



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

6:00 p.m.

Agenda

**Council Members**

Michelle Barker, DHSc., Chairman
Scott Jacobson, Vice Chairman
____ VACANT _____, Treasurer
Salina Imam, Member
Joseph Larios, Member
Liz McCarty, Member
Daniel Messick, Member
Eileen Sullivan, Member
Mary Rose Garrido Wilcox, District Board,
Non-Voting Member

AMENDED AGENDA**Valleywise Community Health Centers
Governing Council****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.

• 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-11-02-22/> for further information.

Wednesday, November 2, 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.

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

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.

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. INTENTIONALLY LEFT BLANK

b. Contracts:

- i. **Acknowledge** a new funds flow agreement (90-23-073-1) between Banner Health dba Banner University Medical Center Phoenix Campus, and the Maricopa County Special Health Care District dba Valleywise Health, for redistribution of newly generated graduate medical education funding
- ii. **Acknowledge** a new contract (90-22-294-1) between Transportation Equipment Sales Corporation (TESCO) and the Maricopa County Special Health Care District dba Valleywise Health, for a mobile health unit utilizing Health Resources and Services Administration (HRSA) American Rescue Plan Act funding (H8F)

c. Governance:

- i. **Accept Recommendation** from the Executive Committee to **Retire** Valleywise Community Health Centers Governing Council Excused Absences Policy- 89103 F, and **Approve** Valleywise Community Health Centers Governing Council Members Attendance Expectations Policy - 89104 T
- ii. **Approve** the appointment of Jane Atherton Wilson to the Valleywise Community Health Centers Governing Council

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 Public Health & Poverty: No Grounds for Divorce 20 min

*Wayne Tormala, Public Health Consultant
Moe Gallegos, Public Health Consultant*

3. Discuss, Review and **Approve** the Federally Qualified Health Center Clinic of the Year for Fiscal Year 2022 5 min

Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics

4. **Elect** a Treasurer of the Valleywise Community Health Centers Governing Council for the Remainder of Fiscal Year 2023, Effective Immediately 5 min

Valleywise Community Health Centers Governing Council

5. Discuss Valleywise Community Health Centers Governing Council's In-Person Meeting Frequency 5 min

Valleywise Community Health Centers Governing Council

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

6. Discuss and Review Federally Qualified Health Centers Clinics operational dashboard **10 min**
Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinic
7. 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
Scott Jacobson, Committee Chair
8. Federally Qualified Health Center Clinics Chief Executive Officer's report **5 min**
Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics
9. 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
10. Valleywise Health's President and Chief Executive Officer's report **5 min**
Steve Purves, President and Chief Executive Officer, Valleywise Health
11. Chairman and Council Member Closing Comments/Announcements **5 min**
Valleywise Community Health Centers Governing Council
12. Review Staff Assignments **5 min**
Melanie Talbot, Chief Governance Officer

Old Business:

October 5, 2022

Provide feedback about monkeypox educational materials circulated within the Federally Qualified Health Center Clinics

Staff to work with Marketing to circulate appropriate materials about monkeypox needed in the Federally Qualified Health Center Clinics

Staff to contact Marketing to connect with Dr. Khalsa and prepare an editorial/educational piece to present to the Hispanic Community, specifically Prensa, Hispana

Explore offering voter registry accommodations at the Federally Qualified Health Center Clinics.

Add language to recurring Committee Reports, indicating the last time each committee met

Future Agenda item: Discuss and revisit Governing Council in-person meeting frequency

Adjourn



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 1.

Consent Agenda



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 1.a.i.

Minutes

INTENTIONALLY LEFT BLANK



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 1.b.i.

Contracts:
(90-23-073-1)

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, October 12, 2022 9:18 AM
To: Melanie Talbot
Subject: Contract Approval Request: Funds Flow Agreement (AY 2022-23) Banner Health dba Banner University Medical Center Phoenix Campus

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: Funds Flow Agreement (AY 2022-23) Banner Health dba Banner University Medical Center Phoenix Campus
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
90-23-073-1 (partially signed).pdf		File	 90-23-073-1 (partially signed).pdf
OIG Banner University - Phx 2022.pdf		File	 OIG Banner University - Phx 2022.pdf
SAM Banner University Phx 2022.pdf		File	 SAM Banner University Phx 2022.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Services - Consulting/Auditing & Other
Status Pending Approval
Title Funds Flow Agreement (AY 2022-23)
Contract Identifier Board - New Contract
Contract Number 90-23-073-1
Primary Responsible Party Pardo, Laela N.
Departments Reimbursement
Product/Service Description Funds Flow Agreement (AY 2022-23)

