



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

6:00 p.m.

Agenda



<p><u>Council Members</u> Michelle Barker, DHSc., Chairman Scott Jacobson, Vice Chairman <u>VACANT</u>, Treasurer Salina Imam, Member Joseph Larios, Member Liz McCarty, Member Daniel Messick, Member Eileen Sullivan, Member Ryan Winkle, Member Mary Rose Garrido Wilcox, District Board, Non-Voting Member</p>	<p><u>AGENDA - AMENDED</u> Valleywise Community Health Centers Governing Council</p> <p>Mission Statement of the Federally Qualified Health Center Clinics 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 •

Meeting will be held remotely. Please visit <https://valleywisehealth.org/events/valleywise-community-health-centers-governing-council-meeting-10-05-22/> for further information.

Wednesday, October 5, 2022
6:00 p.m.

One or more members of the Valleywise Community Health Centers Governing Council may be in attendance by technological means. Council members attending by technological means will be announced at the meeting.

Please silence any cell phone, computer, or other sound device 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.

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

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda: 10 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 September 7, 2022
 - b. Contracts:
 - i. **Acknowledge** a new contract (MCO-20-029-MSA) between Dental Benefit Providers, Inc., and the Maricopa County Special Health Care District dba Valleywise Health, for comprehensive dental services
 - ii. **Acknowledge** amendment #5 to the intergovernmental agreement (90-19-176-1-05) between the Arizona Department of Health Services (ADHS) and the Maricopa County Special Health Care District dba Valleywise Health, to replace the scope of work and annual price sheet, and include requirements for pass-through entities
 - c. Governance:
 - i. INTENTIONALLY LEFT BLANK
 - d. Medical Staff:
 - i. **Acknowledge** the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

End of Consent Agenda
2. Presentation on Monkeypox 20 min
Ann Khalsa, M.D., Medical Director, Valleywise Community Health Center-McDowell
3. Discuss and Review Valleywise Community Health Centers Governing Council's Committee Focus Work 5 min
Michelle Barker, DHSc., Chairman, Valleywise Community Health Centers Governing Council
4. Report on the 2022 National Association of Community Health Centers (NACHC) Annual Conference 10 min
Scott Jacobson, Vice Chairman, Valleywise Community Health Centers Governing Council

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

5. Recent meeting reports from the Valleywise Community Health Centers Governing Council's Committees **5 min**
 - a. Compliance and Quality Committee
Eileen Sullivan, Committee Chair
 - b. Executive Committee
Michelle Barker, DHSc., Committee Chair
 - c. Finance Committee
Daniel Messick, Committee Vice Chair
 - d. Strategic Planning and Outreach Committee
Joseph Larios, Committee Chair

6. Federally Qualified Health Center Clinics Chief Executive Officer's report **5 min**
Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics

7. Maricopa County Special Health Care District Board of Directors report **5 min**
Mary Rose Garrido Wilcox, Chairman, Maricopa County Special Health Care District Board of Directors

8. Valleywise Health's President and Chief Executive Officer's report **5 min**
Steve Purves, President and Chief Executive Officer, Valleywise Health

9. Chairman and Council Member Closing Comments/Announcements **5 min**
Valleywise Community Health Centers Governing Council

10. Review Staff Assignments **5 min**
Cassandra Santos, Assistant Clerk

Old Business:

None

Adjourn



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

Item 1.

Consent Agenda



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

Item 1.a.i.

Minutes:
September 7, 2022

Minutes

**Valleywise Community Health Centers Governing Council Meeting
Valleywise Health Medical Center
Conference and Administration Center, Auditoriums 1 through 4
September 7, 2022
6:00 p.m.**

DRAFT

Members Present: Michelle Barker, DHSc., Chairman
Scott Jacobson, Vice Chairman
Nelly Clotter-Woods, Treasurer
Salina Imam, Member
Liz McCarty, Member
Daniel Messick, Member
Eileen Sullivan, Member

Members Absent: Ryan Winkle, Member
Joseph Larios, Member

Non-Voting Members Present: Mary Rose Garrido Wilcox, 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
Michael White, M.D., Chief Clinical Officer
Lia Christensen, Chief Administrative Officer
Martin Demos, General Counsel
Melanie Talbot, Chief Governance Officer

Recorded by: Cassandra Santos, Assistant Clerk

Call to Order

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

Roll Call

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

Call to the Public

Chairman Baker called for public comment.

There were no comments.

***Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – September 7, 2022***

General Session, Presentation, Discussion and Action:

1. Welcome and Introductions

Chairman Barker welcomed Governing Council members to the first in-person meeting since early 2020, the onset of COVID-19. She asked members to introduce themselves in order to become re-acquainted.

Serving on the Governing Council for over a year, Dr. Clotter-Woods introduced herself as having a passion advocating for those in need.

Ms. Imam, a member for almost one year, shared insight about her work with non-profit agencies and refugee communities.

Mr. Messick, a member for over three years, spoke of his experience in behavioral health care and various corporate entities.

Director Wilcox, appointed as a non-voting member, shared her experience with the Maricopa County Special Health Care District (MC SHCD) Board of Directors (BOD) and lengthy history advocating for the underserved.

Ms. Harding spoke of her commitment serving the public; particularly vulnerable communities, and her obedience to Valleywise Health's mission.

A member for over eight years, Ms. McCarty elaborated on her life-long passion and advocacy for health equity and vulnerable communities.

Ms. Sullivan introduced herself as a member of six years prior to leaving and returning again this year. She continued to serve because she believed in providing equitable health care to all populations.

Vice Chairman Jacobson, a member for over six years, described his steadfast involvement within the human immunodeficiency virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) community and unwavering advocacy for vulnerable individuals.

Chairman Barker, a member for over three years, explained that she continued to serve the community with a passion for healthcare and support of the HIV community.

Various staff members participating in the meeting and present within the audience also introduced themselves.

2. Overview of Valleywise Health's Federally Qualified Health Center Clinics' Mission Statement and Strategic Plan

The Governing Council discussed the Mission Statement and Strategic Plan of Valleywise Health's Federally Qualified Health Center (FQHC) clinics.

She gave an overview on the development and elements of the strategic plan which included the four pillars; cultural competence, community engagement, patient volume growth, and financial sustainability. Operating plan alignment elements and select key measurements were defined for each pillar.

Regarding cultural competence, Chairman Barker pointed out the importance of driving organizational diversity throughout the health care system.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – September 7, 2022**

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

2. Overview of Valleywise Health's Federally Qualified Health Center Clinics' Mission Statement and Strategic Plan, cont.

Chairman Barker highlighted the community engagement pillar. She focused on communicating and coordinating with outside organizations to advocate for the FQHC clinic patients. Identifying community partners and external support would help improve population health.

She reviewed the patient volume growth pillar related to improving patient experience and satisfaction, developing relationships to support volumes, and raising community understanding and positive visibility of Valleywise Health.

The next pillar, financial sustainability, aimed to build and maintain strong service lines which was measured by return on investment (ROI), amongst other evidence. Other objectives included building a strategic financial plan to access market strategy and accelerate the development of risk-bearing competencies and identifying essential infrastructures.

Vice Chairman Jacobson said he felt that there were misperceptions of Valleywise Health's identity during the rebranding period.

Therefore, it was important for Valleywise Health to actively proclaim and articulate the identity of a safety net health care system. He explained that the safety net concept was not significant to those who did not rely on safeguards, endured by hardship or adversity. It was important to recognize the influence that Valleywise Health had on vulnerable populations of Maricopa County.

Vice Chairman Jacobson mentioned that most quasi-governmental agencies typically did not spend large amounts of money on advertising or maintaining community relations.

He explained that sustaining a competitive edge meant staying in touch with the myriad of changes associated with today's health care. Expansion of community relations would also help to maintain competitiveness within the market.

3. Discuss and Review how the Valleywise Community Health Centers Governing Council should focus its work during the next 12-18 months

Chairman Barker explained a brainstorming activity that would produce a list of priorities for the Governing Council to focus on. She communicated the importance of aligning those objectives with the strategic plan pillars.

She asked for one to three specific ideas on what each member wished to accomplish within the next 12-18 months.

Regarding the patient experience and patient satisfaction, Ms. Harding believed it was important to receive feedback from the members who were also FQHC clinic patients.

Mr. Messick elaborated on the difference between operational effectiveness, elements of strategy, and competitive advantage.

He spoke about understanding the main purpose of an FQHC program. The objective was to recognize the unique and specific intricacies of Valleywise Health and its FQHC clinics and then communicate what sets the organization apart from other health care systems. He mentioned that incorporating a value proposition statement would be advantageous.

***Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – September 7, 2022***

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

3. Discuss and Review how the Valleywise Community Health Centers Governing Council should focus its work during the next 12-18 months, cont.

Director Wilcox elaborated on the importance of maintaining competitive by marketing Valleywise Health's services and resources within the community.

Mr. Purves discussed Valleywise Health's unique mission, the core teaching mission and the unique services that supported marginalized populations.

He spoke about the difference between Valleywise Health as a safety net hospital compared to more conventional health care systems and the importance of communicating value proposition. He described the consistent year over year population growth seen within Maricopa County, which would eventually play a part in Valleywise Health's patient growth.

Chairman Barker read the mission statement to guide members during the activity.

Dr. Clotter-Woods suggested expanding focus on advocacy for health equity, which could be addressed and developed under multiple pillars.

Chairman Barker agreed, noting that health equity was a very important concept to define, understand, convey, and be able to measure.

The group decided that health equity advocacy fell under both cultural competency and community engagement.

Director Wilcox gave an example of health quality versus health equity noting that Valleywise Health strived for both.

The group briefly discussed differences between the two concepts and ways to potentially measure both.

Ms. Imam felt that exploring more affordable dental services for those in need was a priority.

Although this goal could be related to all four pillars, the group agreed to list it under patient volume growth.

Another suggestion to focus on was to the need to reach out and educate people on the value of cultural competence.

Member recruitment was another important goal categorized under community engagement. The initial objective was to recruit three additional members.

Expanding community outreach was given as a suggestion associated with community engagement.

An example was to build a stronger relationship between Valleywise Community Health Center-McDowell and Southwest Center for HIV/AIDS.

Mr. Messick commented on concepts related to operational effectiveness, commodity, and market engagement. It was important to market Valleywise Health as unique and specific while considering Maricopa County history, the FQHC services, and Valleywise Health's specialties and expertise.

The group agreed these concepts were tied to community engagement aspects.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – September 7, 2022**

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

3. Discuss and Review how the Valleywise Community Health Centers Governing Council should focus its work during the next 12-18 months, cont.

Chairman Barker said becoming a referral center for other health systems was a suggestion associated with both community engagement and patient volume growth.

Ms. Sullivan shared her priorities which included improving patient satisfaction by maximizing appointment accessibility and ease of scheduling. Additionally, it was important to treat a patient's health concerns, not just their symptoms.

It was decided that these elements were closely related to patient volume growth.

Ms. McCarty brought up the need to focus on prompt response times when a patient called to schedule an appointment. She felt patients should not experience long hold times or receive other numbers to call when scheduling. This would improve areas associated with patient volume growth as well.

Director Wilcox said that marketing by example was a priority, which would also contribute to patient volume growth.

In addition, she said it was important to encourage the clinics by telling a story, incorporating a value proposition, and recognizing that the services were not commodities. These were areas that supported financial sustainability.

The group decided that the Strategic Planning and Outreach Committee would work on areas related to cultural competency and community engagement, while patient volume growth and financial sustainability was relative to work of the Finance Committee.

It was determined that other committees would eventually be assigned to select focus work in the future.

4. Approval of Consent Agenda:

- a. Minutes:

- i. Approve Valleywise Community Health Centers Governing Council meeting minutes dated August 3, 2022

- b. Contracts:

- i. Approve a new sub-recipient agreement (90-23-014-1) between the Arizona Association of Community Health Centers dba Arizona Alliance for Community Health Centers and the Maricopa County Special Health Care District dba Valleywise Health, for grant funding for facility alteration and renovation at Valleywise Community Health Center-Guadalupe as part of the Federally Qualified Health Center capital assistance program funded through the American Rescue Plan Act (ARPA)

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – September 7, 2022**

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

4. Approval of Consent Agenda, cont.:
 - b. Contracts, cont.:
 - ii. Approve a new sub-recipient agreement (90-23-013-1) between the Arizona Association of Community Health Centers dba Arizona Alliance for Community Health Centers and the Maricopa County Special Health Care District dba Valleywise Health, for grant funding for facility alteration and renovation at Valleywise Community Health Center-Chandler as part of the Federally Qualified Health Center capital assistance program funded through the American Rescue Plan Act (ARPA)
 - iii. Acknowledge amendment #2 to the agreement (MCO-20-009-02) between United Behavioral Health and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of integrated behavioral health services
 - iv. Acknowledge an intergovernmental agreement (90-23-033-1) between the Arizona Health Care Cost Containment System (AHCCCS) and the Maricopa County Special Health Care District dba Valleywise Health, to provide matching funds in support of the Targeted Investment 2.0 Program (TIP)
 - v. Acknowledge a new agreement (90-22-195-1) between Language Line Services, Inc. and the Maricopa County Special Health Care District dba Valleywise Health, for a statement of work for interpreting services
 - vi. Acknowledge a new funds flow agreement (90-23-034-1) between St. Joseph's Hospital and Medical Center and the Maricopa County Special Health Care District dba Valleywise Health, for redistribution of newly generated graduate medical education funding agreement
 - c. Governance:
 - i. Accept Arizona Department of Economic Security (ADES) Grant Award funding in the amount of \$240,000, for one year, for Expansion of Services provided to medically vulnerable Afghan Refugees
 - ii. Approve Change in Scope to add additional services to Health Resources and Services Administration Form 5A: Services Provided
 - Add Behavioral Health Services - Substance Use Disorder Services
 - Add Additional Enabling and Supportive Services at Family Resource Centers at the following locations
 - Valleywise Community Health Center-Chandler
 - Valleywise Community Health Center-North Phoenix
 - Valleywise Community Health Center-South Central
 - Valleywise Community Health Center-South Phoenix/Laveen
 - Valleywise Community Health Center-West Maryvale
 - Valleywise Comprehensive Health Center-Peoria
 - Valleywise Comprehensive Health Center-Phoenix
 - iii. Accept Health Resources and Services Administration Service Area Competition Notice of Award No. 2 H80CS33644-04-00, Including the New Project Period Dates 9/1/2022-3/31/25

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – September 7, 2022**

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

4. Approval of Consent Agenda, cont.:
 - b. Governance, cont.:
 - iv. Approve Health Resources and Services Administration Service Area Competition Notice of Award No. 2 H80CS33644-04-00 Prorated Budget for Project Period Dates 9/1/2022-3/31/23
 - v. Approve Health Resources and Services Administration Grant Application No. HRSA-22-152 - Fiscal Year 2022 American Rescue Plan Uniform Data System Patient-Level Submission (ARP-UDS+) Supplemental Funding
 - vi. Accept Health Resources and Services Administration Notice of Award No. 3 H8FCS41092-01-01 - Fiscal Year 2022 American Rescue Plan Uniform Data System Patient-Level Submission (ARP-UDS+) Supplemental Funding
 - d. Medical Staff:
 - i. INTENTIONALLY LEFT BLANK

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

VOTE: 7 Ayes: Chairman Barker, Vice Chairman Jacobson, Dr. Clotter-Woods, Ms. Imam, Ms. McCarty, Mr. Messick, Ms. Sullivan
0 Nays
2 Absent: Mr. Larios, Mr. Winkle
Motion passed.

