ms. Harding highlighted Patient Assistance Center (PAC) data including call abandonment rates and average speed of answer rates for select Valleywise Community Health Centers. She pointed out that overall, fiscal-year-to-date FYTD, the call abandonment rate was 11.2%, which was higher than the benchmark goal. Of the 170,577 appointments scheduled, the no-show rate was 16.1%, less than the benchmark goal of 18 percent. She said that a lot of effort was put into reducing the no show rates, including appointment confirmation calls to patients, appointment reminders via text messaging, and a variety of other communication measures.

She reviewed total cycle time data, which indicated the total time from when a patient checked in, to the time they left the appointment. The overall cycle time FYTD for the Valleywise Community Health Centers combined, was 50 minutes. She pointed out areas of opportunity to improve organizational efficiencies.

**Valleywise Community Health Centers Governing Council
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General Session, Presentation, Discussion and Action, cont.:

4. Discuss and Review Ambulatory Operational Dashboard, cont.

Ms. Harding said that MyChart activation metrics would most likely be reported in the future. MyChart was the web patient portal tool offered to Valleywise Health patients to access personal medical records, appointment scheduling options, and allowed communication between patient and provider report. She thought that measuring patient and provider communication and appointment scheduling via MyChart was more valuable to track than activation.

She reviewed actual visits compared to budget, FYTD. She emphasized FQHC Clinics that were challenged and that had substantially improved. She attributed low visits to various factors, including provider vacancies at different locations.

She noted that the Valleywise Community Health Center-Mesa had a very strong year.

She said that the Valleywise Community Health Center-7th Avenue had a loss of visits due provider vacancies, changes in the scheduling of diabetic educators, and other factors.

Dr. Lopez said that the Valleywise Community Health Center-7th Avenue had issues with not enough adequate space. There were not enough patient rooms within the clinic to schedule all three providers at the same time, which resulted in being unable to schedule appointments to full potential.

Ms. Harding further explained that a “physician of the day” pilot program was implemented at the Valleywise Community Health Center-7th Ave. Patients were able to seek care with the assigned physician of the day on a walk-in basis. The program was intended to replicate the model of care that was previously available at the 7th Avenue Walk-In Clinic.

All Valleywise Community Health Center clinics combined had an overall negative visits variance of 1.9%, fiscal-year-to-date.

Ms. Harding pointed out that the Women’s Care Clinic at the Valleywise Comprehensive Health Center-Phoenix had a negative visits variance, FYTD, of 15.9 percent. As reported to the Finance Committee, an error was discovered pertaining to the number of provider positions actually held at the clinic. An additional Nurse Practitioner (NP) position, which did not exist, was inadvertently counted when the budget was created. There was a negative variance FYTD, which was attributed by visits that should not have been budgeted.

The antepartum testing service line located at the Valleywise Comprehensive Health Center-Phoenix had a negative 12.3% variance, which was attributed to inadequate staffing coverage. Ms. Harding said that efforts to hire sonogram technicians for the service were in progress.

She highlighted improvement of visits compared to actual budget at the Pediatric Primary Care Clinic and Internal Medicine Clinic, both located at the Valleywise Comprehensive Health Center-Phoenix.

Ms. Harding noted some scheduling challenges within the Internal Medicine Clinic due to a lack of available providers at that clinic. She said there was a communication issue regarding medical resident’s availability, therefore a delay in scheduling patient appointments. The matter was being resolved.

Overall, FYTD, the FQHC Clinics had a negative 2.5% variance in visits.

Ms. Harding said overall Valleywise Health staff productivity, which was at 119.9% FYTD, continued to improve, particularly with Medical Assistant (MA) recruitment and retention.

She highlighted actual visits compared to budgeted visits, FYTD, for behavioral health services. She pointed out that the overall behavioral health service line had a positive variance of 34.3 percent. She felt that the positive outcomes were indicative of the critical need to provide behavioral health services to the community served.

**Valleywise Community Health Centers Governing Council
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General Session, Presentation, Discussion and Action, cont.:

4. Discuss and Review Ambulatory Operational Dashboard, cont.

Dr Lopez agreed, and shared examples of ways integrated behavioral health services assisted medical providers with patients that had chronic illnesses.

Chairman Kotrys asked if the intent was to have behavioral health services available at all FQHC Clinics with the New Access Point (NAP) funding from Health Resources and Services Administration (HRSA).

Ms. Harding said that was correct. She elaborated on different behavioral health service options.

Ms. Barker asked if outcome measures were tracked to prove the value of the integration of behavioral health services within the overall clinical setting.

Ms. Harding noted challenges with obtaining and validating that data. She felt that it was important to look at the impact of integrated behavioral health services of the diabetic patient population.

Ms. Harding said that visits compared to budget at the Dental Clinics located at the FQHC Clinics, had great improvement overall and met budget with a negative 1.9 percent variance, fiscal-year-to-date.

Referring to ambulatory network specialty services referrals, Ms. Harding gave a brief overview of methods that that ambulatory network staff used to address ways to increase keepage opportunities.

Dr. Lopez elaborated on barriers, provider feedback, and provider education pertaining to optimizing the referral process.

Ms. Harding reviewed Uniform Data System (UDS) quality metrics, which were measured by calendar-year (CY), for January 1, 2019 through December 31, 2019. She noted select improved metrics and also areas of opportunity.

She noted that Body Mass Index (BMI) and follow up care did not meet the benchmark goal of 63 percent. She elaborated about contributing factors that played a role with measuring the data. There was no direct linkage within the Electronic Medical Record (EMR) that correlated data of height compare to weight for the BMI calculation. The process was a manual one, which depended on the MA to record data accurately. Training and educating the MA and clinical staff on proper procedure was ongoing. She added that it was also important that providers and clinical staff continue to fill out all necessary codified fields pertaining to the measure to ensure accuracy and efficiency in capturing the measure.

She said that cervical cancer screening still struggled to meet the benchmark goal and would continue to be monitored closely.

Childhood immunizations did not meet its benchmark goal of 80 percent. Ms. Harding described the Arizona State Immunization Information System (ASIS) as the Arizona Department of Health Services (ADHS) registry used to track immunizations. If a child received a vaccination at a Valleywise Health FQHC Clinic, and later received additional immunization services elsewhere, the information needed to be extracted from ASIS to continue to track the measure. Initiatives were underway to perform a mass reconciliation of ASIS data, with efforts to ensure that all measurable data was accounted for.

Colorectal cancer screening and controlling high blood pressure were still lower than benchmark targets. Action plans would continue to be followed and tracked.

Ms. Harding said that benchmark percentages for monitoring diabetes and hemoglobin A1c ranges greater than nine percent, were below the benchmark goal, with 31.29%, yet compared to prior months, substantial improvement was indicated. The measure was an extremely critical one to focus on and monitor due to the negative impact that the disease had on a patient's overall health, specifically with present comorbidity.

Chairman Kotrys asked whether the "stretch goal" or the UDS goal was the intended target to reach.

**Valleywise Community Health Centers Governing Council
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General Session, Presentation, Discussion and Action, cont.:

4. Discuss and Review Ambulatory Operational Dashboard, cont.

Ms. Harding said that the stretch goal, of less than 16% was the intended target.

She pointed out that the use of Aspirin or other antithrombotic, in relation to Ischemic Vascular Disease (IVD) continued to do well, and screening for clinical depression and follow-up care continued to exceed the target. Tobacco use/screening and cessation intervention consistently met the benchmark of 85 percent.

The use of appropriate medications for asthma had a benchmark of 86.6 percent, however, compared to August 2019, improvement was shown.

Pertaining to weight assessment and counseling for nutrition and physical activity for children and adolescents, consistent improvement was shown within the last three months, and indicated measures above goal.

Ms. Barker acknowledged ambulatory network staff and was impressed with trending improvements.

2. Annual Compliance Training and Conflict of Interest Education

Mr. Slaughter reviewed expectations of the Valleywise Community Health Centers Governing Council (VCHCGC) with regard to the oversight of the compliance program functions. The VCHCGC must act in good faith in the exercise of its oversight responsibilities for the Valleywise Community Health Centers, including inquiries to ensure a corporate information and reporting system exist, and the reporting system was adequate to oversee. A corporate reporting system would help the VCHCGC stay informed of the activities of the FQHC Clinics and evaluate and respond to issues of potentially illegal or inappropriate activity.

Mr. Slaughter explained the objectives of the Compliance training and Conflict of Interest education. One objective was to understand the business of Valleywise Health and the FQHC Clinic structure. Other objectives were to understand the healthcare environment; a risk assessment process; and risk mitigation process. He said that patient privacy and security would also be largely focused on.

Some health care regulation oversight bodies included HRSA, Arizona Health Care Cost Containment System (AHCCCS), the Office of Inspector General (OIG), and Centers for Medicare & Medicaid Services (CMS). It was critical to know and follow all elements of the HRSA Compliance Manual and to understand specific grant regulations.

Mr. Slaughter reviewed the various business units of Valleywise Health including the acute care hospital, the residency programs, the FQHC Clinics, the Comprehensive Health Centers, behavioral health services, and others.

Some of the major sources of revenue were payments from AHCCCS, the ad valorem tax, commercial insurance, Medicaid insurance and self-paying patients. He mentioned that grant funding was also a source of revenue.

Mr. Slaughter explained that the VCHCGC had a Co-Applicant Operational Arrangement with the MC SHCD, which outlined the responsibilities of the VCHCGC, the responsibilities of the District Board of Directors, and shared responsibilities. He elaborated on the HRSA's Health Center Program (HCP) requirements, Section 330 of the Public Health Services Act, pertaining the FQHC Clinics.

Mr. Slaughter said that the organization would have a HRSA Technical Assistance (TA) review in February 2020 and an Operational Site Visit (OSV) in July 2020.

**Valleywise Community Health Centers Governing Council
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General Session, Presentation, Discussion and Action, cont.:

2. Annual Compliance Training and Conflict of Interest Education, cont.

He reviewed Enterprise Risk Management components, which included risk identification, the prioritization, and scoring of risks and the response to risk. He reviewed the internal control model and different types of internal controls. He explained that it was important to determine controls that mitigated risk. A brief overview was given about the internal audit process, which included planning, fieldwork, reporting, and follow-up.

He explained the seven elements of an effective compliance program and plan, one of which was having a Code of Conduct and Ethics. Other elements included oversight and accountability, appropriate and adequate lines of communication, policies, procedures, disciplinary guidelines, and monitoring the effectiveness of the compliance program. He gave examples of audit and compliance plan examples and outcomes.

Mr. Slaughter described conflict of interest laws, the Emergency Medical Transfer and Active Labor Act (EMTALA), and the Anti-Kickback statute. He explained Health Insurance Portability and Accountability Act (HIPAA), and how to protect a patient's health information. He shared information about the Deficit Reduction act (DRA).

Mr. Cons asked for more detail about the 340B program.

Ms. Harding explained the 340B program, which involves pharmacy.

5. Valleywise Community Health Centers Governing Council Committee Reports

- a. Compliance and Quality Committee
- b. Executive Committee
- c. Finance Committee
- d. Strategic Planning and Outreach Committee

Ms. Sullivan noted that the Compliance and Quality Committee meet in January 2020. She said that the committee reviewed UDS quality metrics data and a population health case study. She announced her resignation from the VCHCGC effective February 5, 2020 due to an employment offer in a different county.

Chairman Kotrys expressed her appreciation to Ms. Sullivan for her service and expertise. She mentioned that Ms. Sullivan had been a member of the VCHCGC since January 2017.

Chairman Kotrys highlighted discussions that took place at the Executive Committee's January 2020 meeting, including ways to better understand the priorities of VCHCGC members in alignment with the VCHCGC's mission. She said that the VCHCGC would take part in an exercise at the next meeting on March 4, 2020 to identify member priorities and address main concerns.

She mentioned that the committee focused on membership recruitment and succession planning strategies. She encouraged VCHCGC members to let her know if they were interested in leadership growth.

December 2019 financial reports were reviewed at the February 2020 Finance Committee meeting, as noted by Ms. Benelli. She said that overall, the FQHC Clinics had a negative margin before overhead variance of \$1,616,367, FYTD. She also noted that overall, FYTD, the FQHC Clinics only had a negative 2.5% visits variance.

**Valleywise Community Health Centers Governing Council
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General Session, Presentation, Discussion and Action, cont.:

5. Valleywise Community Health Centers Governing Council Committee Reports, cont.

Referring to ambulatory network specialty services referrals, she noted that Walgreens was no longer going to accept Mercy Care plans. This was an opportunity for the ambulatory network staff to secure an increase in utilization of Valleywise Health pharmacy services.

She said that the committee reviewed internal and outgoing referrals during the first two quarters of FY 2020. She said that the lowest internal referral rates belonged to the Valleywise Community Health Centers-Chandler and El Mirage, which was attributed to distance from those clinics to the Valleywise Comprehensive Health Center-Phoenix, where specialty services were offered.

Mr. Jacobson noted that the Strategic Planning and Outreach Committee met in January 2020. The committee discussed community outreach and grassroots efforts. The committee talked about putting together a speaker series based on community partnerships and at-risk patient outreach.

He said that the committee discussed marketing, communications, and community outreach initiatives for the FQHC Clinics. He said that focus was placed on ways to engage with and advocate for the patient populations served, such as the Latino community.

Mr. Jacobson spoke about patient communications pertaining to clinic moves and closures and different ways to ensure access to care continued, especially with the at-risk patient population.

6. Federally Qualified Health Center Clinics Chief Executive Officer's Report

Ms. Harding said that financial focus groups were held regularly to discover areas of opportunity to build volumes and increase revenues, mostly within the Medicaid patient population.

She reiterated the HRSA TA review that would take place in February 2020 and encouraged VCHCGC members to attend the luncheon held on the last day of the review.

She gave a brief update on current details revolving around the Public Charge Rule, 2019 and its potential effect on the organization. She said that more details would be given as developments continued.

Mr. Cons added to the Public Charge Rule, 2019. He said that the potential impact was still unknown but could be exponentially significant. The rule would go into effect on February 24, 2020.

Mr. Jacobson asked for more information about the potential negative impact.

Ms. Harding said that she would provide the VCHCGC with a presentation pertaining to the Public Charge Rule's potential impact to the Valleywise Health FQHC Clinics at an upcoming meeting.

Chairman Kotrys asked about organizations that advocated for communities affected by the rule.

Mr. Cons said there were many and specifically mentioned the Children's Action Alliance, a community service non-profit organization in Phoenix, Arizona. The Alliance was building a coalition along with other community advocates and non-profit organizations.

Mr. Purves said that the Public Charge Rule would dramatically affect access to health care for many. Valleywise Health had active and ongoing communication with America's Essential Hospitals, an advocator for safety-net hospitals and the vulnerable patient population. The organization also worked closely with the American Hospital Association and the American Medical Association regarding the impact on access to health care.

