



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020
6:00 p.m.

Agenda



<p><u>Council Members</u> Ryan Winkle, Chair Terry Benelli, Vice Chair Daniel Messick, Treasurer Michelle Barker, Member Scott Jacobson, Member Joseph Larios, Member Liz McCarty, Member Lisa Porter, 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 •

Meeting packet information is available at <https://valleywisehealth.org/about/governing-council/>

Wednesday, November 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.

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.

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

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.

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda: 15 min

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

a. Minutes:

- i. **Approve** Valleywise Community Health Centers Governing Council Meeting Minutes Dated October 7, 2020

b. Contracts:

- i. **Acknowledge** amendment #3 to Intergovernmental Agreement (90-19-176-1-03 [ADHS# CTR050459]) between Arizona Department of Health Services (ADHS) and Maricopa County Special Health Care District dba Valleywise Health, for the Refugee Clinic pertaining to Diabetes Management and Type 2 Diabetes Prevention strategies
- ii. **Acknowledge** a new Intergovernmental Agreement (90-21-141-1) between the Arizona Department of Economic Security (ADES) and Maricopa County Special Health Care District dba Valleywise Health, to provide health care management services under the ADES Refugee Resettlement Program.

c. Governance:

- i. **Accept** Recommendations from the Finance Committee to **Approve** the revised Finance Committee Charter
- ii. **Award** Valleywise Community Health Center-7th Avenue as Clinic of the Year for the Federally Qualified Health Center Clinics
- iii. **Approve** the Appointment of Ylenia Aguilar to the Valleywise Community Health Centers Governing Council
- iv. **Approve** the Appointment of Robert Hess, III to the Valleywise Community Health Centers Governing Council
- v. **Acknowledge** Policy 29460 T; Behavioral Health: Psychological Services

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
- ii. **Acknowledge** Revisions to the Department of Dentistry Delineation of Privileges

End of Consent Agenda

2. Presentation from Maricopa County Department of Public Health on Community Health Needs Assessment Results 10 min

Lilliana DeSantiago Cardenas, Manager, Office of Community Empowerment

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

3. Presentation on the Federally Qualified Health Center Clinics' Pediatric Refugee Clinic Cultural Health Navigation and Care Coordination **10 min**
Dr. Michael Do, M.D., Valleywise Comprehensive Health Center-Phoenix, Pediatrics
4. **Accept** Recommendations from the Strategic Planning and Outreach Committee to **Approve** Calendar Years 2021-2023 Strategic Plan for the Federally Qualified Health Center Clinics **10 min**
Joseph Larios, Strategic Planning and Outreach Committee Chair
5. Discuss, Review, and **Approve** the Revised Valleywise Community Health Centers Governing Council Bylaws **10 min**
Melanie Talbot, Chief Governance Officer
6. Discuss and Review the Care Reimagined Update **10 min**
Michael D. White, M.D., Chief Clinical Officer
7. Discuss and Review the Ambulatory Operational Dashboard **10 min**
Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics
8. Recent Meeting Reports from the Valleywise Community Health Center Governing Council's Standing Committees **15 min**
 - a. Compliance and Quality Committee
Michelle Barker, Committee Chair
 - b. Executive Committee
Ryan Winkle, Committee Chair
 - c. Finance Committee
Daniel Messick, Committee Chair
 - d. Strategic Planning and Outreach Committee
Joseph Larios, Committee Chair
9. Federally Qualified Health Center Clinics Chief Executive Officer's Report **10 min**
Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics
10. Valleywise Health's President and Chief Executive Officer's Report **5 min**
Steve Purves, President and Chief Executive Officer, Valleywise Health
11. Maricopa County Special Health Care District Board of Directors Report **5 min**
Susan Gerard, Director, Maricopa County Special Health Care District Board of Directors
12. Chairman and Council Member Closing Comments/Announcements **5 min**
Valleywise Community Health Centers Governing Council

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

13. Review Staff Assignments 5 min
Cassandra Santos, Assistant Clerk

Old Business:

January 2, 2020

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

September 2, 2020

Plan a Governing Council governance retreat

Adjourn



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 1.a.i.

October 7, 2020
Meeting Minutes

Minutes

Valleywise Community Health Centers Governing Council
Valleywise Health Medical Center
Conference and Administration Center, Auditorium1 & 2
October 7, 2020
6:00 p.m.

DRAFT

Members Present: Ryan Winkle, Chairman - *participated telephonically*
Terry Benelli, Vice Chairman - *participated telephonically until 7:19 p.m.*
Daniel Messick, Treasurer - *participated telephonically at 6:03 p.m.*
Michelle Barker, Member - *participated telephonically*
Scott Jacobson, Member
Joseph Larios, Member - *participated telephonically*
Liz McCarty, Member
Lisa Porter, Member
Isaac Serna, Member - *participated telephonically*

Non-Voting Members Present: Susan Gerard, Maricopa County Special Health Care District Board of Directors

Others/ Guest Presenters: Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics
Steve Purves, President & Chief Executive Officer, Valleywise Health - *participated telephonically*
Michael White, M.D., Executive Vice President, Chief Clinical Officer
Martin Demos, General Counsel
Claire Agnew, Interim Chief Financial Officer
Melanie Talbot, Chief Governance Officer - *participated telephonically*
Anna M. Alonzo, Research Program Manager, Dignity Health

Recorded by: Cassandra Santos, Assistant Clerk

Call to Order

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

Roll Call

Ms. Santos called roll. Following roll call, it was noted that eight of the nine voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Mr. Messick joined the meeting telephonically shortly after roll call.

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

Call to the Public

Chairman Winkle called for public comment.

There were no comments from the public.

NOTE: Mr. Messick joined the meeting.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – October 7, 2020**

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:
 - a. Minutes:
 - i. Approve Valleywise Community Health Centers Governing Council Meeting Minutes Dated September 2, 2020
 - b. Contracts:
 - i. Acknowledge amendment #39 to the Professional Services Agreement (90-12-084-1-39) between the Maricopa County Special Health Care District dba Valleywise Health and District Medical Group
 - c. Governance:
 - i. Approve Policy 06503 S; Health Resources & Services Administration Legislative Mandate Compliance Policy
 - ii. Accept Recommendations from the Compliance and Quality Committee to Approve the Revised Compliance and Quality Committee Charter
 - iii. Accept Recommendations from the Strategic Planning and Outreach Committee to Approve the Revised Strategic Planning and Outreach Committee Charter
 - 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

Vice Chairman Benelli requested item 1.c.i. be removed from the consent agenda to be discussed and voted on separately.

MOTION: Mr. Jacobson moved to approve the consent agenda minus items 1.c.i. Vice Chairman Benelli seconded.

VOTE: 9 Ayes: Chairman Winkle, Vice Chairman Benelli, Ms. Barker, Mr. Jacobson, Mr. Larios, Ms. McCarty, Mr. Messick, Ms. Porter, Mr. Serna
0 Nays
Motion passed.

Vice Chairman Benelli referred to consent agenda item 1.c.i., Policy 06503 S; Health Resources & Services Administration (HRSA) Legislative Mandate Compliance Policy and asked for details about the policy.

Ms. Harding said that the policy was in place to ensure that allocated funds were utilized as appropriated by HRSA.

Mr. Demos spoke of the policy as it related to HRSA compliance requirements.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – October 7, 2020**

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

1. Approval of Consent Agenda, cont.

MOTION: Vice Chairman Benelli moved to approve consent agenda item 1.c.i.; Policy 06503 S; Health Resources & Services Administration Legislative Mandate Compliance Policy. Mr. Larios seconded.

VOTE: 9 Ayes: Chairman Winkle, Vice Chairman Benelli, Ms. Barker, Mr. Jacobson, Mr. Larios, Ms. McCarty, Mr. Messick, Ms. Porter, Mr. Serna
0 Nays
Motion passed.

2. Presentation on the 2MATCH Project, an Accountable Health Communities Model

Ms. Alonzo described Social Determinants of Health (SDOH) and its wide range effects on individual health and quality of life outcomes. SDOH included food insecurities, housing instabilities, utility needs, lack of transportation, and exposure to violence.

The Centers for Medicare & Medicaid Services (CMS) developed the Accountable Health Communities (AHC) Model (2016), which leveraged opportunities created by existing programs, with incentives given to develop systematic SDOH screenings, risk stratification, referral protocols, intervention, and the utilization of relationships to connect patients with community service providers.

Ms. Alonzo said that the “To MATCH, Align, Through Community HUBs” (2MATCH) Project aimed to improve health outcomes, decrease long term health care costs, and reduce avoidable health care utilization. The goal was to address critical drivers of poor health and high costs by addressing, screening, and tracking individuals with Medicare/Medicaid coverage, in relation to SDOH.

Dignity Health worked as the bridge organization, in partnership with the Valleywise Community Health Center-South Central, as a clinical delivery partner, to provide 2MATCH Project screening, services, and assistance to SDOH high-risk individuals. Surveys were used to gather screening information of high-risk individuals affected by all levels of SDOH.

Director Gerard asked if screening surveys were provided in Spanish.

Ms. Alonzo confirmed that they were available in both English and Spanish. In addition, there was an electronic survey option provided in 30 different languages and noted that the majority of staff advocates working with the 2MATCH Project were bilingual in both English and Spanish. She gave an overview of 2MATCH Project partners such as Arizona Health Care Cost Containment System (AHCCCS), Arizona State University, Health Current, and Healthify.

Chairman Winkle asked about patient privacy in relation to the utilization of patient data.

Ms. Alonzo explained that a data sharing agreement was in place to accentuate the importance of private health information regulations, staff training, and compliance.

She highlighted statistical data surrounding screenings such demographic characteristics of individuals screened, including gender, ethnicity, age, and income levels.

Ms. Porter asked when the initial screenings for SDOH took place during a visit and questioned whether there were enough staff advocates to carry out screening processes.

Ms. Alonzo said that it depended on the screening. The COVID-19 pandemic added increased challenges regarding screening participation and resources used to screen. She said that additional funding was received to onboard five staff to assist with screenings.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – October 7, 2020**

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

2. Presentation on the 2MATCH Project, an Accountable Health Communities Model, cont.

Vice Chairman Benelli questioned if funding was utilized to assist the community service providers or nonprofit organizations to provide services to individuals with SDOH, such as housing.

Ms. Alonzo said that the grant funding did not provide additional funding to supplement assistance from community service providers.

Mr. Larios believed that more consideration should be made in providing targeted work around the African-American patient population, specifically African-American women; a population that was high-risk and had multiple disparities of SDOH.

Ms. Alonzo agreed and stated that research studies from 2019 revealed that 60% of the 3,226 individuals identified by 2MATCH Project screenings were African-American.

3. Discuss and Review Proposed Revisions to the Valleywise Community Health Centers Governing Council Bylaws

Ms. Talbot explained that the Valleywise Community Health Centers Governing Council (VCHCGC) Bylaws were last reviewed and revised in 2018.

Proposed revisions included nomenclature changes from the rebranding of Maricopa Integrated Health Systems (MIHS) to Valleywise Health and the Federally Qualified Health Center (FQHC) Clinics full status award.

She noted that there were various references used when revising the Bylaws, including, but not limited to the updated Co-Applicant Operational Arrangement, the HRSA Compliance Manual requirements, and the National Association of Community Health Centers. She also ensured recent revisions to the Committee charters were incorporated into the proposed revisions.

Ms. Talbot elaborated on the significant changes and additions made to the Bylaws, page by page, and referenced specific rationale and noted sources used to incorporate individual changes.

Vice Chairman Benelli referred to Article IX, Section III. Audit, which was deleted, and questioned if the VCHCGC would continue to acknowledge the annual fiscal year audit of the District, as it included financial information about the FQHC Clinics.

Ms. Talbot confirmed that the VCHCGC still received results from the annual fiscal year audit of the District. She noted that the section was deleted because it was referred to in Article VI, Section I: Authorities and Responsibilities., That function was also mentioned in the Co-Applicant Agreement and revised Finance Committee Charter.

Chairman Winkle and members of the VCHCGC expressed appreciation to Ms. Talbot for her detailed work in revising the Bylaws.

Ms. Talbot asked VCHCGC members to contact her by October 14, 2020 should they have further suggestions, input, or questions about revisions to the Bylaws. The final draft would be presented for approval at the November 4, 2020 VCHCGC meeting.

Ms. Harding briefly outlined metrics used in conjunction with the Clinic of the Year Recognition Program.

She added that the Clinic of the Year would be announced at the November 4, 2020 VCHCGC meeting.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – October 7, 2020**

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

4. Discuss, Review and Approve the Clinic of the Year Recognition Program for the Federally Qualified Health Center Clinics

MOTION: Mr. Jacobson moved to approve the Clinic of the Year Recognition Program for the Federally Qualified Health Center Clinics. Ms. Porter seconded.

VOTE: 9 Ayes: Chairman Winkle, Vice Chairman Benelli, Ms. Barker, Mr. Jacobson, Mr. Larios, Ms. McCarty, Mr. Messick, Ms. Porter, Mr. Serna

0 Nays

Motion passed.

5. Recent Meeting Reports from the Valleywise Community Health Center Governing Council's Standing Committees
 - a. Compliance and Quality Committee
 - b. Executive Committee
 - c. Finance Committee
 - d. Strategic Planning and Outreach Committee

Ms. Barker said that the Compliance and Quality Committee met on September 14, 2020, and that the committee reviewed UDS quality metrics data and comparison report, and the revised committee charter.

Chairman Winkle said that the Executive Committee met on September 10, 2020 and that VCHCGC and standing committees meeting packet content was reviewed, among other recurring topics.

Mr. Messick noted that the October 7, 2020 Finance Committee meeting was canceled.

Vice Chairman Benelli asked for minor clarifications about the budget in relation to month to date (MTD) salaries and wages included in the monthly financial highlights.

Ms. Agnew assisted with a brief overview of salaries and wages, volumes, and the budget.

Mr. Larios highlighted topics discussed at the September 14, 2020 Strategic Planning and Outreach Committee meeting, including details about the FQHC Clinics calendar year (CY) 2021-2023 Strategic Plan objectives.

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

Ms. Harding said that Chairman Winkle gave the quarterly VCHCGC report to the MC SHCD Board of Directors at its September 2020 meeting.

She spoke about the negative impact on visits during the COVID-19 pandemic especially concerning FQHC Dental Clinic volume.

NOTE: Vice Chairman Benelli disconnected from the meeting.

Ms. Harding noted details about recent grants awarded in relation to New Access Point (NAP) funding for the FQHC Clinics. She gave an update on HRSA supplemental funding received within recent weeks.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – October 7, 2020**

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

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

Mr. Purves expressed his appreciation to Ms. Alonzo for her presentation about the 2MATCH Project.

He recognized Valleywise Health staff for their dedication during the COVID-19 pandemic. He spoke of the role that the community played in slowing the spread of the virus with social distancing, masking, and other precautionary measures. He noted the importance of influenza vaccinations and said that Valleywise Health was prepared, should a spike in positive COVID-19 cases arise in the future.

He noted important organizational financial details surrounding supplemental funding.

He announced that for the first time, Valleywise Health was recognized as an IBM Watson Health's 100 Top Hospitals, which placed Valleywise Health as a nationwide top-performing major teaching hospital, the only one in Arizona to be recognized with the achievement.

In closing, he commended Ms. Talbot for her remarkable work done in revising the VCHCGC Bylaws.

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

Director Gerard gave a brief legislative update, including details surrounding upcoming elections.

9. Chairman and Council Member Closing Comments/Announcements

Chairman Winkle reminded members where to find important VCHCGC documents on the Valleywise Health website.

10. Review Staff Assignments

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

Adjourn

MOTION: Mr. Jacobson moved to adjourn the October 7, 2020 Valleywise Community Health Centers Governing Council meeting. Mr. Messick seconded.

VOTE: 8 Ayes: Chairman Winkle, Ms. Barker, Mr. Jacobson, Mr. Larios, Ms. McCarty
Mr. Messick, Ms. Porter, Mr. Serna
0 Nays
1 Absent: Vice Chairman Benelli
Motion passed.

Meeting adjourned at 7:37 p.m.

Cassandra Santos,
Assistant Clerk



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 1.b.i.

Contracts
(90-19-176-1-03
[ADHS# CTR050459])

Cynthia Cornejo

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Wednesday, October 7, 2020 1:52 PM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment #3 (IGA) Refugee Clinic - Price Sheet Update Arizona Department of Health Services (ADHS)

Message Information

From [Harding, Barbara](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Amendment #3 (IGA) Refugee Clinic - Price Sheet Update Arizona Department of Health Services (ADHS)
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
Amendment #3 - Pending signatures RFBA (assigned)		File	 IGA - CTR050459 - A3 - BCDHP.pdf
SAM 2020		File	 RFBA - IGA Refugee Clinic (CTR05049 A3) 90-19-176-1-03 signed (002).pdf
OIG 2020		File	 ADHS.pdf
E-Mail with Details		File	 ADHS.pdf
		File	 FW CTR050459 - Valleywise - Refugee Clinic - A3.msg

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment #3 (IGA) Refugee Clinic - Price Sheet Update
Contract Identifier Board - Amendment
MIHS Contract Number 90-19-176-1-03 (ADHS# CTR050459)
Primary Responsible Party Tymczyna, Katherine
Departments GRANTS ADMINISTRATION

Product/Service Description Refugee Clinic for A1C>9

Action/Background Approved Amendment #3 to replace the current Price Sheet for the period of June 30, 2020 through June 29, 2021 to Valleywise Health for CTR050459.

This agreement references the Intergovernmental Agreement (IGA) with Arizona Department of Health Services ("ADHS") and Maricopa County Special Health Care District dba Valleywise Health for the Refugee Clinic pertaining to the Category A, addressing Diabetes Management and Type 2 Diabetes Prevention strategies.

The continuing objective of this IGA is to address a 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 that accommodates automatic referrals for refugee patients with an A1C>9. Valleywise Health funded Cultural Health Navigators, PCP, and Pharmacists plays a role in providing education and referrals to a certified Chronic Disease Self-Management Programs and other diabetes prevention programs. The term of this IGA is from February 1, 2019 to January 31, 2024. Both Valleywise Health and ADHS may terminate this this IGA at any time with thirty (30) days' notice in writing specifying the termination date.

This is a cost reimbursement with a \$30,000 annual reimbursement to Valleywise Health. Budget includes an indirect cost of 10% of total expenses.

This Amendment #3 is sponsored by Dr. Michael White, EVP & Chief Clinical Officer.

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

Notes CTR050459

Category IGA

Effective Date 6/30/2020

Expiration Date 6/29/2021

Annual Value \$30,000.00

Expense/Revenue Revenue

Budgeted Travel Type No

Procurement Number

Primary Vendor Arizona Department of Health Services (ADHS)

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Reviewed and approved
Joiner, Jennifer L.	Approved	
Landas, Lito S.	Approved	
White, Michael	Approved	
Demos, Martin C.	Approved	

Agnew, Claire F.
Purves, Steve A.
Talbot, Melanie L.
Harding, Barbara J.

Approved
Approved
Current
Approved



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 1.b.ii.

Contracts
(90-21-141-1)

Cynthia Cornejo

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Wednesday, October 14, 2020 8:34 AM
To: Melanie Talbot
Subject: Contract Approval Request: IGA Refugee Resettlement Program - Health Promotion Arizona Department of Economic Security

Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: IGA Refugee Resettlement Program - Health Promotion Arizona Department of Economic Security
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
IGA Agreement (draft - pending final version - correcting minor typo's) E-Mail with details	File		9.15.20 Vallewise IGA Draft.pdf
SAM 2020 RFBA (pending signature) IGA Agreement (Final) Pending signatures	File		IGA - DES Refugee Resettlement Program - New Contract - URGENT QUESTION.msg
	File		ADES.pdf
	File		RFBA - DES IGA (002).pdf
	File		DI21-002306 Vallewise IGA Final.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Grants
Status Pending Approval
Title IGA Refugee Resettlement Program - Health Promotion
Contract Identifier Board - New Contract
MIHS Contract Number 90-21-141-1
Primary Responsible Party Tymczyna, Katherine
Departments GRANTS ADMINISTRATION

Product/Service Description Conduct outreach and provide health care management services to refugees and other eligible beneficiaries resettled in the State of Arizona.

Action/Background Approve a new Intergovernmental Agreement (IGA) between the Arizona Department of Economic Security ("ADES") and Maricopa County Special Health Care District dba Valleywise Health to provide health care management services under the ADES Refugee Resettlement Program.

The purpose of this IGA is to provide integrated refugee health care management services to refugee and other eligible beneficiaries resettled in the State of Arizona. These services are provided to promote wellbeing of refugee clients through increasing access to culturally responsive and linguistically appropriate medical services upon arrival. The initial term of this Agreement shall begin on date of last signature through September 20, 2021, and may be extended for additional periods only through a mutually agreed upon written amendment. Either party may terminate this Agreement by hand-delivering to the other party a written notice of termination at least thirty (30) days prior to the effective date of said termination.

An estimated \$300,000 will be available for the project period that ends September 30, 2021. All expenses equal revenue and this IGA is 100% grant funded.

This IGA is sponsored by Dr. Michael White, Chief Clinical Officer.

Evaluation Process The Contractor was determined to meet the requirements of the requesting department and Valleywise Health. Procurement has been satisfied pursuant to HS-102B(2) of the Procurement Code in that any Valleywise Health 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 9/30/2021

Annual Value \$300,000.00

Expense/Revenue Revenue

Budgeted Travel Type No

Procurement Number

Primary Vendor Arizona Department of Economic Security

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Reviewed and approved
Joiner, Jennifer L.	Approved	
Harding, Barbara J.	Approved	
Landas, Lito S.	Approved	
White, Michael	Approved	
Demos, Martin C.	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 1.c.i.

Governance
Finance Committee Charter



Valleywise Community Health Centers Governing Council Finance Committee Charter

Purpose

The purpose of the Finance Committee (Committee) of the Valleywise Community Health Centers Governing Council (Governing Council) is to: (1) recommend an annual operating budget for the Valleywise Health Federally Qualified Health Center (FQHC) Clinics; (2) provide oversight of the financial performance of the Valleywise Health FQHC Clinics; and (3) review the annual audit performed by an independent, external auditor.

Membership

The Committee shall consist of a Chair, who is the Treasurer of the Governing Council, a Vice Chair, and no more than three (3) additional Governing Council members. The Committee Chair will recommend, and the Committee will appoint a Vice Chair. The Chief Executive Officer of the FQHC Clinics is an ex-officio, non-voting member of the Committee. In addition, the following Valleywise Health staff members will serve on the Committee as non-voting members: Chief Financial Officer, Vice President of Financial Services, and Director of Financial Planning and Decision Support. In accordance with the Governing Council Bylaws, voting members are appointed by the Governing Council. The Governing Council shall seek voting members preferably with knowledge in the area of accounting, finance or business. Voting members shall serve for a four (4) year term.