Action/Background Approve a new Funds Flow Agreement between Banner Health d.b.a. Banner - University Medical Center Phoenix Campus ("BUMCP") and Maricopa County Special Health Care District dba Valleywise Health for Redistribution of Newly Generated GME Funding Agreement. Valleywise Health and BUMCP jointly participate in Graduate Medical Education (GME), and Indirect Medical Education (IME), and on an annual basis agree to form a Medicare affiliated group for the purposes of sharing Medicare FTE caps which results in an increase to the level of GME funding received by both parties. BUMCP is expected to receive an increase in GME funding, and this Agreement will define the distribution of additional funds between both parties. The funds will be split evenly between Valleywise Health and BUMCP in two separate payments from CMS (2022 Additional GME Funds and 2023 Additional GME Funds), and the Parties will work together to calculate the expected additional funds. Final funds will not be known until we are further along in the filing of the Medicare Cost Report so funds are only estimated now at \$500,000.00 and may go up or down. This agreement is effective upon last date of signature.

This Agreement is sponsored by Claire Agnew, EVP & Chief Financial 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-102(B)(1) of the Procurement Code in that contracts between Valleywise Health and other political subdivisions, cooperative purchasing agreements with governmental entities or other governments are exempt from the solicitation requirements of the Procurement Code.

Category Other

Effective Date

Term End Date

Annual Value \$500,000.00

Expense/Revenue Revenue

Budgeted Travel Type

Procurement Number

Primary Vendor Banner Health dba Banner University Medical Center Phoenix Campus

Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve.
Fowler, Pamela S.	Approved	
Demos, Martin C.	Approved	
White, Michael	Approved	
Talbot, Melanie L.	Current	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 1.b.ii.

Contracts:
(90-22-294-1)

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Thursday, October 13, 2022 3:17 PM
To: Melanie Talbot
Subject: Contract Approval Request: Mobile Health Unit Transportation Equipment Sales Corporation (TESCO)

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: Mobile Health Unit Transportation Equipment Sales Corporation (TESCO)
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
90-22-294-1 (partially signed).pdf		File	 90-22-294-1 (partially signed).pdf
OIG TESCO 2022.pdf		File	 OIG TESCO 2022.pdf
SAM TESCO 2022.pdf		File	 SAM TESCO 2022.pdf
RFBA - Mobile Health Unit.pdf		File	 RFBA - Mobile Health Unit.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Supplies - Medical
Status Pending Approval
Title Mobile Health Unit
Contract Identifier Board - New Contract
Contract Number 90-22-294-1
Primary Responsible Party Pardo, Laela N.
Departments FQHC Administration
Product/Service Description Mobile Health Unit

Action/Background Approve a new contract between Transportation Equipment Sales Corporation (TESCO) and Maricopa County Special Health Care District dba Valleywise Health for a Mobile Health Unit. TESCO will custom build and deliver a mobile unit to Valleywise Health upon completion. This contract is effective upon Board signature through the period of time it will take to complete the unit, which is estimated to be one (1) to three (3) months. The contract may be extended additional periods, if necessary, for a maximum term of five (5) years. The anticipated cost is a base cost of \$423,685.00 with additional options that if chosen would add approximately \$20,000.00. There is a 50% deposit required at contract execution with the remaining payment due before delivery. The purchase of this Mobile Health Unit will be funded by the American Rescue Plan Act (ARPA).

This contract is sponsored by Dr. Michael White, EVP & Chief Clinical Officer.

Evaluation Process Contracts Management issued a Request for Proposal (RFP) 90-22-294-RFP for a Mobile Health Unit. Proposals were due August 22, 2022.

Five (5) responses were received. All bidders were evaluated based on the criteria set forth in the RFP. Transportation Equipment Sales Corporation (TESCO) demonstrated their ability to best meet the RFP requirements and the evaluation committee has recommended awarding the contract to TESCO.