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

Ms. Sullivan stated the Compliance and Quality Committee reviewed a patient complaints and grievances report where committee members had the opportunity to ask staff questions and hear action plans if any.

The committee also reviewed the Patient Safety Report, Uniform Data System (UDS) Quality Metrics, National Research Corporation (NRC) patient satisfaction, compliance and internal audit workplans, and compliance education training for Valleywise Health staff.

Regarding the Executive Committee, Chairman Barker stated there was nothing recent to report.

Dr. Clotter-Woods stated that although the Finance Committee had not recently met, however various monthly and quarterly financial reports were available for the committee to review.

Chairman Barker said that the Strategic Planning and Outreach Committee had nothing recent to report on.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – September 7, 2022**

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

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

Ms. Harding gave an update on Monkeypox, noting that a presentation would be given at an upcoming Governing Council meeting.

She announced that Health Resources and Services Administration (HRSA) recently celebrated the 32nd year anniversary of the Ryan White HIV/AIDS Program. She spoke about continued efforts which concentrated on the challenges related to HIV within Maricopa County.

Ms. Harding highlighted select data points from a UDS report which included information on how Valleywise Health's FQHC clinics compared to other FQHC clinics.

Ms. McCarty was concerned about the patients by income category, stating more focus should be placed on increasing patients covered by Medicare.

Ms. Harding agreed, noting that efforts were in place to try and address that challenge.

7. Maricopa County Special Health Care District Board of Directors report

Director Wilcox encouraged Governing Council members to attend the upcoming Valleywise Comprehensive Health Center-Peoria's ribbon cutting and open house. She spoke about organizational efforts related to specialty services and expanded community provisions at that location.

She announced that Ms. Kate Brophy McGee, a member-elect of the MC SHCD BOD, representing district three, would assume office November, 2022. She explained that an event would be planned to recognize Director Gerard's service and encouraged Governing Council members to attend.

Director Wilcox congratulated Dr. Michael White for being recognized by the Arizona Capitol Times' 2022 at their upcoming leader of the year awards luncheon ceremony.

She spoke about organizational endeavors related to the partnership with District Medical Group (DMG) and highlighted progress of the new Valleywise Health Medical Center, scheduled to open fall, 2023.

In closing, Director Wilcox gave a brief update on Kronos reconciliation developments and acknowledged both the Human Resources and Finance Departments for their role in the successful reconciliation process.

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

Mr. Purves gave a system wide update to the Governing Council.

He spoke about ongoing organizational endeavors and the challenging workforce issues that health care systems faced nationwide. He highlighted the recent employee engagement survey, which resulted in high employee participation, positive feedback, and areas of opportunity to improve.

Mr. Purves positively acknowledged the brainstorming activity which occurred earlier in the meeting and spoke briefly about Valleywise Health's strategic plan as it related to the activity.

He highlighted building construction progress across the health care system and Valleywise Health Foundation's current events.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – September 7, 2022**

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

9. Chairman and Council Member Closing Comments/Announcements

Chairman Barker announced that if members were absent for 51% or more of any meeting, it would count as a recorded absence.

She reminded members about Valleywise Comprehensive Health Center-Peoria's ribbon cutting, and open house, September 21, 2022, and asked members to let the Clerk's Office know if they planned on attending.

10. Review Staff Assignments

There were no staff assignments or follow-up stemming from the meeting.

Ms. Santos recapped old business from April, 2022 regarding how Valleywise Health's FQHC clinics compared to others. The request was presented in Ms. Harding's report; therefore, it was considered satisfied.

She noted that old business from August, 2022, regarding Arizona Health Care Cost Containment System (AHCCCS) income level eligibility was provided via email, therefore also considered satisfied.

Adjourn

MOTION: Vice Chairman Jacobson moved to adjourn the September 7, 2022 Valleywise Community Health Centers Governing Council meeting. Ms. Sullivan seconded.

VOTE: 7 Ayes: Chairman Barker, Vice Chairman Jacobson, Dr. Clotter-Woods, Ms. Imam, Ms. McCarty, Mr. Messick, Ms. Sullivan

0 Nays

2 Absent: Mr. Larios, Mr. Winkle

Motion passed.

Meeting adjourned at 8:05 p.m.

Cassandra Santos,
Assistant Clerk



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

Item 1.b.i.

Contracts:
(MCO-20-029-MSA)

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Friday, September 9, 2022 7:13 AM
To: Melanie Talbot
Subject: Contract Approval Request: Dental Benefit Providers, Inc. Agreement Dental Benefit Providers, Inc.

CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.

Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Dental Benefit Providers, Inc. Agreement Dental Benefit Providers, Inc.
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Contract Information

Division Contracts Division
Folder Contracts \ Managed Care/Revenue
Status Pending Approval
Title Dental Benefit Providers, Inc. Agreement
Contract Identifier Board - New Contract
Contract Number MCO-20-029-MSA
Primary Responsible Party Tucker, Collee K.
Departments
Product/Service Description Dental
Action/Background Approve a new contract (MCO-20-029-MSA) between Dental Benefit Providers, Inc. and Maricopa County Special Health Care District dba Valleywise Health for comprehensive dental services.
Evaluation Process The purpose of this agreement is to provide comprehensive dental services to plan members of Dental Benefit Providers, Inc. The initial contract term is from October 15, 2022 to September 15, 2023 and may be extended for additional periods up to a maximum contract term of five (5) years from the Effective Date. Either party may terminate the contract upon ninety (90) days written notice.
Category Other

Effective Date 10/15/2022

Term End Date 10/15/2023

Annual Value \$0.00

Expense/Revenue

Budgeted Travel Type

Procurement Number

Primary Vendor Dental Benefit Providers, Inc.

Responses

Member Name	Status	Comments
Tucker, Collee K.	Approved	
Clarke, Renee R.	Approved	
Demos, Martin C.	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

Item 1.b.ii.

Contracts:
(90-19-176-1-05)

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, September 14, 2022 11:11 AM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment #5 (IGA) Pharmacy Medication Management Arizona Department of Health Services (ADHS)

CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.

Do not click links or open attachments unless you recognize the sender and know the content is safe.





Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Amendment #5 (IGA) Pharmacy Medication Management Arizona Department of Health Services (ADHS)
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
RFBA		File	 RFBA - ADHS Amendment 5.pdf
SAM - Arizona Department of Health Services 2022		File	 SAM - Arizona Department of Health Services 2022.pdf
OIG - Arizona Department of Health Services 2022		File	 OIG - Arizona Department of Health Services 2022.pdf
90-19-176-1-05 (unsigned).pdf		File	 90-19-176-1-05 (unsigned).pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment #5 (IGA) Pharmacy Medication Management
Contract Identifier Board - Amendment
Contract Number 90-19-176-1-05 (ADHS# CTR050459)
Primary Responsible Party Tymczyna, Katherine

Departments GRANTS ADMINISTRATION

Product/Service Amendment #5 (IGA) Pharmacy Medication Management for the prevention and management of Diabetes and Heart Disease

Action/Background Approve Amendment #5 to the IGA agreement between the Arizona Department of Health Services (ADHS) and Maricopa County Special Health Care District dba Valleywise Health to replace the Scope of Work and Annual Price Sheet and include Exhibit 2, to include requirements for pass-through (sub-recipient) entities. This Amendment #5 for the Sub-award Budget Period from June 30, 2022 through June 29, 2023 is effective upon signatures of all parties.

The ADHS-A1C program implemented at Valleywise Health employs a Pharmacist to promote behavior changes through Medication Therapy Management (MTM) services for patients with A1C>9. This Amendment #5 allows Providers at the Valleywise Health Community Health Centers (CHC) to refer not only refugee patients, but will begin referring non-refugee patients with A1C>9 to the Pharmacy for Medication Management to expand the reach of the Pharmacists working at the CHC.

Pharmacists shall be available for Medication Management one (1) day a week for six (6) hours based on the Refugee Clinic Schedule. Refugee and non-refugee status patients with A1C>9 will be referred to the Pharmacy for Medication Management by either verbal or electronic referral. An additional change includes funding for Community Health Navigators (CHN) to achieve certification as Community Health Workers (CHW).

This agreement is 100% grant funded and allows a maximum of 10% of the current grant award for indirect costs. The anticipated annual revenue for Amendment #5 is \$30,000.00. 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 Amendment #5 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

Category IGA

Effective Date

Term End Date 6/29/2023

Annual Value \$30,000.00

Expense/Revenue Revenue

Budgeted Travel Type

Procurement Number

Primary Vendor Arizona Department of Health Services (ADHS)

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	

Landas, Lito S.	Approved
Demos, Martin C.	Approved
White, Michael	Approved
Agnew, Claire F.	Approved
Purves, Steve A.	Approved
Talbot, Melanie L.	Current
Joiner, Jennifer L.	Approved



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

Item 1.c.i.

Governance:
Intentionally Left Blank
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

Item 1.d.i.

Medical Staff:
Medical Staff and Advanced
Practice Clinician/Allied Health
Professional Staff Credentials

Recommended by Credentials Committee: July 5, 2022
 Recommended by Medical Executive Committee: July 12, 2022
 Submitted to MSHCDB: August 24, 2022

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	DEPARTMENT / SPECIALTY	APPOINTMENT DATES	COMMENTS
Julianna Diddle, M.D.	Courtesy	Pediatrics	09/01/2022 to 08/31/2024	
Frances Mariel Palermo Alvarado, M.D.	Active	Internal Medicine	09/01/2022 to 08/31/2024	
Edward G. Paul, M.D.	Active	Family & Community Medicine	09/01/2022 to 08/31/2024	
Alicia S. Willey, M.D.	Active	Obstetrics & Gynecology	09/01/2022 to 08/31/2024	

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	DEPARTMENT / SPECIALTY	APPOINTMENT DATES	COMMENTS
Anthony M. Dunnigan, M.D.	Courtesy	Internal Medicine	09/01/2022 to 08/31/2024	
Gretchen K. Henson, D.D.S.	Active	Dentistry	09/01/2022 to 08/31/2024	
Mark M. MacElwee, M.D.	Active	Internal Medicine	09/01/2022 to 08/31/2024	
Salil V. Pradhan, M.D.	Active	Pediatrics	09/01/2022 to 08/31/2024	
Dale Michael Stern, M.D.	Active	Internal Medicine	09/01/2022 to 08/31/2024	
Angela Fimbres Veessenmeyer, M.D.	Active	Pediatrics	09/01/2022 to 08/31/2024	

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT/SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Gretchen K. Henson, D.D.S.	Dentistry	Addition: General Dentistry Core Privileges with Operating Room Privileges	

STAFF STATUS CHANGE			
NAME	DEPARTMENT	CHANGE FROM/TO	COMMENTS
Patricia A. Graham, M.D.	Obstetrics / Gynecology	Active to Courtesy	Reduction in hours

Recommended by Credentials Committee: July 5, 2022
 Recommended by Medical Executive Committee: July 12, 2022
 Submitted to MSHCDB: August 24, 2022

STAFF STATUS CHANGE

Joseph W. Hanss, M.D.	Obstetrics / Gynecology	Courtesy to Emeritus	Retired effective May 19, 2022 / Physician recognized for outstanding or noteworthy contributions to the medical sciences and/or has a record of previous long-standing service to the Hospital and has resigned in good standing from the active practice of medicine at Valleywise Health.
Kim T. Long, M.D.	Pediatrics	Active to Emeritus	Retired effective June 6, 2022 / Physician recognized for outstanding or noteworthy contributions to the medical sciences and/or has a record of previous long-standing service to the Hospital and has resigned in good standing from the active practice of medicine at Valleywise Health.
Yvonne L. Patterson, M.D.	Internal Medicine	Courtesy to Emeritus	Retired effective March 26, 2022 / Physician recognized for outstanding or noteworthy contributions to the medical sciences and/or has a record of previous long-standing service to the Hospital and has resigned in good standing from the active practice of medicine at Valleywise Health.

STAFF OFFBOARDING

(Information Only)

NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Nathan Lechae's Delafield, M.D.	Internal Medicine	Active to Inactive	Resigned effective July 31, 2022
Leticia Moedano, M.D.	Family & Community Medicine	Active to Inactive	Resigned effective January 27, 2022
Megan Elizabeth Sparks, D.M.D.	Dentistry	Active to Inactive	Resigned effective June 6, 2022

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
 ADVANCED PRACTICE CLINICIAN / 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.

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – INITIAL APPOINTMENTS				
NAME	DEPARTMENT/SPECIALTY	PRACTICE PRIVILEGES/SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Lorna A. Hill, A.G.N.P.	Internal Medicine	Practice Prerogatives on file	09/01/2022 to 08/31/2024	
Stephanie Ann Rideaux, W.H.N.P.	Obstetrics & Gynecology	Practice Prerogatives on file	09/01/2022 to 08/31/2024	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	DEPARTMENT/SPECIALTY	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Suzanne Marie Hanson, C.N.M.	Obstetrics / Gynecology	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Endometrial Biopsy privileges.
Adeeb Mahmoud Shaheen, F.N.P.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practitioner Core Privileges/Procedures/Practice Prerogatives.

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – REAPPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Nothing to report				

STAFF OFFBOARDING (Information Only)			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Catherine Mae Isaac Aquino, F.N.P.	Family & Community Medicine	Inactive	Resigned effective May 27, 2022
Summer Elyse Baumstark, P.A.-C.	Family & Community Medicine	Inactive	Resigned effective June 10, 2022
Andrea Jeanne Klock, F.N.P.	Family & Community Medicine	Inactive	Resigned effective July 31, 2022
Madeline Irene Powers, C.N.M.	Obstetrics / Gynecology	Inactive	Resigned effective June 1, 2022
Tina Marie Stoneking, F.N.P.	Internal Medicine	Inactive	Resigned effective April 20, 2022
Jina Lemore Williams, F.N.P.	Family & Community Medicine	Inactive	Resigned effective July 13, 2022

General Definitions:

Advanced Practice Clinician	An Advanced Practice Clinicians (APC) means individuals other than Medical Staff members who are licensed healthcare professionals who are board certified and have at least a master's degree. APCs are trained to practice medicine and prescribe within the scope of their training as outlined by their specific scope of practice and are authorized by law and by the Hospital to provide patient care services.
Allied Health Professional	An Allied Health Professional (AHP) means individuals other than Medical Staff members or APCs who are qualified by training, experience, and current competence in a discipline permitted to practice in the hospital and are authorized by law and by the Hospital to provide patient care services.
Practice Prerogatives	Scopes of practice summarizing qualifications for the respective category, developed with input from the physician director of the clinical service and the observer/sponsor/responsible party of the AHP, Department Chair, and other representatives of the Medical Staff, Hospital management, and other professionals.