As Ms. Harding stated, he said that a government relations or legislative affairs staff would be able to provide more information and answer questions at a future meeting.

**Valleywise Community Health Centers Governing Council
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General Session, Presentation, Discussion and Action, cont.:

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

Ms. Purves gave an update about the recent Coronavirus outbreak. He said that Dr. White wrote an opinion for the Arizona Republic. Dr. White mentioned although it was important to be prepared and cautious, the influenza virus infected and killed thousands of more people, each year, nationally.

He announced that a groundbreaking ceremony for the Valleywise Health Medical Center would take place on February 26, 2020. He encouraged VCHCGC members to attend.

He announced that Dr. Chen, the Director of Dentistry for the FQHC Clinics, just celebrated his 33rd year with Valleywise Health. He expressed his appreciation to Dr. Chen for his years of service.

Mr. Purves spoke about the Valleywise Health Foundation's first radiothon which raised \$116,000 during a live give-a-thon sponsored by the radio station, Live 101.5 FM.

He announced that the MC SHCD Board of Directors recently approved a resolution for the authorizing the continued imposition of a secondary property tax, which would be placed on the November 2020 general election ballot. This tax supported and help to fund uncompensated care.

In closing he gave a brief legislative update about health care related items.

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

Director Gerard elaborated more about funding for uncompensated care and mentioned the importance of the continuation of the secondary property tax on all taxable property in Maricopa County for maintaining and operating the District's facilities and for payments for other services to the District.

She spoke briefly about current legislative bills including a bill that supported funding for substance abuse training, and ways that the bills, if passed, would positively impact the health care center.

9. Chairman and Council Member Closing Comments/Announcements

Chairman Kotrys encouraged VCHCGC members to reach out to her if they had any concerns or wished to discuss a particular topic one on one.

10. Review Staff Assignments

Ms. Santos reviewed staff assignments and reiterated outstanding old business.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – February 5, 2020**

Adjourn

MOTION: Mr. Jacobson moved to adjourn the February 5, 2020 Valleywise Community Health Centers Governing Council meeting. Ms. Benelli seconded.

VOTE: 11 Ayes: Chairman Kotrys, Ms. Benelli, Ms. Barker, Mr. Cons, Ms. Hammond, Mr. Jacobson, Mr. Larios, Ms. McCarty, Mr. Messick, Mr. Serna, Ms. Sullivan
0 Nays
1 Absent: Vice Chairman Winkle
Motion passed.

Meeting adjourned at 8:09 p.m.

Cassandra Santos,
Assistant Clerk



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 1.b.i.

Contracts-
90-19-176-1-01

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Wednesday, February 12, 2020 10:45 AM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment#1 - (IGA) Refugee Clinic re: Category A (Glycated Hemoglobin) AIC>9 Arizona Department of Health Services (ADHS)

Message Information


From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Amendment#1 - (IGA) Refugee Clinic re: Category A (Glycated Hemoglobin) AIC>9 Arizona Department of Health Services (ADHS)
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

Name	Description	Type	Current File
Amendment#1 (unsigned).pdf		File	 Amendment1 (unsigned).pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment#1 - (IGA) Refugee Clinic re: Category A (Glycated Hemoglobin) AIC>9
Contract Identifier Board - Amendment
MIHS Contract Number 90-19-176-1-01
Primary Responsible Party Melton, Christopher C.
Departments
Product/Service Description Amendment#1 pertaining to Scope of Work modifications
Action/Background Approved Amendment#1 to the Intergovernmental Agreement (IGA), ADHS Contract#CTR041891, between Arizona Department of Health Services and Maricopa County Special Health Care District dba Valleywise Health.

This IGA addresses variety of health conditions such as diabetes and prevention strategies designed to impact performance measure, and to promote behavior changes so that public health impact will be maximized. This IGA provides EMR enhancement to accommodate automatic referrals for refugee patients with an A1C>9. This Amendment#1 changes the contract type from fixed price to cost reimbursement, modifies various Scope of Work components to the IGA, and inclusion of University of Arizona's ADHS-contracted Epidemiology and Evaluation (EET) into program activities. All other provisions of the IGA remains unchanged.

The anticipated annual cost reimbursement of \$30,000 to Valleywise Health remains the same.

This Amendment#1 is sponsored by Dr. Michael White, EVP & Chief Medical Officer.

Evaluation Process The Contractor was determined to meet the requirements of the requesting department and MIHS. Procurement has been satisfied pursuant to HS-102B(2) of the Procurement Code in that any MIHS compliance with the terms and conditions of a grant, gift or bequest is exempt from the solicitation requirements of the Procurement Code.

Notes

Category IGA

Effective Date

Expiration Date

Annual Value \$0.00

Expense/Revenue Revenue

Budgeted Travel Type

Procurement Number

Primary Vendor Arizona Department of Health Services (ADHS)

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	
Joiner, Jennifer L.	Approved	
Harding, Barbara J.	Approved	
White, Michael	Approved	
Demos, Martin C.	Approved	
Mutarelli, Richard D.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 1.b.ii.

Contracts-
90-20-034-1

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Wednesday, February 12, 2020 9:16 AM
To: Melanie Talbot
Subject: Contract Approval Request: Internal and Site Wayfinding Signage Services F&N Enterprises Inc., DBA Smithcraft

Message Information






From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Internal and Site Wayfinding Signage Services F&N Enterprises Inc., DBA Smithcraft
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

Name	Description	Type	Current File
RFP Document		File	 90-20-034-RFP - Internal and Site Wayfinding Signage.pdf
Amendment #1		File	 90-20-034-RFP Amendment 1.pdf
RFBA		File	 RFBA Signage.pdf
Offer from F&N Enterprises Inc., DBA SmithCraft		File	 90-20-034-RFP SmithCraft 110419.pdf
Signage Budget Information from Vanir		File	 Email-Signage Budget from Vanir years 2020-2023.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Services - Repair & Maintenance
Status Pending Approval
Title Internal and Site Wayfinding Signage Services
Contract Identifier Article 2 - New Contract
MIHS Contract Number 90-20-034-1
Primary Responsible Party Hammer, Mary P.
Departments Marketing and Communications

Product/Service Approve a new contract between F&N Enterprises Inc., DBA SmithCraft and
Description Maricopa County Special Health Care District dba Valleywise Health for
Internal and Site Wayfinding Signage Services.

Action/Background The purpose of this contract is to provide Internal and Site Wayfinding
Signage Services. The initial contract term is from February 1, 2020 to
January 31, 2023 and may be extended for additional periods up to a
maximum contract term of five (5) years from the Effective Date. Either party
may terminate the contract upon ninety (90) days written notice.

FINANCIAL IMPLICATIONS:

Care Reimagined Budget: \$1,255,301.00 Aggregate

FY20: \$125,530.00

FY21: \$251,060.20

FY22: \$125,530.10

FY23: \$753,180.60

Routine Capital Expenditure Budget: \$268,143.96 Aggregate (This Capital
Expenditure is part of the \$1M already approved by the Board at the August
2019 meeting, CER#20-404).

The anticipated annual expenses have been budgeted for expenditures of
various cost centers to meet the need of current and future facilities. Annual
expenditures will be dispersed among each of the awarded contractors, cost
to be determined per project.

This new contract is sponsored by Bill Byron, SVP Marketing &
Communications.

Evaluation Process Contracts Management issued a Request for Proposals (90-20-034-RFP) for
Internal and Site Wayfinding Signage Services. Proposals were due on
November 5, 2019.

Four (4) responses were received. All bidders were evaluated based on the
criteria set forth in the RFP. DBF, Inc. dba Airpark Signs and Graphics,
Smithcraft Custom Architectural Signs and Yesco LLC. demonstrated their
ability to best meet the RFP requirements and the evaluation committee has
recommended awarding a contract to all three contractors to provide this
service to Valleywise Health.

Notes

Category

Effective Date 2/1/2020

Expiration Date 1/31/2023

Annual Value \$0.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number 90-20-034-RFP

Primary Vendor F&N Enterprises Inc., DBA Smithcraft

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Ok to route for approvals. Upon award and contract execution, services are to be accessible by both Care Reimagined and Enterprise.
Hanle, Todd W.	Approved	
Byron, Bill S.	Approved	

Demos, Martin C. Approved
Mutarelli, Richard D. Approved
Nelson, Mark E. Approved
White, Michael Approved
Purves, Steve A. Approved
Talbot, Melanie L. Current



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 1.b.iii.

Contracts-
90-20-034-2

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Wednesday, February 12, 2020 10:44 AM
To: Melanie Talbot
Subject: Contract Approval Request: Internal and Site Wayfinding Signage Services Airpark Signs & Graphics






Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Internal and Site Wayfinding Signage Services Airpark Signs & Graphics
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject Information button.
Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

Name	Description	Type	Current File
RFP Document		File	 90-20-034-RFP - Internal and Site Wayfinding Signage.pdf
Amendment #1		File	 90-20-034-RFP Amendment 1.pdf
RFBA		File	 RFBA Signage.pdf
DFB, Inc. dba Airpark Signs & Graphics- Offer w-o Valleywise Signature		File	 90-20-034-2 Airpark Signs and Graphics.pdf
Signage Budget Information from Vanir		File	 Email-Signage Budget from Vanir years 2020-2023.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Services - Repair & Maintenance
Status Pending Approval
Title Internal and Site Wayfinding Signage Services
Contract Identifier Article 2 - New Contract
MIHS Contract Number 90-20-034-2
Primary Responsible Party Hammer, Mary P.
Departments Marketing and Communications

Product/Service Approve a new contract between DBF, Inc. dba Airpark Signs & Graphics and
Description Maricopa County Special Health Care District dba Valleywise Health for
Internal and Site Wayfinding Signage Services.

Action/Background The purpose of this contract is to provide Internal and Site Wayfinding
Signage Services. The initial contract term is from February 1, 2020 to
January 31, 2023 and may be extended for additional periods up to a
maximum contract term of five (5) years from the Effective Date. Either party
may terminate the contract upon ninety (90) days written notice.

FINANCIAL IMPLICATIONS:

Care Reimagined Budget: \$1,255,301.00 Aggregate

FY20: \$125,530.00

FY21: \$251,060.20

FY22: \$125,530.10

FY23: \$753,180.60

Routine Capital Expenditure Budget: \$268,143.96 Aggregate (This Capital
Expenditure is part of the \$1M already approved by the Board at the August
2019 meeting, CER#20-404).

The anticipated annual expenses have been budgeted for expenditures of
various cost centers to meet the need of current and future facilities. Annual
expenditures will be dispersed among each of the awarded contractors, cost
to be determined per project.

This new contract is sponsored by Bill Byron, SVP Marketing &
Communications.

Evaluation Process Contracts Management issued a Request for Proposals (90-20-034-RFP) for
Internal and Site Wayfinding Signage Services. Proposals were due on
November 5, 2019.

Four (4) responses were received. All bidders were evaluated based on the
criteria set forth in the RFP. DBF, Inc. dba Airpark Signs and Graphics,
Smithcraft Custom Architectural Signs and Yesco LLC. demonstrated their
ability to best meet the RFP requirements and the evaluation committee has
recommended awarding a contract to all three contractors to provide this
service to Valleywise Health.

Notes

Category

Effective Date 2/1/2020

Expiration Date 1/31/2023

Annual Value \$0.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number 90-20-034-RFP

Primary Vendor Airpark Signs & Graphics

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Ok to route for approvals. Upon award and contract execution, services are to be accessible by both Care Reimagined and Enterprise.
Hanle, Todd W.	Approved	
Byron, Bill S.	Approved	

Demos, Martin C. Approved
Mutarelli, Richard D. Approved
Nelson, Mark E. Approved
White, Michael Approved
Purves, Steve A. Approved
Talbot, Melanie L. Current



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 1.b.iv.

Contracts-
90-20-034-3

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Wednesday, February 12, 2020 9:58 AM
To: Melanie Talbot
Subject: Contract Approval Request: Internal and Site Wayfinding Signage Services Yesco LLC.

Message Information

From [Purves, Steve](#)

To [Talbot, Melanie](#);

Subject Contract Approval Request: Internal and Site Wayfinding Signage Services Yesco LLC.







Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

Name	Description	Type	Current File
RFP Document		File	 90-20-034-RFP - Internal and Site Wayfinding Signage.pdf
Amendment #1		File	 90-20-034-RFP Amendment 1.pdf
RFBA		File	 RFBA Signage.pdf
Yesco LLC Offer		File	 90-20-034-3 Yesco.pdf
Signage Budget Information from Vanir		File	 Email-Signage Budget from Vanir years 2020-2023.pdf
1-15-2020 Approval of Cyber Insurance Exception by Compliance, Legal and Risk Management		File	 1-15-2020 Approval of Yesco Cyber Insurance Exception by LT Slaughter-Martin Demos-Dale Schultz.pdf

Contract Information

Division Contracts Division

Folder Contracts \ Services - Repair & Maintenance

Status Pending Approval

Title Internal and Site Wayfinding Signage Services

Contract Identifier Article 2 - New Contract

MIHS Contract Number 90-20-034-3

Primary Responsible Party Hammer, Mary P.

Departments Marketing and Communications

Product/Service Approve a new contract between Yesco LLC and Maricopa County Special
Description Health Care District dba Valleywise Health for Internal and Site Wayfinding Signage Services.

Action/Background The purpose of this contract is to provide Internal and Site Wayfinding Signage Services. The initial contract term is from February 1, 2020 to January 31, 2023 and may be extended for additional periods up to a maximum contract term of five (5) years from the Effective Date. Either party may terminate the contract upon ninety (90) days written notice.

FINANCIAL IMPLICATIONS:

Care Reimagined Budget: \$1,255,301.00 Aggregate

FY20: \$125,530.00

FY21: \$251,060.20

FY22: \$125,530.10

FY23: \$753,180.60

Routine Capital Expenditure Budget: \$268,143.96 Aggregate (This Capital Expenditure is part of the \$1M already approved by the Board at the August 2019 meeting, CER#20-404).

The anticipated annual expenses have been budgeted for expenditures of various cost centers to meet the need of current and future facilities. Annual expenditures will be dispersed among each of the awarded contractors, cost to be determined per project.

This new contract is sponsored by Bill Byron, SVP Marketing & Communications.

Evaluation Process Contracts Management issued a Request for Proposals (90-20-034-RFP) for Internal and Site Wayfinding Signage Services. Proposals were due on November 5, 2019.

Four (4) responses were received. All bidders were evaluated based on the criteria set forth in the RFP. DBF, Inc. dba Airpark Signs and Graphics, Smithcraft Custom Architectural Signs and Yesco LLC. demonstrated their ability to best meet the RFP requirements and the evaluation committee has recommended awarding a contract to all three contractors to provide this service to Valleywise Health.