Category Other

Effective Date

Term End Date

Annual Value \$443,685.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number 90-22-294-RFP

Primary Vendor Transportation Equipment Sales Corporation (TESCO)

Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve.
Blanda, Christie M.	Approved	
Harding, Barbara J.	Approved	
Demos, Martin C.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 1.c.i.

Governance:
Governing Council Policies



Chief Governance Officer

2601 East Roosevelt Street • Phoenix • AZ • 85008

Phone: (602) 344-5177 • Fax: (602) 655-9337

DATE: October 27, 2022

TO: Valleywise Community Health Centers Governing Council

FROM: Melanie Talbot, Chief Governance Officer and Board Clerk

SUBJECT: Attendance Expectations Policy

At the July 2022 Executive Committee meeting, members asked that the Valleywise Community Health Centers Governing Council Excused Absences policy be reviewed, specifically for some of the steps listed in the procedure.

After reviewing the policy, I determined that it would be best to write a new policy that addresses attendance expectations, that defines an absence and an extenuating circumstance, and outlines the process to follow should a member be unable to attend a Governing Council/committee meeting.

With this new policy, the Excused Absences policy would be retired.

The Executive Committee met in October 2022 and made a recommendation to the Valleywise Community Health Centers Governing Council to retire the Excused Absences Policy - 89103 F, and approve a new policy: Members Attendance Expectations Policy - 89104 T.



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 1.c.i.

Governance:
Retire Policy 89103 F

Valleywise Health Administrative Policy & Procedure

Effective Date: 09/19

Reviewed Dates: 08/21

Revision Dates: 00/00

Policy #: 89103 F

**Policy Title: Valleywise Community Health Centers Governing Council
Excused Absences**

Scope: ☐ **District Governance (G)**
☐ **System-Wide (S)**
☐ **Division (D)**
☐ **Multi-Division (MD)**
☐ **Department (T)**
☐ **Multi-Department (MT)**
☒ **FQHC (F)**

Purpose:

The Valleywise Community Health Centers Governing Council (VCHCGC) Bylaws require Council members to attend three-fourths (3/4) of Council and Committee meetings in a rolling 12-month period. The VCHCGC Executive Committee reviews attendance of members to ensure members remain in good standing through meeting attendance.

Procedure:

1. Members who are unable to attend a Council or Committee meeting must notify the Assistant Clerk or Chief Governance Officer in writing that they will be unable to attend and the reason.
2. Members who wish to have an absence excused due to extenuating circumstances should submit their request in writing to the Assistant Clerk or the Chief Governance Officer for the Executive Committee's consideration.
3. The VCHCGC Executive Committee reviews all requests and determines if extenuating circumstances warrant the excusal of a member's absence from a Council or Committee meeting.

4. Extenuating circumstances are defined as an unpreventable or unforeseen circumstance including:

- ☐ Involvement in an accident
- ☐ Victim of crime
- ☐ An acute illness
- ☐ Life-threatening illness of a close family member or partner
- ☐ Bereavement of a close family member or partner
- ☐ Acute or on-going serious personal/emotional circumstances
- ☐ Domestic upheaval at the time of the assessment (e.g. fire, burglary, eviction)

The following are examples of what may not normally be considered grounds for extenuating circumstances and any applications citing any of the following are unlikely to be considered by the VCHCGC Executive Committee:

- ☐ Minor illnesses such as a common cold
- ☐ Relationship difficulties
- ☐ Financial difficulties
- ☐ Commuting issues
- ☐ Failure to plan
- ☐ Sporting commitments
- ☐ Weddings/social events
- ☐ Vacation
- ☐ Election/campaigning commitments
- ☐ Paid employment or voluntary work
- ☐ Extenuating circumstances that are continuous and last longer than 3 months

Please note: the above examples are not definitive and are intended only as a guide. In all cases, the VCHCGC Executive Committee has ultimate authority to use its discretion, considering the full circumstances of a case.

5. Members who do not meet their responsibilities by attending meetings, shall be considered not to be in good standing and will be reviewed for removal from the VCHCGC.

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

POLICY RESPONSIBLE PARTY: Valleywise Community Health Centers
Governing Council

DEVELOPMENT TEAM(S): Barbara Harding, Senior Vice President
Ambulatory Services and Chief Executive Officer of the Federally Qualified
Health Center Clinics

Policy #: 89103 F

Policy Title: Valleywise Community Health Centers Governing Council
Excused Absences

e-Signers: Melanie Talbot, Chief Governance Officer and Board Clerk

Place an X on the right side of applicable description:

New -

Retire -

Reviewed - X

Revised with Minor Changes -

Revised with Major Changes -

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

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

Committee: 00/00

Committee: 00/00

Committee: 00/00

Reviewed for HR: 00/00

Reviewed for EPIC: 00/00

Other: 00/00

Other: 00/00

Other: 00/00



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 1.c.i.