Responsibilities

In conjunction with Valleywise Health staff, the Committee will:

1. Review and make recommendations to the Governing Council to approve additional health services to offer in order to meet the health needs of the patient population served by the FQHC Clinics.
 - Review quarterly referral report

2. Review, evaluate, and make recommendations to the Governing Council to approve a sliding fee discount program for the FQHC Clinics at least every three (3) years. Evaluation should include the effectiveness of the sliding fee discount program in reducing financial barriers to care, and the rate which patients within each discount category are accessing services.
 - Review monthly financial performance and payor mix information
 - Review quarterly financial summary by clinic
3. Annually review and make recommendations to the Governing Council to approve a sliding fee discount schedule for the FQHC Clinics based on the most recent Federal Poverty Guidelines.
 - Review annual Federal Poverty Guidelines
 - Review monthly financial performance and payor mix information
 - Review quarterly financial summary by clinic
 - Review sliding fee discount program
4. Track the financial performance of the FQHC Clinics, including identification of trends or conditions that may warrant action to maintain financial stability.
 - Review monthly financial performance and payor mix information
 - Review quarterly financial summary by clinic
 - Review annual fiscal year audit
 - Review annual profitability/cost accounting report
5. Review and make recommendations to the Governing Council to accept the annual fiscal year audit of the District, which includes certain financial information about the FQHC Clinics.
 - Review annual fiscal year audit
6. Maintain control over, and accountability for, all funds, in order to adequately safeguard and ensure that they are used solely for authorized purposes.
 - Review monthly financial performance and payor mix information
 - Review quarterly Governing Council department budget
 - Review quarterly capital expenditures report
 - Review quarterly financial summary by clinic
 - Annual review of fiscal year audit
7. Review and make recommendations to the Governing Council to approve an annual operating and capital budget for the FQHC Clinics to be incorporated into the District's annual budget.
 - Review annual operating budget
 - Review annual capital budget

8. Annually review data-based reports on: patient service utilization; trends and patterns in the patient population; and overall health center performance including achievement of FQHC Clinics objectives; and efficiency and effectiveness of the FQHC Clinics, for oversight by the Governing Council.
 - Review monthly ambulatory operational dashboard – financial section
 - Review monthly financial performance and payor mix information
 - Review quarterly financial summary by clinic
 - Annual review of profitability/cost accounting report
 - Review quarterly referral report

9. Annually evaluate the operations of the FQHC Clinics including compliance with applicable federal requirements, performance expectations such as financial and patient volumes, patterns of health service utilization.
 - Review monthly ambulatory operational dashboard – financial section
 - Review monthly financial performance and payor mix information
 - Review quarterly financial summary by clinic
 - Annual review of profitability/cost accounting report
 - Review quarterly referral report

Meetings

Meetings will be held monthly. Additional meetings can be scheduled at the discretion of the Committee Chair.

Meeting Procedures

1. The Committee Chair will facilitate all meetings. The Committee Vice Chair will facilitate meetings in the Chair's absence.

2. Committee members must attend in person or, when circumstances dictate, telephonically. A quorum shall consist of a majority of the voting Committee members, which is necessary for the Committee to meet and take legal action.

3. Minutes shall be recorded and maintained for each Committee meeting in compliance with Arizona Open Meeting Law and shall contain all actions taken by the Committee. Minutes recorded or maintained for Executive Session discussions, however, will be kept confidential pursuant to A.R.S. § 38-431-03.

4. The Committee will report its actions to the Governing Council at the next regularly scheduled Governing Council meeting.



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 1.c.ii.

Governance
Clinic of the Year Award



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

DATE: November 4, 2020
TO: Valleywise Community Health Centers Governing Council
FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Services & CEO FQHC Clinics
SUBJ: FQHC Clinic of the Year FY2020

To recognize excellence in performance, the Valleywise Health Centers Governing Council has established the FQHC Clinic of the Year Recognition Program.

Clinic performance was evaluated beginning July 1 through June 30 in the following areas with the intent to measure improvement from prior year's performance:

- Volume: Demonstrate an increase in visit volume from the previous FY.
- Patient Satisfaction: Demonstrate an improvement in NRC scores from the previous year.

A review of the clinic data was completed. The data identified two clinics who showed a high degree of performance, Valleywise Community Health Center – 7th Avenue and Valleywise Community Health Center – McDowell.

Volume: The 7th Avenue clinic had a 25% increase in visits or 4,690 visits greater than the previous year. McDowell Clinic had a 19% increase in visits or 2,798 visits greater than the previous year.

Patient Experience: Patient experience is measured by NRC who conducts telephonic patient surveys following a visit. McDowell Clinic a net promoter score of 75.%. However, this was a decrease from the FY19. 7th Avenue Clinic had the greatest improvement from a Median score in FY19 of 68.7% to 71.4% in FY20.

The greatest overall increase in both Volume and the Patient Experience is Valleywise Community Health Center – 7th Avenue. It is leadership's recommendation to the Valleywise Community Health Center Governing Council to recognize Valleywise Health Center – 7th Avenue as Clinic of the Year for FY20.



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 1.c.iii.

Governance
VCHCGC Appointment of
Ylenia Aguilar



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

Date: November 4, 2020

To: Valleywise Community Health Centers Governing Council

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

Subj: Valleywise Community Health Centers Governing Council Member
Application: Ylenia Aguilar

Attached is the completed application of Ms. Ylenia Aguilar, requesting to serve as a member on the Valleywise Community Health Centers Governing Council. Ms. Aguilar resides in District 3. Ms. Aguilar has been engaged with her community since her childhood. She currently serves as the President of the Osborne School and the Vitalyst Board. She is interested in the impact of health on children and their ability to learn.

The Co-applicant Operational Arrangement between the Maricopa County Special Health Care District Board and the Valleywise Community Health Centers Governing Council will provide District staff with a fully completed membership applications for review of those individuals who are under consideration to serve on the Governing Council. The Maricopa County Special Health Care District Board approved Ms. Aguilar's application on October 28, 2020.

Valleywise Community Health Centers Governing Council Application

Full Legal Name: Ylenia Aguilar

Home Address: [REDACTED]

City: [REDACTED] State: AZ Zip: [REDACTED]

Home Telephone: [REDACTED] Cell:

E-mail Address: [REDACTED]

Employer: [REDACTED]

Work Address: [REDACTED]

City: [REDACTED] State: AZ Zip: [REDACTED]

Do you, your spouse, child, parent, or sibling, by blood or by marriage, work for Valleywise Health, or any other hospital or health care institution as defined in A.R.S. §36-401?
YES NO

Health care industry is defined as hospitals, other health care institutions, nurses, doctors, dentist, and other licensed healthcare professionals whose primary responsibility is providing primary preventative and therapeutic healthcare services. Do you receive more than 10% of your annual income from the health care industry? YES NO

Were you referred by someone? YES NO

If yes, please list his/her name: Ryan Winkle

Valleywise Community Health Centers Governing Council Application

1. Have you personally or a dependent child received care at a Valleywise Health Community Health Center (dental care included) or at one of the Federally Qualified Health Center Clinics located within Valleywise Comprehensive Health Center-Phoenix? YES NO

(A list of Valleywise Health Community Health Centers and Federally Qualified Health Center Clinics located within Valleywise Comprehensive Health Center-Phoenix is located on the last page of this application)

If yes, please list the Clinic utilized, and approximate month/year of last visit

[Redacted]

Name of Clinic

06/2020
Date of Visit

2. Why would you like to be a member of the Valleywise Community Health Centers Governing Council?

I would like to be a member of the Valleywise Community Health Centers Governing Council because as an advocate for Latinos and all children, I understand that most people in our state living in below the poverty level are Latinos. Children and adults need access to a quality healthcare in order to achieve academically or ~~professionally~~ professionally. I would like to better understand the healthcare needs of our community to better serve them.

3. As a community member, what do you feel are the greatest health care concerns in Maricopa County?

As a School Board Member and parent, I have been able to see the inequities in all systems. As someone who has experienced poverty and who was formerly undocumented I have come to realize that healthcare and education are both the equalizers. I don't think you can have a quality life without access to quality education and access to healthcare.

Valleywise Community Health Centers Governing Council Application

4. What special interests or experiences do you have that would benefit the Council?

- I have lived in poverty and was undocumented.
- I am a school board member and serve families who benefit from your centers.
- I would like to increase access to quality healthcare for our families by understanding healthcare.

5. Council members are appointed to a three (3) year term. The Council meets one evening a month for approximately two hours. In addition to meetings, a member should allow time for other duties such as reading meeting material in order to prepare for meetings. Furthermore, members are required to sit on at least one standing committee. Standing committee meetings generally occur once a month during the daytime for approximately two hours. Do you have at least eight hours per month to devote to the Valleywise Community Health Centers Governing Council?

YES NO

6. Have you served or are you currently serving on any other boards or committees? If so, please list the board/committees and dates of service.

- Osborn School Board District Governing Board, President
- Vitalyst Health Foundation

7. Health Resources and Services Administration (HRSA), the government agency that provides funding for our Federally Qualified Health Center Clinics, requires information on Council members including members' areas of expertise, race/ethnicity and gender.

Area of expertise (*select no more than two*):

- | | | | | | |
|-------------------|-------------------------------------|--------------|-------------------------------------|------------|--------------------------|
| Healthcare | <input type="checkbox"/> | Finance | <input type="checkbox"/> | Legal | <input type="checkbox"/> |
| Community Affairs | <input checked="" type="checkbox"/> | Trade Unions | <input type="checkbox"/> | Government | <input type="checkbox"/> |
| Social Services | <input type="checkbox"/> | Education | <input checked="" type="checkbox"/> | Business | <input type="checkbox"/> |
| Labor Relations | <input type="checkbox"/> | | | | |



Valleywise Community Health Centers Governing Council Application

Ethnicity:

Hispanic or Latino

Non-Hispanic or Latino

Race:

Asian

Native Hawaiian

Other Pacific Islander

Black/African American

American Indian/Alaska Native

White

More than one race

Gender: Male Female

Please share anything about yourself that you think would add to the diversity and/or advocacy of the Council.

I am fully bilingual, biliterate, and was an interpreter in the medical and legal fields.

8. All members of the Valleywise Community Health Centers Governing Council must comply with the Maricopa County Special Health Care District Code of Conduct and Ethics. One of the Principles of Standards of Conduct included in the Code is for Valleywise Health to complete a background check on existing and potential Governing Council members to verify credentials and to assess whether Council members have ever been excluded from participating in any federal or state health care programs.

Would you consent and authorize Valleywise Health to procure criminal background checks if appointed to the Council? YES NO

Signature

Date

06/30/20

Please Note: This application is considered a public record



Valleywise Community Health Centers Governing Council Application

Please check at least one standing committee you potentially would like to serve on if appointed to the Council.

- Finance Committee:**
The purpose of the Finance Committee is to (1) provide oversight of financial objectives and budgeted financial performance to ensure current and future financial integrity of the Valleywise Health's Federally Qualified Health Center Clinics; (2) reviewing major transactions, investments or expenditures which represent a significant financial commitment or which have significant strategic or operational implications; (3) ensure annual independent financial audit of the Federally Qualified Health Center Clinics is performed.
- Compliance and Quality Committee:**
The purpose of the Compliance and Quality Committee is to ensure is to: (1) ensure the quality of care provided by the Federally Qualified Health Center Clinics; (2) ensure patient safety and satisfaction provided throughout the Federally Qualified Health Center Clinics; (3) ensure that all policies comply with federal and state law and Health Resources and Services Administration (HRSA) Compliance Manual
- Strategic Planning and Outreach Committee:**
The purpose of the Strategic Planning and Outreach Committee is to identify, develop, and implement strategic planning and outreach initiatives to address the changing healthcare environment in Maricopa County.

List of Family Health Centers:

Valleywise Community Health Center-7th Avenue
 Valleywise Community Health Center-Avondale
 Valleywise Community Health Center-El Mirage
 Valleywise Community Health Center-Guadalupe
 Valleywise Community Health Center-McDowell
 Valleywise Community Health Center-Sunnyslope

Valleywise Community Health Center-Chandler
 Valleywise Community Health Center-Glendale
 Valleywise Community Health Center-Maryvale
 Valleywise Community Health Center-Mesa
 Valleywise Community Health Center-South Central

List of Federally Qualified Health Center Clinics located in Valleywise Comprehensive Health Center-Phoenix:

Internal Medicine
 Women's Care

Pediatrics
 Antepartum Testing



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 1.c.iv.

Governance
VCHCGC Appointment of
Robert Hess, III



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

Date: November 4, 2020

To: Valleywise Community Health Centers Governing Council

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

Subj: Valleywise Community Health Centers Governing Council Member
Application: Robert Hess III

Attached is the completed application of Mr. Robert Hess III, requesting to serve as a member on the Valleywise Community Health Centers Governing Council. Mr. Hess resides in District 5. He has been a resident of Arizona since 1994 working in health and human services professionally.

The Co-applicant Operational Arrangement between the Maricopa County Special Health Care District Board and the Valleywise Community Health Centers Governing Council will provide District staff with a fully completed membership applications for review of those individuals who are under consideration to serve on the Governing Council. The Maricopa County Special Health Care District Board approved Ms. Aguilar's application on October 28, 2020.

Valleywise Community Health Centers Governing Council ApplicationFull Legal Name: Robert Hess IIIHome Address: [REDACTED]City: [REDACTED] State: AZ Zip: [REDACTED]Home Telephone: _____ Cell: [REDACTED]E-mail Address: [REDACTED]Employer: [REDACTED]Work Address: [REDACTED]City: [REDACTED] State: AZ Zip: [REDACTED]

Do you, your spouse, child, parent, or sibling, by blood or by marriage, work for Valleywise Health, or any other hospital or health care institution as defined in A.R.S. §36-401?

YES _____ NO XHealth care industry is defined as hospitals, other health care institutions, nurses, doctors, dentist, and other licensed healthcare professionals whose primary responsibility is providing primary preventative and therapeutic healthcare services. Do you receive more than 10% of your annual income from the health care industry? YES X NO _____Were you referred by someone? YES X NO _____If yes, please list his/her name: Joseph Larios



Valleywise Community Health Centers Governing Council Application

1. Have you personally or a dependent child received care at a Valleywise Health Community Health Center (dental care included) or at one of the Federally Qualified Health Center Clinics located within Valleywise Comprehensive Health Center-Phoenix? YES _____ NO X

(A list of Valleywise Health Community Health Centers and Federally Qualified Health Center Clinics located within Valleywise Comprehensive Health Center-Phoenix is located on the last page of this application)

If yes, please list the Clinic utilized, and approximate month/year of last visit

Name of Clinic	Date of Visit

2. Why would you like to be a member of the Valleywise Community Health Centers Governing Council?

As a former minister, current social worker and public health professional, I have made a personal and professional commitment to health equity. I have had the privilege of seeing the tremendous work that Valleywise performs every day through my work with other healthcare institutions and believe I can make meaningful contributions to the continued success and growth of Valleywise; as it continues to serve Arizona's most vulnerable residents.

3. As a community member, what do you feel are the greatest health care concerns in Maricopa County?

Maricopa county has a wide spectrum of health challenges; including health coverage, access, a large number of underserved communities and populations. These issues range from pediatric workforce shortages, to inadequate specialists etc. Despite Maricopa County's unique behavioral health system, there continue to be specific shortages for pediatric psychiatry, nursing, and care for children in the foster care system. We also have a large homeless population, uninsured and underinsured individuals as well as migrant communities. All of these vulnerable populations are at higher risks for communicable and non-communicable diseases.



Valleywise Community Health Centers Governing Council Application

4. What special interests or experiences do you have that would benefit the Council?
I have 17 years of professional experience in health and human services; beginning in ministry, then moving into social work and behavioral health and now spanning the full continuum of physical and behavioral health services. I have worked at all levels of care, from direct service to agency, health plan, State, Federal and global health. I have also worked in 27 states and 9 countries, including work with 9 of the 10 largest health plans in the United States. I have volunteered, worked, published and advocated for a range of vulnerable populations including: children in foster care, with juvenile justice involvement, LGBTQ* populations, individuals with serious mental illness, unaccompanied minors, those recently released from incarceration.

5. Council members are appointed to a three (3) year term. The Council meets one evening a month for approximately two hours. In addition to meetings, a member should allow time for other duties such as reading meeting material in order to prepare for meetings. Furthermore, members are required to sit on at least one standing committee. Standing committee meetings generally occur once a month during the daytime for approximately two hours. Do you have at least eight hours per month to devote to the Valleywise Community Health Centers Governing Council?
 YES _____ NO _____

6. Have you served or are you currently serving on any other boards or committees? If so, please list the board/committees and dates of service.
NASW-AZ Board of Directors 2008 - 2009, AZ Governor's Communities Preventing Substance Use Workgroup 2011, Maricopa County LGBT Consortium (founder) 2009 - 20011, Substance Abuse Prevention Coalition of Arizona 2010 - 2013, Arizona Programmatic Suicide Deterrent System 2012 - 2013, Cover Arizona Steering Committee 2014 - 2015, ADHS Advisory Committee 2009 - 2015, Out2Enroll National Sterring Committee 2014 - 2015, SAMHSA National Technical Assistance Partnership 2017 - Present.

7. Health Resources and Services Administration (HRSA), the government agency that provides funding for our Federally Qualified Health Center Clinics, requires information on Council members including members' areas of expertise, race/ethnicity and gender.

Area of expertise (*select no more than two*):

Healthcare	<input checked="" type="checkbox"/> _____	Finance	_____	Legal	_____
Community Affairs	_____	Trade Unions	_____	Government	_____
Social Services	<input checked="" type="checkbox"/> _____	Education	_____	Business	_____
Labor Relations	_____				



Valleywise Community Health Centers Governing Council Application

Ethnicity:

Hispanic or Latino _____ Non-Hispanic or Latino X

Race:

Asian _____ Native Hawaiian _____ Other Pacific Islander _____

Black/African American _____ American Indian/Alaska Native _____

White X More than one race _____

Gender: Male X Female _____

Please share anything about yourself that you think would add to the diversity and/or advocacy of the Council.

I spent 10 years in evangelical Christian ministry with many of the large mega-churches in Arizona and maintain close relationships within Arizona faith communities.

I am a family member of individuals with serious mental illness

I am a suicide attempt survivor

I was chronically homeless for 6 years

I am a former Medicaid recipient

I identify as a gay man

8. All members of the Valleywise Community Health Centers Governing Council must comply with the Maricopa County Special Health Care District Code of Conduct and Ethics. One of the Principles of Standards of Conduct included in the Code is for Valleywise Health to complete a background check on existing and potential Governing Council members to verify credentials and to assess whether Council members have ever been excluded from participating in any federal or state health care programs.

Would you consent and authorize Valleywise Health to procure criminal background checks if appointed to the Council? YES X NO _____

Signature

05/22/2020

Date

Please Note: This application is considered a public record



Valleywise Community Health Centers Governing Council Application

Please check at least one standing committee you potentially would like to serve on if appointed to the Council.

- Finance Committee:
The purpose of the Finance Committee is to (1) provide oversight of financial objectives and budgeted financial performance to ensure current and future financial integrity of the Valleywise Health’s Federally Qualified Health Center Clinics; (2) reviewing major transactions, investments or expenditures which represent a significant financial commitment or which have significant strategic or operational implications; (3) ensure annual independent financial audit of the Federally Qualified Health Center Clinics is performed.
- Compliance and Quality Committee:
The purpose of the Compliance and Quality Committee is to ensure is to: (1) ensure the quality of care provided by the Federally Qualified Health Center Clinics; (2) ensure patient safety and satisfaction provided throughout the Federally Qualified Health Center Clinics; (3) ensure that all policies comply with federal and state law and Health Resources and Services Administration (HRSA) Compliance Manual
- Strategic Planning and Outreach Committee:
The purpose of the Strategic Planning and Outreach Committee is to identify, develop, and implement strategic planning and outreach initiatives to address the changing healthcare environment in Maricopa County.

List of Family Health Centers:

Valleywise Community Health Center-7 th Avenue	Valleywise Community Health Center-Chandler
Valleywise Community Health Center-Avondale	Valleywise Community Health Center-Glendale
Valleywise Community Health Center-El Mirage	Valleywise Community Health Center-Maryvale
Valleywise Community Health Center-Guadalupe	Valleywise Community Health Center-Mesa
Valleywise Community Health Center-McDowell	Valleywise Community Health Center-South Central
Valleywise Community Health Center-Sunnyslope	

List of Federally Qualified Health Center Clinics located in Valleywise Comprehensive Health Center-Phoenix:

Internal Medicine
Women’s Care

Pediatrics
Antepartum Testing



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 1.c.v.

Governance
Policy 29460 T

Valleywise Health Administrative Policy & Procedure

Effective Date: 10/06

Reviewed Dates: 08/14, 08/16, 08/18, 08/20

Revision Dates: 07/08, 07/10, 07/12

Policy #: 29460 T

Policy Title: Behavioral Health: Psychological Services

Scope: District Governance (G)
 System-Wide (S)
 Division (D)
 Multi-Division (MD)
 Department (T)
 Multi-Department (MT)

This policy outlines the guideline for the response to a request for a psychology service consultation in the Valleywise Health Department of Psychiatry.

Definitions:

Licensed Independent Practitioner (LIP): Any individual permitted by law and by the organization to provide care and services, without direction or supervision, within the scope of the individual's license, and consistent with individually granted clinical privileges.

Residents: Individuals licensed as appropriate, who are graduates of medical, allopathic and osteopathic, dental, or podiatric schools; who are appointed to a hospital's professional graduate training program that is approved by a nationally recognized accrediting body; and who participate in patient care under the direction of Licensed Independent Practitioners of the pertinent clinical disciplines who have clinical privileges in the hospital and are members of, or affiliated with, the medical staff.

Allied Health Professional Staff: Any individual, other than a Licensed Independent Practitioner, who exercises independent judgment within the areas of his/her professional competence and the limits established by the Medical Staff, Board of Directors, and the applicable state licensing, credentialing, and governing authority. Providers eligible for Allied Health Professional Staff membership and practice prerogatives include, but are not limited to: Physician Assistants, Registered Nurse Practitioners, Certified Registered Nurse Midwives, Certified Registered Nurse

Anesthetists, Psychologists (Clinical Doctorate Degree Level), Optometrists, Audiologists, Cardiovascular Perfusionists, and Naturopathic Physicians.

Provider: A Licensed Independent Practitioner, Resident, or Allied Health Professional.

Psychology Resident: A graduate of a Ph.D. or Psy.D. program who is eligible to apply for licensure as a licensed psychologist in the state of Arizona.

Policy:

Psychological testing, evaluation, and treatment will be completed as ordered by the client's treatment team.

Procedure:

1. Upon receipt of the order for a psychology consult, the Psychologist will review the patient's medical record and place a brief note in the progress notes section.
2. Psychology staff will evaluate the patient by interview methods. Psychological testing and/or review of records may also be utilized as part of the evaluation process.
3. Formal testing of the patient may be postponed due to patient's level of acuity or unwillingness to cooperate.
4. On completion of the evaluation and charting of results and conclusions, the provider is notified. The patient may subsequently be re-evaluated. The decision to re-evaluate may be made by the psychologist, in consultation with the referring provider, and will not require an additional consult request form or another order for psychological evaluation.
5. A Psychological Report will be written and placed under Psychological Report section of the medical record and the psychologist will complete a progress note indicating the status of the assessment and report.
6. Either the authoring psychologist or the Chief of Inpatient Psychological Services must provide verbal approval for the release of any test data or reports to the requesting entity prior to their release. Refer to policy #01287 S - Patient Request for Records regarding release of psychological evaluations to requesting parties.

Valleywise Health Policy & Procedure - Approval Sheet
(Before submitting, fill out COMPLETELY.)

POLICY RESPONSIBLE PARTY: Tonya Ayres

DEVELOPMENT TEAM(S): Policies & Procedures Committee

Policy #: 29460 T

Policy Title: Behavioral Health: Psychological Services

E-Signers:

Gene Cavallo, VP of Behavioral Health Services Valleywise Health

Carol Kline Olson, MD Medical Director Behavioral Health Services Valleywise Health

Place an X on the right side of applicable description:

New -

Retire -

Reviewed - X

Revised with Minor Changes -

Revised with Major Changes –

Please list revisions made below: (Other than grammatical changes or name and date changes)

Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):

Committee:	08/20
Committee:	00/00
Committee:	00/00
Committee:	00/00
Reviewed for Epic:	08/20
Other:	00/00
Other:	00/00
Other:	00/00



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 1.d.i.

FQHC Medical Staff and
Allied Professional Staff
Rosters

Recommended by Credentials Committee: September 1, 2020
 Recommended by Medical Executive Committee: September 8, 2020
 Submitted to MSHCDB: September 23, 2020

VALLEYWISE HEALTH CREDENTIALS AND ACTION ITEMS REPORT MEDICAL 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.