Notes

Category

Effective Date 2/1/2020

Expiration Date 1/31/2023

Annual Value \$0.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number 90-20-034-RFP

Primary Vendor Yesco LLC.

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Ok to route for approvals. Upon award and contract execution, services are to be accessible by both Care Reimagined and Enterprise.
Hanle, Todd W.	Approved	

Byron, Bill S.	Approved
Demos, Martin C.	Approved
Mutarelli, Richard D.	Approved
Nelson, Mark E.	Approved
White, Michael	Approved
Purves, Steve A.	Approved
Talbot, Melanie L.	Current



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 1.c.i.

Governance –
Committee Recommendation
FQHC Dental Clinics



Office of the Sr Vice President & CEO FQHC Clinics
2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: March 4, 2020

TO: Valleywise Community Health Centers Governing Council

FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Services & CEO FQHC Clinics

SUBJECT: Recommendation from the Finance Committee

At the Valleywise Community Health Centers Governing Council Finance Committee meeting, February 5, 2020, the Committee reviewed the attached presentation and discussed the continuation of services at the Valleywise Community Health Center - Avondale Dental Clinic. Care Reimagine plans had included the closure of this dental clinic in lieu of opening the dental clinic at the Valleywise Comprehensive Health Center-Peoria.

The Committee discussed the merit of sustaining services at this Avondale location specifically with respect to access to care, visit volume and type of providers. Following a review of the attached presentation and discussion, the Committee made the recommendation to the Valleywise Community Health Centers Governing Council to not close the Valleywise Community Health Center - Avondale Dental Clinic.



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 1.c.ii.

Governance –
Conference Registration
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 1.d.i.

Medical Staff –
FQHC Medical Staff and
Allied Professional Staff
Rosters

Recommended by Credentials Committee: December 3, 2019
 Recommended by Medical Executive Committee: December 10, 2019
 Submitted to MSHCDB: January 29, 2020

VALLEYWISE HEALTH MEDICAL STAFF CREDENTIALS AND ACTION ITEMS REPORT

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

INITIAL MEDICAL STAFF APPOINTMENT				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
None				

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
None			

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGOR	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
None				

CHANGE IN PRIVILEGES			
NAME	SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Sonam Singh, M.D.	OB/GYN	Addition: Robotic Surgery Privileges	Unsupervised

STAFF STATUS CHANGE			
NAME	DEPARTMENT	CHANGE FROM/TO	COMMENTS
None			

RESIGNATIONS <i>Information Only</i>			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Muhsen Muneer Alani, M.D.	Internal Medicine	Courtesy to Inactive	Resigned (Effective December 6, 2019)

Recommended by Credentials Committee: December 3, 2019
Recommended by Medical Executive Committee: December 10, 2019
Submitted to MSHCDB: January 29, 2020

Definitions:
Active \geq 1,000 hours/year – Active members of the medical staff have voting rights and can serve on medical staff committees
Courtesy $<$ 1,000 hours/year – Courtesy members do not have voting rights and do not serve on medical staff committees
Reappointments Renewal of appointment and privileges is for a period of two years unless otherwise specified for a shorter period of time.
FPPE Focused professional practice evaluation is a process by which the organization validates current clinical competence. This process may also be used when a question arises in practice patterns.

**VALLEYWISE HEALTH
 ALLIED HEALTH PROFESSIONAL STAFF
 CREDENTIALS AND ACTION ITEMS REPORT**

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

ALLIED HEALTH PROFESSIONALS - INITIAL APPOINTMENTS

NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Rachel Marissa Friedman, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	02/01/2020 to 01/31/2022	
Tijana Zelenovic, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	02/01/2020 to 01/31/2022	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION

NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Michelle Harbottle, P.A.-C	Family and Community Medicine	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Basic Ambulatory Cardiology Core -ECG Privileges.
Stacey Elizabeth Klein, A.C.N.P.	Internal Medicine	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practitioner Core Privileges and Practice Prerogatives.
Caitlin Emily McQuarie, P.A.-C.	Family and Community Medicine	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Physician Assistant Core Privileges and Practice Prerogatives.
Alexis Elizabeth Sotis, P.A.-C.	Family and Community Medicine	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Physician Assistant Core Privileges and Practice Prerogatives.
Nicole Elizabeth Thurman, F.N.P.	Family and Community Medicine	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practitioner Core Privileges and Practice Prerogatives.

ALLIED HEALTH PROFESSIONALS – REAPPOINTMENTS

NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
None				

RESIGNATIONS

Information Only

NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
None			

RESIGNATIONS
Information Only

None			
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General Definitions:

Allied Health Professional Staff
 Practice Prerogatives

An Allied Health Professional (AHP) means a health care practitioner other than a Medical Staff member who is authorized by the Governing Body to provide patient care services at a MIHS facility, and who is permitted to initiate, modify, or terminate therapy according to their scope of practice or other applicable law or regulation. Governing Body authorized AHPs are: Certified Registered Nurse Anesthetists; Certified Registered Nurse Midwife; Naturopathic Physician; Optometrists; Physician Assistant; Psychologists (Clinical Doctorate Degree Level); Registered Nurse Practitioners. Scopes of practice summarizing qualifications for the respective category, developed with input from the physician director of the clinical service and the observer/sponsor/responsible party of the AHP, Department Chair, and other representatives of the Medical Staff, Hospital management, and other professionals.

Supervision Definitions:

- (1) General Supervision The procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure or provision of the services.
- (2) Direct Supervision The physician must be present in the office suite or on the premises of the location and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.
- (3) Personal Supervision A physician must be in the room during the performance of the procedure.

Recommended by Credentials Committee: January 7, 2020
 Recommended by Medical Executive Committee: January 14, 2020
 Submitted to MSHCDB: January 29, 2020

VALLEYWISE HEALTH MEDICAL STAFF CREDENTIALS AND ACTION ITEMS REPORT

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

INITIAL MEDICAL STAFF APPOINTMENT				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Vicken Sarkis Zeitjian, M.D.	Courtesy	Internal Medicine	02/01/2020 to 01/31/2022	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Robert Sean Wright, M.D.	Internal Medicine	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core Privileges.

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Michelle Ellen Buenafe, M.D.	Courtesy	Pediatrics	02/01/2020 to 01/31/2022	
Gregg Giannina, M.D.	Courtesy	Obstetrics and Gynecology	02/01/2020 to 01/31/2022	
Joseph Laverne Harris, M.D.	Courtesy	Obstetrics and Gynecology	02/01/2020 to 01/31/2022	
Lisa L. Kirsch, M.D.	Courtesy	Pediatrics	02/01/2020 to 01/31/2022	
Kathleen M. Norman, M.D.	Active	Obstetrics and Gynecology	02/01/2020 to 01/31/2022	

CHANGE IN PRIVILEGES			
NAME	SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Michelle Ellen Buenafe, M.D.	Pediatrics	Addition: Procedural Sedation	Unsupervised

Recommended by Credentials Committee: January 7, 2020
 Recommended by Medical Executive Committee: January 14, 2020
 Submitted to MSHCDB: January 29, 2020

WAIVER REQUEST			
NAME	SPECIALTY/PRIVILEGES	CATEGORY	COMMENTS
None			

STAFF STATUS CHANGE			
NAME	DEPARTMENT	CHANGE FROM/TO	COMMENTS
None			

RESIGNATIONS			
<i>Information Only</i>			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Muhsen Muneer Alani, M.D.	Internal Medicine	Courtesy to Inactive	Resigned effective December 6, 2019
Clare Joan Lindner, M.D.	Pediatrics	Courtesy to Inactive	Resigned effective August 18, 2019

Definitions:
 Active ≥ 1,000 hours/year – Active members of the medical staff have voting rights and can serve on medical staff committees
 Courtesy < 1,000 hours/year – Courtesy members do not have voting rights and do not serve on medical staff committees
 Reappointments Renewal of appointment and privileges is for a period of two years unless otherwise specified for a shorter period of time.
 FPPE Focused professional practice evaluation is a process by which the organization validates current clinical competence. This process may also be used when a question arises in practice patterns.

**VALLEYWISE HEALTH
 CREDENTIALS AND ACTION ITEMS REPORT
 ALLIED HEALTH PROFESSIONAL STAFF**

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

ALLIED HEALTH PROFESSIONALS - INITIAL APPOINTMENTS

NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Brandie Nicole Burckhard, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	02/01/2020 to 01/31/2022	
Nicole Catherine Craig, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	02/01/2020 to 01/31/2022	
Summer Elyse Schacht, P.A.-C.	Family & Community Medicine	Practice Prerogatives on file	02/01/2020 to 01/31/2022	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION

NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Natasha LeAnn Ivey, P.A.-C.	Internal Medicine	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Physician Assistant Core Privileges and Practice Prerogatives.
Tina Marie Stoneking, F.N.P.	Internal Medicine	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Physician Assistant Core Privileges and Practice Prerogatives.

ALLIED HEALTH PROFESSIONALS – REAPPOINTMENTS

NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Scott Paul Sabish, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	02/01/2020 to 01/31/2022	
Sarah Breanna Taraborelli, P.A.-C	Internal Medicine	Practice Prerogatives on file	02/01/2020 to 01/31/2022	
Rebecca Ann Zwick, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	02/01/2020 to 01/31/2022	

CHANGE IN PRIVILEGES

NAME	DEPARTMENT	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Sarah Breanna Taraborelli, P.A.-C	Internal Medicine	Withdrawal: Minor Surgery Procedures	Voluntary Relinquishment of Privileges due to non-utilization of privileges
Rebecca Ann Zwick, F.N.P.	Family & Community Medicine	Addition: Women's Health privileges	General Supervision

RESIGNATIONS

Information Only

NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Stacy Jean Sanchez, F.N.P.	Family & Community Medicine	Allied Health Professional to Inactive	Resigned (Effective January 17, 2020)



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 2.

VCHCGC Priorities
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 3.

Valley Well!
Valle Salud!
Campaign



February 5, 2020

Valley Well! Valle Salud!

A multi-channel health and wellness information campaign co-presented by District Medical Group and Valleywise Health

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Concept

Every week, *Valley Well! Valle Salud!* will focus on a specific area of health and wellness in a highly coordinated manner across numerous channels.

This health and wellness content will be presented in both English and Spanish media.



Campaign goals and objectives

- Build brand awareness of Valleywise Health and co-presenters.
- Enhance relationship between Valleywise Health and DMG.
- Build appointment volume at Valleywise Health clinics.
- Build appointment volume of specialty services via increased clinics volume.
- Build patient volume at Valleywise Health Medical Center via increased clinics volume, specialty services volume.

Entercom Phoenix

- The organizing element in the campaign is a weekly radio show, 7 to 7:30 a.m. on Entercom Phoenix' three stations, Live 101.5, KMLE Country, 107.9 and 94.5.
- Combined, these three stations reach 2.1+ million listeners, have 256,449 social media followers and 73k Opt-in database listeners.

Additional Entercom Assets

- Social media sites.
- 30, 30-second *Valley Well! Valle Salud!* commercials weekly on all three Entercom stations.
- 60, 30-second *Valley Well! Valle Salud!* commercials via radio.com
- Podcast archive on all three stations & available via iTunes.

Entercom Phoenix - Highlights

Live 101.5: Top 40, adults 18-49. 882,000 weekly listeners, 113,702 social followers, 31,745+ opt-in database. 60% female/40% male. Top 3 Nielson rated for females 25 to 44. #1 cumulative for females 25 to 44 in PM drive, weekends. Nielson #1 rated in market for Hispanic listeners.

94.5 KOOL FM: Classic hits, adults 25-54. 743,000 weekly listeners, 43,228 social followers, 14,530+ opt-in database. Top 3 Nielson rated for men/women equally. 40% homeowners, 66% established careers.

KMLE Country 107.9: Country, Adults 25-45. 601,300 weekly listeners, 99,439 social followers, 33830+ opt-in database. Top country station, women 45-64, top 4 station overall for women 45-64.

Telemundo Arizona

- Television component of campaign that is Spanish language only.
- Creates 30 minutes of content monthly via Foros format on four topics that are matched to topics on other medias for that month.
- Content created as part of live television event featuring panel of Valleywise/DMG experts.
- Live events will be filmed at Food City and/or other community partner locations proximate to Valleywise Comprehensive Health Centers and Community Health Centers.

Telemundo Highlights

- **345,225** adults watch Telemundo on a weekly basis.
- **84 percent** of Telemundo viewers are between 18 – 49.
- **56 percent** of Telemundo viewers have 2 or more children in the household.
- **99 percent** of Telemundo access the internet regularly (Average five hours weekly).

Prensa Arizona

- Print component of campaign that is Spanish language only.
- One-half page, 2x monthly, each ad carrying two, 350-word columns by medical experts.
- Topics matched to topics that are presented on other campaign platforms during the month.

Prensa Arizona Highlights

- Largest Spanish language newspaper in state.
- 65k non-paid circulation.
- Distributed via stands at stores, restaurants, hospitals, etc.



Community Partners

Venue/promotional partners for campaign

Current Community Partners "roster"

- *Milwaukee Brewers*
- *Food City*
- *Telemundo (community festivals)*
- *Prensa Arizona (community festivals)*
- *Entercom Phoenix (community festivals)*
- *Valleywise Health Family Learning Centers*

TOTAL COST OF COMMUNITY PARTNERS:
Participation costs (salary).

Valleywise Health assets

- **On-site:** Lobbies of inpatient facilities, ERs, Clinics.
- **Website:** Home-page promotional banner, other appropriate pages.
- **Blog:** Weekly blog matched to topics/experts on other platforms.
- **Social media sites:** Weekly postings on Facebook, LinkedIn, Instagram, Twitter (organic and paid).
- **Digital Media:** Campaign specific landing page, display remarketing, SEO and PPC.
- **Traditional Media:** Billboards (digital), bus shelters and bus kings.
- **The Vine:** Employee intranet portal
- **Media coverage:** Media outlets and PR
- **Promotional blurb** on appropriate business communications.
- **Tracking and Assessment:** Digital and traditional performance metrics.

Campaign Performance Measurements

Business measures

- Appointments made via “Book an Appointment” on website.
- Appointments made via events associated with campaign.

Promotional measures

- Increase in social media followers.
- Click Through Rates (CTR).
- Increase in Blog traffic and engagement.
- Attendance at events associated with campaign.
- Book an Appointment conversion.



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 4.a.