Supervision Definitions:

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

Recommended by Credentials Committee: August 2, 2022
 Recommended by Medical Executive Committee: August 9, 2022
 Submitted to MSHCDB: August 24, 2022

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	DEPARTMENT / SPECIALTY	APPOINTMENT DATES	COMMENTS
Anthony Joseph Vaccarello, M.D.	Courtesy	Internal Medicine	09/01/2022 to 08/31/2024	

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	DEPARTMENT / SPECIALTY	APPOINTMENT DATES	COMMENTS
Nazim Robert Bal, D.O.	Courtesy	Internal Medicine	09/01/2022 to 08/31/2024	
Michael David Dobbs, M.D.	Active	Pediatrics	09/01/2022 to 08/31/2024	
Lenore Sandra Encinas, M.D.	Active	Family & Community Medicine	09/01/2022 to 08/31/2024	
Syma A. Hamidi, M.D.	Courtesy	Internal Medicine	09/01/2022 to 08/31/2024	
Vaishali Khetarpal, M.D.	Active	Pediatrics	09/01/2022 to 08/31/2024	
Raj Makadia, M.D.	Active	Family & Community Medicine	09/01/2022 to 08/31/2024	
Lakshmi K. P. Murthy, M.D.	Courtesy	Internal Medicine	09/01/2022 to 08/31/2024	
Sonam Singh, M.D.	Active	Obstetrics / Gynecology	09/01/2022 to 08/31/2024	

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT/SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Nazim Robert Bal, D.O.	Internal Medicine	<u>Withdrawal</u> : Basic Critical Care Privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges
Lenore Sandra Encinas, M.D.	Family & Community Medicine	<u>Addition</u> : Subdermal Contraceptive Capsule (Insertion/Removal)	FPPE: Retrospective review of a minimum of two (2) cases

STAFF STATUS CHANGE			
NAME	DEPARTMENT	CHANGE FROM/TO	COMMENTS
David E. Brodtkin, M.D.	Pediatrics	Active to Medical Leave of Absence	LOA effective July 21, 2022

Recommended by Credentials Committee: August 2, 2022
 Recommended by Medical Executive Committee: August 9, 2022
 Submitted to MSHCDB: August 24, 2022

RESIGNATIONS			
<i>Information Only</i>			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Vicky Christy Khoury, M.D.	Pediatrics	Active to Inactive	Resigned effective June 30, 2022
Erin Elizabeth Kretovics, D.O.	Pediatrics	Active to Inactive	Resigned effective June 30, 2022
Laila I. Sajwani, M.D.	Family & Community Medicine	Active to Inactive	Resigned effective August 23, 2022
Sarah Anne Sherer, M.D.	Pediatrics	Active to Inactive	Resigned effective September 2, 2022

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
 ADVANCED PRACTICE CLINICIAN / 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.

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – INITIAL APPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Ann Marie Bergren, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	09/01/2022 to 08/31/2024	
Micaela Fernandes, C.N.M.	Obstetrics & Gynecology	Practice Prerogatives on file	09/01/2022 to 08/31/2024	
Veliria Virginia Jackson, F.N.P.	Internal Medicine	Practice Prerogatives on file	09/01/2022 to 08/31/2024	
Jin Park, A.G.A.C.N.P.	Internal Medicine	Practice Prerogatives on file	09/01/2022 to 08/31/2024	

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – REAPPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Anita Lynette Nearon, A.N.P.	Internal Medicine	Practice Prerogatives on file	09/01/2022 to 08/31/2024	
Jenna Christine Stooks, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	09/01/2022 to 08/31/2024	
Bridget Claire Wright, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	09/01/2022 to 08/31/2024	

CHANGE IN PRIVILEGES				
NAME	DEPARTMENT	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS	
Stephanie Ann Rideaux, W.H.N.P.	Obstetrics & Gynecology	Addition: Nexplanon Insertion and Removal Addition: Colposcopy	FPPE	FPPE

General Definitions:

- Advanced Practice Clinician An Advanced Practice Clinicians (APC) means individuals other than Medical Staff members who are licensed healthcare professionals who are board certified and have at least a master's degree. APCs are trained to practice medicine and prescribe within the scope of their training as outlined by their specific scope of practice and are authorized by law and by the Hospital to provide patient care services.
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- (3) Personal Supervision A physician must be in the room during the performance of the procedure.



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

Item 2.

Monkeypox

Monkey Pox

Valleywise Health - McDowell HCC

Ann Khalsa, MD, MSED, FAAFP, AAHIVS
Clinic Medical Director,
Valleywise Health – McDowell HIV Clinic

Monkey Pox – McDowell Responses To Date

- MCD clinic care
 - case testing and treatment since late July
- VH ambulatory training
 - testing, diagnosis, treatment referrals,
... development VH MP Protocol
- TPOXX staging
 - at MCD & OPD pharmacy for all VH
... IV Rx for hospitalized (2 pt from MCD)
- ED Treatment
 - MCD providers = prescribers for VH (10/83 pts HIV-)
- Vaccination
 - Jynneos (smallpox) vaccines @ MCD:
 - *standing order to “stage” doses @ MCD – since 9/13/22*
 - *203 doses to date*
- MCDPH
 - PrEP & new HIV Dx MPX referrals
- CDC
 - case consultations & national clinician calls



Both Criteria Categories Required

Clinical Criteria

- **New rash (any of the following)**
 - Generalized or localized
 - Macular, Papular, Vesicular, Pustular
 - Discrete or confluent
 - **Rash/lesions can be on the palms and soles**
- **Fever (either of the following)**
 - Subjective
 - Measured temperature of $\geq 100.4^{\circ}\text{F}$ [$>38^{\circ}\text{C}$]
- **Other signs and symptoms:**
 - Chills and/or sweats
 - New lymphadenopathy (periauricular, axillary, cervical, or inguinal)

Palms/soles – ddx syphilis

Epidemiologic Criteria

- Within 21 days of illness onset:
- Report having had **contact with a person** or people who have a similar appearing rash or received a diagnosis of confirmed or probable monkeypox **OR**
- **Is a man who regularly has close or intimate in-person contact with other men**, including through an online website, digital application (“app”), or social event (e.g., a bar or party) **OR**
- Traveled to a country with confirmed cases of monkeypox **AND** at least one of the above criteria **OR**
- Traveled to country where MPXV is endemic **OR**
- Contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived such animals (e.g., game meat, creams, lotions, powders, etc.)

(Doesn't require travel)

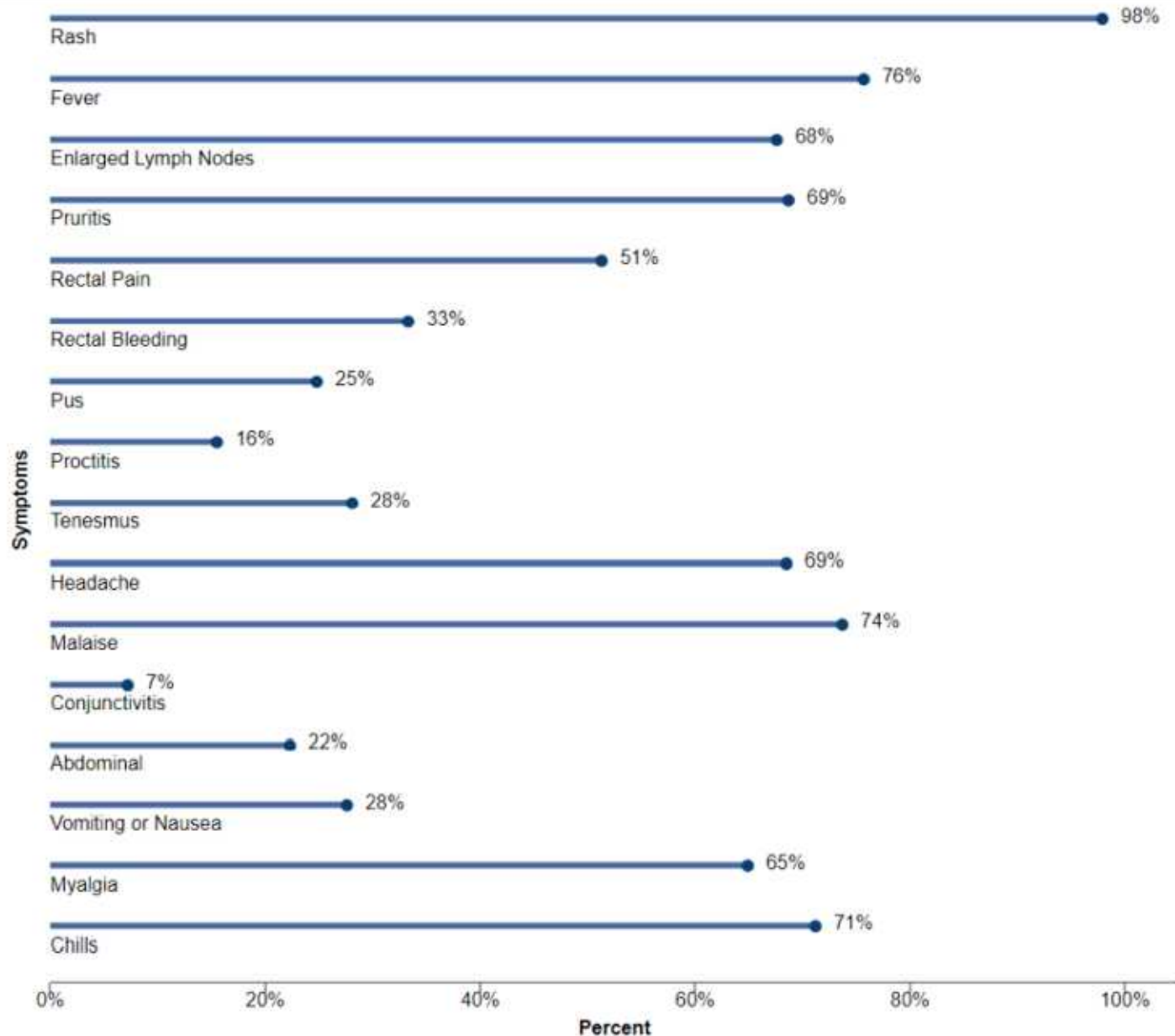
Monkeypox lesions, United States 2022



From Basgoz N, Brown CM, Smole SC, et al. Case 24-2022: A 31-Year-Old Man with Perianal and Penile Ulcers, Rectal Pain, and Rash. Epub ahead of print. Copyright © Jun 15 2022. Massachusetts Medical Society. Reprinted with permission from Massachusetts Medical Society

Shared with permission from patients, CDC 2022

Signs and symptoms (9/21/22)



Most common:

Rash (98%)

Fever (76%)

Malaise (74%)

Chills (71%)

Enlarged lymph nodes (68%)

Myalgia (65%)

Other:

Rectal Pain (51%)

Tenesmus (28%)

Proctitis (15%)

<https://www.cdc.gov/poxvirus/monkeypox/responses/2022/demographics.html>

Monkeypox Specimen Collection



① Demonstration of how to collect a specimen from a wet lesion:

The collection procedure may be painful for the patient and may cause them to react by pulling away from the swab.

To help avoid this, inform the patient on what to expect.



This is a simulated lesion for the purpose of showing collection technique. This is not a representation for diagnosis as monkeypox.

② Demonstration of how to collect a specimen from a wet lesion:

- Securely hold the swab in a way to maintain control while rubbing vigorously.
- Rub vigorously with the tip of the swab, the lesion may derroof during this process, but is not required.
- Use sterile gauze to contain excess lesion fluid.



This is a simulated lesion for the purpose of showing collection technique. This is not a representation for diagnosis as monkeypox.

③ Demonstration of how to collect a specimen from a dry lesion:

- Securely hold the swab in a way to maintain control while rubbing vigorously.
- Rub vigorously, the lesion may derroof during this process.



This is a simulated lesion for the purpose of showing collection technique. This is not a representation for diagnosis as monkeypox.

- Deroofing a dry lesion is not necessary as viral DNA will be present in and around the lesion.

ARUP Send out test:

- 2 swabs / \geq single lesion
- Into single tube
- Results ~3 d after collection

Optional to swab 2-3 lesions

Collect specimens from 2 different lesions



Collect 2 swabs from each lesions

A total of ~~4~~ specimens will be collected

Two samples taken from lesion site 1

Two samples taken from lesion site 2



- Break the swab handles off and seal swabs in containers
- Label and bag the tubes
- Lab to put specimen on ice, contact and ship to main lab

PPE – as per prior slide

Management of most patients

- Most immunocompetent patients recover with pain management* and other supportive care
- Tecoviromat should be considered for some conditions[†]
 - Severe disease: hemorrhagic disease, large number of lesions, sepsis, encephalitis, ocular or periorbital infections, other conditions requiring hospitalization
 - Lesions involving anatomic areas that could cause severe infection (e.g., pharynx, penile foreskin, vulva, vagina, urethra, anus)
 - Lesions in persons who are at high risk for severe disease
 - ❖ Immunocompromise
 - ❖ Pediatric populations
 - ❖ Pregnant or breastfeeding
 - ❖ Condition affecting skin integrity

*<https://www.cdc.gov/poxvirus/monkeypox/clinicians/pain-management.html>

[†]<https://www.cdc.gov/poxvirus/monkeypox/clinicians/treatment.html>

Severe infections

- Demographics of affected patients
 - 100% male
 - Ages 21–58 years (median= 32 years)
 - Majority Hispanic or non-Hispanic Black
 - Most immunocompromised due to advanced HIV
 - 2 patients receiving chemotherapy for cancer
- Progressive illness
 - >100 lesions; new lesions despite treatment
 - Coalesced lesions and necrosis
 - Significant lymphadenopathy
 - Hemodynamic instability
 - Sepsis and secondary infections

Throat Lesions = *“indication”* for treatment!