INITIAL MEDICAL STAFF APPOINTMENT				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Meily Rosibel Arevalo Acosta, M.D.	Active	Internal Medicine	10/1/2020 to 9/30/2022	
Nahid Hiermandi, D.O.	Courtesy	Pediatrics	10/1/2020 to 9/30/2022	
Andrew Joseph Rivara, M.D.	Courtesy	Obstetrics & Gynecology	10/1/2020 to 9/30/2022	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Nazim Robert Bal, D.O.	Internal Medicine	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core Privileges.
Sonam Singh, M.D.	OB/GYN	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Ambulatory and Referral Ob/Gyn Core; Obstetrics Core Privileges.
Shelly Sood, M.D.	OB/GYN	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Ambulatory and Referral Ob/Gyn Core and Obstetrics Core Privileges.
Vicken Sarkis Zeitjian, 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
Nyima S. Ali, M.D.	Active	Obstetrics/Gynecology	10/01/2020 to 9/30/2022	
Linda Robin Nelson, M.D.	Courtesy	Obstetrics/Gynecology	10/01/2020 to 9/30/2022	
Craig W. Pool, D.D.S.	Active	Dentistry	10/01/2020 to 9/30/2022	
Nedall Samad, M.D.	Active	Internal Medicine	10/01/2020 to 9/30/2022	

Recommended by Credentials Committee: September 1, 2020
 Recommended by Medical Executive Committee: September 8, 2020
 Submitted to MSHCDB: September 23, 2020

STAFF STATUS CHANGE			
NAME	DEPARTMENT	CHANGE FROM/TO	COMMENTS
Douglas P. Nelson, M.D.	Internal Medicine	Active to Medical Leave of Absence	Effective August 31, 2020

RESIGNATIONS <i>Information Only</i>			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Ali A Al Marzooq, M.D.	Internal Medicine	Courtesy to Inactive	No longer contracted with contracting agency (Effective April 27, 2020)
Rahul Bhatia, M.D.	Pediatrics	Active to Inactive	No longer contracted with contracting agency (Effective July 31, 2020)
Savio Charan Reddymasu, M.D.	Internal Medicine	Courtesy to Inactive	Resigned (Effective September 30, 2020)

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
James Terry Ballentine, A.N.P.	Family & Community Medicine	Practice Prerogatives on file	10/01/2020 to 9/30/2022	

ALLIED HEALTH PROFESSIONALS – REAPPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Tammalynn A. Bambulas, C.N.M.	Obstetrics/Gynecology	Practice Prerogatives on file	10/01/2020 to 9/30/2022	
Barbara Benincaso, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	10/01/2020 to 9/30/2022	
Arlene Hanic Karlin, C.N.M.	Obstetrics/Gynecology	Practice Prerogatives on file	10/01/2020 to 9/30/2022	
Jill Anne Krmpotic, A.G.A.C.N.P.	Internal Medicine	Practice Prerogatives on file	10/01/2020 to 9/30/2022	
Heather L. Sullivan, P.A.-C	Family & Community Medicine	Practice Prerogatives on file	10/01/2020 to 9/30/2022	

RESIGNATIONS (Information Only)			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Tara Begay, F.N.P.	Family & Community Medicine	Allied Health Professional to Inactive	Resigned (Effective September 20, 2020)
DeAyrie B. Evans, F.N.P.	Family & Community Medicine	Allied Health Professional to Inactive	Resigned (Effective September 3, 2020)
Dawn Elizabeth LaPrade, F.N.P.	Family & Community Medicine	Allied Health Professional to Inactive	Resigned (Effective September 30, 2020)
Destinie Noreen Sanchez, F.N.P.	Family & Community Medicine	Allied Health Professional to Inactive	Resigned (Effective September 18, 2020)
Rebecca Ann Zwick, F.N.P.	Family & Community Medicine	Allied Health Professional to Inactive	Resigned (Effective September 18, 2020)

CORRECTION TO THE AUGUST 26, 2020 MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT BOARD MEETING			
NAME	SPECIALTY/PRIVILEGES	CATEGORY	COMMENTS
Scott Paul Sabish, F.N.P.	Family & Community Medicine	Allied Health Professional to Inactive	Practitioner was inadvertently listed as a resignation and should be correctly listed as "No longer contracted with contracting agency (Effective July 31, 2020)".

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.



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 1.d.ii.

FQHC Department of
Dentistry
Delineation of Privileges

Valleywise Health Dentistry

Instructions for Applicants

After reviewing the Qualification for Privileges and Privilege Description, sign the “Attestation Statement”. You may be asked to provide documentation of the number and types of cases you have performed during the past 12 to 24 months. Applicants have the burden of producing information deemed necessary by Valleywise Health for a proper evaluation of current competence and other qualifications and for resolving questions. Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.

Core Privilege Lists: Core Procedure and Privilege lists represent a sampling included in the Core Privileges. They are not intended to be an all-encompassing list but rather they are reflective of the categories/types of procedures included in the core. ***Applicants who wish to exclude any procedures in the Core lists should strike through those procedures they do not wish to request, initial, and date.***

Board Certification: It is required that board certification be attained within the time frame designated by a practitioner’s respective primary specialty/subspecialty. Practitioners are required to maintain board certification in their primary specialty or subspecialty area of practice. Maintenance of only subspecialty certification is adequate for continued hospital privileges in a primary specialty. [Physicians appointed to the Medical Staff and/or granted clinical privileges prior to December 2007, who are not eligible to become board certified, are not subject to the board certification requirement.]

Other Requirements: This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organization, regulatory or accreditation requirements that the Valleywise Health is obligated to meet. The applicant agrees to review applicable policies every two years.

Applicant Attestation: Applicants for initial and reappointment agree that they understand that in exercising any clinical privileges granted, they are constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. Any restriction on the clinical privileges granted is waived in an emergency situation and in such situation the actions taken are governed by the applicable section of the Medical Staff Bylaws or related documents

Valleywise Health Dentistry

Criteria-Based Core Privileges: Dentistry

To be eligible to apply for core privileges in dentistry, the applicant must meet Valleywise Health medical staff membership requirements as outlined in the Medical Staff Bylaws, Credentials Policy, and the following privileging criteria:

INITIAL APPLICANTS	
Education	Successful completion from a school of dentistry accredited by the ADA Commission on dental accreditation.
Board Certification	Not applicable
Clinical Activity	Applicants for initial appointment must be able to demonstrate performance of at least 20 dental inpatient, outpatient, emergency service, or consultative procedures reflective of the scope of privileges requested, during the past 12 months in a dentistry department similar in scope and complexity to Valleywise Health or demonstrate successful completion of an accredited training program within the past 12 months.
FOCUSED PROFESSIONAL PRACTICE EVALUATION	
Guidelines for Initial Appointment	Minimum of 20 cases shall be reviewed (additional records may be reviewed to assess the scope of practice has been covered) to include evaluation of chief complaint; review of medical history, medication allergies; use of consultants; appropriateness of diagnosis and treatment planning and in accordance with the Valleywise health Medical Staff Focused Professional Evaluation to Confirm Practitioner Competence Policy.
REAPPOINTMENT	
Current demonstrated competence and an adequate volume of experience (20 dental inpatient, outpatient, emergency service, or consultative cases) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.	

Valleywise Health Dentistry

<input type="checkbox"/> Requested	GENERAL DENTISTRY CORE PRIVILEGES (adult and pediatric)
<p><i>If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.</i></p> <ul style="list-style-type: none"> • Preventive Dentistry: Diet Counseling, Home Care Instruction, Oral Prophylaxis, Plaque Removal/ Control, Topical Fluoride Application, Sealants • Restorative Dentistry: Bleaching Procedures, Amalgam Restorations, Composite Crowns, Restoration Incisal Angles, Stainless Steel Crowns, Composite Restoration • Periodontics Procedures: Occlusal Equilibration, Polishing, Root Planning, Scaling and Curettage, Simple Gingivectomy Teeth Splinting • Periodontal Surgery Procedures: Quadrant Gingivectomy, Flap Entry and Osseous Procedure Bone Grafting, Vestibuloplasty • Prosthodontics (fixed) Procedures: Cast gold crowns, Veneer crowns, Fixed bridgework, Inlays, Onlays • Prosthodontics (removable) Procedures: Full and partial dentures, Minor repairs to dentures • Endodontics Procedures: Anterior root canal therapy, molar root canals, Apicoectomy, Pulp capping, Pulpotomy • Interceptive Orthodontics Privileges: Hawley appliances, lingual arch wires, minor tooth movement, space maintainers, space retainers • Minor Oral Surgery Privileges: Alveoplasty, (Bony) I&D, Partial bony impactions, Frenectomy, Root recovery, Tissue biopsy Uncomplicated Extractions • Nitrous-Oxide Analgesia Privileges: Use of less than 50% nitrous –oxide in oxygen for anxiolysis and to aid in the injection phase 	

<input type="checkbox"/> Requested	GENERAL DENTISTRY CORE PRIVILEGES WITH OPERATING ROOM PRIVILEGES
<p><u>Dual responsibility of the dentist and the designated attending physician (MD/DO) from the respective service managing the patient, evaluate, diagnose, consult, and provide treatment to dentistry patients (i.e., adult and pediatric patients) in the inpatient/hospital setting for which general dentistry core procedures are to be performed in the operating room.</u></p> <p>Criteria to apply for General Dentistry OR privileges:</p> <ul style="list-style-type: none"> ➤ <u>Successful completion from a school of dentistry accredited by the ADA Commission on dental accreditation; AND</u> ➤ <u>Current/granted General Dentistry Core Privileges; AND</u> ➤ <u>Direct supervision (i.e., Concurrent Review) for at least the first ten (10) procedures conducted in the OR.</u> <p>Focus Professional Practice Evaluation: <u>Retrospective review of a minimum of two (2) "Unsupervised" cases performed once unsupervised privileges are granted.</u></p> <p>Reappointment Criteria: <u>Performance of ten (10) general dentistry cases performed in the OR with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.</u></p>	

<input type="checkbox"/> Requested	PEDODONTICS PRIVILEGES (PEDIATRIC)
<p>Treat and consult on dental diseases and conditions in pediatric patients caused by genetic disorders and dental anomalies. Pedodontists will also treat more extensive dental disease in pediatric patients, dental diseases present in medically compromised pediatric patients, recalcitrant pediatric patients, and patients who, due to a young age, need more specialized treatment.</p> <p>Criteria to apply for privileges: Applicant must have completed at an appropriate post-graduate training program accredited by the ADA Commission on dental accreditation</p> <p>Focus Professional Practice Evaluation: Retrospective review of a minimum of two (2) cases within the provisional period.</p> <p>Reappointment Criteria: Performance of 20 pedodontics cases with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.</p>	

Acknowledgement of Applicant

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Valleywise Health Dentistry

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Applicant



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 2.

Maricopa County Public Health
- Community Health Needs
Assessment Results

Maricopa County

Community Health Needs Assessment



Maricopa County
Public Health
WeArePublicHealth.org

Lilliana D. Cardenas
Manager, Office of Community Empowerment

Collaboration for Health Improvement



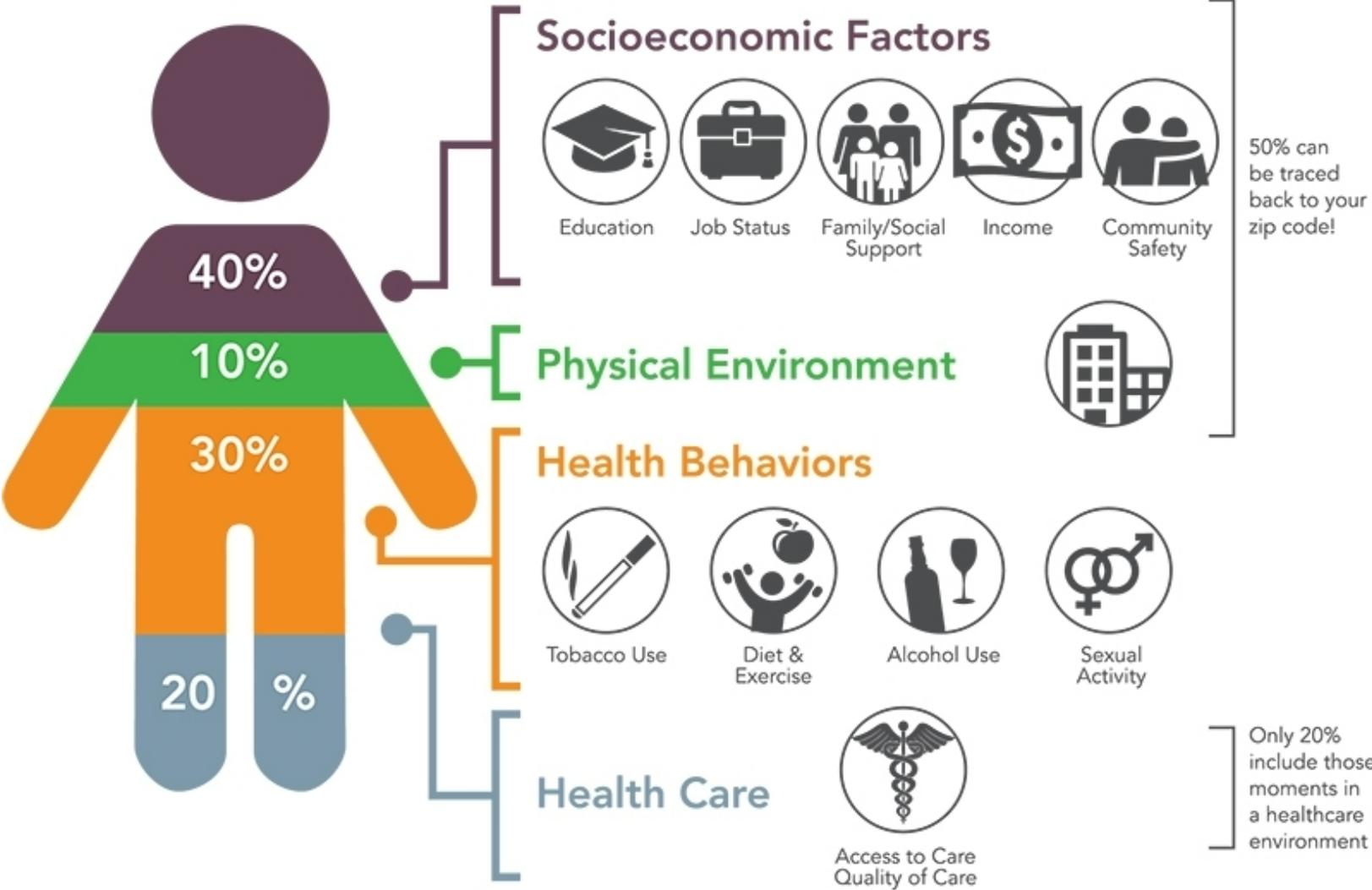
Mobilizing for Action through Planning & Partnership

MAPP Process

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6
<p><i>Partner Development</i></p> <ul style="list-style-type: none">• Synapse• HIPMC	<p><i>Visioning</i></p>	<p><i>Assessments:</i></p> <ul style="list-style-type: none">• Survey• Focus Groups• LPH System• SWOT	<p><i>Identify Strategic Issues</i></p>	<p><i>Goals & Strategies</i></p>	<p><i>Community Health Improvement Plan (CHIP)</i></p>

Qualitative & Quantitative Data Collection

Impact of Social Determinants of Health

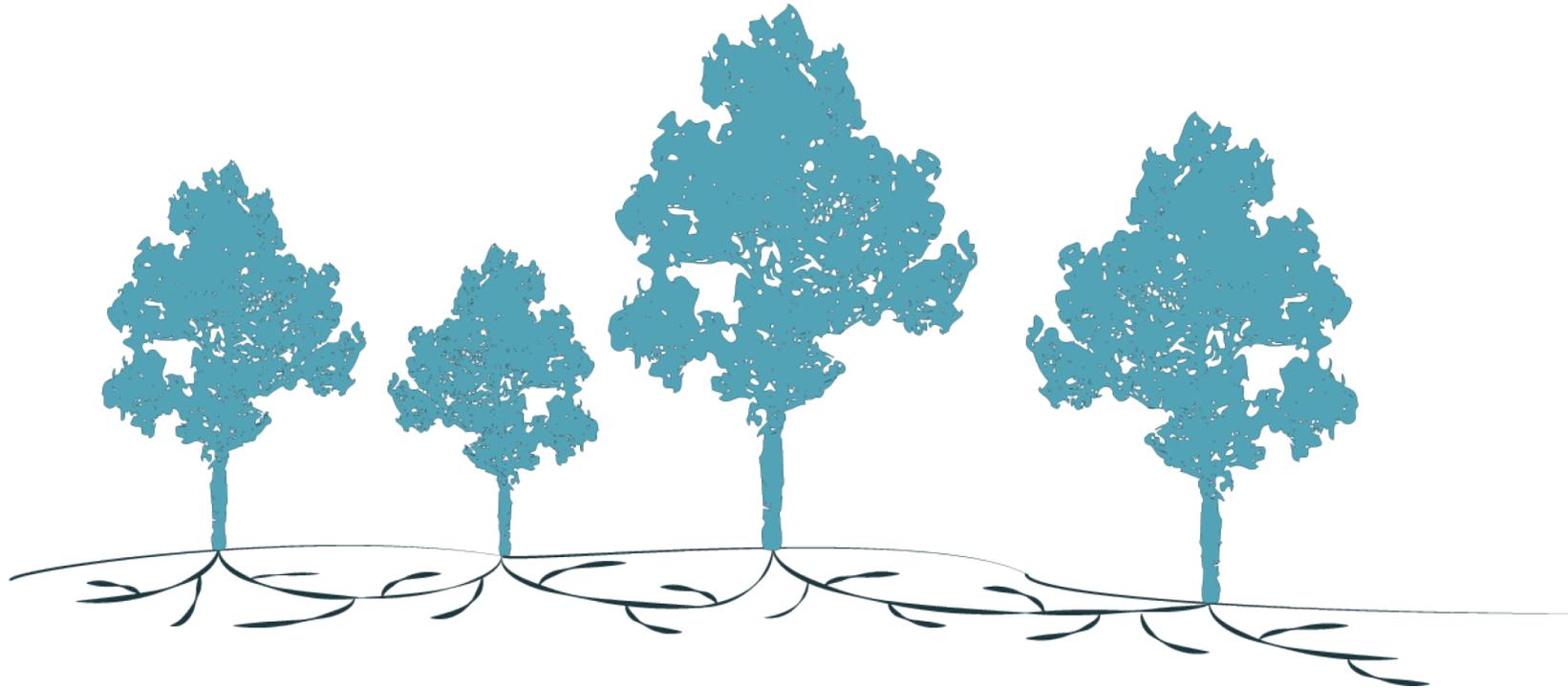


Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)



Root Causes: What Causes What?

Overall Health Status Mental Health Conditions Physical Activity Nutrition Violence & Crime
Stroke Diabetes Obesity Heart Disease High Blood Pressure



Inadequate Access to Health Care Lack of Physical Activity Poor Recreation Access Poor Nutrition
Inadequate Food Access Low Social Capital/Connectedness Poor Educational Quality
Poor Early Childhood Development Inadequate Housing Inadequate Transportation



CHA and the Journey to Addressing SDOH

CHA 1.0 – Disease/Condition Specific

CHA 2.0 – Root Cause and System Navigation

*CHA 3.0 – Collaborative Response to Root Causes
(pending)*

Focus Group Populations



- **Adults over 65**
 - a. Hispanic/Latino (Spanish speaking)
 - b. LGBTQ seniors
 - c. African American
- **African Americans:** Adult, Young Adult (19-24), & Youth (14-18)
- **Asian Americans:** Adult
- **Hispanic/Latinx:** Adult, Young Adult (19-24), & Youth (14-18)
- **Homeless:** Adult, Young Adult (19-24), & Youth (14-18)
- **Immigrants/Refugee/Asylum Seekers**
- **LGBTQ:** Adult, Young Adult (19-24), & Youth (14-18)
- **Native Americans:** Adult, Young Adult (19-24), & Youth (14-18)
- **People living with HIV/AIDS:** Adults
- **People living with a special healthcare needs:** Adult & Young Adult (19-24)
- **People who have been previously incarcerated:** Adult
- **Residents of rural communities:** Gila Bend & Wickenburg

CHA 2.0

- ✓ 5,883 CHA surveys
- ✓ 54% of participants came from Phoenix
- ✓ 17 surveys from Rural Maricopa
- ✓ 36 Focus groups, 367 participants

CHA 3.0

- ✓ 11,986 CHA surveys
- ✓ 50 Focus groups, 500+ participants
- ✓ 440 surveys collected in Rural Maricopa
- ✓ 5 Designated MC Regions and Profiles
- ✓ 12 Cities Profiles
- ✓ 34 Community Zone Profiles

What Do We Know So Far

Survey Highlights

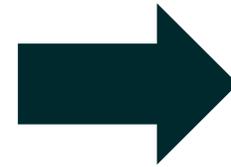
- **Barriers to Healthcare:**
Not Enough Health Insurance
- **Health conditions impacting community:**
Alcohol & Substance Abuse
- **Issues impacting community:**
Access to Healthcare

Focus Group Highlights

- **Barriers to Healthcare:**
Financial limitations, transportation, inconvenience, & mistrust
- **Healthcare Needs:**
Access to specialized doctors & clinics, services for special populations
- **Community Recommendations for healthcare improvement:** *mental health services, resources & information, comprehensive health services, & health education*

Root Causes/SDOH 2019

- *Income – livable wages*
- *Jobs – with insurance benefits*
- *Inadequate Health Insurance*
- *Inadequate Transportation*
- *Racism & Implicit Bias*



COVID-19

SDOH & Emergent Public Health Issues



- § Loss of employment
- § Loss of insurance coverage & benefits
- § Inability or difficulty to qualify for unemployment
- § Lack of access to care – testing, treatment, vaccine, etc
- § Closing and/or limited hours of businesses
- § Closing and/or limited social service resources
- § Difficulty navigating COVID resources and access to testing
- § Increased political unrest
- § Increased race related violence and inequity of resources
- § Increase need for basic services

Response



- § CAREs funding distribution for
 - Food systems
 - Housing & utility
 - Increase flu vaccine outreach, clinics, and distribution
 - Increase COVID testing locations and access at no cost to community
 - Contact tracing
- § Unified Command Center
 - Maricopa County: Public Health, Emergency Management, Environment, Human Services, and County Manager
 - City and local level representation
 - Schools dashboard and support
 - Municipality supports
 - COVID Vaccine Planning for distribution

Continued SDOH Monitoring



- MCDPH School Dashboard:
<https://www.maricopa.gov/5594/School-Metrics>
- Testing & Flu Vaccine:
<https://www.maricopa.gov/5605/Ready-Healthy-Prepared>
- Community Testing Survey:
 - English
<https://www.surveymonkey.com/r/COVIDcommunitytesting>
 - Spanish https://www.surveymonkey.com/r/MC_Esp_001



Community Health Needs Assessment COVID Focus

COVID Testing Sept – Oct 2020

- Community poll
- Testing map
- Flu vaccine map
- Gap analysis

CHA Survey – COVID focus

- Sector survey research Nov. – Dec. 2020
- Individual survey Nov – Dec. 2020
- Focus groups Nov – Jan.
- Sector survey implementation Jan. – Feb. 2021

Preliminary Data Reports

- Sector Survey Dec. 2020
- Individual Survey February 2020
- Focus groups February 2020

CHA 4.0

- Focus groups Spring & Summer 2021
- Individual Survey summer/fall 2021
- Complete data collection Dec. 2021
- Reports Spring 2022

THANK YOU!