Compliance and Quality
Committee Report-
UDS Quality Metrics



February 10, 2020

Compliance and Quality Committee Report: UDS Quality Metrics

Person Reporting: Crystal Garcia, MBA/HCM, RN
Vice President of Quality Management and Patient Safety
Reporting period: Calendar Year 2019 UDS Data: Quarter 4
and Year to Date

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Calendar Year 2019 UDS Data: Quarter 4

Ambulatory Care		Reporting Program	Stretch Goal	2018 UDS National Average	CYTD 2018	Desired Direction	Jan 2019**	Feb 2019**	Mar 2019*	Apr 2019*	May 2019*	June 2019*	Jul 2019*	Aug 2019*	Sep 2019 (After value set update)	Oct 2019*	Nov 2019*	Dec 2019*	CYTD*
		Quality /Regulatory Metrics																	
Unified Data System																			
Body Mass Index (BMI) Screening and Follow-Up Plan	HRSA	> 63%	70.1%	43.64%	↑	60.63%	60.84%	60.56%	60.56%	62.46%	61.56%	61.88%	62.43%	63.37%	63.50%	56.21%	56.46%	56.46%	
Numerator						6061	6668	16693	18639	21240	23016	24772	26536	29406	30132	22748	23680	23680	
Denominator						9996	10959	27565	30780	34007	37385	40030	42508	46402	47450	40471	41943	41943	
Cervical Cancer Screening	HRSA	> 93%	56%	48.24%	↑	47.05%	47.51%	45.20%	45.66%	45.91%	46.20%	46.82%	46.93%	47.20%	47.46%	47.25%	47.42%	47.42%	
Numerator						2798	3090	7035	7867	8751	9710	10533	11249	12514	12878	13305	13839	13839	
Denominator						5947	6504	15564	17229	19061	21016	22496	23971	26511	27137	28159	29184	29184	
Childhood Immunization Status (CIS)	HRSA	> 80%	39.4%	29.72%	↑	32.45%	31.52%	29.07%	28.77%	28.57%	28.56%	28.59%	28.25%	43.95%	44.40%	42.99%	42.81%	42.81%	
Numerator						122	116	311	332	348	373	384	391	599	543	610	631	631	
Denominator						376	368	1070	1154	1218	1306	1343	1384	1363	1223	1419	1474	1474	
Colorectal Cancer Screening	HRSA	> 71%	44.1%	48.39%	↑	42.98%	42.92%	42.58%	43.18%	44.02%	45.14%	45.77%	46.40%	47.26%	47.63%	48.42%	49.21%	49.21%	
Numerator						2120	2178	5077	5666	6286	6964	7448	7913	8631	8843	9231	9630	9630	
Denominator						4933	5074	11924	13123	14280	15427	16271	17055	18261	18566	19066	19569	19569	

**Includes duplicated patients within the month
 *Calendar Year to Date (CYTD): includes non-duplicated patients

Data Not Available ~
 Data is not final and subject to change ±
 Equal or greater than benchmark ⬆️
 Less than 10% negative variance ⬇️
 Greater than 10% negative variance ⬇️

Calendar Year 2019 UDS Data: Quarter 4

Ambulatory Care		Reporting Program	Stretch Goal	2018 UDS National Average	CYTD 2018	Desired Direction	Jan 2019**	Feb 2019**	Mar 2019*	Apr 2019*	May 2019*	June 2019*	Jul 2019*	Aug 2019*	Sep 2019 (After value set update upgrade)*	Oct 2019*	Nov 2019*	Dec 2019*	CYTD*
		Quality/Regulatory Metrics																	
Unified Data System																			
Controlling High Blood Pressure	HRSA	>61%	63.3%	52.40%	↑	51.30%	52.29%	51.38%	51.60%	51.58%	52.01%	52.61%	53.06%	55.92%	54.88%	53.37%	52.78%	52.78%	52.78%
Numerator						2204	2345	5323	5892	6468	7038	7330	7593	8285	8198	8060	8065	8065	8065
Denominator						4296	4485	10360	11419	12539	13533	13934	14311	14817	14937	15101	15280	15280	15280
Diabetes: Hemoglobin A1c Poor Control	HRSA	<16%	32.9%	35.00%	↓	64.38%	51.67%	48.49%	45.52%	42.12%	39.08%	37.17%	35.90%	32.54%	31.76%	31.60%	31.29%	31.29%	31.29%
Numerator						1811	1471	3132	3215	3230	3237	3249	3287	3201	3182	3259	3323	3323	3323
Denominator						2813	2847	6459	7063	7668	8284	8741	9157	9838	10019	10312	10619	10619	10619
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	HRSA	>79%	80.9%	80.00%	↑	82.39%	80.03%	80.97%	80.66%	81.13%	80.72%	80.72%	80.60%	82.07%	81.97%	82.24%	82.19%	82.19%	82.19%
Numerator						538	517	1187	1297	1427	1511	1591	1654	1785	1805	1861	1906	1906	1906
Denominator						653	646	1466	1608	1759	1872	1971	2052	2175	2202	2263	2319	2319	2319
Screening for Clinical Depression and Follow-Up Plan if positive screen	HRSA	>61%	70.6%	72.08%	↑	69.11%	72.15%	69.07%	71.30%	78.00%	73.17%	73.62%	73.60%	79.64%	77.69%	74.72%	71.92%	71.92%	71.92%
Numerator						7397	8679	20723	23891	28947	29950	32461	34725	41984	41941	41915	41902	41902	41902
Denominator						10703	12029	30005	33509	37113	40931	44091	47178	52717	53988	56096	58259	58259	58259

**Includes duplicated patients within the month

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Equal or greater than benchmark	⬆
Less than 10% negative variance	⬇
Greater than 10% negative variance	⬇

Calendar Year 2019 UDS Data: Quarter 4

Ambulatory Care		Reporting Program	Stretch Goal	2018 UDS National Average	CYTD 2018	Desired Direction	Jan 2019**	Feb 2019**	Mar 2019*	Apr 2019*	May 2019*	June 2019*	Jul 2019*	Aug 2019*	Sep 2019 (After value set update upgrade)*	Oct 2019*	Nov 2019*	Dec 2019*	CYTD*
		Quality /Regulatory Metrics																	
Unified Data System																			
Tobacco Use: Screening and Cessation Intervention	HRSA	> 85%	88.1%	82.85%	↑	84.99%	85.37%	84.35%	84.10%	84.05%	84.08%	84.05%	83.92%	86.57%	86.52%	86.49%	86.38%	86.38%	
Numerator						3608	5989	12754	15390	18596	21839	24382	26790	31388	32458	34216	36125	36125	
Denominator						4245	7015	15121	18299	22124	25973	29010	31924	36259	37516	39561	41819	41819	
Use of Appropriate Medications for Asthma	HRSA	> 87%	86.6%	66.73%	↑	42.74%	47.76%	50.39%	55.22%	57.49%	59.60%	61.00%	62.40%	85.90%	86.08%	86.57%	86.34%	86.34%	
Numerator						100	149	392	492	572	655	718	795	1188	1218	1276	1321	1321	
Denominator						234	312	778	891	995	1099	1177	1274	1383	1415	1474	1530	1530	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	HRSA	> 63%	69.2%	60.04%	↑	42.90%	41.94%	45.01%	46.52%	48.92%	52.91%	57.59%	60.46%	65.19%	66.51%	68.08%	69.41%	69.41%	

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 Greater than 10% negative variance 🔴

Calendar Year 2019 UDS Data: Year To Date

Ambulatory Care		Reporting Program	Stretch Goal	2018 UDS National Average	CYTD 2018	Desired Direction	CYTD*
Quality /Regulatory Metrics							
Unified Data System							
Body Mass Index (BMI) Screening and Follow-Up Plan	HRSA	> 63%	70.1%	43.64%	↑	⊖ 56.46%	
Numerator							23680
Denominator							41943
Cervical Cancer Screening	HRSA	> 93%	56%	48.24%	↑	⊖ 47.42%	
Numerator							13839
Denominator							29184
Childhood Immunization Status (CIS)	HRSA	> 80%	39.4%	29.72%	↑	⊖ 42.81%	
Numerator							631
Denominator							1474
Colorectal Cancer Screening	HRSA	> 71%	44.1%	48.39%	↑	⊖ 49.21%	
Numerator							9630
Denominator							19569

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 Greater than 10% negative variance ⊖

Calendar Year 2019 UDS Data: Year To Date

Ambulatory Care		Reporting Program	Stretch Goal	2018 UDS National Average	CYTD 2018	Desired Direction	CYTD*
		Quality /Regulatory Metrics					
Unified Data System							
Body Mass Index (BMI) Screening and Follow-Up Plan	HRSA	> 63%	70.1%	43.64%	↑	⊕ 56.46%	
Numerator							9630
Denominator							19569
Controlling High Blood Pressure	HRSA	> 61%	63.3%	52.40%	↑	⊕ 52.78%	
Numerator							8065
Denominator							15280
Diabetes: Hemoglobin A1c Poor Control	HRSA	< 16%	32.9%	35.00%	↓	⊕ 31.29%	
Numerator							3323
Denominator							10619
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	HRSA	> 79%	80.9%	80.00%	↑	⊕ 82.19%	
Numerator							1906
Denominator							2319

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Calendar Year 2019 UDS Data: Year To Date

Ambulatory Care		Reporting Program	Stretch Goal	2018 UDS National Average	CYTD 2018	Desired Direction	CYTD*
		Quality /Regulatory Metrics					
Unified Data System							
Screening for Clinical Depression and Follow-Up Plan if positive screen	HRSA	> 61%	70.6%	72.08%	↑	🟢	71.92%
Numerator							41902
Denominator							58259
Tobacco Use: Screening and Cessation Intervention	HRSA	> 85%	88.1%	82.85%	↑	🟢	86.38%
Numerator							36125
Denominator							41819
Use of Appropriate Medications for Asthma	HRSA	> 87%	86.6%	66.73%	↑	🟡	86.34%
Numerator							1321
Denominator							1530
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	HRSA	> 63%	69.2%	60.04%	↑	🟢	69.41%
Numerator							11031
Denominator							15892

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 Greater than 10% negative variance 🔴

2019 UDS Data Action Plans

- BMI Screening:
 - Validation was completed after January 8th
 - IT is following up with Epic to clarify codes that are pulling data into the measure
- Controlling Hypertension
 - Issues identified with patients being pulled into measure set without having an active diagnosis of Hypertension. IT is following up on this issue.

2019 UDS: Opportunities Identified

- Training providers on appropriate documentation fields
- Ensure problem list is up to date
- Medication Reconciliation is appropriate per patient



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 4.a.

Compliance and Quality
Committee Report-
NRC RealTime
Platform



February 10, 2020

Patient Experience: NRC Real Time

Person Reporting: Crystal Garcia, MBA/HCM, RN
Vice President of Quality Management and Patient Safety
Reporting period: Fiscal Year 2020, Quarter 2

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NRC Real Time
Qtr 2 FY20
(October, November, December)

Department Summary

70.3 n-size: 6,229



NRC Real Time
Qtr 2 FY20
(October, November, December)
Department Summary

Question	YTD	Last 3 Months	Last Month	n-size	Score	Goal	Gap
Rating of provider	81.3	81.3	80.4	6,069	81.3	85.3	-4.0
NPS: Provider would recommend	69.8	70.3	68.4	6,229	70.3	79.2	-8.9
Clerks courtesy & respect	69.1	68.1	67.7	6,770	68.1	79.9	-11.8
Clerks/receptionists helpful	66.3	65.5	64.7	6,692	65.5	72.5	-7.0
Provider listened	65.8	65.0	65.4	7,197	65.0	77.7	-12.7
Facility was clean	65.3	64.3	63.0	6,821	64.3	77.6	-13.3
Trust provider w/ care	65.5	63.7	63.3	7,124	63.7	74.7	-11.0
Got enough info re: treatment	59.7	58.8	58.6	7,276	58.8	73.8	-15.0
Knew what to do if questions	55.2	53.0	53.1	6,987	53.0	70.2	-17.2
Seen by provider in timely manner	54.1	50.8	51.2	7,392	50.8	60.5	-9.7
Discussed illness prevention	52.3	49.8	50.3	6,875	49.8	54.5	-4.7
Knew medical history	52.6	49.3	49.6	7,058	49.3	64.3	-15.0
Easy to get appt	46.0	43.7	43.7	7,973	43.7	57.6	-13.9

NRC Real Time Qtr 2 FY20 (October, November, December)

Patient Experience (Ambulatory)	Reporting Program		Bench Mark		FY19 Year to Date		Desired Direction		Jul 2019		Aug 2019		Sep 2019		Qtr 1 (FY 2020)		Oct 2019		Nov 2019		Dec 2019		Qtr 2 (FY 2020)		FY20 Year to Date		
	Comprehensive Healthcare Centers																										
Family Health Centers - FQHC																											
Net Promoter Would Recommend																											
Real Time: NPS Would you recommend this facility? FQHC (OVERALL)	In-house	> 75.2	✘ 65.4	↑	69.8	72.9	67.1	🟡 69.9	74.1	69.9	67.0	🟡 70.5	🟡 70.2														
Real Time: NPS Would you recommend this facility? (McDowell Healthcare Center)	In-house	> 75.2	🟡 70.2	↑	75.5	75.9	63.1	🟡 71.8	71.4	73.7	72.3	🟡 72.4	🟡 72.1														
Real Time: NPS Would you recommend this facility? (Avondale Family Health Center)	In-house	> 75.2	✘ 63.8	↑	72.7	62.2	66.0	✘ 67.6	80.0	61.1	68.6	🟡 69.8	🟡 68.7														
Real Time: NPS Would you recommend this facility? (Chandler Family Health Center)	In-house	> 75.2	✘ 63.1	↑	41.0	89.2	57.7	✘ 62.7	64.9	72.4	76.9	🟡 70.7	✘ 66.5														
Real Time: NPS Would you recommend this facility? (Glendale Family Health Center)	In-house	> 75.2	✘ 61.3	↑	80.0	62.5	68.2	🟡 69.7	75.0	58.6	60.0	✘ 65.6	✘ 67.3														
Real Time: NPS Would you recommend this facility? (Mesa Family Health Center)	In-house	> 75.2	✘ 63.3	↑	78.6	67.7	63.0	🟡 69.8	63.0	60.7	57.7	✘ 60.5	✘ 65.3														
Real Time: NPS Would you recommend this facility? (7th Avenue Family Health Center)	In-house	> 75.2	🟡 67.1	↑	81.0	71.4	54.5	🟡 71.7	64.3	90.9	61.1	🟡 69.8	🟡 70.8														
Real Time: NPS Would you recommend this facility? (Sunnyslope Family Health Center)	In-house	> 75.2	✘ 62.5	↑	81.3	100.0	73.1	🟢 83.1	84.0	88.5	87.0	🟢 86.5	🟢 85.0														
Real Time: NPS Would you recommend this facility? (El Mirage Family Health Center)	In-house	> 75.2	✘ 63.4	↑	64.7	60.0	61.5	✘ 62.2	100.0	77.8	83.3	🟢 89.3	🟡 72.6														
Real Time: NPS Would you recommend this facility? (South Central Family Health Center)	In-house	> 75.2	✘ 61.2	↑	25.0	63.0	66.7	✘ 53.5	100.0	61.9	38.5	✘ 63.6	✘ 58.4														
Real Time: NPS Would you recommend this facility? (Maryvale Family Health Center)	In-house	> 75.2	🟡 71.4	↑	100.0	76.5	100.0	🟢 91.5	40.0	80.0	66.7	✘ 62.1	🟢 80.3														
Real Time: NPS Would you recommend this facility? (Guadalupe Family Health Center)	In-house	> 75.2	✘ 57.0	↑	100.0	50.0	88.9	🟢 82.4	63.6	80.0	80.0	🟡 71.4	🟢 76.3														