(NOT Strep)



(Throat “Closure”)



Severe cases in Advanced AIDS

Required hospitalization and IV TPOXX



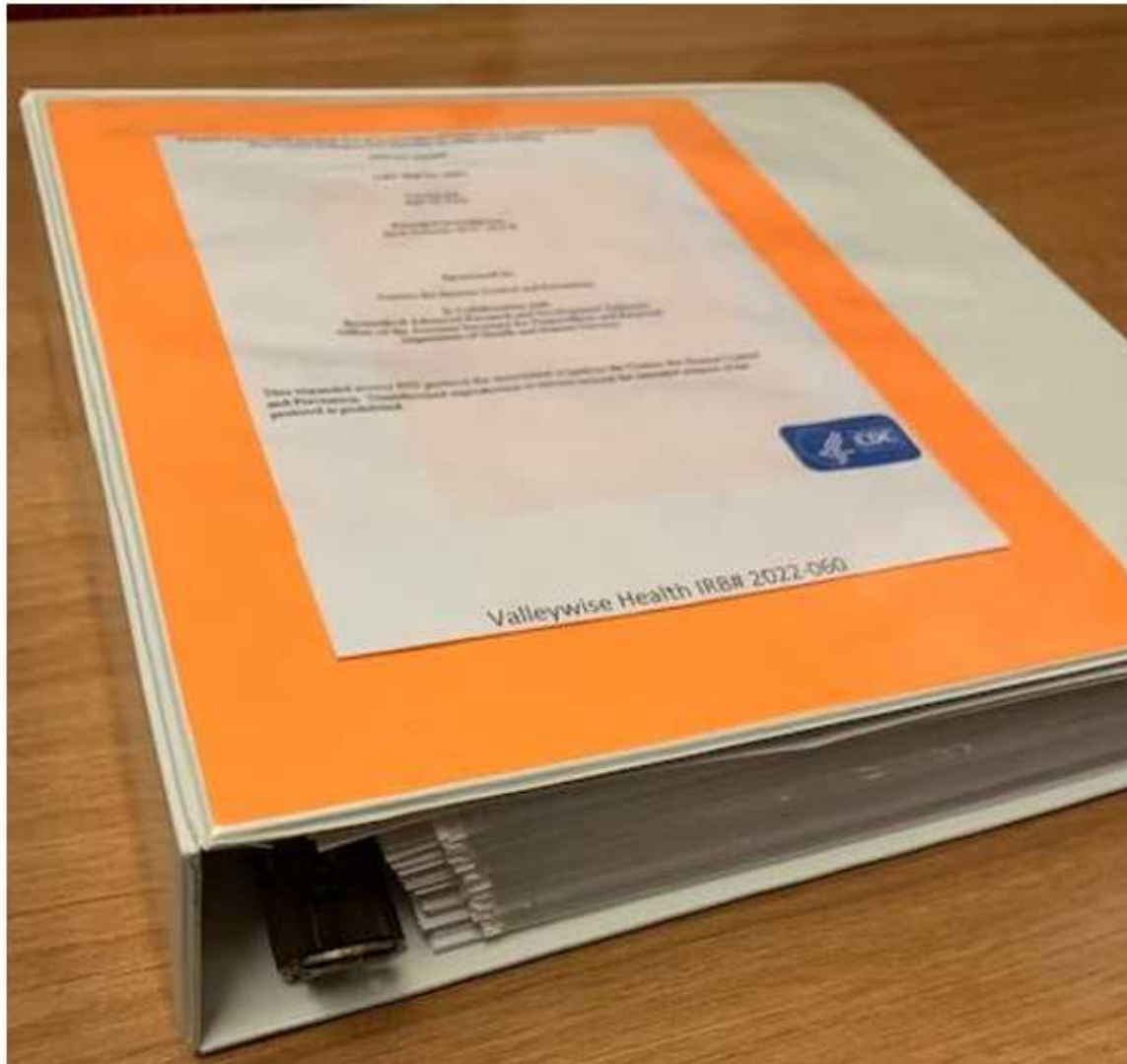
Palpebral and
conjunctival lesions



Clinic Visit Steps to Rx TPOXX

- Visit: Telehealth w/ photos or in person in full PPE
- Testing: Orthopox PCR swab testing (from outside agency or in person, in full PPE)
- Treatment: EHR TPOXX order: “No print” (BID @<260lb, TID @>260), 25g fat w/ EA dose!
- Dispensing: At MCD via D Costlow, Pharm D or A Khalsa MD - secure chat notify
Avail at OPD pharmacy near ED (8a-8p M-F, 0a=5p wknd & holidays) – call to notify: 344-5945
Record in clinic dispensing binder
- Consent: CDC Informed Consent Form: pre-read through MyChart, sign using plastic sleeve w/ window cut out, one copy in TPOXX notebook (AK office), other to scanning
- Visit note: Include dates of exposure, prodrome & lesion sx onset, “MPPLAN”
- MyChart: Ensure patient enrolled with access
Send patient follow-up instructions “MPPTFU”
- Data Log: Secure chat to Khalsa to update clinic master data log
- CDC Intake: Complete pdf form, save copy to G drive (w/ pt’s initials & DOB), print copy (file in notebook), upload & send form to CDC
- MCDPH: Complete online case survey

McDowell TPOXX Prescription Binder



Each Rx \approx extra 30 minutes of documentation
(on top of regular visit schedule)



Internal MP Pt List

MRN sortable – registration monitoring

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	MRN	Initials	Ethnicity	Sex	DOB	xposure D	CD4	VL	Prodrome	LesionSxD	Initial Visit	Tested	Locati	TPOXX	Locat	SX		
2	1		White	Male	.983	7/6/2022	<200	UD	7/19/2022	7/20/2022	7/25/2022	7/25/2022 +	MCD	7/26/22 (NT)	DPH	Diffuse lesions, GU swelling		
3	1		White	Male	.988	~7/15/22	700	UD	7/23/2022	7/23/2022	7/25/2022	NO		NO		Diffuse lesions, mild dysuria		
4	1		White	Male	.987	~7/14/22	500	69K	7/22/2022	7/24/2022	7/28/2022	7/31/2022 +	HonorD	8/3/22 (AK)	DPH	Phimosis, decreased urine flow		
5	3		Black or Afric	Male	.1994	~7/16/22	431	UD	7/18/2022	7/18/2022	7/23/2022	7/23/2022 +	ED	NO		Diffuse skin		Orange= TPOXX Treated
6	1		White	Male	.994	unknown	1042	UD	7/24/2022	7/29/2022	7/28/2022	7/28/2022 +	ED	No		Anal		Green= Tested
7	3		Asian	Male	.993	~7/17/22	500	UD	7/27/2022	7/28/2022	8/1/2022	NO		NO		Few skin lesions, proctitis		Yellow= suspected but ruled out
8	1		Hispanic/ Lat	Male	.966	7/25/2022	791	UD	7/29/2022	7/29/2022	8/1/2022	8/1/2022 +	MCD	8/4/22 (AK)	DPH	Proctitis, BM obstruction		
9	1		Black or Afric	Male	.995	friend call	387	UD	8/2/2022	8/2/2022	8/2/2022	8/2/2022 +	MCD	NO		Hx 1st Sx 7/4-23/22 @StJo		
10	3		Hispanic/ Lat	Male	.977	~7/18/22	591	UD	7/27/2022	7/31/2022	8/3/2022	NO		NO		Few skin lesions		
11	3		Hispanic/ Lat	Male	.978	7/25/2022	531	UD	8/3/2022	8/1/2022	8/4/2022	NO		NO		Few skin lesions		
12	1		Hispanic/ Lat	Male	.1977	7/28/2022	241	UD	7/29/2022	7/30/2022	8/4/2022	NO		NO		Skin and anal-not severe		
13	1		Black or Afric	Male	.1997	7/15/2022	226	UD	8/4/2022	8/4/2022	8/5/2022	NO		NO		Skin & dysuria		
14	1		Hispanic/ Lat	Male	.990	7/29/2022	929	UD	8/2/2022	8/4/2022	8/5/2022	8/5/2022 +	ED	8/10/22 (AK)	MCD#2	Skin and proctitis		
15	1		White	Male	.994	7/29/2022	414	UD	8/3/2022	8/3/2022	8/5/2022	8/9/2022 +	ED	8/9/22 (NT)	DPH	Throat - admission		
16	1		White	Male	.985	Unknown	Pnd	Pnd	~7/20/22	~7/20/22	8/9/2022	7/30/2022 +	Mercy G	No		Finger, anus		
17	3		Hispanic/ Lat	Male	.973	7/31/2022	207	UD	8/3/2022	8/3/2022	8/9/2022	8/9/22 (-)	PEC			ESRD HD @PEC		
18	1		White	Male	.983	7/30/2022	874	UD	8/2/2022	8/1/2022	8/9/2022	(+)	DPH	8/9/22 (AK)	MCD#1	GU lesions		
19	3		Hispanic/ Lat	Male	.977	NA	597	UD	8/7/2022	8/7/2022	8/10/2022	8/10/2022 +	MCD	NO		Perianal and finger		
20	1		White	Male	.977	~7/30/22	pnd	UD	8/8/22	8/8/2022	8/10/2022	8/10/2022 +	MCD	8/10/22 (AK)	MCD#3	Peri-Intra-Oral lesions		
21	3		White	Male	.974	8/2/2022	162	291	8/4/22	8/4/2022	8/10/2022	NO		NO		Mild lip & skin		
22	1		Black or Afric	Male	.991	unknown	270	UD	8/1/2022	7/31/2022	8/10/2022	8/1/2022 +	DPH	NO		GU & Mild skin		
23	1		Hispanic/ Lat	Male	.967	7/31/2022	141	UD	8/8/2022	8/8/2022	8/11/2022	No		NO		Hives		
24	1		Hispanic/ Lat	Male	.1980	unknown	883	UD	8/7/2022	8/9/2022	8/11/2022	8/11/2022 +	MCD	NO		Anal & skin		
25	3		Hispanic/ Lat	Male	.998	unk	808	68K	8/4/2022	8/7/2022	8/12/2022	NO	NA	NO	NA	throat,skin,anal		
26	1		Hispanic/ Lat	Male	.991	8/9/2022	560	UD	8/12/2022	8/12/2022	8/12/2022	NO		NO		Chin & finger		
27	1		White	Male	.971	7/31/22+	808	UD	8/2/2022	8/5/2022	8/12/2022	8/5/2022 +	NextCare	NO		anal		
28	1		Hispanic/ Lat	Male	.999	unknown	769	UD	7/22/2022	7/22/22	8/15/2022	(+)	DPH	NO		anal		
29	1		Hispanic/ Lat	Male	.1999	unknown	Pnd	Pnd	~8/1/22	~8/1/22	8/15/2022	(+)	PCH	NO		skin		
30	1		Hispanic/ Lat	Male	.992	~7/31/22	Unk	UD	8/14/2022	8/12/2022	8/15/2022	8/15/2022 +	ED	8/15/22 (AK)	OPD#1	Tongue, face, scrotum		
31	1		Hispanic/ Lat	Male	.1994	Unk,MX	Unk	UD	8/8/2022	8/22	8/15/2022	8/15/2022 +	ED	8/15/22 (AK)	OPD#2	ADM: CNS, mouth, penis		
32	1		Hispanic/ Lat	Male	.1998	~7/7/22	539	UD	7/22/2022	7/22/2022	7/29/2022	7/29/2022 +	MCD	NO		Skin & anus, RN expos 8/10/22		
33	1		White	Male	.1981						8/16/2022	NO		NO		mild		

Monkey Pox – Patient Follow-Up Instructions

EHR Smart Phrase:
"MPPTFU"

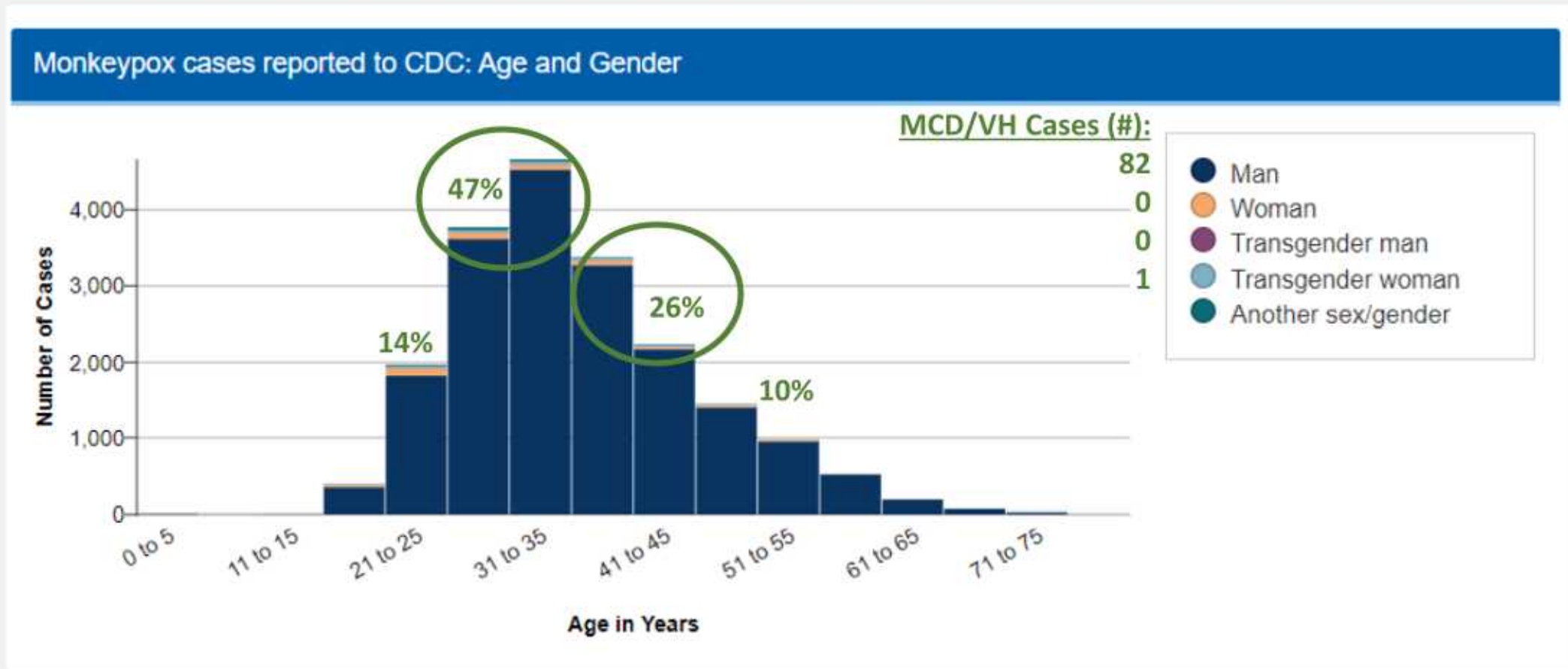
As you recover from Monkey Pox - please note the following:

- UNTIL you have smooth new skin covering any lesions, AND NO symptoms in your throat, genitals or anus
 - DON'T leave home!
- Let us know if your need a letter for work
- Send us messages and photos every few days via MyChart
- If you have any concerns after hours – please call the clinic number (602-344-6550) and you will be connected to the on-call provider
- Please notify all contacts to monitor for symptoms, and contact public health for testing &/or vaccination
- We're occasionally seeing new lesions sometimes develop after the first infection is resolved!
 - So - please monitor for new symptoms or lesions, and
 - IF ANY NEW symptoms or lesions develop - please call us, AND start staying home again!
- You can shed the virus for up to 2 months AFTER the infection is resolved.
 - So - MANDATORY condom use please!!
- You do NOT need vaccination - your immune system is already producing immunity as part of the process of recovering from the infection.
- Also - please clean your house after you're recovered:

<https://www.cdc.gov/poxvirus/monkeypox/specific-settings/home-disinfection.html>

Age and Gender (9/21/22)

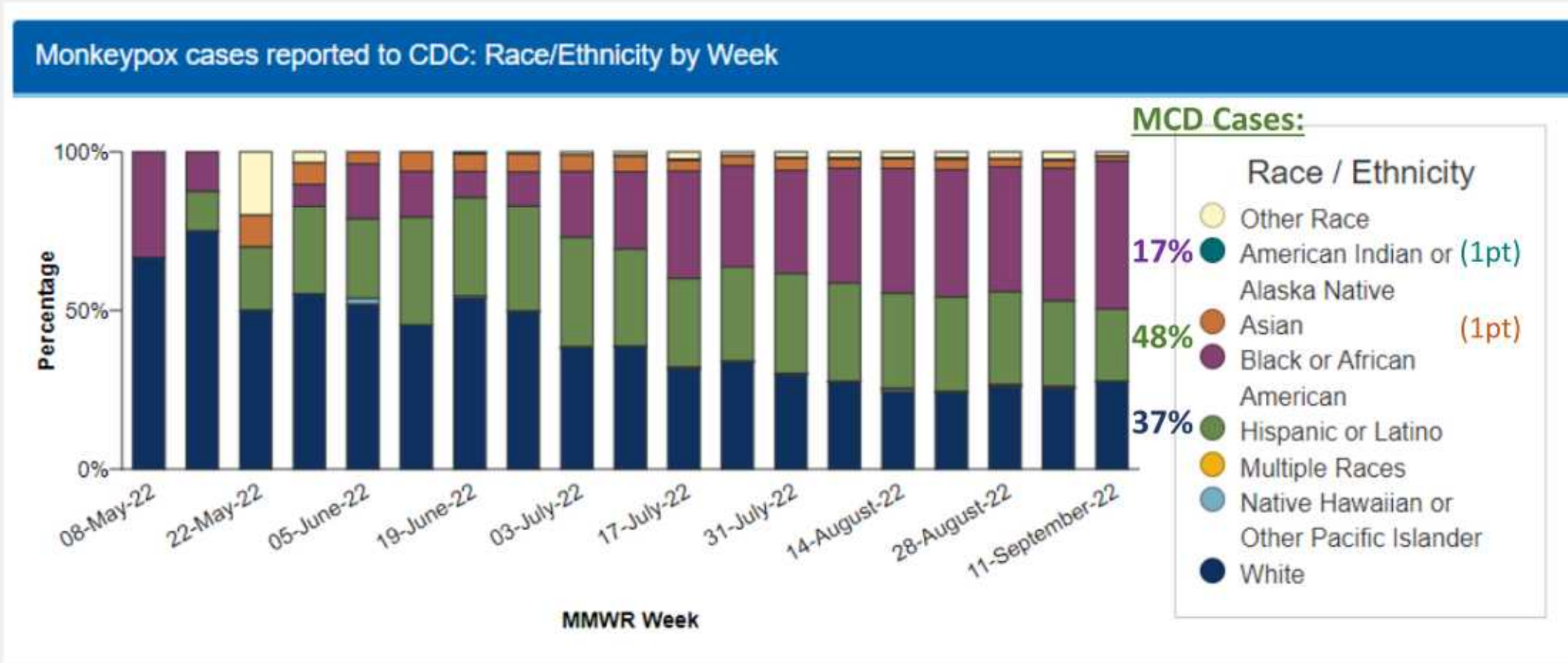
<https://www.cdc.gov/poxvirus/monkeypox/response/2022/demographics.html>