Lilliana Cardenas



Lilliana.Cardenas@Maricopa.gov



602-319-7737



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 3.

FQHC Pediatric
Refugee Clinic

November 4, 2020

FQHC Pediatric Refugee Clinic

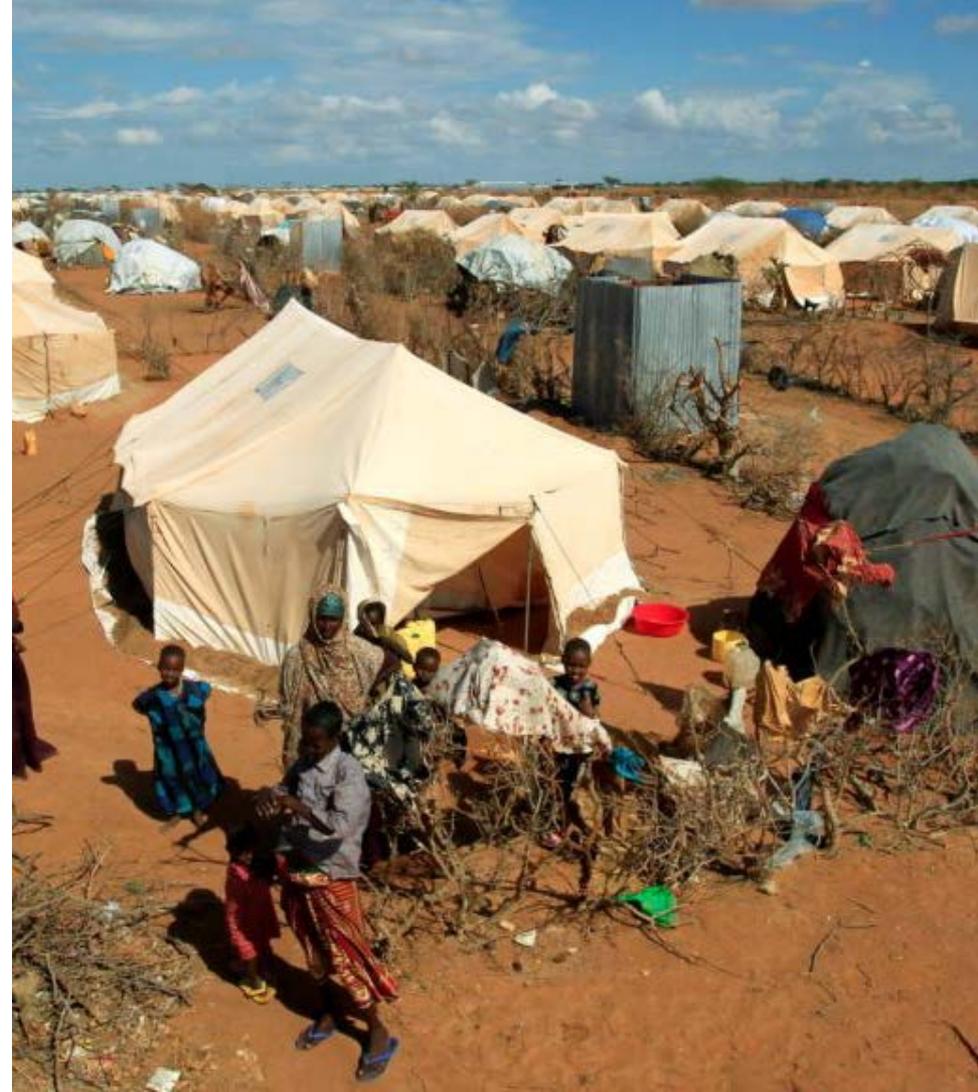
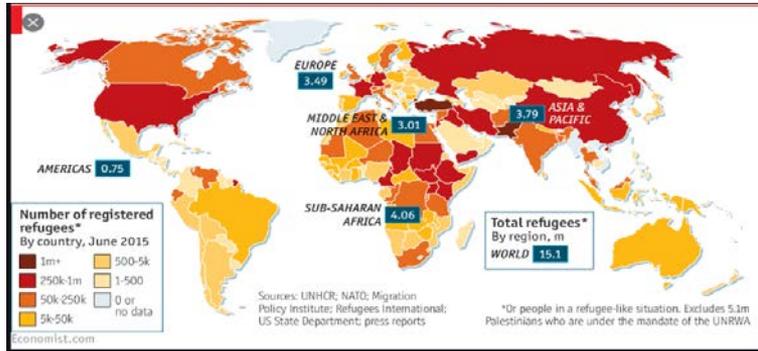
Charmaine Jackson RN CRL, Dr. Michael Do
and Jeffery Spacht, MSHA, RRT

مرحبًا

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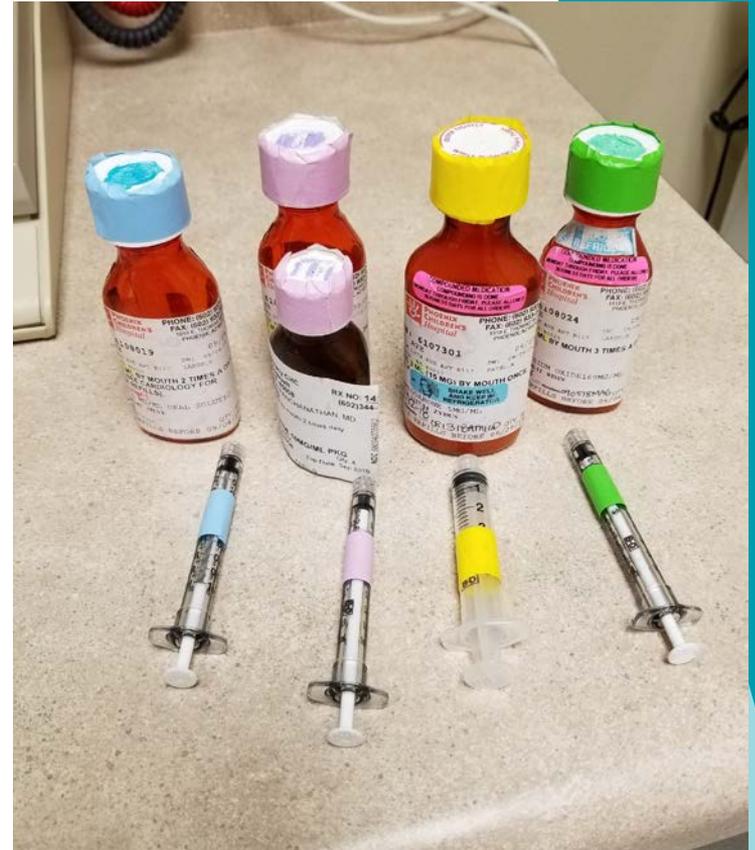


Refugee Camps



Limited Health Literacy

- Minimal concept of preventative care
- Inability to make appointments
- Unfamiliarity with prescriptions and pharmacy process
- Difficulties with medication administration
- Use different forms of explanation when teaching
- Sun/moon vs am/pm



Use of Words for Refugees



- Be aware of the use of words **without** explanation such as fever, temperature or thermometer



- Even though we may think something seems basic, someone from another country may not

- Use visual examples when explaining medical devices, wound care, medication, temp taking and many more



- **NEVER ASSUME!**

FQHC Valleywise Pediatric Refugee Clinic

- Primary medical home for refugee/immigrant children and children born in the US to refugee/immigrant parents.
- Culturally and linguistically appropriate care. Help families navigate the health care system (pediatric subspecialties, pharmacy, home health services).



FQHC Valleywise Pediatric Refugee Clinic



Cultural Health Navigators

- Serve as liaisons between communities and the health care system.
- Help schedule appointments and coordinate transportation for patient visits.
- Provide interpretation services for clinic staff and physicians.
- Assist with patient education.

FQHC Valleywise Pediatric Refugee Clinic



- Languages spoken by our Cultural Health Navigators:

Arabic	Kirundi
Burmese	Maay Maay
French	Somali
Karen	Swahili
Kinyarwanda	Thai
- Dozens of other languages available through telephone and video interpretation services.

FQHC Valleywise Pediatric Refugee Clinic

- Connect patients to community resources.
 - Car seat training classes
 - Cribs for Kids program
 - English language classes
- Direct collaboration with outside agencies
 - Maricopa County Department of Public Health
 - Refugee resettlement agencies
 - Local faith-based organizations
 - School districts
 - ECBOs



COVID-19 and Refugee Families

Limited access to health education and health care.

Large, multi-generational homes that make physical distancing difficult.

Cultural misconceptions that lead to stigmatization of COVID-19.

Many work in industries hardest hit by COVID-19 (hospitality, food service, airports/airlines, etc).

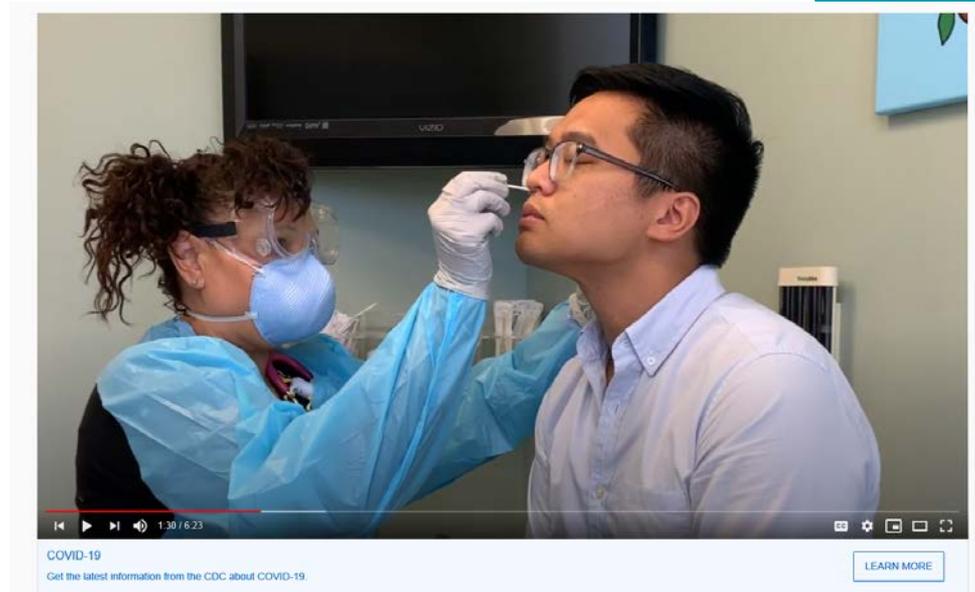
COVID-19 Informational Videos

<https://www.youtube.com/watch?v=TKg3haWT54k&list=PLm7yXhXaGwFVTn6RTYELujxAOX8hfUFlk>



COVID-19 Informational Videos

- https://www.youtube.com/watch?v=ki6_Uw7oG04&list=PLm7yXhXaGwFVTn6RTYELuJxAOX8hfUFlk&index=21



COVID-19 Informational Videos

- 1st set of videos (COVID-19 + social distancing)

English	French	Somali
Spanish	Karen	Swahili
Arabic	Kirundi	
Burmese	Maay Maay	

- 2nd set of videos (What to do when sick)

English	French	Lingala
Spanish	Karen	Somali
Swahili	Arabic	Kinyarwanda
Burmese	Kirundi	Maay Maay

1		Coronavirus/COVID-19 (Swahili) Valleywise Health Medical Center 4:52
2		Coronavirus/COVID-19 (Maay Maay) Valleywise Health Medical Center 3:13
3		Coronavirus/COVID-19 (Spanish) Valleywise Health Medical Center 3:06
4		Coronavirus/COVID-19 (Somali) Valleywise Health Medical Center 3:30
5		Coronavirus/COVID-19 (Kirundi) Valleywise Health Medical Center 3:26
6		Coronavirus/COVID-19 (Karen) Valleywise Health Medical Center 3:53
7		Coronavirus/COVID-19 (French) Valleywise Health Medical Center 3:09
8		Coronavirus/COVID-19 (Burmese) Valleywise Health Medical Center 3:29

COVID-19 Informational Videos

- Distribution of videos
 - Individual families.
 - Different hospital departments to assist with discharge education.
 - Various community partners (MCDPH, refugee resettlement agencies, school districts).
 - Listserv of national and international refugee health care providers.



COVID-19 Informational Videos



FACT-BASED NEWS
It's more important than ever
News you trust
ONE SOURCE MY CONNECTION [donate now](#)
All brought to you with member support.

Get The Latest On The
Coronavirus In Arizona →

Donate Subscribe

Latest News About The Coronavirus | Map: Coronavirus Disease In Ariz

Produced In 10 Languages For Arizona Refugees, COVID-19 Safety Videos Reach 70,000

By Matthew Casey

Published: Thursday, April 23, 2020 - 5:05am
Updated: Thursday, April 23, 2020 - 8:03am

Tweet

Listen Now

Download mp3 (6 MB)



The official language of the African nation Burundi is named Kirundi. Julie Ngrirye speaks it and other languages, which is why the social worker and care coordinator helped make an [informational video](#) about the coronavirus for Burundian refugees living in Arizona and beyond.



< **Tweet**

 **Mayor Kate Gallego** ✓
@MayorGallego

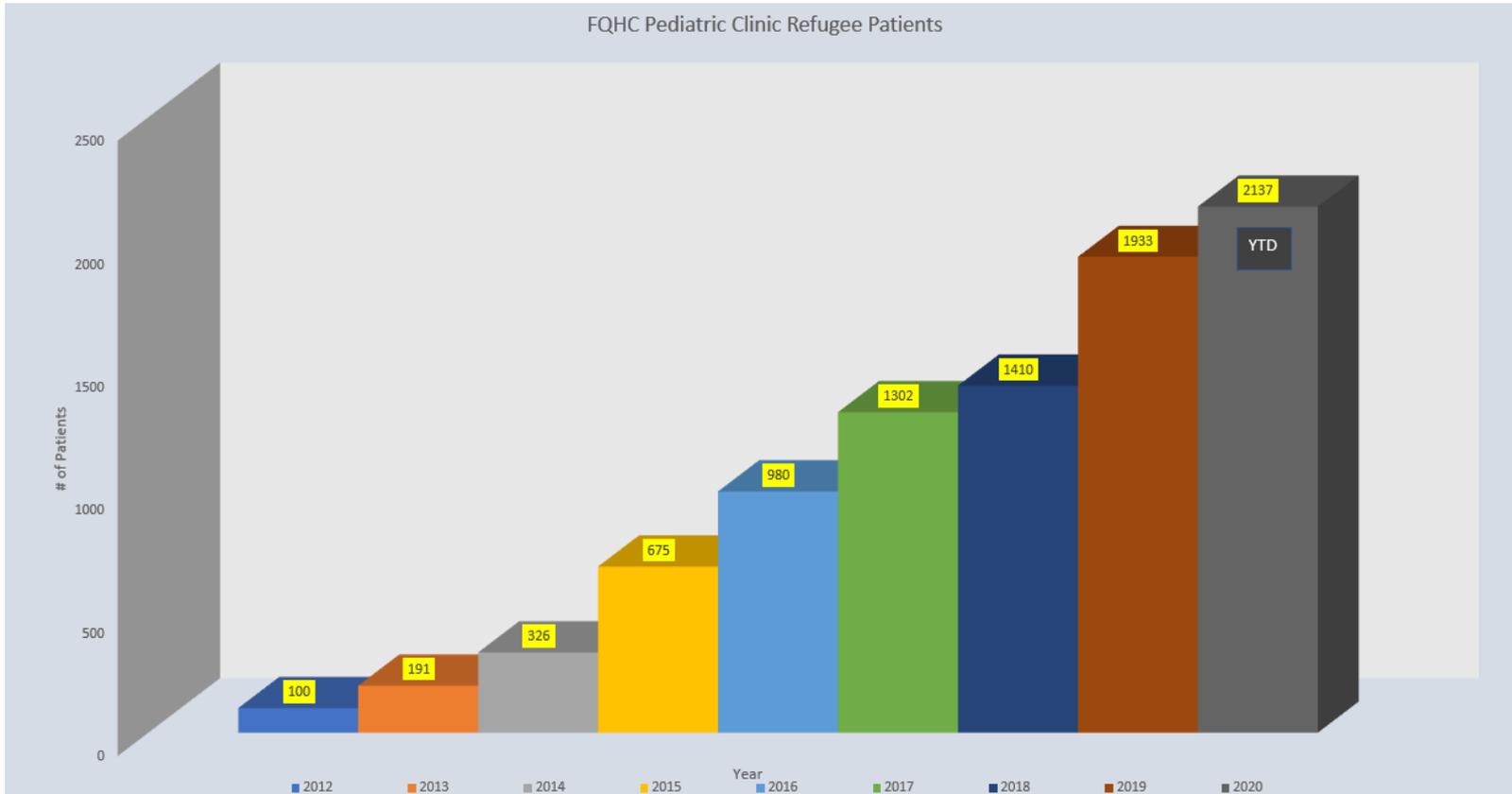
.@valleywise_az is helping refugee communities stay informed on [#COVID19](#) w/ videos in 10 languages. "Our refugee populations are among our most vulnerable...We felt it was important to get the correct message to our families." [#StayHome](#). Please Share:

 Coronavirus Message - YouTube
youtube.com

11:48 AM · 4/2/20 · [Twitter for iPhone](#)

FQHC Pediatric Clinic Refugee Patients

*Year to date through October 2020



Visit improvements with CHN's

Assist refugee families with overcoming cultural barriers

Serve as cultural brokers for providers and patients

Coordinate transportation for patient visits

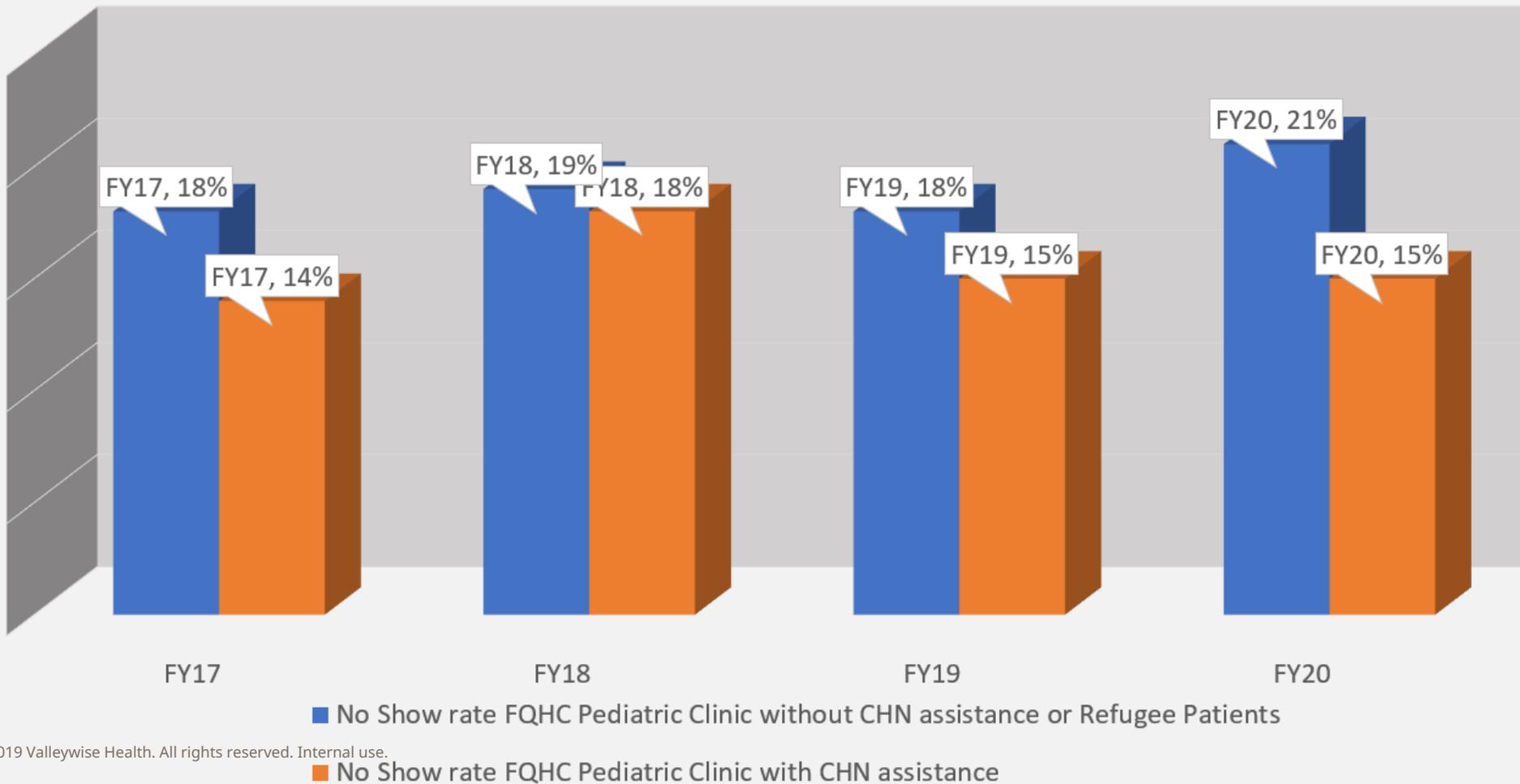
Patient education in clinic and within community
Interpret for office staff, clinical staff and providers

Patient education emphasizing health literacy such as temp
taking and medication administration

Collaborate with outside agencies such as state refugee clinic,
local churches and Refugee Resettlement Agencies



Visit No Show Comparison





Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 4.

CY 2021-2023
Strategic Plan for the
FQHC Clinics

August 2020

Valleywise Community Health Center Governing Council

Strategic Plan 2021-2023

Previous Work Sessions

Meeting of the Valleywise Community Health Center Governing Council previously identified various areas of concern and interest:

- Advertising
- Access to Care
- Behavioral Health Integration
- Community Engagement/Outreach
- Coronavirus (COVID-19)
- Diabetes Management
- HIV Testing
- Improved Patient Outcomes
- Influenza Vaccines
- Performance Management (PCP Shortage)
- Social Determinants of Health (SDoH)
- Strategy
- Clinic (FQHC) Transition Plans
- Client/Patient Satisfaction
- Co-Applicant Agreement (revisit)
- Governance and Procedures
- Organizational Culture

Previous Work Sessions

From this session, two priorities were initially identified:

Behavioral Health Integration

- Incorporate VCHCG FQHC Clinic visits
- Educate the VCHCGC about Valleywise Health's behavioral health integration operational philosophy
- Educate the VCHCGC about the state's overall behavioral health system; pertaining to community status gaps and areas of highest need
- Development of a plan associated with staff training, retention, and satisfaction
- Identification of behavioral health navigators
- Explore and discover connections to organizations that were led by and that supported the most vulnerable behavioral health patient populations

Community Engagement/Outreach

- Develop list of potential community organizations to collaborate with on a grass roots level
- Educate the VCHCGC about issues related to vulnerable populations
- Identify specific focus areas of vulnerable populations; potentially via UDS and/or other ways
- Identify measurements of improved patient outcomes
- Explore partnership possibilities with the Vitalyst Foundation
- Educate the VCHCGC about plans for staff resources allocated for future community outreach projects
- Connect with Health Improvement Partnership of Maricopa County (HIPMC) to explore collaboration opportunities

Considerations Sessions

- Monday, August 10, 2020 from 3:30pm – 5:00pm
- VCHCGC Strategic Planning & Outreach Committee members were previously asked to be prepared to discuss:
 - **Situational Assessment** - What major (or moderate) shifts or situations are happening within our healthcare system and/or within the healthcare sector outside of our system (locally, regionally, nationally or globally)? What challenges and opportunities exist that you're aware of? Where's the "low hanging fruit" and where are the barriers to success?
 - **Key Learnings** - As a team and as the FQHC SPO Committee, what do you know/understand today about our healthcare system that you didn't a year ago? As a team and as a system, what worked and what didn't?
 - **Influencing Trends** - What's happening outside our system that might influence what we do and how we do it? Are there changes in the social media space we need to consider? Is artificial intelligence and machine learning something we should better understand? Are the political winds shifting which may change market demographics? Are competitive players entering/leaving the space or altering their service lines?