Governance:
Policy 89104 T

Valleywise Health Administrative Policy & Procedure

Effective Date: 00/00

Reviewed Dates: 00/00

Revision Dates: 00/00

DRAFT

Policy #: 89104 T

Policy Title: Valleywise Community Health Centers Governing Council
Members Attendance Expectations

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

Purpose:

The purpose of the policy is to help ensure that Valleywise Community Health Centers Governing Council (Governing Council) members contribute their experiences and expertise to the oversight of the Federally Qualified Health Center (FQHCs) Clinics by understanding the importance of attending and participating in Governing Council and committee meetings.

Definitions:

Absence: Failure to attend at least 50% of a Governing Council/committee meeting.

Excused absence: An absence approved by the Executive Committee as an extenuating circumstance that does not count toward a Governing Council member's attendance record.

Extenuating circumstance: A nonrecurring event that is beyond the Governing Council member's control

Meeting: The gathering, in person or through technological devices, of a quorum of the members of the Governing Council or one of its committees at which they discuss, propose, or take legal action.

Member: Member of the Valleywise Community Health Centers Governing Council

Policy:

Serving on the Governing Council requires commitment and dedication to the organization. Members are expected to add regularly scheduled Governing Council meetings and meetings of the committees to which they are members, on their personal calendar to avoid scheduling other meetings during that time.

It is recognized that members may be unable to attend some meetings from time to time. It is incumbent upon members to advise the Governing Council/Committee Chair when they are unable to attend a meeting.

Members need to attend more than 50% of a Governing Council/committee meeting to be counted as present for the meeting.

If a member missed more than 1/4 of Governing Council or committee meetings within a rolling twelve-month period, it is considered a violation of Article III, Section II of the Valleywise Community Health Centers Governing Council Bylaws and is cause for removal from the Governing Council.

Procedure:

1. If a member is unable to attend a Governing Council/committee meeting, they need to notify the Governing Council Chair/Committee Chair with as much notice as possible to ensure that a quorum will be established for said meeting.
 - a. Method of contact to notify the Governing Council/Committee Chair is to be determined by the Governing Council/Committee Chair and needs to be made clear during a Governing Council/committee meeting to be reflected in the minutes.
2. Members may be absent from a Governing Council/committee meeting from time to time. Some reasons that are not considered extenuating circumstances:
 - a. Vacation
 - b. Social events
 - c. Commuting issues
 - d. Minor illness
 - e. Work commitments
 - f. Other voluntary work commitments
3. Members that are absent due to an extenuating circumstance may request that the Executive Committee excuse the absence. The following may be considered an extenuating circumstance:
 - a. Bereavement of immediate family member or domestic partner
 - b. Court or administrative proceeding
 - c. Acute illness
 - d. Life threatening illness of immediate family member or domestic partner
 - e. Victim of a crime

4. To request an excused absence, the member needs to contact the Governing Council Chair, explaining the justification for the absence to be considered an extenuating circumstance.
 - a. The Governing Council Chair will ask the member how much information, if any, can be shared with the Executive Committee for its consideration in excusing the absence.
 - b. The Governing Council Chair will direct the clerk to add the request for excused absence to the next regularly scheduled Executive Committee meeting agenda.
 - c. After that Executive Committee meeting, the Governing Council Chair will notify the member of the outcome.
5. If a member is in jeopardy of breaching the attendance requirements, the the Governing Council Chair will consult with them to discuss the matter.
6. If a member is absent from 1/4 or more of Governing Council or committee meetings, they will be asked to resign. If the member fails to resign, the Governing Council Chair will recommend to the entire Governing Council that the member be removed.
7. The member who is to be removed will be sent a letter via the United States Postal Service (USPS) certified mail, giving the reason for the removal. The letter will include the place, date, and time of the Governing Council meeting when the vote for removal will occur.
 - a. During the meeting, the member in question may address the Governing Council or give reasons for their opposition to their removal in a written statement read by the Governing Council Chair at the meeting.
8. A 2/3 majority of the Governing Council is required to remove a member from the Governing Council.
 - a. If the member isn't present for the vote, they will be notified via USPS certified mail of the final consideration and action.
 - b. If the vote is in favor of removal, the member will be removed immediately from the Governing Council.