Up to 94% of patients report recent male-to-male sexual contact in the last 3 weeks*

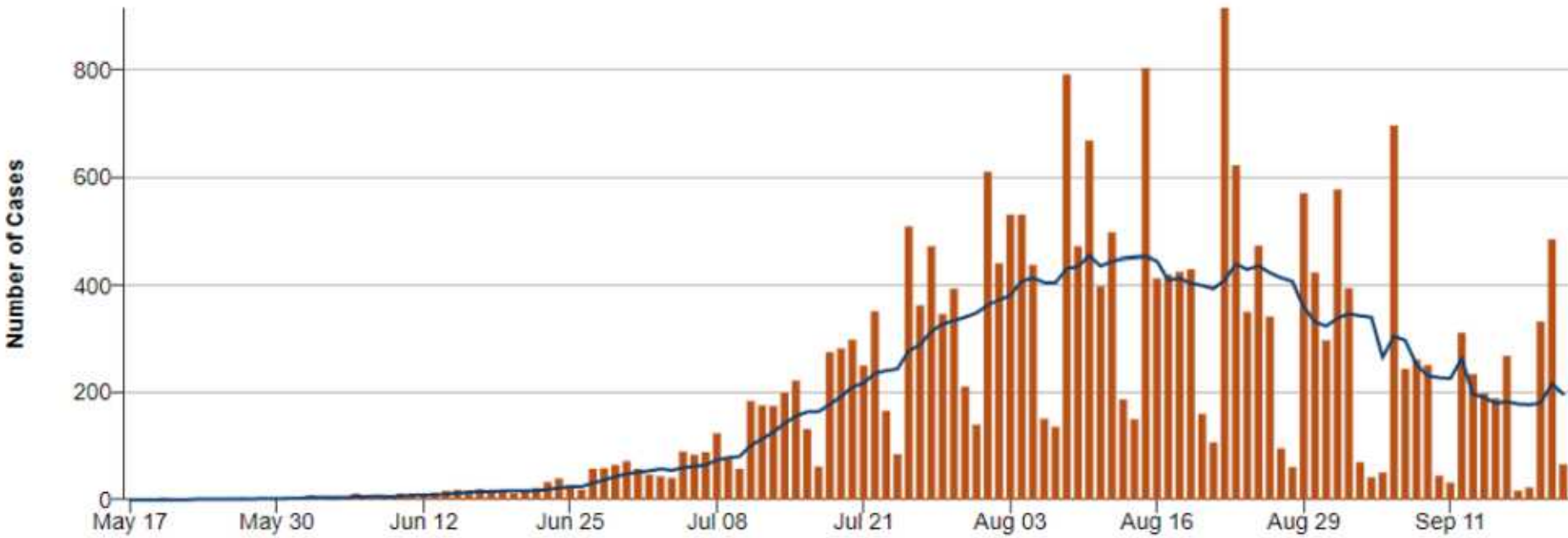
(*[Epidemiologic and Clinical Characteristics of Monkeypox Cases — United States, May 17–July 22, 2022 | MMWR \(cdc.gov\)](#))

Race/Ethnicity (9/21/22)

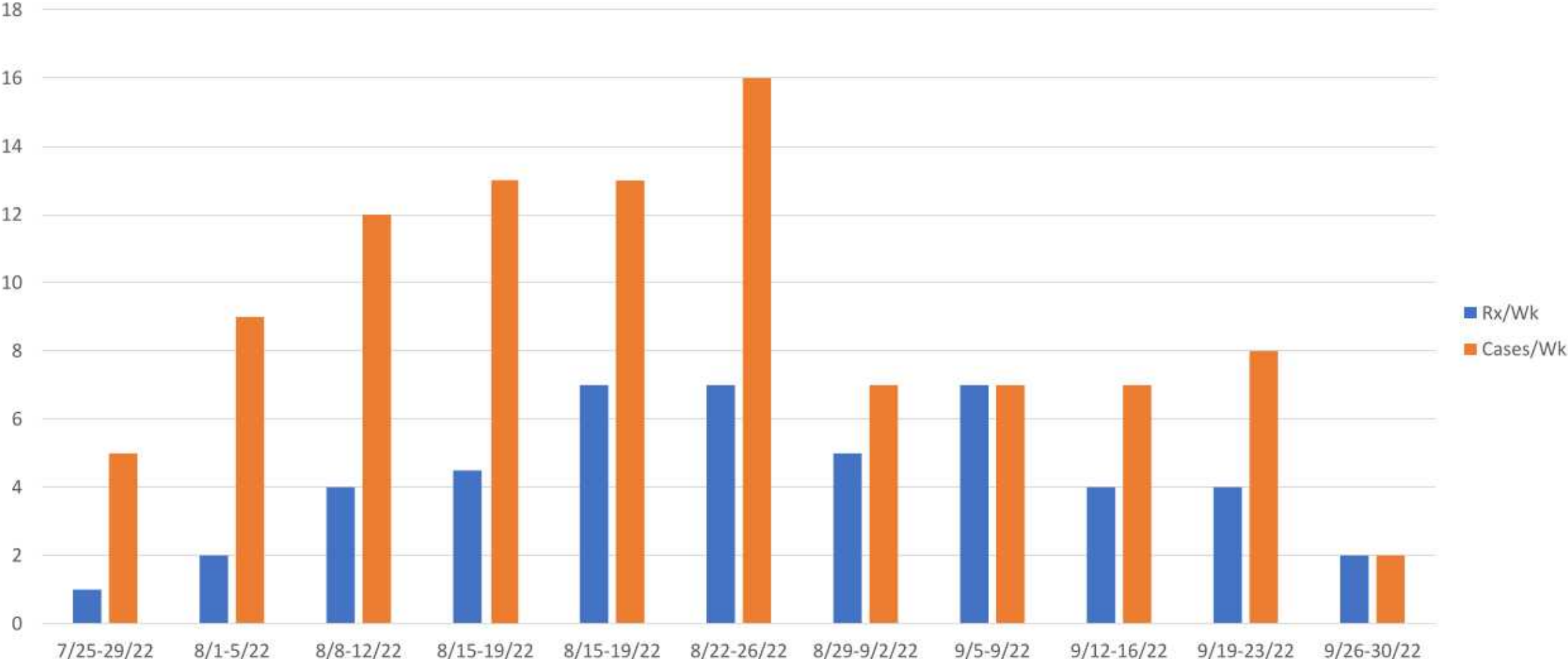


Cases decreasing—United States, September 21, 2022

Daily Monkeypox Cases Reported* and 7 Day Daily Average



McDowell TPOXX Weekly Cases & Treatment



TPOXX Consultations

7/7/22 – 8/22/22



Maricopa County
Department of Public Health

- 221 total MPXV cases **(44 @ MCD & VHMC)**
- Provided 62 clinical consultations
- 41/221 cases treated = 18.6%
 - 18 (44%) HIV+ **14/18 = MCD Pt**
 - 2 (5%) peri-orbital, 1 (2%) orbital
- 9/221 cases hospitalized = 4.1%
 - (6 treated, 3 not treated)
- Process put in place for providers to obtain TPOXX
 - Providers could call to reach Med Epi to go over cases
- At the same time, staged TPOXX across Maricopa County at hospitals and clinics (#7 & #2, respectively) – **MCD & VH 1st**



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

Item 3.

Committee Focus Work

Strategic Planning and Outreach Committee (SPOC)

- Health Quality vs. Health Equity - Presentation to the GC to ensure a sufficient knowledge base.
- Keep reaching out to help people learn how to value cultural competence
- Advocacy for Health Equity
 - Define
 - Understand
 - Convey
 - Measure
- Bring 3 new members to the Governing Council
- Community Outreach
 - Bridge/Work out relationships w/ Valleywise Community Health Center-McDowell and Southwest Center for HIV/AIDS
- Operational Effectiveness in commodity services is baseline performance to engage market. Market Valleywise Health as unique and specific
 - Maricopa County History
 - Federally Qualified Health Centers
 - Specialties and expertise
- Become a referral center for other health systems
- Marketing
 - Let people know through example who we are

Finance Committee (FC)

- Financial Sustainability
 - Better sales job (promote the clinics better)
 - Tell our story
 - Value prop.
 - Not a commodity

Compliance and Quality Committee (CQC)

- Every time a patient calls for an appointment, the phone is answered within 3 rings, and they are not on hold or told to call another number
- Improve patient satisfaction
 - by making appointments available and easy for patients to set by making reception staff aware of their role in patients having a positive experience
 - by treating patient's health concerns not just symptoms



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

Item 4.

2022 NACHC Annual
Conference
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

Item 5.

Committee Reports



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

Item 5.a.

Compliance and Quality
Committee Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

Item 5.b.

Executive Committee
Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

Item 5.c.

Finance Committee Report -
Financial Highlights

**VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending August 31, 2022**

OPERATING REVENUE

(a) Visits

	Actual	Budget	Variance	%Variance
Month-to-Date	30,319	27,233	3,086	11.3%
Year-to-Date	54,917	50,452	4,465	8.8%

Visits greater than budget for the month by 3,0861 or 11.3%. Current month visits greater than prior month by 5,721 or 23.3%. The VCHC's were greater than budget by 1,964 or 13.6%, Outpatient Behavioral Health was greater than budget by 307 or 13.7%, VCHC-Phoenix was greater than budget by 529 or 8.7%, VCHC-Peoria was less than budget by 176 or 6.3% and Dental greater than budget by 462 or 27.7%.

(b) Net Patient Service Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 6,267,360	\$ 5,567,153	\$ 700,207	12.6%
Year-to-Date	\$ 11,382,995	\$ 10,297,933	\$ 1,085,062	10.5%
Month-to-Date Per Visit	\$ 207	\$ 204	\$ 2	1.1%
Year-to-Date Per Visit	\$ 207	\$ 204	\$ 3	1.5%

Net patient service revenue is greater than budget by \$700.2 for MTD. On a per visit basis, net patient service revenue is greater than budget by 1.1% for MTD. The VCHC's were greater than budget by \$468.3K or 14.8%, the Outpatient Behavioral Health clinics were greater than budget by \$49.0K or 8.8%, the VCHC-Phoenix was greater than budget by \$133.2K or 13.0%, the VCHC-Peoria was less than budget by \$39.2K or 7.0% and Dental greater than budget by \$88.9K or 35.3%.

(c) Other Operating Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 417,758	\$ 397,912	\$ 19,846	5.0%
Year-to-Date	\$ 744,712	\$ 771,798	\$ (27,086)	-3.5%

Other operating revenue is greater than budget by \$19.8K for MTD.

(e) Total operating revenues

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 6,685,118	\$ 5,965,065	\$ 720,053	12.1%
Year-to-Date	\$ 12,127,707	\$ 11,069,731	\$ 1,057,976	9.6%
Month-to-Date Per Visit	\$ 220	\$ 219	\$ 1	0.7%
Year-to-Date Per Visit	\$ 221	\$ 219	\$ 1	0.6%

Total operating revenues are greater than budget by \$720.1K for MTD. On a per visit basis, total operating revenue is greater than budget by \$1.00 for MTD.

**VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending August 31, 2022**

OPERATING EXPENSES

(f) Salaries and Wages

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 2,233,016	\$ 2,188,001	\$ (45,014)	-2.1%
Year-to-Date	\$ 4,523,651	\$ 4,187,829	\$ (335,822)	-8.0%
Month-to-Date FTEs	364	408	43	10.6%
Year-to-Date FTEs	363	391	28	7.2%

Salaries and wages were greater than budget by \$45.0K for MTD. FTEs were less than budget by 43 for MTD. The average salaries and wages per FTE were greater compared to the previous month by \$651.36.

(h) Employee Benefits

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 675,899	\$ 693,185	\$ 17,285	2.5%
Year-to-Date	\$ 1,439,875	\$ 1,329,150	\$ (110,725)	-8.3%
Month-to-Date Per FTE	\$ 1,855	\$ 1,700	\$ (155)	-9.1%
Year-to-Date Per FTE	\$ 3,968	\$ 3,398	\$ (570)	-16.8%

Employee benefits are less than budget by \$17.3K MTD.

Benefits as a % of Salaries

	Actual	Budget	Variance	%Variance
Month-to-Date	30.3%	31.7%	1.4%	4.5%
Year-to-Date	31.8%	31.7%	-0.1%	-0.3%

(i) Medical Service Fees

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 2,174,176	\$ 1,845,921	\$ (328,255)	-17.8%
Year-to-Date	\$ 3,948,571	\$ 3,691,841	\$ (256,730)	-7.0%

Medical service fees were greater than budget for the month by \$328.3K MTD.

The VCHC's were greater than budget by \$147.5K or 13.4%, OP Behavioral Health greater than budget by \$15.8 or 36.0%, VCHC - Phoenix was greater than budget by \$154.4K or 29.9% and VCHC-Peoria was greater than budget by \$10.5K or 5.6%.

(j) Supplies

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 241,490	\$ 242,117	\$ 627	0.3%
Year-to-Date	\$ 441,501	\$ 458,436	\$ 16,934	3.7%
Month-to-Date Supplies per Visit	\$ 8	\$ 9	\$ 1	10.4%
Year-to-Date Supplies per Visit	\$ 8	\$ 9	\$ 1	11.5%

Supplies expenses were less than budget by \$627.00 MTD.

(k) Purchased Services

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 17,762	\$ 29,464	\$ 11,702	39.7%
Year-to-Date	\$ 37,077	\$ 53,839	\$ 16,762	31.1%

Purchased services were less than budget by \$11.7K MTD.

**VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending August 31, 2022**

OPERATING EXPENSES (continued)

(l) Other Expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 93,999	\$ 80,184	\$ (13,814)	-17.2%
Year-to-Date	\$ 188,429	\$ 196,648	\$ 8,219	4.2%

For the month, other expenses were greater than budget by \$13.8K MTD.