Situational Assessments

- Political Shifts
 - Election year
 - Public charge
 - Termination of ACA
 - Uncertainty/Divisiveness creates fear
- Coronavirus (COVID-19) Pandemic
 - Long-term impact potential
 - Our patient population at greatest risk
 - Creating joblessness and financial hardship
- Financial Stabilization/Growth
 - Patient retention
 - Keep referrals in-house
 - Sliding fee support
 - Impact of COVID-19 and recovery
- Connection with Community
 - Community partners/groups
 - Cultural competency
 - Disconnected/Not ingrained in the community
- FQHC Differentiation
 - Public still doesn't know what this is or that we have this designation
 - Services available regardless of status, demographics or ability to pay
 - Other reasons FQHC designation is important for patients and community

Key Learnings

- Few people understood what an FQHC meant and why it was important
- Governing Council has evolved and is approaching difficult issues that previously might have been avoided
- Underserved populations continue to grow; now more than ever given COVID-19
- We don't really know what our community will look like two years from now
- We aren't culturally competent as a system and need to determine what that means and how to measure it
- There is wisdom in our communities, but we're disconnected from that wisdom because we're not fully integrated with the community
- We focus on the larger sets of demographics but fail to consider smaller, subsets (formerly incarcerated, etc.) who, as a result, are now more disadvantaged

Influencing Trends

- People are more active in social media spaces resulting in increased community education
- Liberation of black and indigenous communities gaining momentum
- People are polarized on virtually every topic/issue – law enforcement protests, BLM movement, pro or anti masks, Republican vs. Democrat, etc.
- Local community groups and organizations are becoming more important – possibly the result of people isolating at and working from home
- People are overwhelmed (school closure/reopening, vaccines, community spread, financial struggles, etc.)
- People will still need healthcare and we need to focus on providing the best care possible to everyone

FY20-24 Strategic Plan Alignment

The Valleywise Community Health Center Governing Council strategic plan must align with the overall organization's Strategic Plan and areas where this occurred were identified as:

- 1.3 – **Drive organizational diversity and cultural competency through the health care system.**
- 1.4 – **Improve patient satisfaction (and experience)** and improve outcomes and quality of care as defined by current evidence-based best practices.
- 2.1 – Develop relationships with payers and identify value-based purchasing project opportunities to support Valleywise Health's Model of Care design, **increase volumes** and expand integrated behavioral and physical health.
- 2.2 – **Build and maintain strong service lines, as evident by the return on investment**, through national benchmarking, local market insights, trends in treatment modalities and service delivery, branding, emerging technologies and physician leader insights.
- 4.1 – Build a strategic financial plan that the Board of Directors and Valleywise Health Executive Leadership can use to assess market strategy and **make informed decisions for our limited resources**, to accelerate development of risk-bearing competencies with our physician partners, District Medical Group, and identify essential infrastructure.
- 4.3 – Enhance Human Resources delivery model to **improve employee satisfaction and recruitment/retention of talent to support Valleywise Health business strategies** and to successfully enable emerging models of care.
- 5.1 – Communicate and coordinate Valleywise Health public policy and governmental relations positions and activities, effectively engage with key representatives of U.S., State and local government, **essential advocacy organizations and the community**.
- 5.2 – **Identify strategic community partners and develop a Valleywise Health community care model to improve population health.**
- 5.3 – **Raise community understanding and positive visibility of Valleywise Health through comprehensive re-branding and image initiatives, and through highly coordinated strategic relationship development outreach.**

Strategic Plan Theme

The following strategic pillars were built from the output of several meetings as highlighted in previous slides. While represented as individual priorities, they are inarguably and intrinsically connected. One pillar cannot attain true success unless all are successful. To achieve financial stability or growth, we must improve patient volume. To improve patient volume we must engage our community. And, to successfully engage our community, we must be culturally competent.

But this strategy and the priorities within it are not blind to the growing challenges of health equity in our community. For years, we have discussed social determinants of health, the impact on our community and the areas where we might effectively influence change. Health equity, as defined by the Robert Wood Johnson Foundation, is defined as:

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Like social determinants of health, health equity is an enormous challenge with components outside the scope of what Valleywise Health can address directly, and we cannot expect or intend to resolve them, in whole or in part, in the short term or without the united support of others. Still, the pillars in this strategy serve as a starting point for Valleywise Health as we begin to actively and intentionally address these issues.

Cultural Competence

Overview

Maricopa County is home to broad and diverse populations. While these populations may differ based on nationality, ethnicity, religious and/or political affiliation and other common variables, “Cultural Competence” requires deeper consideration to understand behaviors, concerns, decision-making processes, etc. Cultural Competence requires a more robust understanding of nuances based on those common variables but must also make room for sub-sets within them.

Operating Plan Alignment

- 1.3 Drive organizational diversity and cultural competency throughout the health care system.
- 4.3 Enhance the Human Resources delivery model to improve employee satisfaction, and recruitment/retention of talent to support Valleywise Health business strategies and to successfully enable emerging models of care.

Strategic Considerations

- Culture based colleague development and training
- Community based surveys and assessments
- Cultural representation on committees/councils
- Expansion of health navigators where appropriate and feasible

Key Measurements

- Identify key population groups including those with health inequities and determine priority groups/efforts among them
- Achieve 100% participation in colleague culture awareness education programs
- Increase YoY patient volume and patient satisfaction each by 1% YoY through 2024

Community Engagement

Overview

As the community's health care system, it's important that we actively seek to be part of the fabric of that community. As such, we must work in partnership with key community groups and organizations and leverage those relationships to connect with, support, educate and engage with the various audiences in our community including those who are considered most vulnerable and/or difficult to reach (former inmates, etc.).

Strategic Considerations

- Identify and connect with key community groups
- Offer free classes to support community residents (CPR, Stop the Bleed, etc.)
- Regularly leverage locations for community-based needs (food distribution, backpack drives, book fairs, partner-based events, etc.)

Operating Plan Alignment

- 5.1 Communicate and coordinate Valleywise Health to essential advocacy organizations and the community.
- 5.2 Identify strategic community partners and support improvements to population health.
- 5.3 Raise community understanding and positive visibility of Valleywise Health through coordinated strategic relationship development outreach.

Key Measurements

- Develop work plan and establish community-based partnerships with "directly impacted, directly led" vulnerable patient organizations to guide engagement opportunities
- Complete YoY comparative analysis for CY2015-202 based on UDS by January 2022
- Create map of culturally diverse populations within 5 miles of health center locations by 2022
- Drive increases in engagement and partnership among culturally diverse community agencies by 1% YoY
- Track the number of cultural practices adopted that assist in better serving the most vulnerable patient populations

Patient Volume Growth

Overview

Patient volume growth and retention is necessary for driving improved community health and organizational sustainability. This growth and retention is the sum of various efforts which include patient acquisition, referrals within the system, community engagement, recognition as a trusted resource, and more.

Strategic Considerations

- Patient satisfaction focused training
- New patient acquisition marketing/communications
- Referral retention program
- Community health/education/support events

Operating Plan Alignment

- 1.4 Improve patient experience and satisfaction.
- 2.1 Develop relationships to support increased volumes.
- 5.3 Raise community understanding and positive visibility of Valleywise Health.

Key Measurements

- Increase aggregate patient volume by 1% YoY
- Increase Patient Satisfaction Score by 1% YoY through 2024

Financial Sustainability

Overview

While our mission is based on providing exceptional care without exception, every patient every time a fundamental rule of business states, “no margin, no mission.” The strength of our operation and our ability to fulfill our mission rests solidly on our ability to continue operating as a solvent, viable and sustainable organization.

Operating Plan Alignment

- 2.2 Build and maintain strong service lines, as evident by the return on investment, through national benchmarking, local market insights, trends in treatment modalities and service delivery, branding, emerging technologies and physician leader insights.
- 4.1 Build a strategic financial plan that the Board of Directors and Valleywise Health Executive Leadership can use to assess market strategy and make informed decisions for our limited resources, to accelerate development of risk-bearing competencies with our physician partners, District Medical Group, and identify essential infrastructure.

Strategic Considerations

- Actively monitor financial contribution
- Evaluate opportunities to grow revenue and/or reduce cost/expenses
- Support patient growth initiatives

Key Measurements

- Optimize health center operational performance to deliver positive increase to patient visits of a minimum 1% YoY
- Regularly review financial reports to identify areas of opportunity



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 5.

VCHCGC Bylaws

**Maricopa County Special Health Care District's
Valleywise Community Health Centers Governing Council
Bylaws**

ARTICLE I: NAME

The name of the governing authority shall be the Valleywise Community Health Centers Governing Council (Governing Council). The Governing Council is organized to provide governance and oversight of Federally Qualified Health Center (FQHC) Clinics owned and operated by the Maricopa County Special Health Care District (District) dba Valleywise Health, that provide primary and preventive health care and related services (including but not limited to ancillary services). The District was awarded designation Health Resources and Services Administration (HRSA) to operate FQHC Clinics.

ARTICLE II: PURPOSE AND OBJECTIVES

The purpose of the Governing Council is to serve as the Co-Applicant, consistent with the requirements of applicable HRSA policies and pronouncements in order to meet Section 330 of the Public Health Service Act governance requirements.

ARTICLE III: GOVERNING COUNCIL MEMBERSHIP

Section I: Members

- A. There shall be no less than nine and no more than 17 voting members on the Governing Council.
1. The majority (at least 51%) of Governing Council members must be patients served by Valleywise Health's FQHC Clinics. A patient is someone who has received at least one HRSA approved in-scope services within the last 24 months. Patient Governing Council members must represent the patients served by the FQHC Clinics in terms of demographic factors, such as race, ethnicity, and gender.
 2. Non-patient Governing Council members must be representative of the community served by the FQHC Clinics and must be selected for their expertise in relevant subject areas, such as community affairs, local government, finance, legal, trade unions, education, business, labor relations, and social service agencies within the community.

3. No more than one-half of the non-patient Governing Council members may derive more than 10% of their annual income from the health care industry. Health care industry is defined as hospitals, other health care institutions, nurses, doctors, dentists, and other licensed health care professionals whose primary responsibility is providing primary, preventative and therapeutic health care services.
 4. All members must reside in the service area (Maricopa County).
- B. Candidates will be subject to: a background check; a formal vetting process, including but not limited to confirmation of skills and experience noted in application; interviews with past and current associates; a screening for real or apparent conflicts of interest; and a review for exclusion from participating in any Federal or State health care program.
 - C. The Governing Council may appoint a member of the District Board of Directors (Board) to serve on the Governing Council as a non-voting member to serve a one-year term effective July 1. The Board member's status on the Governing Council will terminate should the Board member's tenure cease.
 - D. The Governing Council will act as the governing authority for all member appointments.
 - E. Employees and immediate family members (spouse, child, parent, or sibling, by blood, adoption, or marriage) of the Maricopa County Special Health Care District dba Valleywise Health, or any other hospital or health care institution, as defined in A.R.S. § 36-401, may not be members of the Governing Council.

Section II: Voting Members Responsibilities

- A. Be informed about the FQHC Clinics strategic plan, programs and services.
- B. Attend a minimum of three-fourths of the Governing Council meetings within a 12-month period, calculated on a rolling basis.
- C. Actively participate in at least one standing committee.
- D. Attend a minimum of three-fourths of committee meetings, which assigned to, within a 12-month period calculated on a rolling basis.
- E. Prepare for Governing Council and committee meetings by reading materials in advance.
- F. Review data and information provided to the Governing Council to make informed decisions.
- G. Adhere to the Governing Council's bylaws and District polices.
- H. Maintain confidentiality of matters of the FQHC Clinics and District.
- I. Participate in HRSA's Operational Site Visit.

- J. Participate in the selection of the Chief Executive Officer (CEO), when applicable.
- K. Participate in the evaluation of the CEO.
- L. Recommend candidates to the Governing Council to assist in member recruitment, when requested.
- M. Participate in Governing Council orientation and ongoing education.
- N. Support decisions of the Governing Council once they are made.
- O. Disclose any potential and actual conflict of interest and if/when one arises, disclose it in writing to the District's Assistant Clerk.

Section III: Terms

- A. Governing Council members shall take an oath or affirmation set forth in A.R.S. § 38-231 after appointment to the Governing Council and prior to serving. All oaths shall be filed with the District's Clerk of the Board.
- B. Terms are up to three years in length, which commences after taking an oath and ends on June 30 of the third year. Due to timing, it is possible that the first term may not be a full three years.
- C. Voting members are eligible to serve for a maximum of three terms.
- D. Resignations from the Governing Council shall be in writing and filed with the District's Assistant Clerk.

Section IV: Vacancies

- A. Upon the vacancy of a member, however created, the vacancy shall be filled according to the process set forth in Article III, Section I.

Section V: Removal

- A. When a member fails to meet responsibilities as specified in Article III, Section II, the member may be removed.
- B. Any member of the Governing Council may be removed at any time by a two-thirds vote of the voting members of the Governing Council at any regular or special meeting of the Governing Council for cause, including but not limited to:
 - 1. Violations of the District's Code of Conduct and Ethics.
 - 2. Violations of the District's Conflicts of Interest and Gift Policy.

3. Actions that are unbecoming of the Governing Council.
4. For any basis that is provided for or permitted under Arizona law, including A.R.S. § 38-291.

Section VI. Compensation

- A. Governing Council members shall serve without compensation. However, each member is allowed reimbursement of expenses from approved travel, and reimbursement of mileage to and from Valleywise Community Health Centers Governing Council meetings.

ARTICLE IV: MEETINGS

Section I: Regular Meetings

The Governing Council shall hold monthly meetings where a quorum is present.

Section II: Additional Meetings

Additional meetings of the Governing Council may be held in a manner that is consistent with the Arizona Open Meetings Law, A.R.S. § 38-431 et. seq.

Section III: Emergency Meetings

Emergency meetings of the Governing Council may be held in a manner that is consistent with the Arizona Open Meeting Law, A.R.S. § 38-431 et. seq.

Section IV: Place of Meetings

All meetings of the Governing Council shall be at the Valleywise Health Medical Center campus, unless otherwise specified with proper notice to Governing Council members, staff, and the public.

Section V. Remote Meetings

The Governing Council may hold a remote meeting through technological means after providing proper notice and an agenda in accordance with the Arizona Open Meeting Law A.R.S. § 38-431 et. seq.

Section VI. Conduct of Meeting

Governing Council meetings shall be conducted using Parliamentary Procedures, also known as Rules of Order. Rules are intended to maintain decorum and for the timely and orderly progression of the meeting.

Section VII: Open and Public

All meetings will be held in a manner that is consistent with the Arizona Open Meeting Law, A.R.S. § 38-431 et. seq.

Section VIII: Quorum and Voting Requirements

- A. A quorum shall consist of a majority of the voting Governing Council members.
- B. A quorum is necessary to conduct Governing Council business. Governing Council members shall attend meetings in person, or when circumstances dictate, telephonically. As much notice as possible, but no less than 24 hours, should be given if Governing Council members need to participate telephonically so that arrangements can be made.
- C. A majority vote of the Governing Council members is required to take any action.
- D. Each voting Governing Council member present at a meeting shall be entitled to one vote. Voting must comply with the Arizona Open Meetings Law, A.R.S. § 38-431 et. seq.
- E. There shall be no vote by proxy.
- F. If after 10 minutes from the scheduled start of any meeting a quorum is not present, the meeting cannot be called to order and will be rescheduled until such date and hour as a quorum may be reached.
- G. The FQHC Clinics CEO shall attend all meetings of the Governing Council but shall not be entitled to vote.

Section IX: Notice, Agenda and Supportive Materials

- A. A written notice of each regular meeting of the Governing Council, specifying the date, time and place, and a written agenda, shall be emailed to the Governing Council members no less than five calendar days before the meeting.
- B. Supportive materials, if any, shall be emailed to the Governing Council members with the meeting notice and agenda.
- C. The following shall have the right to place an item on the agenda of any Governing Council meeting: the Governing Council Chair, the FQHC Clinics CEO, or any voting Governing Council member. The Governing Council Chair shall have the right to reject an item placed on the agenda.

- D. If the Governing Council Chair rejects an item placed on the agenda, four voting Governing Council members acting together, shall have the right to override the Governing Council Chair's rejection and place the item on the agenda as requested despite the Governing Council Chair's rejection. The request by the four Governing Council members shall be made in writing to the Governing Council Chair, FQHC CEO, and District's Assistant Clerk, and relate solely to identifying the subject matter of the item to be placed on the agenda with no discussion, consideration or deliberation of the matter.

Section X: Minutes and Documents

The District's Assistant Clerk shall keep the minutes of the Governing Council meetings. Official minutes and supporting documents shall be maintained by the District's Assistant Clerk.

ARTICLE V: LIMITATIONS OF GOVERNING COUNCIL AUTHORITY

The Governing Council's governance authorities and responsibilities shall comply with the requirements of Section 330, its implementing regulations, and HRSA policies. The Governing Council shall specifically exercise the authorities and responsibilities contained within the Co-Applicant Operational Arrangement (Arrangement) between the District and the Governing Council.

ARTICLE VI: GOVERNING COUNCIL AUTHORITIES AND RESPONSIBILITIES

Section I. Authorities and Responsibilities

- A. Subject to the limitations imposed in Article V, the duties of the Governing Council shall be as follows:
1. Annually review the service area by zip codes reported on HRSA Form 5B: Service Sites;
 2. Complete or update a community needs assessment of the current service area patient population at least once every 3 years to improve the delivery of health care services;
 3. Review and approve additional health services, if any, to offer in order to meet the health needs of the patient population served by the FQHC Clinics, subject to Board approval;
 4. Annually review a list of FQHC Clinics, including addresses, hours of operation by clinic, and information on general services offered at each clinic reported on HRSA Form 5B: Service Sites;

5. Approve the location of any new FQHC Clinic or closure of existing FQHC Clinic as long as it is consistent with the District's facility, strategic, business, financial, and capital plans;
6. Ensure written operating procedures exist for responding to patient medical emergencies during each FQHC Clinics' regularly scheduled hours of operation;
7. Ensure written operating procedures exist for responding to patient medical emergencies after each FQHC Clinics' regularly scheduled hours of operation;
8. Ensure written operating procedures are in place to obtain medical information related to a FQHC Clinic patient's hospital or emergency department visit;
9. Review, evaluate, and approve a sliding fee discount program for the FQHC Clinics at least every three years. Evaluation should include the effectiveness of the sliding fee discount program in reducing financial barriers to care, and the rate which patients within each discount category are accessing services;
10. Annually review and approve a sliding fee discount schedule for the FQHC Clinics based on the most recent Federal Poverty Guidelines;
11. Review and approve at least every two years, a Quality Improvement/Quality Assurance (QI/QA) program for the FQHC Clinics, that addresses the quality and utilization of services, patient satisfaction, patient grievance process and patient safety including adverse events;
12. Ensure that QI/QA data, including patient satisfaction, patient grievance and patient safety, is shared with the Governing Council at least quarterly;
13. Ensure written quality of care audit procedures are in place and the audit is shared with the Governing Council annually;
14. Select/hire the Project Director/CEO of the FQHC Clinics after receiving prior approval from HRSA and as set forth in Paragraph 6 of the Arrangement between the District and Governing Council;
15. Annually evaluate the FQHC Clinics Project Director/CEO's performance as set forth in Paragraph 6 of the Arrangement between the District and Governing Council;
16. Dismiss/terminate the FQHC Clinics Project Director/CEO from the Health Center Program if necessary, as set forth in Paragraph 6 of the Arrangement between the District and Governing Council, and notify HRSA;
17. Approve changes to FQHC Clinics Project Director's/CEO's job description;
18. Approve changes to the FQHC Clinics CEO's organization chart including titles and names of key management staff;

19. Comply with the District's written Code of Conduct and Ethics; and Conflicts of Interest and Gift policy;
20. Submit written disclosure to the District's Assistant Clerk if a real or apparent conflict of interest was identified by a Governing Council member;
21. Make reasonable efforts to establish and maintain collaborative relationships, including with other specialty providers, that provide care within Maricopa County, to provide access to services not available at the FQHC Clinics, and to reduce the non-urgent use of hospital emergency departments; and with social service organizations to support community services that impact patients of the FQHC Clinics;
22. Track the financial performance of the FQHC Clinics, including identification of trends or conditions that may warrant action to maintain financial stability;
23. Review and accept the annual fiscal year audit of the District, which includes certain financial information about the FQHC Clinics;
24. Maintain control over, and accountability for, all funds in order to adequately safeguard and ensure that they are used solely for authorized purposes;
25. Ensure written policies and procedures are in place to ensure the appropriate use of federal funds in compliance with applicable federal statutes, regulations, and the terms and conditions of the federal award;
26. Ensure written billing and collections policies and procedures are in place and include provisions to waive or reduce fees owed by patients; a policy for refusal to pay; and procedures for notifying patients of additional costs for supplies and equipment related to the services;
27. Develop and approve an annual operating and capital budget for the FQHC Clinics to be incorporated into the District's annual budget for Board approval. The budget should be reflective of the costs and revenues necessary to support the FQHC Clinics scope of project;
28. Submit timely, accurate, and complete Uniform Data System (UDS) reports;
29. Annually review data-based reports on patient service utilization; trends and patterns in the patient population; and overall health center performance including achievement of FQHC Clinics objectives; and efficiency and effectiveness of the FQHC Clinics, for oversight by the Governing Council;
30. Approve applications for HRSA grant funding, subject to Board approval;
31. Approve changes in scope of project for the FQHC Clinics, subject to Board approval;

32. Annually evaluate the operations of the FQHC Clinics including compliance with applicable federal requirements, performance expectations such as financial and patient volumes, patterns of health service utilization;
33. Ensure the existence of a co-applicant arrangement that delegates the required authorities and responsibilities to the Governing Council and delineates the authorities and responsibilities of the Board;
34. Hold monthly meetings where a quorum is present;
35. Conduct and approve a long-range strategic plan at least once every three years, that identifies FQHC Clinic priorities and addresses financial management and capital expenditure needs, that is consistent with the District's facility, strategic, business, financial and capital plans; and
36. On an annual basis, submit an attestation that the Governing Council has operated; and each Governing Council member has performed his/her duties in a manner that is compliant with the provisions of the Arrangement between the District and Governing Council; and that each Governing Council member has completed their annual compliance training, and sign the District's Code of Conduct and Ethics attestation form.

ARTICLE VII: OFFICERS

Section I: Officer Designation

There shall be a Chair, a Vice Chair, and a Treasurer, known as officers of the Governing Council. The Governing Council officers shall be elected by voting Governing Council members.

Section II: Powers and Duties of Officers

A. Chair

1. The Chair shall lead the Governing Council and ensure that the Governing Council fulfills its responsibilities.
2. The Chair shall convene, preside, and maintain order over Governing Council meetings.
3. The Chair shall plan and carry out the agenda for Governing Council meetings.
4. Annually, the incoming Chair will appoint or reappoint the Standing Committee Chairs and will appoint a voting Governing Council member as a Member at Large to the Executive Committee.

B. Vice Chair

1. The Vice Chair shall assist the Chair in his or her duties as needed.
2. In the absence of the Chair, or in the event of the Chair's resignation or the inability to perform duties, the Vice Chair shall perform the duties of Chair until an election can be held in accordance with Article VII, Section VII.

C. Treasurer

1. The Treasurer shall report the financial performance of the FQHC Clinics at the Governing Council meetings.
2. The Treasurer shall serve as the Chair of the Finance Committee.