NRC Real Time Qtr 2 FY20 (October, November, December)

Patient Experience (Ambulatory)	Reporting Program	Bench Mark	FY19 Year to Date	Desired Direction	Jul 2019	Aug 2019	Sep 2019	Qtr 1 (FY 2020)	Oct 2019	Nov 2019	Dec 2019	Qtr 2 (FY 2020)	FY20 Year to Date
Comprehensive Healthcare Centers													
Family Health Centers - FQHC													
Rate Facility													
Real Time: Rate facility? - FQHC (OVERALL)	In-house	> 76.1	74.2	↑	78.2	77.2	76.3	77.2	77.8	78.1	71.3	75.9	76.6
Real Time: Rate facility? (McDowell Family Health Center)	In-house	> 76.1	80.0	↑	85.8	82.8	77.9	82.4	79.4	86.0	80.0	81.6	82.1
Real Time: Rate facility? (Avondale Family Health Center)	In-house	> 76.1	69.9	↑	78.2	75.7	81.1	78.6	80.4	72.2	70.3	74.6	76.7
Real Time: Rate facility? (Glendale Family Health Center)	In-house	> 76.1	77.8	↑	85.7	75.0	72.7	77.6	69.0	75.9	72.0	72.2	74.5
Real Time: Rate facility? (Chandler Family Health Center)	In-house	> 76.1	69.6	↑	61.5	78.4	81.5	72.8	68.4	80.6	61.5	70.5	71.7
Real Time: Rate facility? (South Central Family Health Center)	In-house	> 76.1	63.9	↑	60.0	59.3	60.0	59.7	85.7	76	51.9	69.6	64.5
Real Time: Rate facility? (Sunnyslope Family Health Center)	In-house	> 76.1	75.0	↑	81.3	81.3	69.2	75.9	84.6	80.8	79.2	81.6	79.1
Real Time: Rate facility? (Mesa Family Health Center)	In-house	> 76.1	76.0	↑	75.0	80.6	78.6	78.2	66.7	60.7	73.1	66.7	72.6
Real Time: Rate facility? (7th Avenue Family Health Center)	In-house	> 76.1	80.2	↑	81.0	78.6	63.6	76.1	78.6	91.7	66.7	77.3	76.7
Real Time: Rate facility? (El Mirage Family Health Center)	In-house	> 76.1	64.2	↑	70.6	73.3	71.4	71.7	100.0	77.8	100.0	92.9	79.7
Real Time: Rate facility? (Maryvale Family Health Center)	In-house	> 76.1	80.3	↑	83.3	78.9	89.5	84.0	81.8	90.9	77.8	83.9	84.0
Real Time: Rate facility? (Guadalupe Family Health Center)	In-house	> 76.1	66.0	↑	100.0	50.0	77.8	76.5	81.8	80.0	40.0	71.4	73.7

NRC Real Time: Qtr 2 FY20 Feedback Management Comments (October, November, December)

Feedback Management Comments
Dr. Khalsa and her staff are terrific.
I would like to see my regular provider, Dr. Davito, that's the best thing I can say.
Dr. Powell is very good provider and always listens and explains everything.
I had an incredible experience. I was dealt with in the most professional manner, prompt service, courteous service undivided attention. My doctor asked pin, pin pointed questions was very interested in my health documented and read from the previous documentation was very much on top of what my help was gave me strong feedback on questions. I had and also gave me some recommendations to include given me recommendations on medications that are available in a generic form for the counter and gave me an opportunity to under go a mammogram. It was an 11 o'clock opening and she was very interested in me taking advantage of the fact that there was time for me to address that exam.
Very good doctor.
The doctor has a lot of experience and performs the check-ups professionally, giving the patients confidence. I always recommend him to people I know.
I had a wonderful visit to this clinic. The provider was very courteous, professional, caring, and compassionate.
The receptionist at the beginning of my visit before I was, I walked in, she's very rude and standoffish. She seemed like I was a burden to her being there. She was not helpful. I had to request repeatedly for an appointment and telling her exactly why my request was severe enough for the appointment.
It seems that the front office and the technicians in the back. We're not communicating properly. It was disorganized. The front office said I had I had no appointment after seeing the practitioner but the technician said that I did have an appointment and they went back and forth a little while I was there and then I have to be read rest and escort it back to the front to sit in the waiting area. And then even though the technician told the front office that she would go ahead and take me and she would stay to take me the front office then still questioned her and when she went back to her area then took more time to call her and week.
When done she she sends in the nurse to come down with the paperwork, while, I sat there for 20 minutes and that's not the first time.
I liked the care a lot and the cleanliness.
The nurses and staff seemed genuine and thoughtful, 100 invested in my well-being

NRC Real Time: Qtr 2 FY20 Feedback Management Comments (October, November, December)

Feedback Management Comments
That one of the nurses was very courteous.
Don't leave patients waiting so long, thanks.
The place was so clean, nice, and the doctor was nice. She had a good behavior with me. I really like it.
I was treated very well, I really liked it from the beginning of all the appointments until today. On my part I would say that this is perfect. Keep it up and may God bless you.
Dr. Powell was very reassuring, very professional, and very sweet. He did his job very professionally and I appreciate that very much. Thank you very much.
This provider was okay. She gave me information. She talked to me about my health, but she said she was going to give me medical supplies for three months and she never did. I tried to call her back and as of today the 26th and nobody called me back. So I went out of town, I'm actually out
Hi, Sarah really helped me along. I had a whole bunch of papers. She helped me sort them out and figure out what I'm going to do next. I thank you for Sarah.
I really appreciate the front desk staff. They were super super helpful and very friendly. Also the provider was absolutely amazing. She was recommended to me by my sister and she answered all my questions and asked if I had a questions. I really went in there just to get a just just pretty much establishing care with the primary care doctor and she's just amazing. I felt like she took her time and she she didn't make it feel like a rushed appointment, so I really appreciate that because most providers just make you feel like okay, What do you need? or go to the next patient but but she really makes you feel comfortable 2
The front desk staff was very indifferent, unfriendly, and unengaged. I waited several times during my process as they spoke to one another regarding which was pretty certain, it was personal issues, chit chat if you will. So that was very unprofessional my mind. That was my perception and thank you for hearing me out.
Very good. I'm very proud of them.
The doctor is the best doctor. I love her. I love her teaching me.
I would like to have had more time to explain everything that was wrong with me.
Get further testing for an issue that was told to provider and not told its not her speciality. At least further testing to be done then follow up for results with specialist
Thank you so much for everything, she is a wonderful PA.
I felt PA Carla was went above and beyond. She really listened to me, addressed all my concerns, and gave me tips and advice on coping skills that align with my treatment.

NRC Real Time: Qtr 2 FY20 Feedback Management Comments (October, November, December)

Feedback Management Comments
The doctor is very good but doesn't speak Spanish very well.
Dr. McKenzie is the most caring and thorough physician that I have known in my 52 years of life. You need more doctors like her.
Dr. Benjamin Johnson was perfect. He was absolutely outstanding. God bless everybody on Dr. Nelson's staff.
Love this clinic
At reception they should pay attention to 2 occasions where they repeat my appointment and charge me for them. In other words, I go to my office and do not erase the date and my next appointment is for the same and obviously they do not check me but if they charge me and I did not like that I had to go as last 5 times and at 5 they were wrong they could not I put on the IUD and they even had me there already prepared in the office to put on something that I didn't ask if it wasn't because the doctor tells me I wouldn't have realized all this comes from reception when I use my appointment.
That I am very grateful and happy that this service exists, in order to take care of my health.
It's been great for a few years and very happy with my current doctor.
Great professional place and people.
I love it there!
My appointment was at 8:50, I finally left at 11
They made me wait almost 2 hours on the appointment and no I didn't have time can fix that



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 4.a.

Compliance and Quality
Committee Report-
Compliance Report

Q2 FY2020 FQHC Compliance and Internal Audit Work Plan Update - Quality and Compliance Committee

Reporting Group: Compliance and Internal Audit

Person Reporting:

L.T. Slaughter, Jr., CPA, CGMA, CHC, CISSP, CISA, MBA

or Elena Landeros, Compliance Coordinator

Reporting period: Q2 FY2020

Chief Compliance Officer/Privacy Officer

Q2 FY2020 Compliance and Internal Audit Work Plan Update – FQHC

- 1.0 - FY 2020 Q2 Compliance Work Plan - FQHC
- 2.0 - FY 2020 Q2 Internal Audit Work Plan - FQHC
- 3.0 - Ethics Line Reports - FQHC

1.0 – Q2 FY2020 Compliance Work Plans – FQHC

Data Dictionary for the Compliance and Internal Audit Work Plan

ABN – Advance Beneficiary Notice – A Medicare rule that requires communication to a Medicare beneficiary that a test or procedure is not medically necessary and they will be liable for the test or procedure.

ACN – Arizona Care Network – An Accountable Care Organization that operate in Arizona.

AHCCCS – Arizona Healthcare Cost Containment System – State of Arizona's name for the Medicaid state plan.

Medicare PPS – Medicare Prospective Payment System – A fixed based Medicare payment model.

MACRA – The Medicare Access and CHIP Reauthorization Act – Created a quality payment program.

MU – Meaningful Use – A term used in the Affordable Care Act to evaluate the implementation of Electronic Health Records and qualify for receiving incentive payments.

NAP – New Access Point – A process where you receive a HRSA grant to open a new FQHC site.

OSV – Operational Site Visit – The name for the HRSA audit of FQHCs at it relates to the HRSA Compliance Manual.

Prop 480 (Care-Reimagined) – Referendum passed by the voters of Maricopa County to fund the re-construction of Maricopa County Special Health Care District d/b/a Valleywise Health.

1.1 Q2 FY2020 Compliance Work Plan – FQHC

The FY 2020 compliance projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of compliance with regulations, as well as the identification of value added recommendations. The FY 2020 compliance work plan represents compliance activities based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
Risk Re-assessment and Selection Q2						
CQ2.1 FQHC Operational Site Visit Compliance Preparation	Q2	250 Hours	Starting OVS discussion and preparation	Monitoring - Date set for Operations Site Visit on July 2020; Technical Assistance Review February 18-21, 2020	5	3
CQ2.2 Scope of Service Review	Q2	100 Hours	Selecting another scope of service project.	Complete - Reviewed nurse only visits and are monitoring training.	5	3
CQ2.3 AHCCCS New Billing Processes for Behavioral Health Models	Q2	150 Hours	Working with Barbara Harding and behavioral health on the clinical integration model.	Monitoring ambulatory behavioral health integration.	5	4

2.0 – Q2 FY2020 Internal Audit Work Plans – FQHC

2.1 Q2 FY2020 Internal Audit Work Plan – FQHC

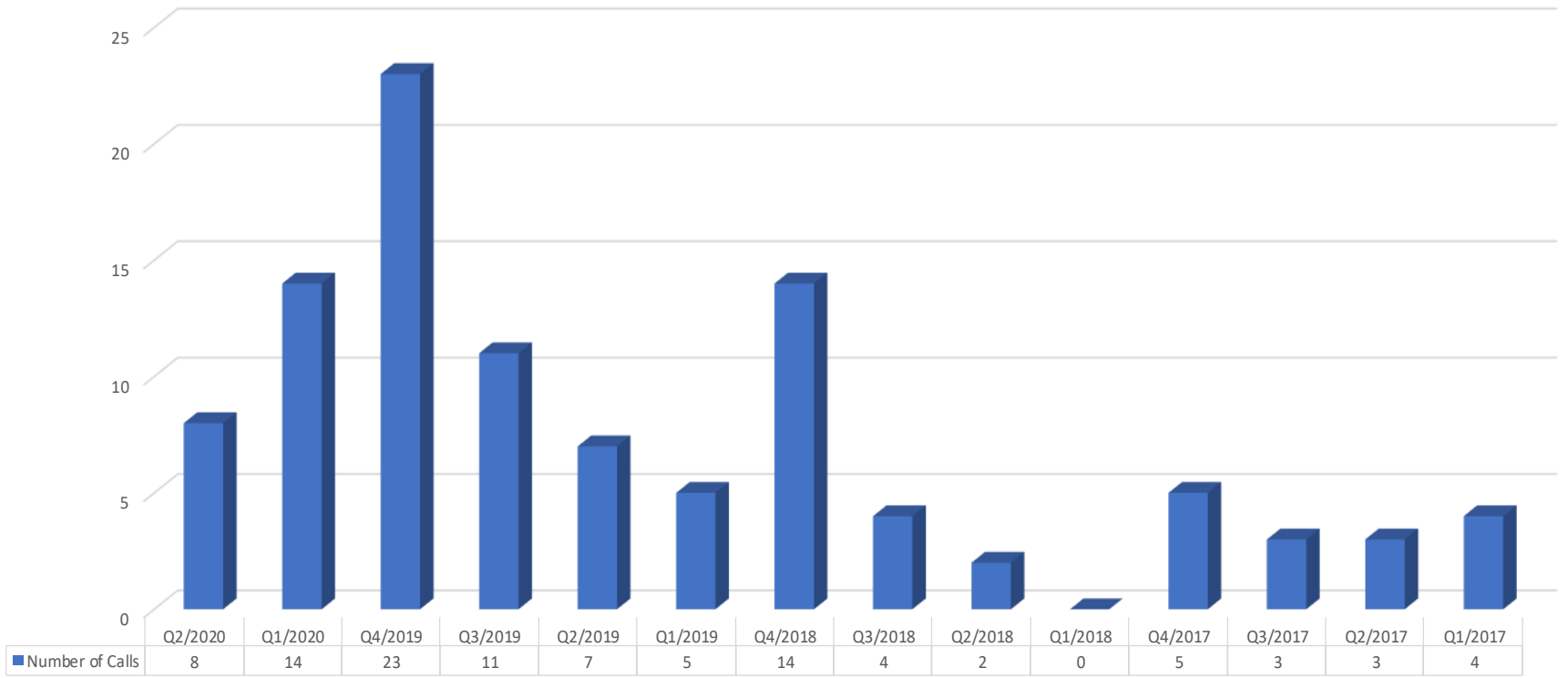
The FY2020 internal audit projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of internal controls as well as the identification of value added recommendations. The FY2020 audit plan represents audits based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
Risk Re-assessment and Selection Q2						
IQ2.1 FQHC OSV Compliance Manual Audit Assessment (Score Card)	Q2	250 Hours	Starting OVS discussion and preparation.	Monitoring - Date set for Operations Site Visit on July 2020; Technical Assistance Review February 18-21, 2020	5	3
IQ2.2 Care Re-Imagined (Prop 480) Controls and Monitoring Review	Q2	100 Hours	Construction Reporting Project is being performed.	100% Complete	5	3
IQ2.3 FQHC Billing Controls	Q2	100 Hours	Validating Opportunities for Improvement	Audit complete and had a 97% overall accuracy rate. We are validating the opportunities for improvement.	5	3