(n) Allocated Ancillary Expense

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 811,844	\$ 904,262	\$ 92,418	10.2%
Year-to-Date	\$ 1,635,234	\$ 1,726,072	\$ 90,838	5.3%

Allocated ancillary expenses were less than budget by \$92.4K MTD.

(o) Total operating expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 6,248,184	\$ 5,983,863	\$ (264,321)	-4.4%
Year-to-Date	\$ 12,214,338	\$ 11,645,256	\$ (569,082)	-4.9%
Month-to-Date Per Visit	\$ 206	\$ 220	\$ 14	6.6%
Year-to-Date Per Visit	\$ 222	\$ 231	\$ 8	3.8%

Total operating expenses were greater than budget by \$264.3K MTD. On a per visit basis, the current month was 6.6% favorable.

(p) Margin (before overhead allocation)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 436,933	\$ (18,798)	\$ 455,732	2424.3%
Year-to-Date	\$ (86,631)	\$ (575,525)	\$ 488,893	84.9%
Month-to-Date Per Visit	\$ 14	\$ (1)	\$ 15	2187.7%
Year-to-Date Per Visit	\$ (2)	\$ (11)	\$ 10	86.2%

Total margin (before overhead allocation) is greater than budget by \$455.7K for MTD.



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

Item 5.d.

Strategic Planning and
Outreach Committee Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

Item 6.

FQHC Clinics'
CEO Report



Office of the Sr Vice President & CEO FQHC Clinics

2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: October 5, 2022

TO: Valleywise Community Health Centers Governing Council

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

SUBJECT: CEO Report

Visit Metrics: August 2022

Upon completion of the 2nd month of the fiscal year, the clinics had a strong performance despite challenges with the workforce. Recruitment for both front line staff and providers has been strong. However, the pool of available applicants has been small.

Valleywise Community Health Centers (FQHC) had a positive visit variance of 11.3% MTD and 8.8% FYTD.

HIV Service Line

Valleywise Community Health Center – McDowell had a positive visit variance for the month, 7.1%, 7.9% FYTD. Valleywise Community Health Center – Mesa had a positive variance of 43.9% MTD, 56.2%. During an onsite rounding, staff reported that patients are happy to be able to come to the Mesa clinic for HIV services, closer to their homes and access to transportation.

Other FQHC including Peoria had a positive visit variance 4.0% MTD, 0.7% FYTD.

Integrated Behavioral Health (IBH) services had a positive visit variance of 18.7% MTD and 2.2% FYTD.

Valleywise Community Health Centers (FQHC) Dental Clinics continue to rebound with a positive visit variance of 27% MTD, 15.6% FYTD.

Valleywise Community Health Centers Governing Council
Annual FQHC Performance Report FY2022

The Valleywise Community Health Centers Governing Council Annual FQHC Performance Report FY2022 was presented to the Maricopa County Special Health Care District Board by Michelle Barker, Governing Council Chair, on September 28, 2022. The Co-applicant Operational Arrangement between the Maricopa County Special Health Care District Board and the Valleywise Community Health Centers Governing Council (VCHCGC) requires a review of Federally Qualified Health Centers (FQHC) Clinic's performance with respect to achievement of performance outcomes and goals.

On behalf of the Valleywise Community Health Centers Governing Council, this report is the summation of FQHC Clinic performance for July 1, 2021 – June 30, 2022, reflecting the VCHCGC's oversight and management of Operations, Quality and Finances for H80CS33644: MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT FQHC Clinics.

The VCHCGC has worked closely with staff throughout FY22 focusing on three top priorities: clinic visit volume, quality health outcomes, and improvement of the patient experience. Of interest, health equity and ensuring access to care of the most vulnerable populations remain a priority of the VCHCGC.

During the FY, the FQHC Clinics have worked to ensure access to care despite the impact of challenges presented by the COVID-19 pandemic. It has been important to work with the population to obtain preventative screenings that were delayed as people quarantined.

Disruptions in care were prevented when opening the new West Maryvale and Mesa clinics. However, an ongoing challenge is staffing due to the lasting impact of this crisis as noted by the rates of attrition and availability of candidates to fill open positions.

Despite the challenges, the VCHCGC continued its work with staff to ensure that exceptional care and safety is a constant. We are proud to lead the efforts that have been implement in FY22.

A Demographic Comparison of Valleywise Health FQHCs with Arizona FQHCs UDS Health Center Comparison Report - 2021

To tell the story about the population we serve, data provides the subject and chapters. In April 2022 the Valleywise Community Health Center Governing Council requested a demographic comparison of Valleywise Health's FQHC clinics to others in the state. HRSA released calendar year 2021 UDS data in early August 2022. Below is comparison data of FQHCs in Arizona.

Patients by Age

Health Center Name	City	State	Total Patients	Children (< 18 years old)	Adult (18 - 64)	Older Adults (age 65 and over)
ADELANTE HEALTHCARE, INC.	PHOENIX	AZ	82,403	28.68%	62.05%	9.28%
AJO COMMUNITY HEALTH CENTER	AJO	AZ	2,902	12.82%	41.28%	45.90%
CANYONLANDS COMMUNITY HEALTH CARE	PAGE	AZ	20,087	23.35%	59.46%	17.19%
CHIRICAHUA COMMUNITY HEALTH CENTERS	DOUGLAS	AZ	29,895	46.11%	38.82%	15.07%
CIRCLE THE CITY	PHOENIX	AZ	8,267	1.95%	88.53%	9.52%
CREEK VALLEY HEALTH CLINIC	COLORADO CITY	AZ	3,365	41.04%	52.30%	6.66%
EL RIO SANTA CRUZ NEIGHBORHOOD HEALTH CENTER	TUCSON	AZ	125,449	30.02%	57.44%	12.55%
HORIZON HEALTH AND WELLNESS, INC.	APACHE JCT	AZ	10,275	24.06%	66.68%	9.27%
MARANA HEALTH CENTER	MARANA	AZ	56,371	21.49%	62.30%	16.22%
MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	PHOENIX	AZ	83,659	24.02%	67.85%	8.14%
MARIPOSA COMMUNITY HEALTH CENTER, INC.	NOGALES	AZ	28,201	32.91%	47.70%	19.39%
MOUNTAIN PARK HEALTH CENTER	PHOENIX	AZ	92,067	47.81%	45.93%	6.26%
NATIVE AMERICAN COMMUNITY HEALTH CENTER, INC.	PHOENIX	AZ	9,626	21.15%	71.99%	6.86%
NEIGHBORHOOD OUTREACH ACCESS TO HEALTH	SCOTTSDALE	AZ	45,440	16.02%	73.14%	10.84%
NORTH COUNTRY HEALTHCARE, INC.	FLAGSTAFF	AZ	50,990	24.67%	57.47%	17.86%
SUN LIFE FAMILY HEALTH CENTER	CASA GRANDE	AZ	47,233	26.38%	54.69%	18.94%
SUNSET COMMUNITY HEALTH CENTER	SOMERTON	AZ	28,249	33.03%	48.40%	18.57%
TERROS INC	PHOENIX	AZ	25,125	11.67%	84.14%	4.19%
TUBA CITY REGIONAL HEALTH CARE CORPORATION	TUBA CITY	AZ	1,230	66.34%	30.16%	3.50%
UNITED COMMUNITY HEALTH CENTER, INC.	GREEN VALLEY	AZ	20,150	35.65%	39.54%	24.80%
VALLE DEL SOL, INC.	PHOENIX	AZ	9,863	37.05%	57.74%	5.21%
WESLEY COMMUNITY CENTER INC	PHOENIX	AZ	6,636	8.74%	84.84%	6.42%
YAVAPAI COUNTY COMMUNITY HEALTH SERVICES	PRESCOTT	AZ	12,541	13.34%	68.78%	17.88%

Valleywise Health served a total of 83, 659 patients in CY2021. The predominate group served were adults 18 – 64. In comparison to other FQHCs serving the Phoenix area, Valleywise Health ranked second to Mountain Park in the unique unduplicated number of patients served.

Unique Unduplicated Patients Year Over Year – Phoenix FQHCs

Health Center Name	City	State	2021	2020	2019	2018	2017
ADELANTE HEALTHCARE, INC.	PHOENIX	AZ	82,403	75,499	75,218	67,059	62,113
CIRCLE THE CITY	PHOENIX	AZ	8,267	7,699	6,502	6,121	4,033
MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	PHOENIX	AZ	83,659	78,554	87,378	89,727	90,661
MOUNTAIN PARK HEALTH CENTER	PHOENIX	AZ	92,067	85,476	87,258	85,945	86,678
NATIVE AMERICAN COMMUNITY HEALTH CENTER, INC.	PHOENIX	AZ	9,626	9,885	10,276	8,767	7,621
NEIGHBORHOOD OUTREACH ACCESS TO HEALTH (NOAH)	SCOTTSDALE	AZ	45,440	37,921	36,948	30,400	23,486
TERROS INC	PHOENIX	AZ	25,125	24,719	3,881	LAL	LAL
VALLE DEL SOL, INC.	PHOENIX	AZ	9,863	6,777	4,518	2,568	1,289
WESLEY COMMUNITY CENTER INC	PHOENIX	AZ	6,636	6,381	7,019	6,696	6,889

A year over year comparison of unique unduplicated patients served by FQHCs in Maricopa County shows that Valleywise Health's numbers are rebounding from a decrease observed in 2020, like many of the other metropolitan FQHC clinics. Valleywise Health is focusing on performance improvement efforts targeted to improving the patient experience and marketing to the underserved populations. This is vital to sustain market growth and financial stability of the health system.

Patients by Race & Ethnicity

Health Center Name	Racial and/or Ethnic Minority	Hispanic/Latino Ethnicity	Black/African American	Asian	American Indian/Alaska Native	Native Hawaiian/Other Pacific	More than one race	Best Served in another language
ADELANTE HEALTHCARE, INC.	68.11%	53.95%	11.21%	3.14%	1.66%	1.17%	3.21%	23.12%
AJO COMMUNITY HEALTH CENTER	39.74%	33.47%	1.10%	1.06%	5.29%	-	1.65%	6.51%
CANYONLANDS COMMUNITY HEALTH CARE	53.00%	17.81%	0.79%	1.10%	31.93%	0.29%	3.46%	3.38%
CHIRICAHUA COMMUNITY HEALTH CENTERS	59.99%	51.16%	3.23%	1.23%	1.00%	0.39%	6.18%	15.62%
CIRCLE THE CITY	53.85%	23.79%	24.05%	0.60%	14.55%	0.38%	-	4.31%
CREEK VALLEY HEALTH CLINIC	4.31%	1.84%	-	-	1.77%	-	0.63%	-
EL RIO SANTA CRUZ NEIGHBORHOOD HEALTH CENTER	62.19%	49.63%	5.37%	2.18%	7.84%	0.26%	0.67%	24.52%
HORIZON HEALTH AND WELLNESS, INC.	36.09%	23.03%	5.50%	0.74%	2.59%	0.26%	3.03%	1.58%
MARANA HEALTH CENTER	45.37%	37.83%	4.24%	2.39%	1.01%	0.61%	0.64%	12.37%
MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	80.52%	62.35%	13.06%	2.81%	1.30%	0.94%	0.47%	41.76%
MARIPOSA COMMUNITY HEALTH CENTER, INC	86.24%	85.03%	0.27%	0.39%	0.12%	0.11%	5.69%	39.88%
MOUNTAIN PARK HEALTH CENTER	90.26%	73.52%	17.72%	1.51%	0.97%	0.52%	1.20%	35.99%
NATIVE AMERICAN COMMUNITY HEALTH CENTER, INC.	75.36%	10.38%	7.73%	1.14%	57.16%	0.62%	3.91%	16.80%
NEIGHBORHOOD OUTREACH ACCESS TO HEALTH	52.68%	40.08%	8.02%	2.17%	1.78%	0.62%	1.25%	18.55%
NORTH COUNTRY HEALTHCARE, INC.	32.55%	17.04%	1.47%	0.80%	10.12%	0.68%	4.61%	5.88%
SUN LIFE FAMILY HEALTH CENTER	58.71%	49.09%	5.77%	1.00%	0.85%	0.26%	3.09%	11.96%
SUNSET COMMUNITY HEALTH CENTER	59.70%	58.08%	1.10%	0.44%	0.22%	-	0.00%	50.90%
TERROS INC	49.83%	32.73%	11.54%	0.98%	3.01%	0.62%	2.82%	4.84%
TUBA CITY REGIONAL HEALTH CARE CORPORATION	99.09%	-	-	-	98.59%	0.00%	-	-
UNITED COMMUNITY HEALTH CENTER, INC.	42.39%	36.56%	2.55%	1.63%	1.48%	0.67%	2.07%	4.85%
VALLE DEL SOL, INC.	61.92%	52.87%	6.84%	0.52%	1.31%	0.62%	1.47%	27.69%
WESLEY COMMUNITY CENTER INC	94.27%	88.06%	11.84%	1.98%	2.11%	-	3.97%	65.04%
YAVAPAI COUNTY COMMUNITY HEALTH SERVICES	45.37%	40.64%	1.26%	1.83%	2.17%	0.33%	-	14.64%

Valleywise Health follows Wesley Community Center and Mountain Park Health Center, respectively, serving a racial and/or ethnic minority at 80.52%. Of those, 62.35% are Hispanic/Latino American.