Section III: Elections

- A. Voting Governing Council members interested in serving as a Governing Council officer shall contact the District's Assistant Clerk in writing of his or her interest in serving. Governing Council members may also contact the District's Assistant Clerk in writing to nominate fellow voting Governing Council members for an officer position. All nominations shall be submitted no later than the first Monday in April of every year.
1. The FQHC CEO will contact nominated candidates to determine their willingness to serve as an officer.
 2. The current Chair and the FQHC CEO may nominate additional voting Governing Council members if necessary, to complete the ballot of nominees for each officer position.
- B. By the first Monday in May of every year, the District's Assistant Clerk will transmit to the Governing Council members in writing, the names of the persons running for each officer position.
- C. Election of officers will be held at the regularly scheduled June Governing Council meeting. Voting Governing Council members must attend the meeting in person or telephonically in order to vote.

Section IV: Term

The term of each office for the Chair, Vice Chair, and Treasurer shall be one year, commencing on July 1 of each year. Voting Governing Council members can serve in any officer role for a maximum of three terms during his/her service on the Council.

Section V: Resignation

Resignations shall be in writing and filed with the District's Assistant Clerk.

Section VI: Removal

Any officer may be removed from his or her elected position by a majority vote of the Governing Council.

Section VII: Vacancies

- A. Upon the vacancy of an officer however created, voting Governing Council members interested in filling the position shall contact the District's Assistant Clerk in writing of his or her interest in serving, within five business days of the announcement.
- B. The District's Assistant Clerk will transmit to the Governing Council in writing, the names of the persons running for the vacant position.
- C. The election will be held at the next regularly scheduled Governing Council meeting. Voting Governing Council members must attend the meeting in person or telephonically in order to vote.
- D. The term will be effective immediately.

ARTICLE VIII: COMMITTEES

Section I: Standing Committees

The following are considered standing committees of the Governing Council:

- A. Executive Committee: The purpose of the Executive Committee is to ensure the Governing Council carries out its due-diligence function related to the healthy development and operation of the Governing Council, its committees, and performance of the individual Governing Council members by equipping them with the proper tools and motivation to carry out his or her responsibilities.
- B. Finance Committee: The purpose of the Finance Committee is to: (1) recommend an annual operating budget for the FQHC Clinics; (2) provide oversight of the financial performance of the FQHC Clinics; and (3) review the annual audit performed by an independent, external auditor.
- C. Compliance and Quality Committee: The purpose of the Compliance and Quality Committee is to: (1) ensure the quality of care provided at the FQHC Clinics; (2) ensure patient safety and satisfaction provided throughout the FQHC Clinics; (3) ensure compliance with HRSA Program requirements.

- D. Strategic Planning and Outreach Committee: The purpose of the Strategic Planning and Outreach Committee is to identify, develop, and implement strategic planning and outreach initiatives to identify FQHC Clinics health equity priorities to address health care needs in Maricopa County.

Section II: Term

- A. Members of standing committees shall be appointed by the Governing Council.
- B. Members of standing committees shall serve his or her terms in accordance with the appropriate committee charter.

Section III: Vacancies

Vacancies on any standing committee will be filled in the same manner as provided in the case of the original appointment.

Section IV: Minutes and Documents

- A. The District's Assistant Clerk shall keep the minutes of standing committee meetings. Official minutes and supporting documents, shall be maintained by the District's Assistant Clerk.
- B. Each standing committee shall report its activities to the Governing Council at the next regularly scheduled Governing Council meeting including, at minimum, the agenda items discussed.

Section V: Quorum and Voting Requirements

- A. A quorum shall consist of a majority of the voting committee members.
- B. A quorum is necessary to conduct committee business. Committee members shall attend meetings in person, or when circumstances, dictate, telephonically. As much notice as possible, but no less than 24 hours, should be given if committee members need to participate telephonically so that arrangements can be made.
- C. A majority vote of the committee members is required to take any action.
- D. Each voting committee member present at a meeting shall be entitled to one vote. Voting must comply with the Arizona Open Meetings Law, A.R.S. § 38-431 et. seq.
- E. There shall be no vote by proxy.
- F. If after 10 minutes from the scheduled start of any committee meeting a quorum is not present, the meeting cannot be called to order and will be rescheduled until such date and hour as a quorum may be reached.

Section VI. Attendance and Removal

Unless expressly provided otherwise by committee charter, failure to attend a minimum of three-fourths of committee meetings, which assigned to, within a 12-month period calculated on a rolling basis, or two consecutive committee meetings, may result in removal of a committee member by a majority vote of the Governing Council.

Section VII: Ad Hoc and Advisory Committees

- A. The Governing Council has the authority to create ad hoc or advisory committees, to assist with Governing Council functions.
- B. Any voting Governing Council member may suggest the creation of an ad hoc or advisory committee when it appears necessary.
- C. An ad hoc or advisory committee shall be established upon the majority vote of the Governing Council.
- D. Ad hoc and advisory committees shall limit their activities to the purposes for which they are commissioned and be limited in time to the task for which they are created.
- E. Ad hoc and advisory committees shall only have those powers as specifically outlined in writing by the Governing Council.
- F. Ad hoc and advisory committees shall report to the Governing Council.
- G. The continuation of any ad hoc or advisory committee shall be reviewed annually.
- H. Ad hoc and advisory committees shall disband upon of completion of their work.
- I. Members of an ad hoc or advisory committee shall be appointed by the Governing Council. The chair of an ad hoc or advisory committee must be a voting member of the Governing Council.
- J. The Governing Council may involve citizens of Maricopa County as members to serve on an ad hoc or advisory committee, who need not be members of the Governing Council, but whose expertise can benefit and add value to the committee. Such citizens shall serve without compensation.

Section VIII: Term

Members of ad hoc or advisory committees shall serve his or her term in accordance with the appropriate committee charter.

Section IX: Vacancies

Vacancies on any ad hoc or advisory committee will be filled in the same manner as provided in the case of the original appointment.

Section X: Minutes and Documents

- A. The District's Assistant Clerk shall keep the minutes of ad hoc or advisory committee meetings. Official minutes and supporting documents, shall be maintained by the District's Assistant Clerk.
- B. Each ad hoc or advisory committee shall report its activities to the Governing Council at the next regularly scheduled Governing Council meeting including, at minimum, the agenda items discussed.

Section XI: Quorum and Voting Requirements

- A. A quorum shall consist of a majority of the voting ad hoc or advisory committee members.
- B. A quorum is necessary to conduct ad hoc or advisory committee business. Ad hoc or advisory committee members shall attend meetings in person, or when circumstances, dictate, telephonically. As much notice as possible, but no less than 24 hours, should be given if committee members need to participate telephonically so that arrangements can be made.
- D. A majority vote of the ad hoc or advisory committee members is required to take any action.
- E. Each voting ad hoc or advisory committee member present at a meeting shall be entitled to one vote. Voting must comply with the Arizona Open Meetings Law, A.R.S. § 38-431 et. seq.
- F. There shall be no vote by proxy.
- G. If after 10 minutes from the scheduled start of any ad hoc or advisory committee meeting a quorum is not present, the meeting cannot be called to order and will be rescheduled until such date and hour as a quorum may be reached.

Section XII. Attendance and Removal

Unless expressly provided otherwise by committee charter, failure to attend a minimum of three-fourths of ad hoc or advisory committee meetings, within a 12-month period, calculated on a rolling basis, or two consecutive committee meetings, may result in removal of a committee member by a majority vote of the Governing Council.

ARTICLE IX: MISCELLANEOUS

Section I: Adoption and Amendments

- A. Prior to adopting amendments to the bylaws, the Governing Council will provide the Board a copy of the proposed amendments with sufficient time to permit the Board to review. The Board shall approve the proposed amendments at the next regularly scheduled Board meeting and thereafter, notify the Governing Council of approval. The Board may only disapprove an amendment to the bylaws if the amendment is inconsistent with the requirements of Section 330, its implementing regulations, HRSA policies, the Compliance Manual, or the terms of the Arrangement between the District and Governing Council. The Board will provide the Governing Council with reason(s) for such disapproval within seven calendar days after non-approval.
- B. Proposed bylaw amendments shall be submitted to the Governing Council at least seven calendar days prior to the meeting at which the proposed amendments are scheduled to be voted upon.

Section II: Preservation of Confidential Information

The Governing Council shall comply with all federal and state laws and regulations regarding the protection of confidential, privileged or proprietary information and all such provisions shall apply to all standing, ad hoc and advisory committees and their members, both during committee service and thereafter.

Section III: Discrimination

No discrimination shall be exercised by the Governing Council or by any person against or in favor of any person because of race, color, religion, sex, sexual orientation, national origin, marital status, political beliefs, age, veteran status, disability, or ability to pay, or age in the admission, treatment, or participation in any of its health care programs, services and activities, any employment matters, or any person doing business with Governing Council, pursuant to federal, state or local laws.

Section IV: Patient's Rights

The Governing Council shall respect patient confidentiality, patient rights, and will comply with Valleywise Health policies.

Section V: Office

The official office of the Governing Council and its members is at Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona, 85008.

Approved by the Governing Council on _____

Chair, Valleywise Community Health Centers Governing Council

Date

DRAFT



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 6.

Care Reimagined

November 4, 2020

Care Reimagined Updates

Governing Council

Presented by:
Michael D. White, MD, Chief Clinical Officer

Meeting Agenda-Care Reimagined Updates

Board of Directors Executive Session, October 26, 2020

- A. Program Updates-*Michael D. White, MD*
 - 1. Program Overview & Timeline
 - 2. Program Dashboard & Issues

- B. Project Updates-*Michael D. White, MD*
 - 1. Ambulatory Network
 - 2. Ambulatory Projects Updates
 - Valleywise Comprehensive Health Center-Peoria
 - Valleywise Community Health Centers-South Phoenix/Laveen, North Phoenix
 - Valleywise Community Health Centers-Mesa, Maryvale and West Maryvale

October 26, 2020

Program Updates

Michael D. White, MD, Chief Clinical Officer

Care Reimagined Program Overview

Care Reimagined Program Features



\$935M bond-funded program



13 Updated or new locations



601 Design & Construction Professionals Engaged



7 Decommission sites



Expanding High Quality Care



Over **14,003** views on The Vine

Completion to Date:

Roosevelt Campus	40%
Valleywise Behavioral Health Center Maryvale	100%
Ambulatory (CHCs) Peoria	100%
South Phoenix/Laveen	100%
North Phoenix	99%
Mesa	15%
West Maryvale	25%
Maryvale	22%

*Approximately 2,779,811 Accumulative
Man Hours For All Projects*

Care Reimagined Projects Timeline

Location	Estimated Opening Date
Valleywise Comprehensive Health Center-Peoria	(PEC)
Construction – Certificate of Occupancy	Jan 2020
Activation / Licensing	Jan 2021
Go Live” Phase 1: Primary Care, Cardiology, Dialysis, Imaging, Pharmacy, Lab, Outpatient surgery and medical specialties	Jan 26, 2021
Valleywise Community Health Center-South Phoenix/Laveen	(SPHX)
Final Design Completion	May 2019
Construction – Certificate of Occupancy	June 2020
Activation / Licensing	August 2020
“Go Live”	August 17, 2020
Valleywise Community Health Center-North Phoenix	(NPHX)
Final Design Completion	May 2019
Construction – Certificate of Occupancy	September 2020
Activation / Licensing	October 2020
“Go Live”	November 2, 2020
Valleywise Community Health Center-West Maryvale	(WMV)
Final Design Completion	July 2020
Construction - Certificate of Occupancy	August 2021
Activation / Bldg. Hand Off	September 2021
Licensing	October 2021
Estimate “Go Live”	November 2021

Location	Estimated Opening Date
Valleywise Community Health Center-Mesa	(MESA)
Final Design Completion	August 2020
Construction- Certificate of Occupancy	August 2021
Activation / Bldg. Hand Off	November 2021
Licensing	December 2021
Estimate “Go Live”	December 2021
Valleywise Community Health Center-Maryvale	(MVL)
Final Design Completion	June 2020
Construction- Certificate of Occupancy	June 2021
Activation / Bldg. Hand Off	September 2021
Licensing	October 2021
Estimate “Go Live”	TBD
Valleywise Community Health Medical Center	(RSVT & Ancillary Projects)
Final Design Completion	December 2020
Construction- Certificate of Occupancy	July 2023
Activation / Bldg. Hand Off	August 2023
Licensing	August 2023
Estimate “Go Live”	October 2023
Valleywise Health Medical Center-Support Services Building	(SSB)
Final Design Completion	January 2021
Construction Completion- Certificate of Occupancy	May 2023
Activation / Licensing	June 2023
Estimate “Go Live”	TBD

Care Reimagined Program Dashboard

Legend:	
Not Applicable	○
Not Started	●
On Target	●
Mitigation Plan	●
Major Concern	●
Completed	●

PROGRAM SUMMARY REPORT

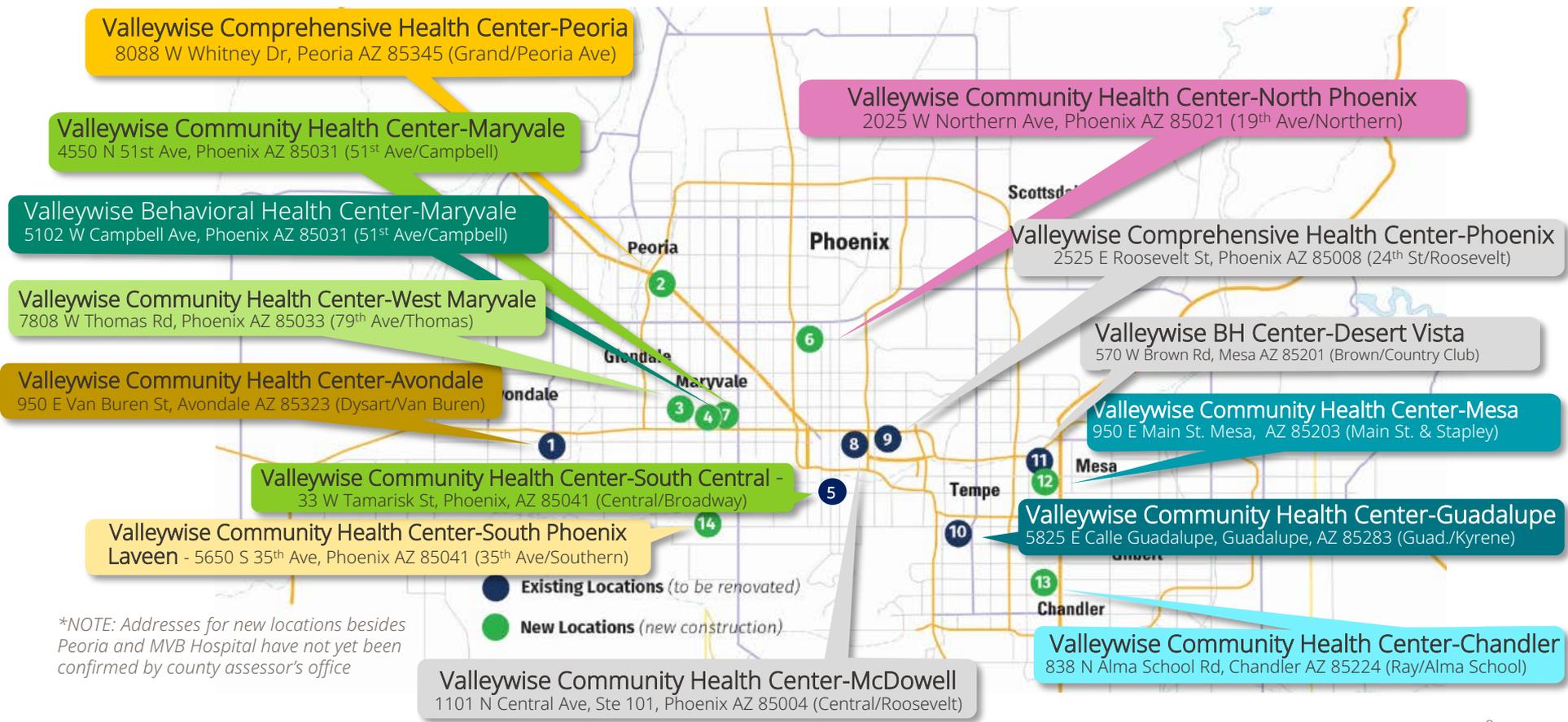
Projects	Schedule	Budget	Land Acquisition	Operational Program	Design	Construction	Off-Site Utilities	Long-Lead Materials
BEHAVIORAL HEALTH								
Valleywise Behavioral Health Center-Maryvale	●	●	●	●	●	●	○	●
AMBULATORY CARE								
Valleywise Comprehensive Health Center-Peoria	●	●	●	●	●	●	●	●
Valleywise Community Health Center-South Phoenix/Laveen	●	●	●	●	●	●	●	●
Valleywise Community Health Center-North Phoenix	●	●	●	●	●	●	●	●
Valleywise Community Health Center- Mesa	●	●	●	●	●	○	○	○
Valleywise Community Health Center- West Maryvale	●	●	●	●	●	●	●	●
Valleywise Community Health Centers- Maryvale	●	●	●	●	●	○	○	○
ROOSEVELT MAIN CAMPUS								
Central Utilities Plant / Utility Corridors (2611)	●	●	○	●	●	●	●	●
Valleywise Health Medical Center (RSVT)	●	●	○	●	●	●	●	○
West Parking	●	●	○	○	●	●	●	●
Site Hardscape	●	●	○	○	●	○	○	○
Admin / Research / Faculty Support Services Building (SSB)	●	●	○	○	●	○	○	○
Abatement / Demolition (MMC)	●	●	○	○	○	○	○	○

October 26, 2020

Project updates: Ambulatory Network

Michael D. White, MD, Chief Clinical Officer

Care Reimagined Ambulatory Network



**NOTE: Addresses for new locations besides Peoria and MVB Hospital have not yet been confirmed by county assessor's office*

Care Reimagined Ambulatory Network 2026 Vision

Four facility types, where feasible:

Integrated Primary Care Center

- Primary care, primary behavioral care, lab, basic imaging and pharmacy

Comprehensive Primary Care Center

- IPCC plus obstetrics, pediatrics and specialty behavioral health.

Specialty Care Center

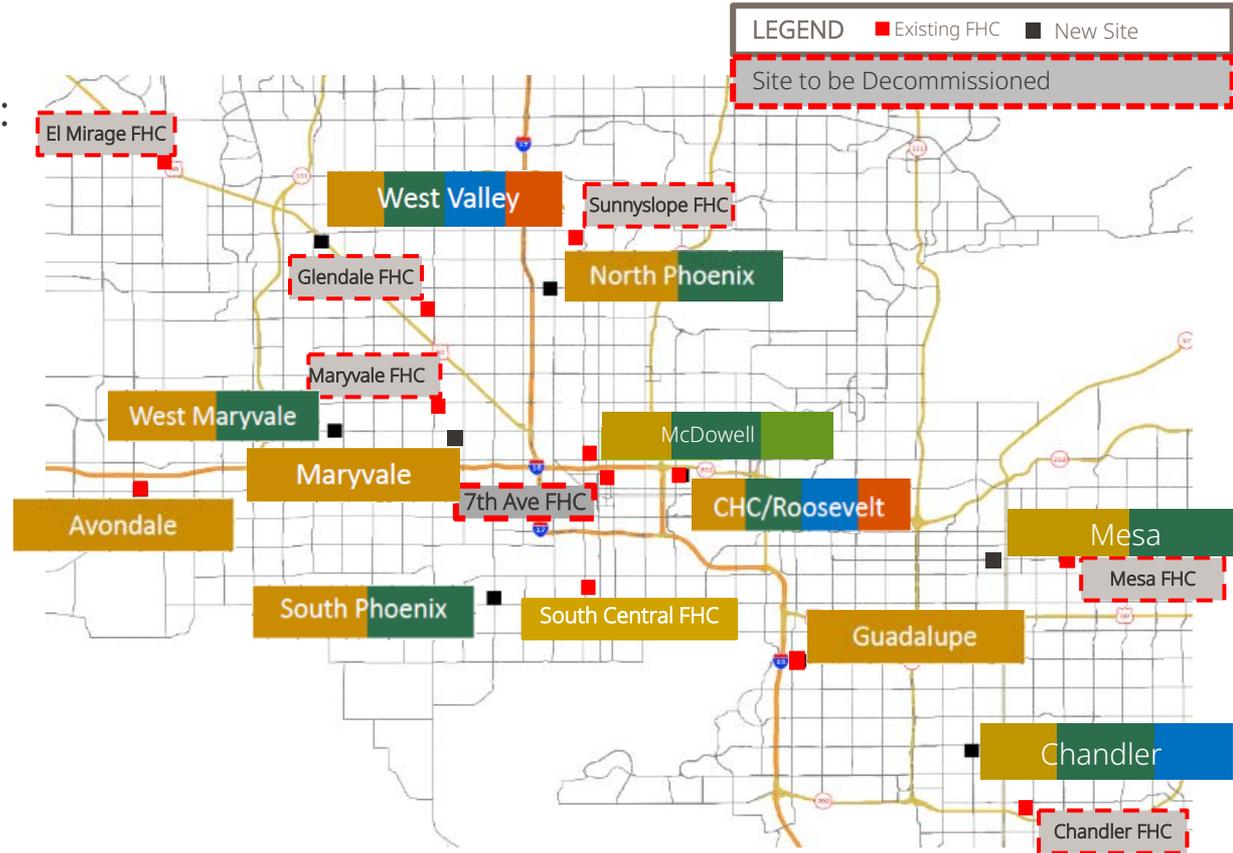
- CPCC plus specialty care and dentistry

Specialty and Surgical Care Center

- SCC plus endoscopy, surgery, dialysis, infusions, oncology/hematology, and advanced imaging

Primary Care Center

- HIV Clinic – Leased Facility
- Including Dental



October 26, 2020

Project updates:

Valleywise Comprehensive Health Center-Peoria

Michael D. White, MD, Chief Clinical Officer

Valleywise Comprehensive Health Center-Peoria

8088 W Whitney Dr, Peoria AZ 85345 (Grand/Peoria Ave)

Vanir Project Manager: Kraig Hill
Programming: Blue Cottage
CM at Risk: Okland Construction
Architect: Hobbs & Black Architects

New construction of a 127,000 square foot specialty care center, featuring an urgent care, dental clinic, dialysis clinic, and behavioral health services. Procedural platform will include 4 outpatient operating rooms, onsite sterile processing, pre-operative and recovery bays, and 2 procedure rooms.

Peoria Timeline

Construction –Certificate of Occupancy	Jan 2020
Activation / Licensing	Jan 2021
“Go Live” Phase 1: Primary Care, Cardiology, Dialysis, Imaging, Pharmacy, Lab, Outpatient surgery, and medical specialties	Jan 25, 2021

CONSTRUCTION UPDATE:

- A donated baby grand piano was placed in the second-floor lobby
- The CMAR completed a few small upgrades approved thru the CMF process

EQUIPMENT & ACTIVATION UPDATE:

- Complete

NEXT 30 DAYS:

- The Pharmacy clean room will be repainted
- Damaged floor tiles will be replaced
- Majority of the medical equipment reallocated for COVID will be returned to the clinic.