3.0 – Q2 2020 Ethics Line Reports (10/1/2019 through 12/31/2019) – FQHC Only

3.1 – FQHC EthicsLine Report – Three-Year Trending by Quarter

Number of FQHC Ethics Line Calls by Fiscal Quarter



3.2 - Current – Q2 FY2020 Issue Type, Alert Status and Primary Outcome Report

Count of Primary Case Outcome		Alert Level		Comment
Primary Issue	Primary Case Outcome	Green	Grand Total	
Environment, Health and Safety	Unsubstantiated	1	1	
Environment, Health and Safety Total		1	1	
Inappropriate Behavior	Frivolous	1	1	
Inappropriate Behavior Total		1	1	
Misconduct Behavior	Insufficient Information	1	1	Additional Information requested without a response from the reporter.
	Unsubstantiated	1	1	
Misconduct Behavior Total		2	2	
Patient Abuse/Verbal	Insufficient Information	1	1	Additional Information requested without a response from the reporter.
Patient Abuse/Verbal Total		1	1	
Patient Care	Insufficient Information	1	1	Additional Information requested without a response from the reporter.
Patient Care Total		1	1	
Unauthorized/Fraudulent Use of Company Facilities and Equipment	Substantiated	1	1	Individual received a verbal warning prior to the EthicsLine report for not following procedures.
Unauthorized/Fraudulent Use of Company Facilities and Equipment Total		1	1	
Unfair Employment Practices	Unsubstantiated	1	1	
Unfair Employment Practices Total		1	1	
Grand Total		8	8	
Legend of Terms:				
Referred - These cases are sent to Risk Management or Human Resources for low risk or a repeat caller				
Unsubstantiated - After investigation of the case the allegation was not supported by evidence				
Substantiated - After investigation of the case the allegation was supported by evidence				
Alert Level Definition (All Alert Levels for the Quarter are Listed Above)				
Green - Need to address in normal investigation cycle and low regulatory or monetary impact of the organization (Green Example - A call about an employee not agreeing with their evaluation)				
Yellow - Expedited investigation required and moderate regulatory or monetary impact to the organization (Yellow Example - A call about a potential medium level HIPAA violation or patient safety)				
Red - Immediate Investigation required and potential high regulatory or monetary impact to the organization (Red Example - A call about a large HIPAA violation, a large theft or fraud/abuse or a major patient safety issue)				

3.2 – Current – Q2-2020 Relevant Issue Definitions

Environment, Health and Safety- Conduct, actions, policies or practices that either violate local, provincial or federal environmental, health or safety laws or regulations or may cause or result in potentially hazardous conditions that impact the environment or the health or safety of employees, customers or others.

Inappropriate Behavior- Statements or actions that are not harassing in nature, but are believed to be unsuitable for the workplace.

Misconduct Behavior- Intentional wrongdoing; specifically: deliberate violation of a law or standard.

Patient Abuse/Verbal- Any language directed at a patient by an employee, which would be offensive (swearing), or language used to berate, belittle, or otherwise cause the patient to feel intimidated or threatened.

Patient Care- Policies, practices, or individual actions causing unacceptable quality of care given to patients. Includes negligence, medical errors, accidents, and abuse.

Unauthorized/Fraudulent Use of Company Facilities and Equipment- The improper, unauthorized or unlicensed use of property or resources for non-business related reasons or purposes, including improper use of systems and timekeeping.

Unfair Employment Practices- Employment decisions, practices or disciplinary actions that are believed to be unfair regardless of whether they are the result of job performance, changes in business needs or other business related decisions.

3.3 - Current – Q1 FY2020 Issue Type, Alert Status and Primary Outcome Report

Valleywise Health			
FHC Only - Primary Issue, Alert Level and Outcome Report (by Report Date)			
Q1 2020			
Count of Primary Case Outcome		Alert Level	
Primary Issue	Primary Case Outcome	Green	Grand Total
[-] Disclosure of Confidential Information	Substantiated	1	1
Disclosure of Confidential Information Total		1	1
[-] Discrimination	Referred	1	1
Discrimination Total		1	1
[-] HIPAA, Privacy, Security	Referred	2	2
	Unsubstantiated	1	1
HIPAA, Privacy, Security Total		3	3
[-] Misconduct Behavior	Unsubstantiated	1	1
Misconduct Behavior Total		1	1
[-] Patient Abuse/Verbal	Unsubstantiated	1	1
Patient Abuse/Verbal Total		1	1
[-] Patient Care	Referred	1	1
	Substantiated	1	1
Patient Care Total		2	2
[-] Patient's Rights	Referred	1	1
Patient's Rights Total		1	1
[-] Unauthorized/Fraudulent Use of Company Facilities and Equipment	Unsubstantiated	1	1
Unauthorized/Fraudulent Use of Company Facilities and Equipment Total		1	1
[-] Unfair Employment Practices	Unsubstantiated	3	3
Unfair Employment Practices Total		3	3
Grand Total		14	14
Legend of Terms:			
Referred - These cases are sent to Risk Management or Human Resources for low risk or a repeat caller			
Unsubstantiated - After investigation of the case the allegation was not supported by evidence			
Substantiated - After investigation of the case the allegation was supported by evidence			
Alert Level Definition (All Alert Levels for the Quarter are Listed Above)			
Green - Need to address in normal investigation cycle and low regulatory or monetary impact of the organization (Green Example - A call about an employee not agreeing with their evaluation)			
Yellow - Expedited investigation required and moderate regulatory or monetary impact to the organization (Yellow Example - A call about a potential medium level HIPAA violation or patient safety)			
Red - Immediate Investigation required and potential high regulatory or monetary impact to the organization (Red Example - A call about a large HIPAA violation, a large theft or fraud/abuse or a major patient safety issue)			

3.3 – Current - Q1-2020 Relevant Issue Definitions

Disclosure of Confidential Information- The unauthorized or illegal disclosure, copying, duplication, misuse or release of confidential or personal data including but not limited to employment, financial, medical and health, customer lists, contracts, business plans, personnel records or other property marked or generally regarded as confidential or trade secrets.

Discrimination- Statements or actions based on age, race, color, national origin, sexual orientation, gender, disability or religion that are the basis for employment, promotion or compensation decisions.

HIPAA, Privacy, Security - This Category should be selected if there is a concern with the improper use or disclosure of Protected Health Information. Protected Health

Misconduct Behavior- Intentional wrongdoing; specifically: deliberate violation of a law or standard.

Patient Abuse/Verbal- Any language directed at a patient by an employee, which would be offensive (swearing), or language used to berate, belittle, or otherwise cause the patient to feel intimidated or threatened.

Patient Care- Policies, practices, or individual actions causing unacceptable quality of care given to patients. Includes negligence, medical errors, accidents, and abuse.

Patient's Rights- Failures of those responsible for patient care to allow a patient(s) to follow/complete his/her daily routine, i.e. bathing, watching television, smoking, etc.

Unauthorized/Fraudulent Use of Company Facilities and Equipment- The improper, unauthorized or unlicensed use of property or resources for non-business related reasons or purposes, including improper use of systems and timekeeping.

Unfair Employment Practices- Employment decisions, practices or disciplinary actions that are believed to be unfair regardless of whether they are the result of job performance, changes in business needs or other business related decisions.

3.4 – Prior Quarter – Q4 FY2019 Issue Type, Alert Status and Primary Outcome Report

Valleywise Health			
FHC Only - Primary Issue, Alert Level and Outcome Report (by Report Date)			
Q4 2019			
Count of Primary Case Outcome		Alert Level	
Primary Issue	Primary Case Outcome	Green	Grand Total
Discrimination	Unsubstantiated	4	4
Discrimination Total		4	4
Environment, Health and Safety	Referred	1	1
Environment, Health and Safety Total		1	1
Falsification of Contracts, Reports or Records	Substantiated	1	1
Falsification of Contracts, Reports or Records Total		1	1
Gifts and Entertainment	Substantiated	1	1
Gifts and Entertainment Total		1	1
Health Insurance Portability and Accountability Act (HIPAA)	Substantiated	1	1
	Unsubstantiated	3	3
Health Insurance Portability and Accountability Act (HIPAA) Total		4	4
Inappropriate Behavior	Unsubstantiated	4	4
Inappropriate Behavior Total		4	4
Misconduct Behavior	Substantiated	1	1
	Unsubstantiated	2	2
Misconduct Behavior Total		3	3
Other	Unsubstantiated	1	1
Other Total		1	1
Patient Care	Referred	2	2
Patient Care Total		2	2
Patient's Rights	Substantiated	1	1
Patient's Rights Total		1	1
Unfair Employment Practices	Unsubstantiated	1	1
Unfair Employment Practices Total		1	1
Grand Total		23	23
Legend of Terms:			
Referred - These cases are sent to Risk Management or Human Resources for low risk or a repeat caller			
Unsubstantiated - After investigation of the case the allegation was not supported by evidence			
Substantiated - After investigation of the case the allegation was supported by evidence			
Other Case Details:			
Other: The Other case was the repeat caller.			
Alert Level Definition (All Alert Levels for the Quarter are Listed Above):			
Alert Level Definition (All Alert Levels for the Quarter are Listed Above)			
Green - Need to address in normal investigation cycle and low regulatory or monetary impact of the organization (Green Example - A call about an employee not agreeing with their evaluation)			
Yellow - Expedited investigation required and moderate regulatory or monetary impact to the organization (Yellow Example - A call about a potential medium level HIPAA violation or patient safety)			
Red - Immediate Investigation required and potential high regulatory or monetary impact to the organization (Red Example - A call about a large HIPAA violation, a large theft or fraud/abuse or a major patient safety issue)			

3.4 – Prior Quarter – Q4 FY2019 Relevant Issue Definitions

Discrimination- Statements or actions based on age, race, color, national origin, sexual orientation, gender, disability or religion that are the basis for employment, promotion or compensation decisions.

Environment, Health and Safety- Conduct, actions, policies or practices that either violate local, provincial or federal environmental, health or safety laws or regulations or may cause or result in potentially hazardous conditions that impact the environment or the health or safety of employees, customers or others.

Falsification of Contracts, Reports or Records- Falsification of records consists of altering, fabricating, falsifying, or forging all or any part of a document, contract or record for the purpose of gaining an advantage, or misrepresenting the value of the document, contract or record.

Gifts and Entertainment- Refers to the inappropriate offering, solicitation or accepting of items of more than nominal value from vendors, customers or other third parties in a capacity as an employee of the Company.

HIPAA, Privacy, Security - This Category should be selected if there is a concern with the improper use or disclosure of Protected Health Information. Protected Health Information is information .

Inappropriate Behavior- Statements or actions that are not harassing in nature, but are believed to be unsuitable for the workplace.

Misconduct Behavior- Intentional wrongdoing; specifically: deliberate violation of a law or standard.

Other – Description of the event does not fit any listed item and required an explanation

Patient Care- Policies, practices, or individual actions causing unacceptable quality of care given to patients. Includes negligence, medical errors, accidents, and abuse.

Patient's Rights- Failures of those responsible for patient care to allow a patient(s) to follow/complete his/her daily routine, i.e. bathing, watching television, smoking, etc.

Unfair Employment Practices- Employment decisions, practices or disciplinary actions that are believed to be unfair regardless of whether they are the result of job performance, changes in business needs or other business related decisions.

3.5 – Prior Quarter – Q3 FY2019 Issue Type, Alert Status and Outcome Report

Valleywise Health				
FHC Only - Primary Issue, Alert Level and Outcome Report (by Report Date)				
Q3 2019				
Count of Primary Case Outcome		Alert Level		
Primary Issue	Primary Case Outcome	Green	Red	Grand Total
<input type="checkbox"/> Falsification of Contracts, Reports or Records	Unsubstantiated	1		1
Falsification of Contracts, Reports or Records Total		1		1
<input type="checkbox"/> Harassment - Workplace	Referred	2		2
Harassment - Workplace Total		2		2
<input type="checkbox"/> HIPAA, Privacy, Security	Substantiated	1		1
HIPAA, Privacy, Security Total		1		1
<input type="checkbox"/> Inappropriate Behavior	Referred	1		1
	Unsubstantiated	2	1	3
Inappropriate Behavior Total		3	1	4
<input type="checkbox"/> Patient Abuse/Verbal	Referred	1		1
Patient Abuse/Verbal Total		1		1
<input type="checkbox"/> Patient Care	Referred	1		1
Patient Care Total		1		1
<input type="checkbox"/> Physician Payment and Referral Concerns	Substantiated	1		1
Physician Payment and Referral Concerns Total		1		1
Grand Total		10	1	11
Legend of Terms:				
Referred - These cases are sent to Risk Management or Human Resources for low risk or a repeat caller				
Unsubstantiated - After investigation of the case the allegation was not supported by evidence				
Substantiated - After investigation of the case the allegation was supported by evidence				
Alert Level Definition (All Alert Levels for the Quarter are Listed Above)				
Green - Need to address in normal investigation cycle and low regulatory or monetary impact of the organization (Green Example - A call about an employee not agreeing with their evaluation)				
Yellow - Expedited investigation required and moderate regulatory or monetary impact to the organization (Yellow Example - A call about a potential medium level HIPAA violation or patient safety)				
Red - Immediate Investigation required and potential high regulatory or monetary impact to the organization (Red Example - A call about a large HIPAA violation, a large theft or fraud/abuse or a major patient safety issue)				

3.5 – Prior Quarter – Q3-2019 Relevant Issue Definitions

Falsification of Contracts, Reports or Records- Falsification of records consists of altering, fabricating, falsifying, or forging all or any part of a document, contract or record for the purpose of gaining an advantage, or misrepresenting the value of the document, contract or record.