Patients by Income

Health Center Name	Patients at or below 200% of poverty	Patients at or below 100% of poverty	Uninsured	Medicaid/CHIP	Medicare	Other Third Party
ADELANTE HEALTHCARE, INC.	86.01%	62.53%	14.47%	41.96%	10.27%	33.30%
AJO COMMUNITY HEALTH CENTER	76.98%	42.98%	8.48%	24.91%	48.73%	17.88%
CANYONLANDS COMMUNITY HEALTH CARE	83.88%	56.73%	16.89%	35.76%	10.76%	36.59%
CHIRICAHUA COMMUNITY HEALTH CENTERS	83.06%	50.18%	19.85%	41.28%	10.86%	28.00%
CIRCLE THE CITY	98.84%	91.45%	17.85%	68.65%	12.50%	1.00%
CREEK VALLEY HEALTH CLINIC	82.10%	41.05%	24.87%	40.86%	6.00%	28.26%
EL RIO SANTA CRUZ NEIGHBORHOOD HEALTH CENTER	87.70%	67.14%	17.44%	48.96%	12.40%	21.19%
HORIZON HEALTH AND WELLNESS, INC.	90.28%	72.89%	0.46%	71.68%	9.76%	18.10%
MARANA HEALTH CENTER	81.54%	60.25%	14.13%	34.76%	17.72%	33.39%
MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	90.28%	65.63%	27.69%	48.87%	7.45%	16.00%
MARIPOSA COMMUNITY HEALTH CENTER, INC	85.72%	69.41%	21.33%	38.70%	16.44%	23.53%
MOUNTAIN PARK HEALTH CENTER	95.33%	60.31%	14.35%	64.43%	6.47%	14.75%
NATIVE AMERICAN COMMUNITY HEALTH CENTER, INC.	91.67%	71.45%	14.78%	57.27%	6.44%	21.50%
NEIGHBORHOOD OUTREACH ACCESS TO HEALTH	85.17%	64.34%	11.40%	41.67%	11.81%	35.13%
NORTH COUNTRY HEALTHCARE, INC.	89.98%	56.65%	19.55%	33.13%	9.56%	37.75%
SUN LIFE FAMILY HEALTH CENTER	100.00%	59.81%	7.74%	41.40%	20.83%	30.03%
SUNSET COMMUNITY HEALTH CENTER	99.73%	97.99%	10.26%	58.83%	18.71%	12.20%
TERROS INC	89.56%	66.48%	1.42%	78.18%	8.43%	11.97%
TUBA CITY REGIONAL HEALTH CARE CORPORATION	70.48%	44.05%	57.64%	24.39%	3.66%	14.31%
UNITED COMMUNITY HEALTH CENTER, INC.	55.37%	27.20%	1.76%	25.45%	25.54%	47.25%
VALLE DEL SOL, INC.	90.09%	62.77%	10.05%	73.31%	7.17%	9.47%
WESLEY COMMUNITY CENTER INC	98.51%	66.54%	64.75%	19.45%	3.38%	12.42%
YAVAPAI COUNTY COMMUNITY HEALTH SERVICES	86.38%	56.06%	37.48%	28.16%	18.50%	15.87%

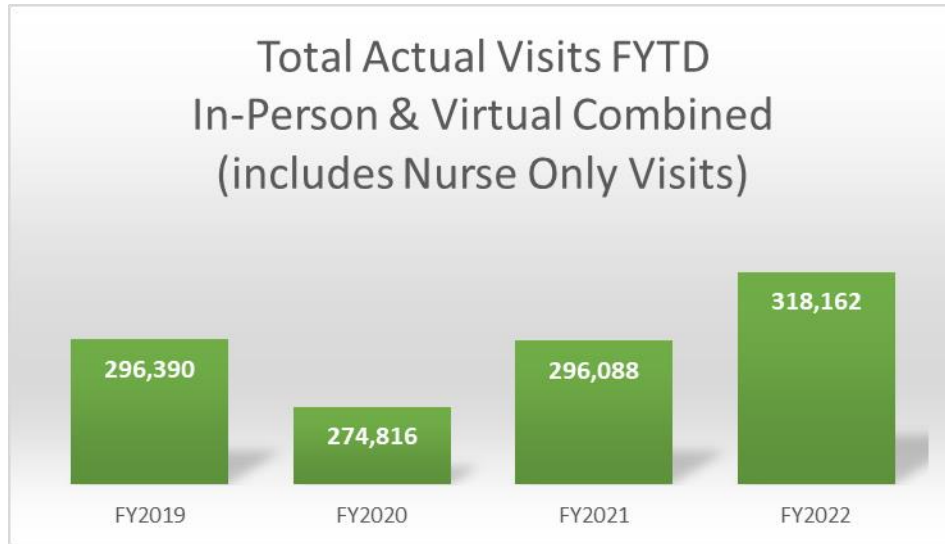
In Maricopa County, FQHC services at Circle the City are focused primarily on the Homeless population. Slightly over 91% of Circle the City's population are at or below 100% of poverty, followed by Wesley Community Center at 66.5% and Valleywise at 65.63%.

Clinic Volume

The Valleywise Community Health Centers Governing Council's Finance Committee has worked closely with staff to ensure business continuity and revenue stability. Focus

has been placed on the evaluation of people, processes, and outcomes making sure that there are adequate and appropriate resources in place to attain goals.

A review of the data from the Ambulatory Pillars Dashboard¹, illustrates the operational impact of the COVID-19 pandemic. The pandemic began in early 2020. As the population responded to the pandemic by quarantining at home, in-person visits decreased. However, physicians, nurses and staff quickly pivoted to the implementation of virtual visits minimizing decreased access to care.



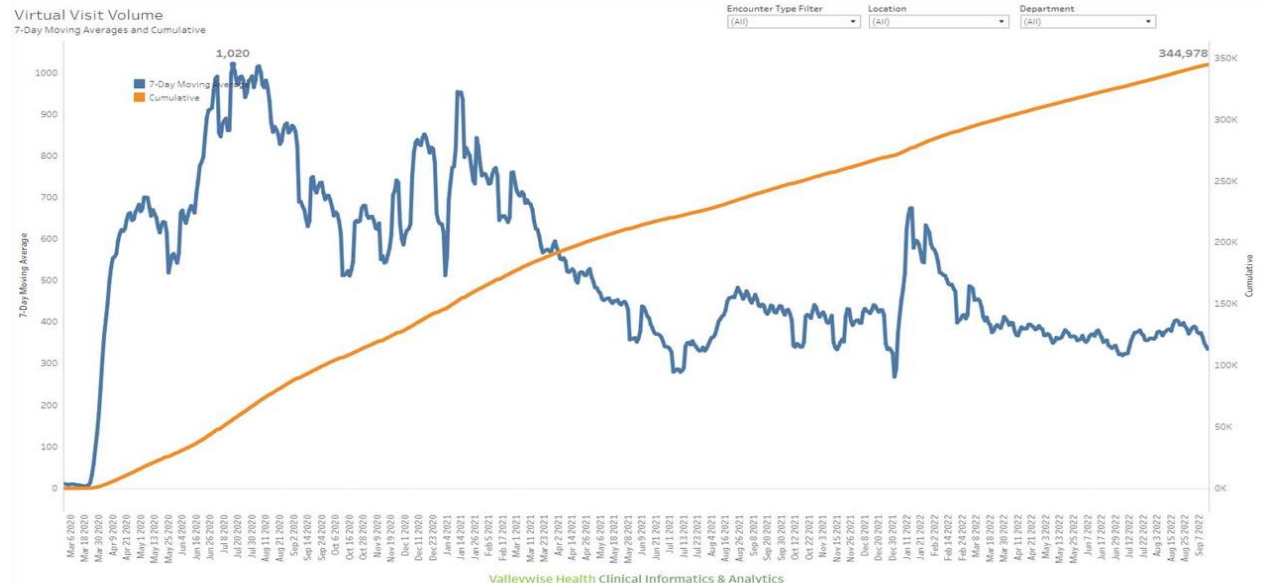
It is important to recognize that throughout the pandemic, Care Reimagined was ongoing, requiring closing, moving, and opening new clinics at new sites.

Clinic	Date Opened
Valleywise Community Health Center - South Phoenix Laveen	August 17, 2020
Valleywise Community Health Center - North Phoenix	November 2, 2020
Valleywise Comprehensive Health Center - Peoria	January 25, 2021
Valleywise Community Health Center - West Maryvale	November 21, 2021
Valleywise Community Health Center - Mesa	January 24, 2022

An examination of the data below further illustrated the implementation of virtual visits as it did serve as a patient satisfier as virtual visits provided access to care, saved time and money. Transportation costs were eliminated which has been cost saving benefit given the rise in fuel costs. Providers have also found virtual visits to be a satisfier as it allowed for closer observation of the patient’s home environment. Viewing patients’ living conditions aid in the identification of Social Determinants of Health (SDoH). Virtual visits will continue given consumer satisfaction. It remains unclear how payers will cover services once the public health emergency ends.

¹ Valleywise Health Ambulatory Pillars Dashboard: June 2019 -2022.

Cumulative Virtual Visits since Inception - March 2020 (Includes FQHC Clinics)

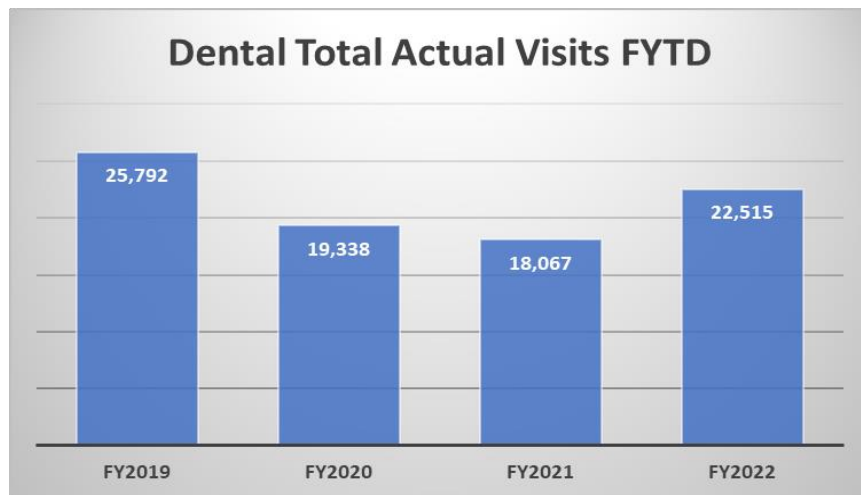


Virtual Visit Volume Superimposed on the Covid Daily Hospital Census

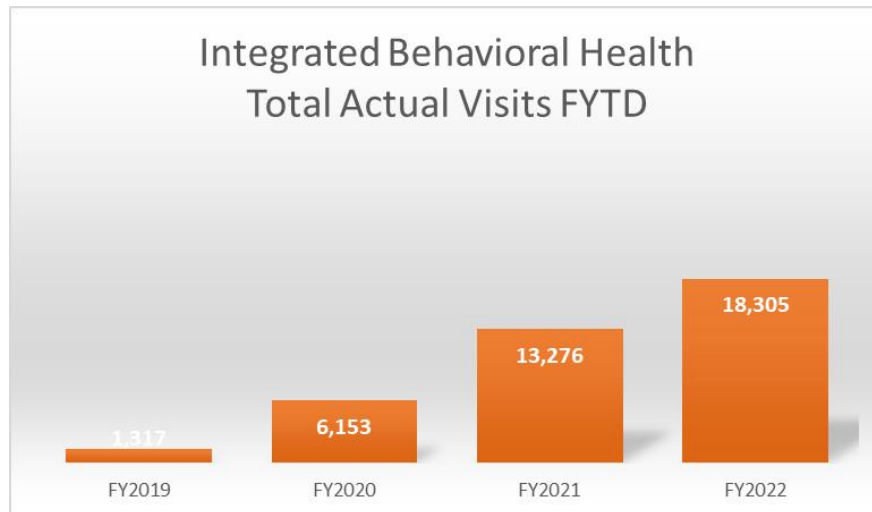


Dental Services performance during the COVID-19 pandemic was exigent. Valleywise Health has experienced challenges when working to ensure the sustainability of dental services, both before and during the pandemic. The greatest challenge presented by COVID-19 was the provider would be closely conducting procedures in the nasopharynx with increased risk of virus transmission. Consequently, all dental clinics except the Comprehensive Health Center – PHX Dental clinic were closed. This clinic remained open for urgent/emergent services provided. in a safe environment for both patients and staff.

An additional challenge has been to secure and fill positions: Dentist, Dental Hygienist, and Dental Technicians to maintain services.



Finally, it is important to highlight the implementation of Integrated Behavioral Health. Integrated Behavioral Health was an identified need of the population. As a result of obtaining FQHC full status through the New Access Point (NAP) application, 330 Funding was made available to fund this important service. The funding allowed for services to ramp up during a critical time as an important resource for the patient population throughout the pandemic. Services provided by Integrated Behavioral Health is a billable service and is sustainable into the future.



Refugee Health Services

Operation Allies Welcome: Afghan Arrivals (Humanitarian Parolees) to AZ

In October 2021, Arizona was informed of the anticipate arrival of ~ 1,000 – 3,000 Afghanistan refugees. Staff worked closely with the State and refugee resettlement agencies to provide services to new arrivals. This included establishing both preventative and chronic disease management. Cultural Health Navigators assisted in the guiding and resettlement of the refugees.

In addition to Afghan new arrivals, Refugee Health services provided care to refugees arriving from international refugee camps which was prompted by the change in the administration’s rules allowing travelers to enter the country.

Public Health: Infectious Disease Response

Continuing the Response to the Pandemic

Although the incidence of COVID-19 is waning, the clinics are still responding to the public health needs of the community. COVID-19 support is demonstrated through:

- Virtual Visits
- COVID Testing
- COVID Vaccinations
- Respiratory Triage Center Readiness

Monkey Pox: Valleywise Health Public Health Response

Valleywise Community Health Centers are working in collaboration with Maricopa County Public Health in a joint effort to respond to the prevention and infection of patients diagnosed with Monkey Pox. Maricopa County requested Valleywise Health's collaboration given the high population that is served at the McDowell Clinic. Maricopa County took the following steps to assist Valleywise Health patients:

- Access to medication to treat monkeypox
- Access to the vaccine

Work is continuing with Maricopa County in mitigating the incidence of the outbreak.

Up to date information and education is available at:

AZ: [Monkeypox | Maricopa County, AZ](#)

CDC: [Monkeypox | Poxvirus | CDC](#)

Compliance & Quality

The Valleywise Community Health Centers Governing Council's Compliance and Quality Committee has worked with staff to promote improved health outcomes for the patient population. There have been steady improvements in the quality outcomes.

The table below is produced by HRSA providing a state and national performance comparison. In review, the adjusted quartile rankings identify where we are in the 1st and 2nd quartile in comparison.

The impact of COVID-19 on early detection of preventable diseases is emerging. During the quarantine, preventative screenings slowed and nearly came to a halt, delaying disease detection. As the population moves into post pandemic recovery, placing a priority on preventive screening, will now be reinstated with a focus on early disease intervention.

Valleywise Health FQHC Awardee Program Data - UDS Comparison - Calendar Year 2021

Quality Measures/Objectives	Healthy People 2030 Objective Target Goal	Valleywise Health FQHC Awardee	Adjusted Quartile Ranking 2021**	FQHC State Awardee	FQHC National Awardee
Breast Cancer Screening	80.5%	58.56%	1	52.61%	46.29%
Cervical Cancer Screening	84.3%	49.77%	3	47.67%	52.95%
Childhood Immunization Status	N/A (Objective not equivalent to UDS Quality of Care Measure)	47.72%	2	43.99%	38.06%
Colorectal Cancer Screening	74.4%	50.85%	1	39.86%	41.93%
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	11.6%	31.85%	2	33.98%	32.29%
Controlling High Blood Pressure	60.8%	47.76%	4	58.07%	60.15%
Dental Sealants for Children between 6-9 Years	42.5%	50.93%	3	65.94%	55.91%
Depression Remission at Twelve Months	N/A (Objective not equivalent to UDS Quality of Care Measure)	0.00%	4	5.90%	13.84%
Early Entry into Prenatal Care (first visit in first trimester)	80.5%	65.15%	3	74.83%	74.08%
HIV Linkage to Care	95.0%	91.67%	not reported	81.82%	82.70%
HIV Screening	N/A (Objective not equivalent to UDS Quality of Care Measure)	58.18%	1	36.31%	38.09%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	N/A (Objective not equivalent to UDS Quality of Care Measure)	78.51%	3	74.27%	78.25%
Low Birth Weight	N/A (Objective not equivalent to UDS Quality of Care Measure)	8.66%	3	7.40%	8.57%
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	N/A (Objective not equivalent to UDS Quality of Care Measure)	87.78%	2	85.81%	82.34%
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	N/A (Objective not equivalent to UDS Quality of Care Measure)	34.26%	4	52.18%	61.32%
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	13.5%	48.75%	4	74.72%	67.42%
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	N/A (Objective not equivalent to UDS Quality of Care Measure)	68.40%	4	68.78%	73.10%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	N/A (Objective not equivalent to UDS Quality of Care Measure)	78.09%	2	73.11%	68.72%

References:

- [1.https://data.hrsa.gov/tools/data-reporting/program-data#titleid](https://data.hrsa.gov/tools/data-reporting/program-data#titleid)
- [2.https://data.hrsa.gov/tools/data-reporting/program-data/state/AZ](https://data.hrsa.gov/tools/data-reporting/program-data/state/AZ)
- [3.https://data.hrsa.gov/tools/data-reporting/program-data/national#fn10](https://data.hrsa.gov/tools/data-reporting/program-data/national#fn10)
- [4.https://health.gov/healthypeople/objectives-and-data/browse-objectives](https://health.gov/healthypeople/objectives-and-data/browse-objectives)
- [5.https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/pdf/2021-uds-manual.pdf](https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/pdf/2021-uds-manual.pdf)

**The adjusted quartile is an ordering of health centers' clinical performance compared to other health centers on the clinical quality measures (CQMs) that are reported to the Uniform Data System (UDS) annually. The ranking is adjusted to account for factors that may influence performance outcomes, such as:

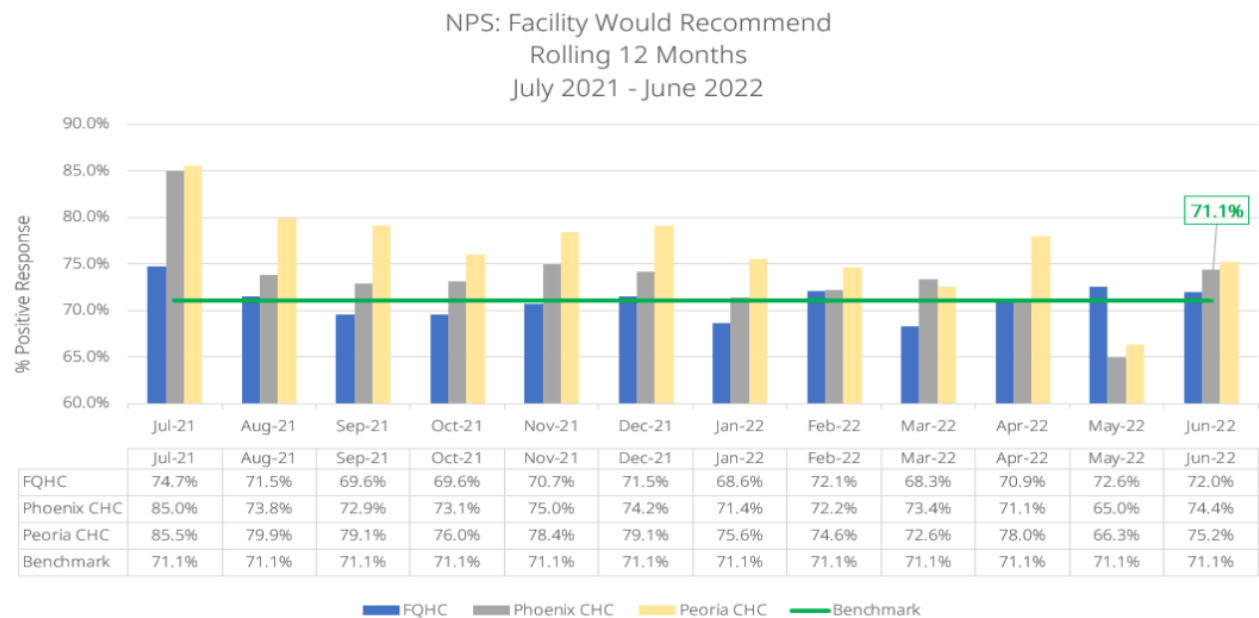
Percent of patients who are uninsured, Percent of minority patients, Percent of patients experiencing homelessness, Percent of patients who are migrant and seasonal farmworkers, Electronic Health Record (EHR) status

Clinical performance for each measure is ranked from quartile 1 (highest 25% of reporting health centers) to quartile 4 (lowest 25% of reporting health centers).

Patient Experience

NRC Real Time has provided Ambulatory Care with information about the patient’s experience in “real time”. Below are the most recent NRC Real Time results. Each clinic reviews the information with staff and providers daily engaging the teams in implementing improved customer services interventions. Comments received during the survey interview (below), present an opportunity to explore the disconnect between the numerical rating and the comments as well as rewarding staff with compliments for jobs done well.

Overview of Phoenix CHC, Peoria CHC, and FQHC



2

“Provide exceptional care, without exception, every patient, every time.”

² Patient Experience: NRC Real Time Person Reporting: Crystal Garcia, MBA/HCM, RN Vice President of Quality Management and Patient Safety Reporting period: Fiscal Year 2022, Quarter 4. August 8, 2022.

FQHC: Comments

10 Extremely likely

RESP DATE: 30 JUNE 2022 ENC DATE: 29 JUNE 2022 COMMENT ADDED DATE: 5 JULY 2022 FACILITY: SPL LAB PROVIDER: ROOM SOUTH (34971) SURVEY MODE: IVR
QUESTION POD: OUTPATIENT TESTING MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

I was incredibly impressed with the facility. I felt like I had gone to a doctor's office in heaven. Every single thing that I thought could happen in the past of progression. You guys all had nail down. It was seamless from when I entered and got my appointment going to the nurse coming out and getting me to come in to go and see the doctor. The nurse was incredibly, warm, friendly and informative, I say the same about the doctor. I went and got my labs done and just walk from one area to another Labs were done instantly, and then the same goes for my prescriptions. They were done in about 6 minutes. I was very impressed with the cleanliness and I do come from a health care cleaning background. So I believe that my opinion counts a lot because I didn't see dust balls high, dusting dirty glass or anything. I was very very.*

8

RESP DATE: 25 JUNE 2022 ENC DATE: 24 JUNE 2022 COMMENT ADDED DATE: 29 JUNE 2022 FACILITY: MESA LAB PROVIDER: LAB MESA (38704) SURVEY MODE: IVR
QUESTION POD: OUTPATIENT TESTING MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

I don't like how the doctor treated me during my appointment. I went for a pain in my rib and she didn't do anything about it. She just told me about my blood pressure and she told me she was going to have me do some blood work, but she never cared about why I went in that day. Thank you.

8

RESP DATE: 21 JUNE 2022 ENC DATE: 20 JUNE 2022 COMMENT ADDED DATE: 23 JUNE 2022 FACILITY: CHD LAB PROVIDER: ROOM CHANDLER (1008) SURVEY MODE: IVR
QUESTION POD: OUTPATIENT TESTING MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

Hi just don't really care for the receptionist and some of them on the phone. was not helpful, especially the people that take an appointment and people that check in.

2

RESP DATE: 17 JUNE 2022 ENC DATE: 10 JUNE 2022 COMMENT ADDED DATE: 23 JUNE 2022 FACILITY: PXC PEDS PROVIDER: ANDERSON MARIEL (1801476783) SURVEY MODE: EMAIL
QUESTION POD: MEDICAL PRACTICE MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

I didn't get a response in regards to my daughter's medical condition. It was confusing. They didn't tell me anything on her discharge papers in regards to the medication she was suppose to be taking or other treatments to help my daughter. I wish they were kinder and helped me with the information that I needed for my daughter.

Management reviews comments patients have submitted during the survey.
Nothing speaks greater than a comment where our actions carry out the mission!
Thank you, Alex!

10 Extremely likely

RESP DATE: 22 FEBRUARY 2022 ENC DATE: 17 FEBRUARY 2022
COMMENT ADDED DATE: 22 FEBRUARY 2022 FACILITY: NPX FAMILY PRACTICE
PROVIDER: I SURVEY MODE: EMAIL
QUESTION POD: MEDICAL PRACTICE MOST RECENT ACTIVITY: -
NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

Nurse Alex was very helpful kind and efficient there's not enough stars to rate her properly

- Nurse/Nurse Aide - Courtesy/Respect
- Nurse/Nurse Aide - Recognition
- Nurse/Nurse Aide - Responsiveness



Awards & Recognition



The Arizona Partnership for Pediatric Immunizations (TAPI) is a non-profit statewide coalition of over 400 members. TAPI was formed in response to the alarming fact that in 1993, only 43% of Arizona's two-year-olds were fully immunized against preventable childhood diseases like measles, mumps, polio, and whooping cough. Through the efforts of TAPI's partners from both the public and private sectors, immunization coverage rates in Arizona have improved dramatically, with nearly three in four children fully immunized by age two. ³

TAPI recognized the following Valleywise Health awardees on April 27, 2022, at the Best Practices and Brightest Stars Awards Reception at the Phoenix Country Club:

Avondale

Daniel T. Cloud Outstanding Practice Toddler and Teen Award

Chandler

Daniel T. Cloud Catch-up Teen Award

South Central Phoenix

Daniel T. Cloud Outstanding Practice Teen Award
Big Shots Award Winner

West Maryvale

Daniel T. Cloud Outstanding Practice Toddler and Teen Award
Big Shots Award Winner

Valleywise Health Quality Management Department

Big Shots Award Winner

³ <https://whyimmunize.org/> Retrieved 04/24/2022.

HRSA Quality Improvement Awards

The Community Health Quality Recognition (CHQR) badges recognize Health Center Program awardees and look-alikes (LALs) that have made notable quality improvement achievements in the areas of access, quality, health equity, health information technology, and COVID-19 public health emergency response for the most recent UDS reporting period.

MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT, Phoenix, Arizona

3-year project period; end date 03/31/2025 [Service Area Map](#) Total Patients Served: 83,659

Community Health Center Quality Recognition (CHQR) Badges



Advancing Health Information Technology (HIT) for Quality

Health centers that optimized HIT services, for advancing telehealth, patient engagement, interoperability, and collection of social determinants of health, to increase access to care and advance quality of care.

Patient Centered Medical Home (PCMH) Recognition

Health centers with [PCMH](#) in one or more delivery sites. This badge is updated quarterly.

4

⁴ [Health Center Program Uniform Data System \(UDS\) Data Overview \(hrsa.gov\)](#) Retrieved 09/15/2022.

HRSA Operational Site Visit (OSV)

Organization Name, City, State: MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT, PHOENIX, AZ

Entity Number:H80CS33644 (Initiating)

Site Visit Tracking #:SV-008768

Site Visit Date(s):8/17/2021 - 8/19/2021

The preliminary findings report had 11 elements that were found not in compliance. A workgroup was established immediately after the visit to proactively develop responses to the findings. The team was successful in closing out and clearing all findings. As a result, ***the final: no findings and no corrective actions required! Full compliance! It is rare to have a final report with no findings.***

HRSA Service Area Competition (SAC)

SAC funding provides operational support for service delivery sites for continued provision of comprehensive primary health care service and is the successful renewal of HRSA award for full-status FQHC Health Center Programs. Clinical and financial performance measures record the project's outcomes through the Uniform Data System (UDS) reporting system. Funding for Ending the HIV Epidemic – Primary Care HIV Prevention will be included as part of our SAC and will no longer be considered supplemental.

The HRSA SAC Notice of Award No. 2 H80CS33644-04-00 was received on July 27, 2022, for the FY 2022 SAC Application approved by the Governing Council on March 2, 2022. The funding opportunity maintains full FQHC status and supports personnel at Valleywise Health Family Resource Centers.

Overview of HRSA Service Area Competition Notice of Award No. 2 H80CS33644-04-00

- Notice of Award received: 07/27/2022
- Project Period: 09/01/2022 – 03/31/2025
- Retention of full FQHC status
 - Continue to receive 330 grants funds - \$650,000/year
 - Funding will support personnel at Family Resource Centers
- Ending the HIV Epidemic-Primary Care HIV Prevention (PCHP) supplemental funding will become part of SAC
 - Funding to be determined and continue to fund personnel to support HIV prevention services
- Meet SAC Patient Commitment:
 - 85,683 patients for 279,306 visits

Grant Funding Overview

HRSA FQHC Funding Summary

Grant Name	Grant Number	Funded Amount	Current Budgeted Period	Project End Date
Health Center Program – New Access Points (NAP)	H80CS33644	\$3,099,153	09/01/19 – 08/31/22	08/31/22
Health Center Program – Service Area Competition (SAC)	H80CS33644	\$1,710,192	9/01/22 – 03/31/25	03/31/25
Health Center Coronavirus Aid, Relief, and Economic Security Act Funding (CARES)	H8DCS35433	\$2,389,132	04/01/20 – 03/31/23	03/31/23
FY 2020 Expanding Capacity for Coronavirus Testing (ECT)	H8ECS38222	\$1,408,999	05/01/20 – 04/30/23	04/30/23
FY 2021 American Rescue Plan Act Funding for Health Centers (ARP)	H8FCS41092	\$16,965,000	04/01/21 – 03/31/23	03/31/23
FY 2021 American Rescue Plan Act Health Center Infrastructure Support (ARP-Capital)	C8ECS43739	\$1,461,158	09/15/21 – 09/14/24	09/14/24
FY 2021 American Rescue Plan Act Teaching Health Center Planning and Development Program (Dental Residency)	T9BHP45361	\$499,947	12/01/21 – 11/30/23	11/30/23

Health Center/FQHC Capital Assistance Program Arizona Alliance for Community Health Centers (AACHC) in Collaboration with Maricopa County

Facility Alteration/Renovation	Funded Amount	Current Budget Period	Project End Date
Valleywise Community Health Center - Avondale	\$656,250	4/1/2022 – 9/30/2026	9/30/2026
Valleywise Community Health Center - Guadalupe	\$1,266,433	6/1/2022 – 9/30/2026	9/30/2026
Valleywise Community Health Center - Chandler	\$3,727,551	6/1/2022 – 9/30/2026	9/30/2026

Valleywise Community Health Centers Governing Council

The Governing Council is focused on three primary goals for the remainder of FY 2023, which include council membership, CHC CEO recruitment and hiring, and aligning the CHC strategic plan with council and committee activities.

1. Council member recruitment and retention
 - a. Council membership is at nine members, with one upcoming resignation and one conflict of interest dismissal, leaving membership at a critically low number.
 - b. HRSA requires a minimum of nine members, and a majority (51%) of members must be recipients of clinic services.
 - c. Client recruitment efforts include outreach to patient populations through clinic staff and providers, the refugee program, and a pending email questionnaire and invitation.
 - d. Community member recruitment is focused on attracting members with knowledge and expertise in areas currently underserved in the existing membership, such as finance, health equity, and community outreach.
 - e. The GC membership goal is 15 people by the end of CY 2022, with three prospective candidates in the early interview application process.

2. Recruitment and hiring of a new CEO is a high priority for the Governing Council. The council will focus on confirming a candidate has the skills and experience to drive the GC's strategic plan and meet the HRSA-defined operation objectives of an FQHC while supporting VWH's overall success. GC Executive Committee members will actively participate in the candidate review and selection process, along with the Board and VWH senior leadership, to ensure a suitable candidate is retained.

3. Align council and committee activities to complete the 2020-2023 strategic plan and create a plan for the following three years that will lead the clinics toward innovative, high-quality, and patient-focused health care.

- a. Assign committee activities guided by the strategic plan, including culturally competent care, patient retention and growth, clinic financial sustainability, and quality outcomes.
- b. Monitor data related to established objectives and outcomes.
- c. Increase knowledge of health care trends and best practices in preparation for the 2024-2027 strategic plan.

In cooperation with the VWH Board, CEO, and other senior leaders, the VWH Governing Council is committed to serving our community with excellent, comprehensive health and wellness in a culturally respectful manner.



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

Item 7.

District Board of Director's
Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

Item 8.

Valleywise Health's President
and CEO Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

Item 9.

Closing Comments
and Announcements
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

October 5, 2022

Item 10.

Staff Assignments
(No Handout)