Budget

\$71M

Paid to Date

\$66.5M

Percent Spent

94%

Days w/o Incident

576

Manhours

20,880

Percent Complete

100%

Valleywise Comprehensive Health Center– Peoria

8088 W Whitney Dr, Peoria AZ 85345 (Grand/Peoria Ave)

Front Elevation



Front Entrance



Valleywise Comprehensive Health Center- Peoria

Front Entrance Signage



Rear of Clinic



Valleywise Comprehensive Health Center- Peoria

Dialysis



Pre-Op



October 26, 2020

Project updates:

Valleywise Community Health Centers-North Phoenix & South Phoenix/Laveen

Michael D. White, MD, Chief Clinical Officer

Valleywise Community Health Center-South Phoenix/Laveen

5650 S 35th Ave, Phoenix AZ 85203 (35th Ave/Southern)

Vanir Project Manager: Kraig Hill
Programming: Blue Cottage
CM at Risk: Sundt Construction
Architect: DWL Architects

Project Information:

South Phoenix/Laveen is designated a Blue Cottage 1.5 POD space program and is A prototype for additional sites. Base program service include Pharmacy, Lab, Imaging services, Family Learning Center, exam rooms and support spaces for EVS, supply chain, and teaching. Integrated Behavioral Health is a vital and unique program enhancement at each location.

South Phoenix Timeline

Final Design Completion	May 2019
Construction – Certificate of Occupancy	June 2020
Activation / Licensing	August 2020
“Go Live”	August 17, 2020

CONSTRUCTION UPDATE:

- The clinic opened to see patients on August 17, 2020

EQUIPMENT & ACTIVATION UPDATE:

- Activation is complete

NEXT 30 DAYS:

- Continued clinical operations

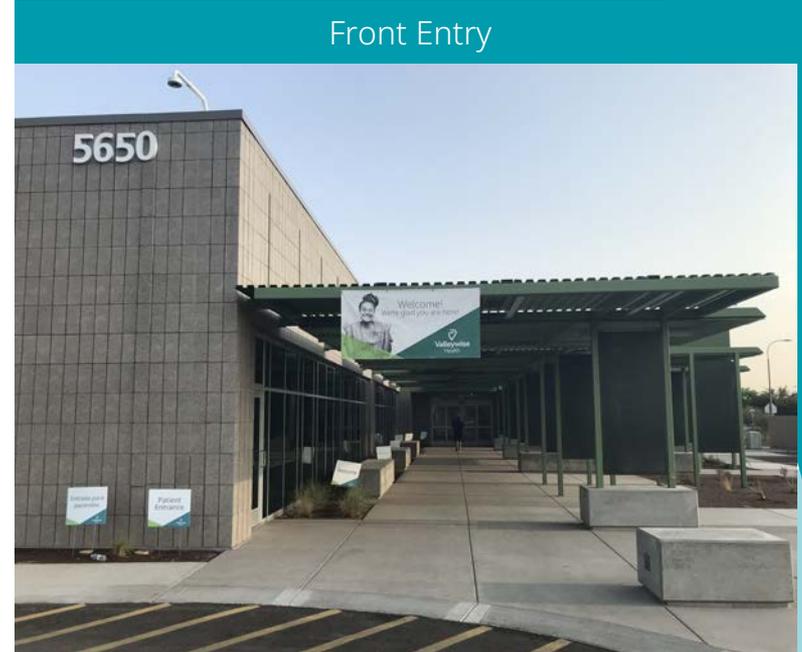
Budget	Paid to Date	Percent Spent
\$16.4M	\$13.3M	81%
Days w/o Incident	Manhours	Percent Complete
419	59,423	100%

Valleywise Community Health Center-South Phoenix/Laveen

Monument Signage



Front Entry



Valleywise Community Health Center-South Phoenix/Laveen

Entry



Family learning Center Classroom



Family Learning Center Classroom



Valleywise Community Health Center-South Phoenix/Laveen

Family Learning Center Classroom



Family Learning Center



Care Team Area



Valleywise Community Health Center –North Phoenix

2025 W Northern Ave, Phoenix AZ 85021 (19th Ave/Northern)

Vanir Project Manager: Kraig Hill
Programming: Blue Cottage
CM at Risk: Sundt Construction
Architect: DWL Architects

Project Information:

North Phoenix is designated a 1.5 POD by Blue Cottage space program standards and is designed as a Prototype for additional sites. Base program services include Pharmacy, Lab, Imaging, Family Learning Center, exam rooms and support spaces for EVS, supply chain, and teaching Integrated Behavioral Health is a vital and unique program enhancement at each location.

North Phoenix

Final Design Completion	May 2019
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Construction Certificate of Occupancy	September 2020
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Activation / Licensing	October 2020
------------------------	--------------

“Go Live”	November 2, 2020
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CONSTRUCTION UPDATE:

- Certificate of Occupancy has been received
- X-Ray has been installed
- GE Ultrasounds have been delivered
- Interior signage installation is complete
- Furniture installation is complete

EQUIPMENT & ACTIVATION UPDATE:

- Open to see patients November 2, 2020

NEXT 30 DAYS:

- Refining processes and continuing to streamline operations as transition occurs into the new facility

Budget	Paid to Date	Percent Spent
\$16.7M	\$13.3M	80%

Days w/o Incident	Manhours	Percent Complete
295	65,607	99%

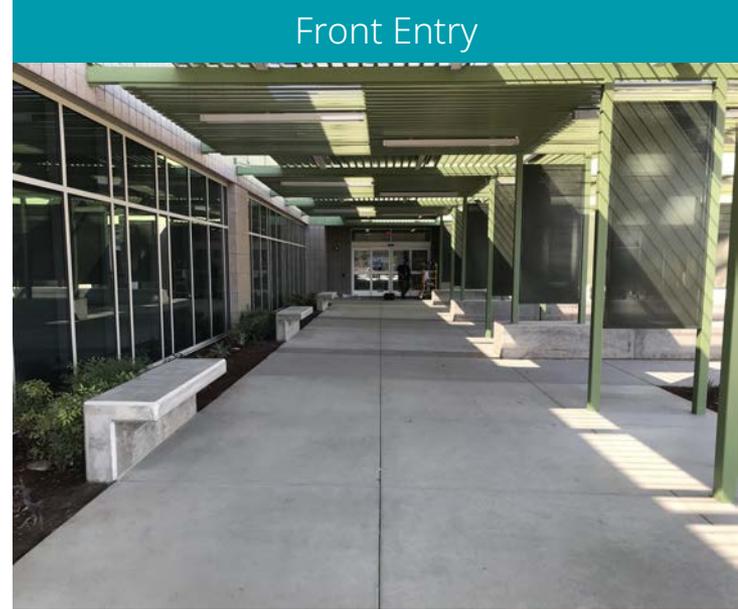
Valleywise Community Health Center- North Phoenix

2025 W Northern Ave, Phoenix AZ 85021 (19th Ave/Northern)

Front Elevation



Front Entry



Valleywise Community Health Center- North Phoenix

2025 W Northern Ave, Phoenix AZ 85021 (19th Ave/Northern)

Exam Room



Front Lobby



Care Team Pod



Valleywise Community Health Center- North Phoenix

2025 W Northern Ave, Phoenix AZ 85021 (19th Ave/Northern)

Pharmacy and Lab Entrance



Pharmacy



Valleywise Community Health Center-Mesa

950 E Main St, Mesa AZ 85203 (Main St/Miller)

Vanir Project Manager: Kraig Hill
Programming: Blue Cottage
CM at Risk: Okland
Architect: DWL

Program Information:

Mesa has been designated a Blue Cottage Space program of 1.5 POD including the SMI clinic. The clinic is unique and not designed as a prototype for additional sites. Base program services include Pharmacy, Lab, Imaging services, Family Learning Center, exam rooms and support spaces for EVS, supply chain, and teaching. Integrated Behavioral Health is a vital and unique program enhancement at each location.

Mesa Specialty Care Center (MESA)

Final Design Completion	Aug. 2020
Construction- Certificate of Occupancy	Aug. 2021
Activation/Bldg. Hand Off	Nov. 2021
Licensing	Dec 2021
Estimate "Go Live"	Dec 2021

CONSTRUCTION UPDATE:

- The Construction Documents have been submitted to the County for review and comment
- Medical equipment and infrastructure coordination meetings have occurred
- Purchase orders for GE X-Ray system have been processed

EQUIPMENT & ACTIVATION UPDATE:

- Activation hasn't started or been scheduled

NEXT 30 DAYS:

- Comments on the Construction Documents will be received from the County
- Final X-Ray site specific drawings will be received for review

Budget	Paid to Date	Percent Spent
\$20.1M	\$3.1M	16%
Days w/o Incident	Manhours	Percent Complete
385	733	15%

Valleywise Community Health Center-Mesa, West Maryvale, Maryvale and Chandler



Valleywise Community Health Center–Mesa



DWL ARCHITECTS+

PRELIMINARY DRAFT SITE PLAN

SITE PLAN - OPTION 2

DWL PROJECT NUMBER: 1908-01
DATE: 10/29/2019

MESA
COMMUNITY HEALTH CENTER

900 E Main St.
Mesa AZ 85203



Valleywise Community Health Center West-Maryvale

7808 W. Thomas Rd, Phoenix, AZ 85033 (79th Ave./Thomas)

Vanir Project Manager: Kraig Hill
Programming: Blue Cottage
CM at Risk: Okland Construction
Architect: DWL

Project Information:

West Maryvale has been designated a 1.5 POD by Blue Cottage space program standards. Base program services include Pharmacy, Lab, Imaging, Family Learning Center, exam rooms and support spaces for EVS, supply chain, and teaching Integrated Behavioral Health is a vital and unique program enhancement at each location.

Maryvale Timeline (CPHX)

Final Design Completion	July 2020
Construction- Certificate of Occupancy	August 2021
Activation/Bldg. Hand Off	Sept. 2021
Licensing	Oct. 2021
"Go Live"	Nov. 2021

CONSTRUCTION UPDATE:

- Pad has been certified, aggregate base has been placed, and all the building footings are complete
- Under slab utility installation is underway
- Drywells have been dug

EQUIPMENT & ACTIVATION UPDATE:

- Activation hasn't started or been scheduled
- **NEXT 30 DAYS:**
- Slab on grade will be poured
- Detention tanks and drywells will be installed
- X-Ray room site specific drawings will be received for review

Budget	Paid to Date	Percent Spent
\$16.4M	\$3.3M	20%
Days w/o Incident	Manhours	Percent Complete
352	2,056	25%

Valleywise Community Health Center-West Maryvale

7808 W. Thomas Rd, Phoenix, AZ 85033 (79th Ave./Thomas)

Concrete Slurry Placed at Electric Utilities



Under Slab Utilities Installation



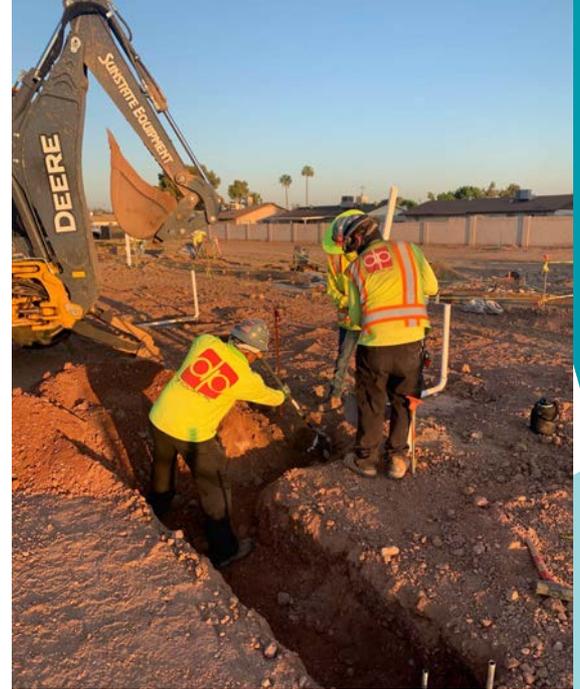
Valleywise Community Health Center-West Maryvale

7808 W. Thomas Rd, Phoenix, AZ 85033 (79th Ave./Thomas)

Aggregate Base Spread



Electric Underground Installed



Valleywise Community Health Center-West Maryvale





Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 7.

Ambulatory Operational
Dashboard

Ambulatory Care

Reporting Program
Stretch Goal
2019 UDS National Average
CYTD 2019
Desired Direction
Jan 2020
Feb 2020
Mar 2020
Apr 2020
May 2020
June 2020
Jul 2020
Aug 2020
YTD

Quality /Regulatory Metrics

Quality /Regulatory Metrics	Reporting Program	Stretch Goal	2019 UDS National Average	CYTD 2019	Desired Direction	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	June 2020	Jul 2020	Aug 2020	YTD	
Unified Data System															
Body Mass Index (BMI) Screening and Follow-Up Plan	HRSA	72.43%	72.43%	56.46%	↑	⊗ 56.65%	⊗ 64.97%	⊗ 64.77%	⊗ 63.99%	⊗ 63.31%	⊗ 61.62%	⊗ 59.72%	⊗ 58.80%	⊗ 58.80%	
Numerator						5470	12774	16458	18536	20306	22161	23174	24070	24070	
Denominator						9655	19660	25408	28967	32076	35963	38802	40936	40936	
Cervical Cancer Screening	HRSA	> 56.53%	56.53%	47.42%	↑	⊗ 46.63%	⊗ 49.53%	⊗ 47.90%	⊗ 47.24%	⊗ 45.47%	⊗ 45.97%	⊗ 45.40%	⊗ 44.45%	⊗ 44.45%	
Numerator						3228	5423	6722	7517	8008	9087	9715	10065	10065	
Denominator						6923	10950	14034	15912	17613	19766	21398	22645	22645	
Childhood Immunization Status (CIS)	HRSA	> 39.75%	39.75%	42.81%	↑	✔ 47.72%	✔ 54.30%	✔ 56.08%	✔ 56.11%	✔ 56.20%	✔ 55.65%	✔ 56.06%	✔ 55.04%	✔ 55.04%	
Numerator						209	158	392	358	485	394	495	612	612	
Denominator						438	291	699	638	863	708	883	1112	1112	
Colorectal Cancer Screening	HRSA	> 45.56%	45.56%	49.21%	↑	⊗ 40.32%	⊕ 42.90%	⊕ 43.38%	⊕ 42.66%	⊕ 42.19%	⊕ 41.99%	⊕ 41.70%	⊕ 41.33%	⊕ 41.33%	
Numerator						2138	3699	4744	5304	5727	6270	6610	6703	6703	
Denominator						5302	8623	10935	12432	13575	14933	15852	16217	16217	
Controlling High Blood Pressure	HRSA	> 64.62%	64.62%	52.78%	↑	⊗ 53.94%	⊗ 53.42%	⊗ 51.75%	⊗ 47.73%	⊗ 46.09%	⊗ 44.46%	⊗ 43.75%	⊗ 47.36%	⊗ 47.36%	
Numerator						2527	4116	5055	5342	5671	5994	6136	6589	6589	
Denominator						4685	7705	9768	11193	12303	13483	14024	13914	13914	
Diabetes: Hemoglobin A1c Poor Control	HRSA	< 31.95%	31.95%	31.29%	↓	⊗ 59.23%	⊗ 55.54%	⊗ 50.55%	⊗ 50.19%	⊗ 46.85%	⊗ 44.46%	⊗ 43.13%	⊗ 41.01%	⊗ 41.01%	
Numerator						2461	2786	3229	3741	3804	3934	4037	3909	3909	
Denominator						4155	5016	6388	7453	8120	8848	9359	9531	9531	
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	HRSA	> 80.78%	80.78%	82.19%	↑	⊕ 79.66%	⊕ 79.54%	⊕ 80.37%	⊕ 80.13%	⊕ 79.37%	⊕ 79.15%	⊕ 79.69%	⊕ 79.30%	⊕ 79.30%	
Numerator						560	871	1085	1242	1335	1450	1515	1567	1567	
Denominator						703	1095	1350	1550	1682	1832	1901	1976	1976	
Screening for Clinical Depression and Follow-Up Plan if positive screen	HRSA	> 71.61%	71.61%	71.92%	↑	⊗ 0.27%	⊗ 0.36%	⊗ 0.42%	⊗ 36.10%	⊗ 36.01%	⊗ 35.94%	⊗ 35.70%	⊗ 36.84%	⊗ 36.84%	
Numerator						34	74	112	10877	12026	13517	14556	15939	15939	
Denominator						12705	20629	26549	30129	33397	37614	40777	43260	43260	
Tobacco Use: Screening and Cessation Intervention	HRSA	> 87.17%	87.17%	86.38%	↑	✔ 88.12%	✔ 88.23%	✔ 87.94%	⊕ 87.03%	⊕ 86.47%	⊕ 86.19%	⊕ 86.06%	⊕ 85.47%	⊕ 85.47%	
Numerator						2692	6981	10931	13705	16478	20144	22868	25150	25150	
Denominator						3055	7912	12430	15748	19056	23371	26573	29424	29424	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	HRSA	> 71.21%	71.21%	69.41%	↑	⊗ 43.08%	⊗ 45.73%	⊗ 48.38%	⊗ 45.88%	⊗ 46.15%	⊗ 47.16%	⊗ 47.37%	⊗ 51.05%	⊗ 51.05%	
Numerator						1064	1940	2573	2639	2867	3265	3534	4220	4220	
Denominator						2470	4242	5318	5752	6213	6923	7460	8267	8267	
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	HRSA	> 69.94%	69.94%	New Measure	↑	Started in May 2020				✔ 73.63%	✔ 73.55%	✔ 73.34%	✔ 73.77%	✔ 73.77%	
Numerator										7950	8687	9138	9231	9231	
Denominator										10797	11811	12460	12513	12513	
Breast Cancer Screening	HRSA	TBD	TBD	New Measure	↑	Started in September 2020									
Numerator															
Denominator															
HIV Screening	HRSA	TBD	TBD	New Measure	↑	Started in September 2020									
Numerator															
Denominator															

‡ -
****Data is pulled from the UDS dashboard on the 1st Monday of every month**
 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 ⊗

Federally Qualified Health Centers

	Data Source	Owner	Frequency	System
PATIENT EXPERIENCE - Ambulatory				
Net promoter score (Would recommend facility)	A customer loyalty index calculated based on a patient's response on a scale of 1-10 to the question "How likely would you be to recommend this facility to your family and friends?". The NPS = % Promoters (9 or 10 responses) - % Detractors (0-6 responses)	Amanda Jacobs	Monthly	NRC Health - Department Summary Report
ACCESS - Ambulatory				
Appointments Scheduled	All appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, and Ophthalmology departments.	Amanda Jacobs	Monthly	EPIC Report
Appointment Fill Rate	Provider schedule utilization metric calculated by number of patients to appointment slots available.	Amanda Jacobs	Monthly	EPIC Report
Scheduled Appointment No-Shows	All No- show appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, and Ophthalmology departments.	Amanda Jacobs	Monthly	EPIC Report
No Show Rate	Percentages of Scheduled Patients who were a "No show" patients or same day cancellations	Amanda Jacobs	Monthly	EPIC Report
Total Cycle Time (median) minutes	Service EPIC REPORT The two intervals measured by EPIC are: 1. Median time between Check In and Roomed (The clock starts clicking once patient checks in) and; 2. Median time between roomed and AVS printed. (clock stops once the AVS is printed.)	Amanda Jacobs	Monthly	EPIC Report
FINANCE - Ambulatory				
Actual Visits (includes nurse only visits) FYTD	All visits per Clinic (visit count methodology). For the Fiscal Year to Date	Amanda Jacobs	Monthly	Axiom
Budgeted Visits FYTD	All budgeted visits per Clinic (visit count methodology) For the Fiscal Year to Date	Amanda Jacobs	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - Budgeted Visits FYTD. For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD / Budgeted Visits FYTD (%) For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
Total Number of Patients seen by provider	Closed Appointments by Provider	Maria Aguirre	Monthly	Epic - Clarity Query
Grand Total FQHC	Includes Month Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula
FYTD FQHC	Includes FYTD Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula
FINANCE - BEHAVIORAL HEALTH				
Actual Visits FYTD	Actual Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Amanda Jacobs	Monthly	Axiom
Budgeted Visits FYTD	Budgeted Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Amanda Jacobs	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - FYTD Budgeted Visits	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD/ Budgeted Visits FYTD (%)	Amanda Jacobs	Monthly	Formula

Federally Qualified Health Centers

Data Source		Owner	Frequency	System
FINANCE-DENTAL				
Actual Visits FYTD	All visits per Dental Clinic (visit count methodology) For fiscal year to date	Amanda Jacobs	Monthly	Axiom
Budgeted Visits FYTD	All budgeted visits per Dental Clinic (visit count methodology) For fiscal year to date	Amanda Jacobs	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - FYTD Budgeted Visits	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD/ Budgeted Visits FYTD (%)	Amanda Jacobs	Monthly	Formula
QUALITY - Ambulatory				
Quality /Regulatory Metrics	Required by:	Quality	Monthly	
Body Mass Index (BMI) Screening and Follow-Up	<p>CMS69v7</p> <p>Percentage of patients aged 18 years and older with BMI documented during the most recent visit or within the previous 12 months to that visit and when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of that visit</p> <p>Numerator: Patients with:</p> <ul style="list-style-type: none"> o A documented BMI (not just height and weight) during their most recent visit in the measurement period or during the previous 12 months of that visit, and o When the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of the current visit <p>Denominator: Patients 18 years of age or older on the date of the visit with at least one medical visit during the measurement period</p>	Quality	Monthly	EPIC/UDS
Cervical Cancer Screening	<p>CMS124v7</p> <p>Percentage of women 21*-64 years of age who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> • Women age 21*-64 who had cervical cytology performed every 3 years • Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years <p>Numerator: Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria:</p> <ul style="list-style-type: none"> o Cervical cytology performed during the measurement period or the 2 years prior to the measurement period for women who are at least 21 years old at the time of the test o Cervical cytology/HPV co-testing performed during the measurement period or the 4 years prior to the measurement period for women who are at least 30 years old at the time of the test <p>Denominator: Children who turn 2 years of age during the measurement period and who had a medical visit during the measurement period</p>	Quality	Monthly	EPIC/UDS
Childhood Immunization Status (CIS)	<p>CMS117v6</p> <p>Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday</p> <p>Denominator • Children who turn 2 years of age during the measurement period and who had a medical visit during the measurement period</p> <p>Numerator • Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday</p>			EPIC/UDS
Colorectal Cancer Screening	<p>CMS130v7</p> <p>Percentage of adults 50 - 75 years of age who had appropriate screening for colorectal cancer (EXCLUSIONS- Patients with a diagnosis or past history of total colectomy or colorectal cancer)</p> <p>Numerator: Patients with one or more screenings for colorectal cancer.</p> <p>Appropriate screenings are defined by any one of the following criteria:</p> <ul style="list-style-type: none"> •Fecal occult blood test (FOBT) during the measurement period •Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period •Colonoscopy during the measurement period or the nine years prior to the measurement period •CT colonography during the measurement period or the four years prior to the measurement period •FIT-DNA during the measurement period or the two years prior to the measurement period <p>Denominator: Patients 50 through 75 years of age with a medical visit during the measurement period</p>	Quality	Monthly	EPIC/UDS

Federally Qualified Health Centers

Data Source		Owner	Frequency	System
Controlling High Blood Pressure	CMS165v7	Quality	Monthly	EPIC/UDS
Diabetes: Hemoglobin A1c >9% Poor Control:	CMS122v7	Quality	Monthly	EPIC/UDS
Ischemic Vascular Disease (IVD):		Quality	Monthly	EPIC/UDS
Screening for Clinical Depression and Follow-Up Plan	ACO	Quality	Monthly	EPIC/UDS
Tobacco Use: Screening and Cessation Intervention:	CMS138v7	Quality	Monthly	EPIC/UDS
Use of Appropriate Medications for Asthma:		Quality	Monthly	EPIC/UDS
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents:	CMS155v7	Quality	Monthly	EPIC/UDS