Harassment - Workplace- Persistent statements, conduct or actions that are uninvited, degrading, offensive, humiliating or intimidating and create an unpleasant or hostile environment.

HIPAA, Privacy, Security - This Category should be selected if there is a concern with the improper use or disclosure of Protected Health Information.

Inappropriate Behavior- Statements or actions that are not harassing in nature, but are believed to be unsuitable for the workplace.

Patient Abuse/Verbal- Any language directed at a patient by an employee, which would be offensive (swearing), or language used to berate, belittle, or otherwise cause the patient to feel intimidated or threatened.

Patient Care- Policies, practices, or individual actions causing unacceptable quality of care given to patients. Includes negligence, medical errors, accidents, and abuse.

Physician Payment and Referral Concerns- Concerns specifically related to physician payments/benefits and/or payment for referrals. (Examples include: paying a provider to refer patients to a facility, paying physicians more than fair market value for services provided, paying a provider without an executed contract, awarding a benefit to a physician that may violate the Stark regulations, etc.)

3.6 – FQHC Only – Q2 & FY2020 Average Days to Close

Benchmark:

Average Days to Close Benchmark = 30 days or less

Results:

Q2 FY2020 Average Days to Close = 20 Days

Comparable:

Q2 FY 2019 Average Days to Close = 9 Days

Q2 FY2018 Average Days to Close = 34 Days



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 4.b.

Executive Committee Report -
Recruitment and Retention,
Application Process Guidelines



APPLICANT PROCESS GUIDELINES
for membership to the
Valleywise Community Health Centers Governing Council

1. Email applicant an application. Applicant will be encouraged to attend Governing Council/Committee meetings – **Chief Executive Officer, Chief Governance Officer, or Assistant Clerk**
2. Chief Executive Officer will review criteria established to see if applicant meets criteria (see “Criteria for Applicants” reviewed 11/4/19) – **Chief Executive Officer**
3. If applicant meets criteria, Chief Executive Officer will direct Assistant Clerk to schedule interview with applicant along with no more than two Executive Committee members (If the Executive Committee member referred the applicant, that member should not be involved in interview process due to perceived COI) – **Assistant Clerk**
4. Chief Executive Officer and no more than two Executive Committee members will interview applicant (see “Interview Questions for Candidates” reviewed 11/4/19) at a Valleywise Health facility of the applicant’s choosing – **Chief Executive Officer, Executive Committee members**
5. If after the interview, the Chief Executive Officer *and* at least one Executive Committee member agree to recommend the applicant for appointment, the Chief Executive Officer will notify the Assistant Clerk – **Chief Executive Officer**
6. The Assistant Clerk will forward the application to Compliance/Legal/HR departments for background check, review of the Department of Health and Human Services’ Exclusion List, and consideration of any other federal or state regulatory requirements applicable to citizens sitting as Governing Council members – **Assistant Clerk**

7. If Compliance/Legal/HR departments clear the application, the application will be placed on the next scheduled District Board agenda for approval – **Chief Governance Officer**
8. If the District Board approves the application, the application will be placed on the next scheduled Governing Council agenda for appointment – **Assistant Clerk**
9. Notify the applicant that their appointment will go to the Governing Council for approval and invite them to the meeting – **Chief Executive Officer**
10. If appointment approved, assign the new member a mentor – **Governing Council Chair**



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 4.b.

Executive Committee Report -
Member and User Status

Governing Council Composition

Board Member	Consumer	Date of Last Visit	Race							Ethnicity		Gender		Area of Expertise	Committee Assignment	Years of Service	3rd yr	6th yr	9th yr	District
			Asian	Native Hawaiian	Other Pacific Islander	Black/African American	American Indian/ Alaska Native	White	More than one race	Hispanic or Latino	Non-Hispanic or Latino	Male	Female							
Michelle Barker	N	N/A						X			X		X	Healthcare, Business	CQC	June, 2019	2021	2024	2027	4
Theresa Ann Benelli	N	N/A						X			X		X	Finance	EC, FC	August, 2016	2019	2022	2025	2
Pedro Cons III	Y	Jul-18						X		X		X		Healthcare, Finance	EC, FC	May, 2018	2020	2023	2026	5
Christine Ann Hammond	N	N/A						X			X		X	Healthcare, Education	CQC	October, 2011	2014	2017	2020	1
Scott Allan Jacobson	Y	Jan-19						X			X	X		Community Affairs, Education	EC, SPO	August, 2017	2020	2023	2026	3
Melissa Kotrys	Y	Sep-18						X			X		X	Healthcare, Business	EC, FC	June, 2012	2014	2017	2020	3
Joseph Larios	Y	Apr-18							X	X		X		Community Affairs, Government	SPO	April, 2019	2021	2024	2027	5
Elizabeth Ann McCarty	Y	Oct-18						X			X		X	Finance, Business	SPO	July, 2014	2017	2020	2023	2
Daniel Messick	N	N/A						X			X	X		Finance, Business	CQC	June, 2019	2021	2024	2027	4
Isaac Serna	N	N/A						X		X		X		Community Affairs, Education	FC	November, 2018	2021	2024	2027	5
Ryan Winkle	Y	Sep-18							X		X	X		Community Affairs, Government	EC, FC	April, 2016	2018	2021	2024	1

11

6

54%

0% Asian
 0% Native Hawaiian
 0% Other Pacific Islander
 0% Black/African American
 0% American Indian/Alaska Native
 82% White
 18% More than one race

72% Non-Hispanic or Latino
 27% Hispanic or Latino

46% Female
 54% Male

Not represented
 Trade Unions
 Labor Relations
 Legal
 Social Services

18% District 1
 18% District 2
 18% District 3
 18% District 4
 27% District 5

Executive Committee - EC Benelli, Cons, Jacobson, Kotrys, Winkle
 Finance Committee - FC Benelli, Cons, Kotrys, Serna, Winkle
 Compliance & Quality Committee - CQC Barker, Hammond, Messick
 Strategic Planning & Outreach Committee - SPO Jacobson, Larios, McCarty

Demographic Characteristics of Valleywise Community Health Centers Governing Council Members

Numbers of Members	Consumers	Race	Ethnicity	Gender	Areas of Expertise	District	Income HC Industry
11 Members	54% Consumers	0% Asian 0% Native Hawaiian 0% Other Pacific Islander 0% Black/African American 0% American Indian/Alaska Native 82% White 18% More than one race	72% Non-Hispanic or Latino 27% Hispanic or Latino	46% Female 54% Male	Healthcare Finance Community Affairs Education Business Government <u>Not represented</u> Trade Unions Labor Relations Social Services Legal	18% District 1 18% District 2 18% District 3 18% District 4 27% District 5	0%

Demographic Characteristics of FQHC Look -Alike Clinic Patients*

Total patients	Race	Ethnicity	Gender
89,727	2% Asian <1% Native Hawaiian <1% Other Pacific Islander 13% Black/African American 1% American Indian/Alaska Native 77% White <1% More than one race	39% Non-Hispanic or Latino 61% Hispanic or Latino	58% Female 42% Male

* Data source: MIHS UDS Report Submitted to HRSA Mar 2019

Valleywise Community Health Centers Governing Council - User Status

<i>Last Name</i>	<i>First Name</i>	<i>District</i>	<i>Date of Last Service</i>
Barker	Michelle	District 4	
Benelli	Terry	District 2	
Cons	Pedro	District 5	07/2018
Hammond	Chris	District 1	
Jacobson	Scott	District 3	01/2019
Kotrys	Melissa	District 3	09/2018
Larios	Joseph	District 5	04/2018
McCarty	Liz	District 2	10/2018
Messick	Daniel	District 4	
Serna	Isaac	District 5	
Winkle	Ryan	District 1	09/2018

6 out of 11 users = 54%

District #	# of Members in the District
District 1	2
District 2	2
District 3	2
District 4	2
District 5	3



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 4.b.

Executive Committee Report -
Attendance

Valleywise Community Health Centers Governing Council Attendance

Name	3/6/19	4/3/19	4/10/19	5/1/19	6/5/19	7/3/19	8/7/19	9/4/19	10/2/19	11/6/19	12/4/19	1/2/20	2/5/20
Barker, Michelle					P	A	P	P	*	P	A	P	P
Benelli, Terry	P	P	E	P	P	*	P	P	E	A	P	P	P
Cons, Pedro	*	P	P	P	P	E	P	P	P	A	P	*	P
Hammond, Chris	P	P	*	P	P	*	A	P	P	A	P	*	P
Jacobson, Scott	P	P	*	P	P	*	*	P	P	P	P	P	P
Kotrys, Melissa	P	P	*	P	P	*	A	P	P	P	A	P	P
Larios, Jospeh		P	A	P	P	P	A	P	P	P	P	P	P
McCarty, Liz	P	P	*	P	P	*	P	P	P	P	A	E	P
Messick, Daniel					P	P	P	P	P	P	P	P	*
Serna, Isaac	A	P	*	P	A	*	P	P	P	P	P	P	*
Winkle Ryan	P	P	*	P	*	*	P	P	P	P	P	P	A


Legend


* = Participated Telephonically

E = Excused by vote

P = Present

A = Absent

 Meeting Canceled

 Not a member of council during this time

Valleywise Community Health Centers Governing Council: Committee Attendance

Executive	3/14/19	4/11/19	5/6/19	6/13/19	7/11/19	8/8/19	9/12/19	10/10/19	11/14/19	12/12/19	1/9/20	1/30/20	2/13/20
Terry Benelli			P	P	*	P	P	P		A		A	P
Pedro Cons								A		P		P	P
Scott Jacobson					P	*	P	P		P		P	P
Melissa Kotrys			P	P	P	A	*	P		E		P	P
Ryan Winkle					P	*	*	P		P		P	P

Finance Committee	3/6/19	4/3/19	5/1/19	5/29/19	6/5/19	7/3/19	8/7/19	9/4/19	10/2/19	11/6/19	12/4/19	1/2/20	2/5/20
Terry Benelli	P	P	P	A	P	*	P	P	E	A	P	P	P
Pedro Cons	P	P	A	P	P	E	P	P	P	*	P	*	P
Melissa Kotrys	P	P	P	A	P	*	A	P	P	P	A	P	P
Isaac Serna	A	P	P	P	A	*	P	P	P	P	P	P	*
Ryan Winkle			P	P	*	*	P	P	P	P	P	P	A

Compliance & Quality	3/11/19	4/8/19	5/13/19	6/10/19	7/8/19	8/12/19	9/9/19	10/15/19	11/12/19	12/9/19	1/13/20	2/10/20
Michelle Barker						P	P	P	A		P	*
Chris Hammond	*		P	P		A	P	*	P		P	P
Daniel Messick						P	P	P	P		P	P

Strategic Planning & Outreach	3/11/19	4/25/19	7/31/19	9/9/19	11/12/19	12/9/19	1/13/20	2/10/20
Scott Jacobson	P	P	P	P	P		P	
Joseph Larios			P	A	P		P	
Liz McCarty			P	P	P		P	


Legend


* = Participated Telephonically


E = Excused by vote

P = Present

A = Absent

 Meeting Canceled

 Not a member of committee during this time

 Decision made to meet monthly instead of quarterly



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 4.c.

Finance Committee Report –
Financials

**VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending January 31, 2020**

OPERATING REVENUE

(a) Visits

	Actual	Budget	Variance	%Variance
Month-to-Date	26,712	27,065	(353)	-1.3%
Year-to-Date	169,684	173,756	(4,072)	-2.3%

Visits were below budget for the month by 353 or 1.3%. Current month visits above prior month by 4,083 or 18.0%. The VCHC was below budget by 425 or 2.3%, VCHC - Phoenix below budget by 116 or 1.9% and Dental above budget by 188 or 8.5%.

(b) Net Patient Service Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,529,637	\$ 5,694,628	\$ (164,990)	-2.9%
Year-to-Date	\$ 34,618,579	\$ 36,473,832	\$ (1,855,253)	-5.1%
Month-to-Date Per Visit	\$ 207	\$ 210	\$ (3)	-1.6%
Year-to-Date Per Visit	\$ 204	\$ 210	\$ (6)	-2.8%

Net patient service revenue is below budget by \$165.0K for MTD. On a per visit basis, net patient service revenue is below budget by \$3.00 on MTD. The VCHC was below budget by \$130.7K or 3.1%, VCHC - Phoenix below budget by \$6.9K or 0.6% and Dental below budget by \$27.4K or 6.9%.

(c) Other Operating Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 140,968	\$ 89,848	\$ 51,121	56.9%
Year-to-Date	\$ 748,014	\$ 628,933	\$ 119,081	18.9%

Other operating revenue is above budget by \$51.1K for MTD.

(d) PCMH Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 7,746	\$ 8,000	\$ (254)	-3.2%
Year-to-Date	\$ 56,622	\$ 56,000	\$ 622	1.1%

Patient Centered Medical Home Revenue is below budget by \$0.3K for MTD.

(e) Total operating revenues

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,678,352	\$ 5,792,475	\$ (114,123)	-2.0%
Year-to-Date	\$ 35,423,215	\$ 37,158,765	\$ (1,735,551)	-4.7%
Month-to-Date Per Visit	\$ 213	\$ 214	\$ (1)	-0.7%
Year-to-Date Per Visit	\$ 209	\$ 214	\$ (5)	-2.4%

Total operating revenues are below budget by \$114.1K for MTD. On a per visit basis, net patient service revenue is below budget by \$1.00 for MTD.

**VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending January 31, 2020**

OPERATING EXPENSES

(f) Salaries and Wages

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 1,724,322	\$ 1,783,450	\$ 59,128	3.3%
Year-to-Date	\$ 11,251,542	\$ 11,567,597	\$ 316,055	2.7%
Month-to-Date FTEs	324	364	41	11.1%
Year-to-Date FTEs	324	341	17	5.1%

Salaries and wages were below budget by \$59.1K MTD. FTEs were below budget by 41 MTD. The average salaries and wages per FTE were higher compared to the previous month by \$351.88.

(h) Employee Benefits

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 549,306	\$ 575,673	\$ 26,367	4.6%
Year-to-Date	\$ 3,724,383	\$ 3,736,453	\$ 12,070	0.3%
Month-to-Date Per FTE	\$ 1,696	\$ 1,580	\$ (116)	-7.4%
Year-to-Date Per FTE	\$ 11,513	\$ 10,963	\$ (550)	-5.0%

Employee benefits were below budget by \$26.4K MTD.

Benefits as a % of Salaries

	Actual	Budget	Variance	%Variance
Month-to-Date	31.9%	32.3%	0.4%	1.3%
Year-to-Date	33.1%	32.3%	-0.8%	-2.5%

(i) Medical Service Fees

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 1,614,375	\$ 1,684,834	\$ 70,458	4.2%
Year-to-Date	\$ 11,400,406	\$ 11,708,344	\$ 307,938	2.6%

Medical service fees were below budget for the month by \$70.5K MTD. The VCHC was below budget by \$116.4K or 8.9% and the VCHC - Phoenix is above budget by \$45.9K or 12.4%.

(j) Supplies

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 196,188	\$ 176,241	\$ (19,946)	-11.3%
Year-to-Date	\$ 1,373,762	\$ 1,150,851	\$ (222,911)	-19.4%
Month-to-Date Supplies per Visit	\$ 7.34	\$ 6.51	\$ (0.83)	-12.8%
Year-to-Date Supplies per Visit	\$ 8.10	\$ 6.62	\$ (1.47)	-22.2%

Supplies expenses were above budget by \$19.9K MTD. VCHC above budget in Pharmaceuticals by \$24.0K, VCHC - Phoenix below budget in Pharmaceuticals \$6.7K and Dental above budget in Dental Supplies by \$2.0K.

(k) Purchased Services

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 10,009	\$ 17,584	\$ 7,575	43.1%
Year-to-Date	\$ 113,613	\$ 119,802	\$ 6,190	5.2%

Purchased services were below budget by \$7.6K MTD.

VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending January 31, 2020

OPERATING EXPENSES (continued)

(l) Other Expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 84,750	\$ 97,182	\$ 12,432	12.8%
Year-to-Date	\$ 745,760	\$ 760,340	\$ 14,580	1.9%

For the month, other expenses were below budget by \$12.4K.

(m) Interest Expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ -	\$ 40	\$ 40	100.0%
Year-to-Date	\$ -	\$ 277	\$ 277	100.0%

(n) Allocated Ancillary Expense

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 929,245	\$ 756,563	\$ (172,682)	-22.8%
Year-to-Date	\$ 5,499,193	\$ 5,079,284	\$ (419,909)	-8.3%

Allocated ancillary expenses were above budget by \$172.7K MTD.

(o) Total operating expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,108,931	\$ 5,091,567	\$ (17,364)	-0.3%
Year-to-Date	\$ 34,177,321	\$ 34,152,920	\$ (24,401)	-0.1%
Month-to-Date Per Visit	\$ 191	\$ 188	\$ (3)	-1.7%
Year-to-Date Per Visit	\$ 201	\$ 197	\$ (5)	-2.5%

Total operating expenses were above budget by \$17.4K MTD. On a per visit basis, the current month was 1.7% unfavorable.

(p) Margin (before overhead allocation)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 569,421	\$ 700,908	\$ (131,487)	-18.8%
Year-to-Date	\$ 1,245,894	\$ 3,005,846	\$ (1,759,952)	-58.6%
Month-to-Date Per Visit	\$ 21	\$ 26	\$ (5)	-17.7%
Year-to-Date Per Visit	\$ 7	\$ 17	\$ (10)	-57.6%

Total margin (before overhead allocation) is below budget by \$131.5K MTD.



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 4.d.

Strategic Planning and
Outreach Committee Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 5.a.

FQHC Clinics
CEO Report



Office of the Sr Vice President & CEO FQHC Clinics
2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: March 4, 2020

TO: Valleywise Community Health Centers Governing Council

FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Services & CEO FQHC Clinics

SUBJECT: CEO Report

Visit Metrics: January 2020

Valleywise Community Health Centers had a negative visit variance of (3.2%) for the month of January. A comparison of visits YTD Actual to Prior Year shows an increase in visit volume of 4.5% accounting for 4,978 more visits this FY. Clinics with a negative variance include:

7th Avenue: Although showing a negative variance of (6.5%), this is a 2.9% improvement from December. In addition, a comparison of YTD Actual to Prior Year shows an increase in visit volume of 42.0% or 4,115 more visits this FY.

South Phoenix (19.3%): Leadership has been meeting with South Phoenix leadership working to implementing 20-minute appointments, OB/GYN visit pilot and as well as evaluating market penetration to determine opportunities.

Avondale (5.2%): Although a negative variance in January, the clinic is running a 1.1% positive variance FYTD.

Maryvale (3.4%): The clinic closing the gap with a FYTD negative variance of (1.5%). Performing 1.7% better than last year.

Glendale (16.7%) The clinic is working to improve performance and to close the gap of FYTD (2.0%).

Of note, *Mesa* 3.1%: Continuing a positive trend in comparison to YTD Actual to Prior Year with an increase of 14% or 1,249 more visits this FY.

CHC FQHC Clinics

FQHC MARICOPA WOMENS CARE – PHOENIX: Negative variance (13.8%) or shortfall of (308) visits. An evaluation of the cause for the visit performance of the WCC completed. Visits were overbudgeted by 278 visits per month due to the incorrect addition of 1.0 FTE. Recalculation accounting for the correct number of provider FTEs shows a negative variance of (30) visits.

FQHC ANTEPARTUM TESTING – PHOENIX: Negative variance (9.9%). Difficulty filling positions. Currently down 2.5 Sonographers. 1 Sonographer starting in February.

FQHC PEDIATRIC CLINIC – PHOENIX: Showing a strong performance with a positive variance 10.1% this month. A comparison of YTD Actual to Prior Year shows an increase in visit volume of 4.3% from the previous year or 471 additional visits.

FQHC MEDICINE CLINIC – PHOENIX: Negative variance (9.8%). Delays in the release of the Resident schedules are continuing to be problematic preventing the PAC from scheduling visits early in the month. Sr Leadership is engaged working to determine a solution.

FQHC DENTAL CLINICS: The Dental clinics had a strong January positive performance of 8.5%. The Dental Clinics are closing the gap with FYTD at (0.4%) and YTD Prior Year at (0.6%)

Behavioral Health: Visit volume is on track with a higher performance than budgeted, MTD is 35% over budgeted and YTD is 34.4% over. In addition to Avondale, Maryvale, 7th Ave, and Mesa, initiation of integrated behavioral health services, as funded by the HRSA 330 grant, have begun at Glendale and Chandler.

Certified Diabetes Educators: Visit volume lagging from previous. Several contributing factors including going from group visits to 1:1 visits. Action plan developed to close the gap.

HRSA Technical Assistance Site Visit

Consultants from HRSA engaged Valleywise Health staff in a mock Operational Site Visit (OSV) on February 18 – 20, 2020. In addition to the members of the consulting team, Kemar Mapp, HRSA Project, and Lisa A. Nieri, MS, Senior Director of Health Center Development, Arizona Alliance for Community Health Centers provided coaching and support.

The survey process was unremarkable. However, the surveyors identified areas for improvement. The survey process promoted team learning and an opportunity to identify areas for improvement in preparation for OSV to be conducted July 15 – 17, 2020.

A special thank you goes out to the Governing Council members who participated in the site visit: Scott Jacobson, Melissa Kotrys, Joseph Larios, Liz McCarty, and Ryan Winkle!

Public Charge Update

Erika Mach, Public Affairs and Communications Manager, Arizona Alliance for Community Health Centers will be providing a discussion to the members of the Valleywise Community Health Centers Strategic Planning and Outreach Committee on Public Charge. Their meeting is on March 9 at 3:30 PM. All members of the Council are encouraged to attend.

Valleywise Comprehensive Health Center – Peoria

As the final phases in preparation for the opening of the Valleywise Health Comprehensive Health Center – Peoria are being completed, communications to patients and staff are being sent. Below are some of the examples of information that is being sent out.

[Letter and email to patients]

Your Valleywise Community Health Center is relocating.

[PATIENT FIRST NAME],

Your health and wellness are very important to us. In order to take better care of you, we're making some changes to your health system, while still offering the same great care from the people you know and trust.

The services offered at Valleywise Community Health Center – El Mirage are scheduled to transition to the new Valleywise Comprehensive Health Center – Peoria, located just six miles away at the corner of Grand Avenue and Cotton Crossing in Peoria (8088 W Whitney Dr, Peoria AZ 85345). As a result, Valleywise Community Health Center – El Mirage is scheduled to close end-of-day Friday, April 24, 2020.

Our records show you've visited the Valleywise Community Health Center – El Mirage within the last 18 months. Rest assured, the same great team and high-quality care will be available to you at the Valleywise Comprehensive Health Center – Peoria and throughout our network of Community Health Centers across Maricopa County. We're always here when you need us.

As part of Valleywise Health's commitment to providing exceptional care for you and your family, we're excited to be opening the Valleywise Comprehensive Health Center – Peoria on April 27, 2020. A few months after opening our primary care services at the Peoria location, other specialty services will open there, such as an urgent care center, dental clinic, outpatient operating rooms, dialysis and a retail pharmacy. The Valleywise Comprehensive Health Center – Peoria also features a café and a Family Learning Center with educational resources and activities for the entire community.

While the state-of-the-art Valleywise Comprehensive Health Center – Peoria allows us to better serve more patients, we understand this change may be an inconvenience for some of you. We apologize for that and would appreciate the opportunity to discuss transportation options with you.

We hope you'll continue to trust us with your health care needs. For more information, visit valleywisehealth.org. To make an appointment, call 833-VLLYWSE (833-855-9973).

[MAP OF LOCATIONS]

Talking Points | Relocation of Valleywise Community Health Centers

Q: I heard the Valleywise Community Health Center – Glendale/El Mirage is moving to a new location, is that true?

A: Yes, we're excited to be opening the new, state-of-the-art Valleywise Comprehensive Health Center – Peoria this Spring. Once that opens, the Valleywise Community Health Center – Glendale/El Mirage will merge with the new location. We're currently contacting all patients who've visited these locations in the last 18 months to inform them about the change, so they have plenty of time to plan. Keep an eye out for a message from us via letters, emails, texts, signage and more over the next several weeks.

Q: Why are the locations closing?

The voters of Maricopa County overwhelmingly approved a proposition to improve their public health system. This has funded the construction of several new and larger Valleywise Health locations, including the Valleywise Comprehensive Health Center - Peoria, conveniently located at the corner of Grand Avenue and Cotton Crossing. This brand-new facility will allow us to better serve our patients in a more comfortable setting.

Q: When will the change take place?

We're planning to open the Valleywise Comprehensive Health Center – Peoria on Monday, April 27, 2020. That means the last day for patients at the Valleywise Community Health Center – Glendale/El Mirage is scheduled for Friday, April 24, 2020, with the last day for dialysis on Saturday, April 25, 2020.

Q: Can I still see my same health care provider?

Absolutely! All our staff will be moving to the Valleywise Comprehensive Health Center – Peoria or another nearby Valleywise Community Health Center, and they want to continue providing exceptional care to you. Make an appointment with your favorite provider by calling 833-VLLYWSE (833-855-9973). You can also book an appointment online at valleywisehealth.org.

Q: What do I do about transportation challenges?

The location of our new facilities has been specifically chosen for their convenient positions. However, we understand that the change may mean you have to travel a little farther and we apologize for the inconvenience. We are currently exploring transportation assistance and would appreciate the opportunity to discuss these options with you.

Staff are being prepared as well. We are planning a team building day for staff who currently work at El Mirage and Glendale. This will give them the opportunity to meet and begin to develop the team they will become on April 27 at the Peoria clinic.



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 5.b.

Valleywise Health
CEO Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 5.c.

District Board Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 5.d.

AACHC
Governance Training Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 6.

Closing Comments
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Item 7.

Staff Assignments
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

March 4, 2020

Parliamentary Procedures
at a Glance

Parliamentary Procedures At A Glance

To Do This: (1)	You Say This:	May You Interrupt Speaker?	Must You Be Seconded?	Is the Motion Debatable?	Is the Motion Amendable?	What Vote Is Required?
Adjourn the meeting (before all business is complete)	"I move that we 'adjourn.'"	May not interrupt speaker	Must be seconded	Not debatable	Not amendable	Majority vote
Recess the meeting	"I move that we recess 'until...'"	May not interrupt speaker	Must be seconded	Not debatable	Amendable	Majority vote
Complain about noise, room temperature, etc.	"Point of privilege."	May interrupt speaker	No second needed	Not debatable (2)	Not amendable	None (3)
Suspend further consideration of something	"I move we table it."	May not interrupt speaker	Must be seconded	Not debatable	Not amendable	Majority vote
End debate	"I move the previous 'question.'"	May not interrupt speaker	Must be seconded	Not debatable	Not amendable	Two-thirds vote
Postpone consideration of something	"I move we postpone 'this matter until...'"	May not interrupt speaker	Must be seconded	Debatable	Amendable	Majority vote
Have something studied further	"I move we refer this 'matter to a committee.'"	May not interrupt speaker	Must be seconded	Debatable	Amendable	Majority vote
Amend a motion	"I move that this motion 'be amended by...'"	May not interrupt speaker	Must be seconded	Debatable	Amendable	Majority vote
Introduce business (a primary motion)	"I move that..."	May not interrupt speaker	Must be seconded	Debatable	Amendable	Majority vote

Notes

1. These motions or points are listed in established order of precedence. When any one of them is pending, you may not introduce another that's listed below it. But you may introduce another that's listed above it
2. In this case, any resulting motion is debatable.
3. Chair decides.

Parliamentary Procedures At A Glance (continued)

To Do This: (4)	You Say This:	May You Interrupt Speaker?	Must You Be Seconded?	Is the Motion Debatable?	Is the Motion Amendable?	What Vote Is Required?
Object to procedure or to a personal affront	"Point of order."	May interrupt the speaker	No second needed	Not debatable	Not amendable	None (3)
Request information	"Point of information."	If urgent, may interrupt speaker	No second needed	Not debatable	Not amendable	None
Ask for a vote by actual count to verify a voice count	"I call for a division of the house."	May not interrupt speaker (5)	No second needed	Not debatable	Not amendable	None unless someone objects (6)
Object to considering some undiplomatic or improper matter	"I object to consideration of this question."	May interrupt speaker	No second needed	Not debatable	Not amendable	Two-thirds vote required
Take up a matter previously tabled	"I move we take from the table..."	May not interrupt speaker	Must be seconded	Not debatable	Not amendable	Majority required
Reconsider something already disposed of	"I move we now (or later) reconsider our action relative to..."	May interrupt speaker	Must be seconded	Debatable if original motion is debatable	Not amendable	Majority required
Consider something out of its scheduled order	"I move we suspend the rules and consider..."	May not interrupt speaker	Must be seconded	Not debatable	Not amendable	Two-thirds vote required
Vote on a ruling by the chair	"I appeal the chair's decision."	May interrupt speaker	Must be seconded	Debatable	Not amendable	Majority in the negative required to reverse chair's decision

Notes

4. The motions, points and proposals have no established order of precedence. Any of them may be introduced at any time except when the meeting is considering one of the top three matters listed in the chart (motion to adjourn, motion to recess, point of privilege).
5. But division must be called for before another motion is started.
6. Then majority vote is required.