FEDERALLY QUALIFIED HEALTH CENTERS

SEP FY 2021

VISITS SUMMARY

	MTD Analysis						YTD Analysis				
	Prior Year	Prior Month	Month To Date FY 2021			Prior YTD	Year To Date FY 2021				
	SEP FY 2020 Actual	AUG FY 2021 Actual	SEP FY 2021 Actual	Budget	Variance (Unfavorable)	%	SEP FY 2020 Actual	SEP FY 2021 Actual	Budget	Variance (Unfavorable)	%
VCHC Clinics											
FQHC CLINIC - SOUTH CENTRAL PHOENIX	1,367	539	146	-	146	-	4,279	2,084	1,220	864	71%
FQHC CLINIC - 7TH AVENUE	1,998	2,013	1,355	1,541	(186)	(12%)	5,982	5,474	4,256	1,218	29%
FQHC CLINIC - AVONDALE	2,002	2,092	1,905	1,999	(94)	(5%)	6,525	5,930	5,015	915	18%
FQHC CLINIC - MARYVALE	1,549	1,514	1,633	1,637	(4)	(0%)	5,066	4,587	3,760	827	22%
FQHC CLINIC - GLENDALE	1,409	1,597	1,589	1,041	548	53%	4,643	4,830	2,875	1,955	68%
FQHC CLINIC - EL MIRAGE	992	973	1,168	1,079	89	8%	3,146	3,200	2,976	225	8%
FQHC CLINIC - MESA	1,344	1,431	1,434	1,456	(22)	(2%)	4,184	4,174	3,419	755	22%
FQHC CLINIC - CHANDLER	1,472	1,754	1,812	1,672	140	8%	4,714	5,267	4,077	1,190	29%
FQHC CLINIC - GUADALUPE	782	633	728	745	(17)	(2%)	2,338	2,071	1,808	263	15%
FQHC CLINIC - SUNNYSLOPE	1,261	1,384	1,420	1,567	(147)	(9%)	3,918	4,205	3,878	327	8%
FQHC CLINIC - MCDOWELL	1,247	1,599	1,700	1,418	282	20%	4,128	4,977	4,187	790	19%
FQHC CLINIC - SOUTH PHOENIX LAVERN	-	686	1,444	900	544	60%	-	2,130	1,206	924	77%
Total	15,423	16,215	16,334	15,055	1,279	8%	48,923	48,929	38,676	10,253	27%
OP BH Clinics											
BH FQHC - SOUTH CENTRAL PHOENIX	-	22	14	9	5	56%	-	95	70	25	36%
BH FQHC - 7TH AVENUE	87	98	93	41	52	127%	212	255	166	89	54%
BH FQHC - AVONDALE	64	116	137	99	38	38%	139	363	281	82	29%
BH FQHC - MARYVALE	64	95	108	126	(18)	(14%)	162	273	361	(88)	(24%)
BH FQHC - GLENDALE	-	127	105	63	42	67%	-	337	170	167	98%
BH FQHC - MESA	156	235	267	172	95	55%	362	689	515	174	34%
BH FQHC - CHANDLER	-	90	102	53	49	92%	-	280	139	141	101%
BH FQHC - GUADALUPE	-	112	140	45	95	211%	-	380	137	243	177%
BH FQHC - SUNNYSLOPE	-	24	32	42	(10)	(24%)	-	88	128	(40)	(31%)
BH FQHC - SOUTH PHOENIX LAVERN	-	44	89	21	68	324%	-	133	32	101	316%
Total	371	963	1,087	671	416	62%	875	2,893	1,999	894	45%
VCHC - Phoenix Clinics											
FQHC MARICOPA WOMENS CARE - PHOENIX	1,857	1,866	1,896	1,743	153	9%	5,576	5,608	4,374	1,234	28%
FQHC ANTEPARTUM TESTING - PHOENIX	634	736	726	666	60	9%	2,081	2,206	1,928	278	14%
FQHC DIABETES OUTREACH CLINIC - PHOENIX	70	308	257	265	(8)	(3%)	244	807	661	146	22%
FQHC PEDIATRIC CLINIC - PHOENIX	1,580	1,170	1,468	1,609	(141)	(9%)	4,746	3,731	3,482	250	7%
FQHC MEDICINE CLINIC - PHOENIX	1,094	1,332	1,648	1,255	393	31%	3,423	4,517	3,670	847	23%
Total	5,235	5,412	5,995	5,538	457	8%	16,070	16,869	14,115	2,754	20%
Dental Clinics											
FQHC DENTAL - PHOENIX	961	625	729	609	120	20%	3,035	1,948	1,855	93	5%
FQHC DENTAL - CHANDLER	201	59	135	125	10	8%	550	194	382	(188)	(49%)
FQHC DENTAL - SOUTH CENTRAL PHOENIX	187	-	-	-	-	-	402	-	-	-	-
FQHC DENTAL - AVONDALE	218	112	193	253	(60)	(24%)	509	305	770	(465)	(60%)
FQHC DENTAL - MESA	217	76	134	127	7	5%	668	210	388	(178)	(46%)
FQHC DENTAL - MCDOWELL	405	89	218	246	(28)	(11%)	1,319	307	749	(442)	(59%)
Total	2,189	961	1,409	1,360	49	4%	6,483	2,964	4,144	(1,180)	(28%)
Grand Totals	23,218	23,551	24,825	22,624	2,201	10%	72,351	71,655	58,934	12,722	22%



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 8.a.

Compliance and Quality
Committee Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 8.b.

Executive Committee Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 8.c.

Finance Committee Report -
Financial Highlights

**VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending September 30, 2020**

OPERATING REVENUE

(a) Visits

	Actual	Budget	Variance	%Variance
Month-to-Date	24,825	22,624	2,201	9.7%
Year-to-Date	71,655	58,934	12,722	21.6%

Visits greater than budget for the month by 2,201 or 9.7%. Current month visits greater than prior month by 1,274 or 5.4%. The VCHC's were greater than budget by 1,279 or 8.5%, the Outpatient Behavioral Health clinics were greater than budget by 416 or 62.0%, the VCHC-Phoenix was greater than budget by 457 or 8.3% and Dental greater than budget by 49 or 3.6%.

(b) Net Patient Service Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 4,754,424	\$ 4,653,703	\$ 100,720	2.2%
Year-to-Date	\$ 13,635,043	\$ 12,056,740	\$ 1,578,303	13.1%
Month-to-Date Per Visit	\$ 192	\$ 206	\$ (14)	-6.9%
Year-to-Date Per Visit	\$ 190	\$ 205	\$ (14)	-7.0%

Net patient service revenue is greater than budget by \$100.7K for MTD. On a per visit basis, net patient service revenue is less than budget by \$14.00 for MTD. The VCHC's were less than budget by \$76.0K or 2%, the Outpatient Behavioral Health clinics were greater than budget by \$135.9K or 112%, the VCHC-Phoenix was less than budget by \$4.3K or less than 1% and Dental greater than budget by \$45.2K or 20%.

(c) Other Operating Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 402,897	\$ 220,111	\$ 182,787	83.0%
Year-to-Date	\$ 817,335	\$ 663,180	\$ 154,156	23.2%

Other operating revenue is less than budget by \$182.8K for MTD.

(d) PCMH Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 6,200	\$ 7,799	\$ (1,599)	-20.5%
Year-to-Date	\$ 18,394	\$ 23,398	\$ (5,004)	-21.4%

Patient Centered Medical Home Revenue is less than budget by \$1.6K for MTD.

(e) Total operating revenues

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,163,521	\$ 4,881,613	\$ 281,908	5.8%
Year-to-Date	\$ 14,470,773	\$ 12,743,318	\$ 1,727,455	13.6%
Month-to-Date Per Visit	\$ 208	\$ 216	\$ (8)	-3.6%
Year-to-Date Per Visit	\$ 202	\$ 216	\$ (14)	-6.6%

Total operating revenues are greater than budget by \$281.9K for MTD. On a per visit basis, total operating revenue is less than budget by \$8.00 for MTD.

VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending September 30, 2020

OPERATING EXPENSES

(f) Salaries and Wages

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 1,600,908	\$ 1,514,293	\$ (86,614)	-5.7%
Year-to-Date	\$ 4,802,407	\$ 4,167,819	\$ (634,588)	-15.2%
Month-to-Date FTEs	282	295	13	4.4%
Year-to-Date FTEs	274	272	(2)	-0.9%

Salaries and wages were greater than budget by \$86.6K for MTD. FTEs were less than budget by 13 for MTD. The average salaries and wages per FTE were less compared to the previous month by \$330.56.

(h) Employee Benefits

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 549,384	\$ 502,021	\$ (47,363)	-9.4%
Year-to-Date	\$ 1,635,218	\$ 1,403,891	\$ (231,327)	-16.5%
Month-to-Date Per FTE	\$ 1,945	\$ 1,700	\$ (246)	-14.5%
Year-to-Date Per FTE	\$ 5,961	\$ 5,162	\$ (800)	-15.5%

Employee benefits are greater than budget by \$47.4K MTD.

Benefits as a % of Salaries

	Actual	Budget	Variance	%Variance
Month-to-Date	34.3%	33.2%	-1.2%	-3.5%
Year-to-Date	34.0%	33.7%	-0.4%	-1.1%

(i) Medical Service Fees

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 1,657,718	\$ 1,662,220	\$ 4,502	0.3%
Year-to-Date	\$ 4,995,446	\$ 5,037,749	\$ 42,303	0.8%

Medical service fees were less than budget for the month by \$4.5K MTD. The VCHC's were less than budget by \$38.5K or 3% and the VCHC - Phoenix was greater than budget by \$34.0K or 8%.

(j) Supplies

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 191,163	\$ 186,795	\$ (4,369)	-2.3%
Year-to-Date	\$ 409,131	\$ 501,784	\$ 92,654	18.5%
Month-to-Date Supplies per Visit	\$ 8	\$ 8	\$ 1	6.7%
Year-to-Date Supplies per Visit	\$ 6	\$ 9	\$ 3	32.9%

Supplies expenses were greater than budget by \$4.7K MTD. VCHC's greater than budget in Pharmaceuticals by \$21.8K, VCHC - Phoenix less than budget in Pharmaceuticals by \$1.0K and Dental less than budget in Dental Supplies by \$5.3K.

(k) Purchased Services

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 2,504	\$ 21,281	\$ 18,777	88.2%
Year-to-Date	\$ 11,017	\$ 44,173	\$ 33,156	75.1%

Purchased services were less than budget by \$18.8K MTD.

**VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending September 30, 2020**

OPERATING EXPENSES (continued)

(l) Other Expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 149,279	\$ 116,647	\$ (32,632)	-28.0%
Year-to-Date	\$ 354,217	\$ 399,690	\$ 45,473	11.4%

For the month, other expenses were greater than budget by \$32.6K.

(n) Allocated Ancillary Expense

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 676,001	\$ 727,540	\$ 51,539	7.1%
Year-to-Date	\$ 1,901,599	\$ 1,940,911	\$ 39,311	2.0%

Allocated ancillary expenses were less than budget by \$51.5K MTD.

(o) Total operating expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 4,826,958	\$ 4,730,797	\$ (96,161)	-2.0%
Year-to-Date	\$ 14,109,035	\$ 13,496,016	\$ (613,019)	-4.5%
Month-to-Date Per Visit	\$ 194	\$ 209	\$ 15	7.5%
Year-to-Date Per Visit	\$ 197	\$ 229	\$ 32	16.3%

Total operating expenses were greater than budget by \$96.2K MTD. On a per visit basis, the current month was 7.5% favorable.

(p) Margin (before overhead allocation)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 336,563	\$ 150,816	\$ 185,746	123.2%
Year-to-Date	\$ 361,737	\$ (752,698)	\$ 1,114,435	148.1%
Month-to-Date Per Visit	\$ 14	\$ 7	\$ 7	103.4%
Year-to-Date Per Visit	\$ 5	\$ (13)	\$ 18	139.5%

Total margin (before overhead allocation) is greater than budget by \$185.7K MTD.



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 8.d.

Strategic Planning and
Outreach Committee Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 9.

FQHC Clinics
Chief Executive Officer
Report



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

DATE: November 4, 2020
TO: Valleywise Community Health Centers Governing Council
FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Services & CEO FQHC Clinics
SUBJ: CEO Report

Visit Metrics: September

Valleywise Community Health Centers (FQHC) achieved its target of 26.5%. Volume targets were reduced by 20% for the first two months of the fiscal year. In September, we resumed full target goals. Despite the impact of the COVID-19 pandemic, the Community Health Centers reached target goals for the month of September and when compared to last fiscal year's visit volumes for the month of September, the metrics were roughly the same.

Other FQHC Clinics also achieved target volume coming in at 19.5%. As discussed above, the same reduction in the visit targets were implemented. The Other FQHC Clinics FYTD 2020 September metrics had a total of 16,070 visits in comparison to FY2021 September metrics which totaled 16,869.

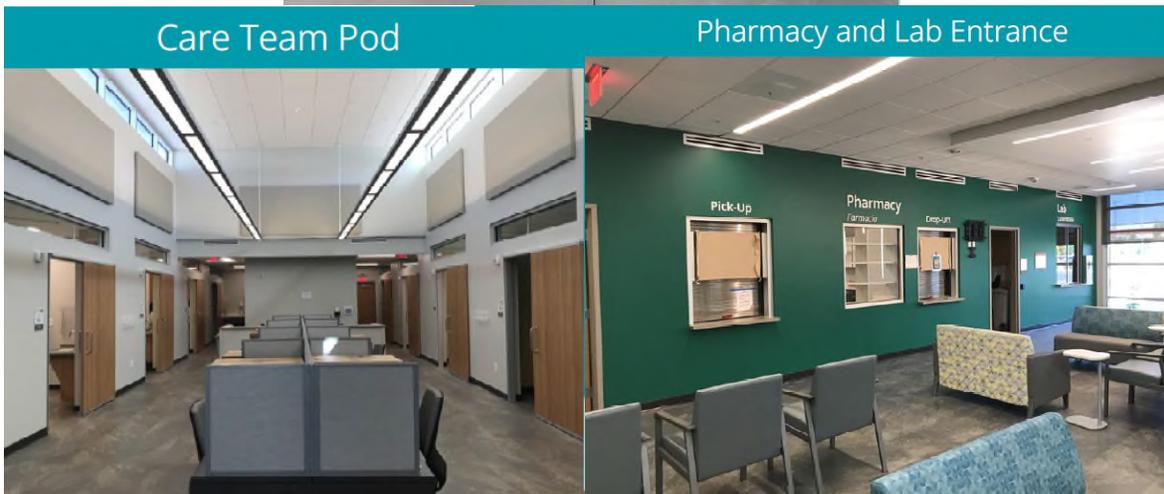
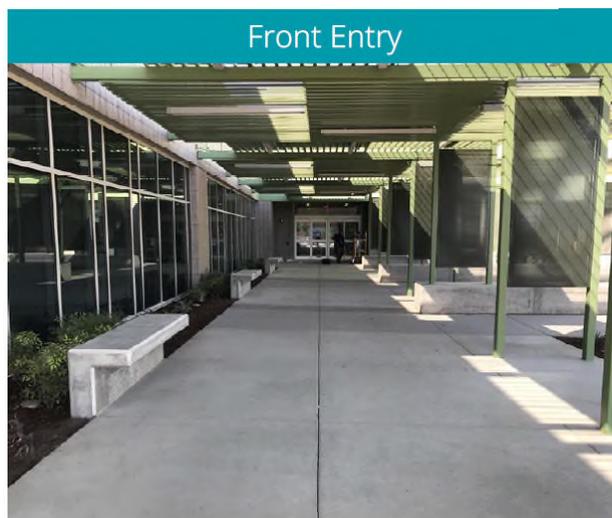
Dental Clinics - CHC Dental Clinic are working to ramp up operations resuming access to care during the pandemic. Dental FYTD in September is a negative variance of (28.5%). This is lower than August FYTD when there was a negative variance of (44.3%). The gap is closing as services continue to increase.

Integrated Behavioral Health (IBH) services achieved an overall positive variance of 44.7% which meets target goals. There is noted growth between FYTD 2020 in which 875 visits were reported in comparison to FYTD 2021 where there was a reported increase to 2,893 visits. September FYTD negative variances were noted in the following clinics:

- **Maryvale**, negative variance (29.8%). Currently only 1 FTE as the Clinical Coordinator is transitioning out of the location. A new IBH Clinician begins on 09/14.
- **Sunnyslope**: negative variance (34.9%). The current IBH Clinician is only .5 FTE as she is transitioning to SPL and new the IBH Clinician began on 09/14.

Valleywise Community Health Center – North Phoenix

November 2, 2020 the Valleywise Community Health Center – North Phoenix was activated and opened for services. Staff and Providers look forward to serving patients at this new location.



FLU Vaccination Initiatives

Mass Immunization Services and Administration Grant

Maricopa Special Health Care District, dba Valleywise Health, the only public teaching hospital and healthcare system in Arizona, will provide 500 influenza vaccinations to uninsured / underinsured adults ages 19 years old and above, in partnership with the Maricopa County Department of Public Health.

Vaccinations will be given to uninsured adults, age 19 years and older, at four of our Valleywise Health Community Health Centers located in Mesa, South Central Phoenix and El Mirage / Glendale. Patients who receive services at the Women’s Health Clinic, with special emphasis on those receiving OB/Gyn services will also be targeted. These sites were chosen as they do not participate in the Vaccines for Adults program and all experienced a high number of adults, many who were uninsured, who received flu vaccinations during the most recent influenza season.

Curbside Care for Flu Vaccinations

Total Vaccinations Administered:

277 ~ South Phoenix/Laveen

340 ~ Maryvale

326 ~ Chandler

943 ~ TOTAL



Free drive-thru or walk-up flu shots for the whole family!

When: Saturday, October 17th, from 8:00 a.m. to 11:00 a.m.

Where:



Valleywise Community Health Center – South Phoenix/Laveen
5650 S. 35th Ave.
Phoenix, AZ 85041

Valleywise Community Health Center – Maryvale
4011 N. 51st Ave.
Phoenix, AZ 85031

Valleywise Community Health Center – Chandler
811 S. Hamilton St.
Chandler, AZ 85225

How:

Adults 18 and older can receive their flu shot through a drive-thru, while pediatric patients (aged 6 months-18 years) will be vaccinated outside of the car.

Please note that you must be wearing a mask in order to receive your vaccination. If you don't have a mask, one will be provided.

Please visit
ValleywiseHealth.org/flushots to learn more.

*Quantity limited. While supplies last. Vaccines are offered on a first-come, first-served basis. Drive-through/curbside and post-vaccination evaluation required.



¡Vacuna contra la gripe gratis!

Cuándo: Sábado 17 de octubre, de 8:00 a.m. a 11:00 a.m.

Dónde:



Centro de Salud Comunitario Valleywise – Sur de Phoenix/Laveen
5650 S. 35th Ave.
Phoenix, AZ 85041

Centro de Salud Comunitario Valleywise – Maryvale
4011 N. 51st Ave.
Phoenix, AZ 85031

Centro de Salud Comunitario Valleywise – Chandler
811 S. Hamilton St.
Chandler, AZ 85225

Cómo:

Las vacunas para adultos mayores de 18 años están disponibles desde su automóvil, mientras que los pacientes pediátricos (de 6 meses a 18 años) serán vacunados fuera del automóvil. Si no cuentan con automóvil, no te preocupes – pacientes de todas las edades pueden venir caminando y recibir su vacuna.

Durante el servicio, se requiere el uso de un cubreboca/mascarilla para recibir su vacuna. Si no tiene un cubreboca/mascarilla, se le puede proporcionar uno.

Para conocer más, por favor visite
valleywisehealth.org/es/vacunascontralagripe

La cantidad de vacunas es limitada, estarán disponibles hasta agotar existencias. Las vacunas se ofrecen por orden de llegada. Se requiere una evaluación previa y posterior a la vacunación.

Count of Flu Vaccinations Administered September – October 27, 2020

ETHNICITY	PATIENT_RACE	DISTINCT_PATIENT_COUNT
Hispanic/Latino	American Indian or Alaska Native	11
Hispanic/Latino	Asian	2
Hispanic/Latino	Black or African American	17
Hispanic/Latino	Multi-race	17
Hispanic/Latino	Native Hawaiian	1
Hispanic/Latino	Other Pacific Islander	7
Hispanic/Latino	Refuse to Report/ Unable to Answer	89
Hispanic/Latino	White	4981
Non Hispanic/Non Latino	American Indian or Alaska Native	75
Non Hispanic/Non Latino	Asian	277
Non Hispanic/Non Latino	Black or African American	827
Non Hispanic/Non Latino	Multi-race	22
Non Hispanic/Non Latino	Native Hawaiian	2
Non Hispanic/Non Latino	Other Pacific Islander	32
Non Hispanic/Non Latino	Refuse to Report/ Unable to Answer	102
Non Hispanic/Non Latino	White	1244
Refuse to Report/Unable to answer	Asian	1
Refuse to Report/Unable to answer	Refuse to Report/ Unable to Answer	7
Refuse to Report/Unable to answer	White	4
TOTAL		7718

Subj: CEO Report

Quality Improvement Initiatives

Barbara Harding

From: Quality Center <qualitycenter@nachc.com>
Sent: Tuesday, September 1, 2020 2:27 PM
To: Barbara Harding
Cc: Cheryl Modica; Camila Silva; Luke Ertle
Subject: Patient Care Kits: Your Application Was Selected

Congratulations!

Your health center has been chosen from a pool of national applicants to be part of a small group of health centers participating in NACHC's project on *Leading Change: Transforming At-Home Care!*

Your participation in this program was made possible through funding from HRSA for NACHC's efforts to improve diabetes control among health center patients. While the pilot project focuses on **whole patient care**, your health center will receive focused content on diabetes while also being invited to participate in opportunities around hypertension, obesity, depression, and more!

We look forward to working with you to transform at-home care! Congratulations!

*The Quality Center team
Cheryl Modica, Luke Ertle, & Camila Silva*

Luke Ertle, MPH
Program Manager
Quality Center, Clinical Affairs Division
National Association of Community Health Centers
lertle@nachc.org
phone: 301-347-0454

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Subj: CEO Report

Barbara Harding

From: Marcie Fisher-Borne <marcie.fisherborne@cancer.org>
Sent: Monday, October 12, 2020 12:36 PM
To: Barbara Harding
Cc: Taylor Ransom; Sara Comstock; SPO_Change
Subject: American Cancer Society and NFL Cancer Screening during COVID-19 Award Announcement

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Ms. Harding

We are excited to inform you that Valleywise Health has been awarded the NFL Cancer Screening during COVID-19 grant.

Valleywise Health will receive \$46,698 over the 15-month project period. We are looking forward to working with you and your American Cancer Society regional health system staff partner to get back on track with cancer screening during the COVID-19 pandemic.

You are invited to attend a kick-off webinar with the other grantees to hear important information about this nationwide initiative, programmatic and financial reporting, and helpful resources to support your work. The webinar will be held on October 20th from 3:00- 4:00 ET. We will be sending further details soon.

The official grant agreement is forthcoming and will include specific instructions for submission. To ensure grant funds are disbursed in a timely manner, please review the agreement upon receipt and return with signature. Any edits to the agreement, or questions, should be sent [to spo_change@cancer.org](mailto:to_spo_change@cancer.org).

Your local American Cancer Society regional health system staff partner will serve as your primary point of contact for this project and can help address any questions. However, the Interventions and Implementation team can be reached directly anytime at NFL.COVID@cancer.org.

Thank you for your dedicated work ensuring safe access to cancer screening during the COVID-19 pandemic. We look forward to partnering with you!

Marcie Fisher-Borne, PhD
Managing Director, Interventions and Implementation
American Cancer Society

Marcie Fisher-Borne, PHD, MSW, MPH
Managing Director, Interventions & Implementation
919.334.7197 | m: 919.260.3680

American Cancer Society, Inc.
250 Williams Street
Atlanta, GA 30303





Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 10.

Valleywise Health Chief
Executive Officer Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 11.

District Board of Directors
Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 12.

Closing Comments
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Item 13.

Staff Assignments
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

November 4, 2020

Parliamentary Procedures

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.