References:

Executive Committee charter

Valleywise Community Health Centers Governing Council Bylaws

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

POLICY RESPONSIBLE PARTY: Melanie Talbot, Chief Governance Officer
and Board Clerk

DEVELOPMENT TEAM(S): Clerk's Office

Policy #: 89104 T

Policy Title: Valleywise Community Health Centers Governing Council
Members Attendance Expectations

e-Signers: Melanie Talbot, Chief Governance Officer and Board Clerk

Place an X on the right side of applicable description:

New - X

Retire -

Reviewed -

Revised with Minor Changes -

Revised with Major Changes -

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

List associated form(s): (If applicable)

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

Committee: Valleywise Community Health Centers Governing Council
Executive Committee 10/22

Committee: 00/00

Reviewed for EPIC: 00/00

Other: 00/00

Other: Valleywise Community Health Centers Governing Council 00/00



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 1.c.ii.

Governance:
New Governing Council
Member

**Valleywise Community Health Centers Governing Council Application**Full Legal Name: Jane Atherton Wilson

(As it appears on your Arizona Driver's License, Federal, State, or Locally Issued Identification Card, or U.S. Passport)

Chosen Name: JaneWhat are your pronouns? She/HerHome Address: [REDACTED]City: [REDACTED]State: ARIZONAZip: [REDACTED]Home Telephone: [REDACTED]Cell: [REDACTED]E-mail Address: [REDACTED]Employer: selfWork Address: [REDACTED]City: [REDACTED]State: AZZip: [REDACTED]

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

YES ☐NO ☒

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

Were you referred by someone? YES ☒ NO ☐

If yes, please list his/her name: Scott Jacobson



Valleywise Community Health Centers Governing Council Application

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

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

Name of Clinic

Date of Visit

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

I have been an active participant and volunteer in our community for more than 40 years. I have witnessed the changes, challenges, and opportunities in our Greater Phoenix community and particularly in Maricopa County.

The Governing Council for Valleywise Community Health Centers will allow me to use my experience and expertise in healthcare and community involvement to increase access to quality healthcare for all of our neighbors, especially in underserved/underutilized areas.

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

The disparity of access to quality healthcare continues to be a large and important problem in Maricopa County. The Covid pandemic has surely taught all of us of the interconnectedness of own health to each other.

Our county has a wealth of world class healthcare facilities and providers. However, in my opinion, many of our neighbors do not have access to, or are unaware of, the opportunities for access to quality care. As Maricopa County continues its exploding growth, there is an ever growing need for access to preventative and primary care for underserved and minority communities. I see a great opportunity for Federally Qualified Health Center Clinics to serve as an important bridge to services for our neighbors who feel isolated from or unwelcome to health services. Community outreach and education is a key factor in getting people to become aware or utilize Clinic Services.

Valleywise Community Health Centers Governing Council Application

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

I have directed programs and projects of community involvement and education as diverse as winning public approval for the building and operation of the Palo Verde Nuclear Power Plant, and hospital mergers between Chandler Community Hospital and Catholic Healthcare West (CHW) - St Joseph's Hospital Center and Medical Center (now Dignity Health).

I also led a systemwide rebranding and marketing campaign for St. Joseph's Hospital when it joined CHW, and created strategic marketing plans for various hospital clients.

In addition, from the corporate office of CHW in San Francisco, I led the Marketing and Communications departments of 5 service territories in 3 states.

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

YES ☒ NO ☐

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

Valley Leadership Class 4

Community Advisory Board Member, KAET, Channel 8 1983-1997

Charter 100 1980- present. President 1984

Community Advisory Board Member, The Samaritans (now Banner Health Care) 1984-1987

Home Based Youth Services Board Member 1993-1987

Data Network for Human Services Board Member 1981-1986

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

Area of expertise (select no more than two):

Healthcare ☒

Finance ☐

Legal ☐

Community Affairs ☒

Trade Unions ☐

Government ☐

Social Services ☐

Education ☐

Business ☐

Labor Relations ☐



Valleywise Community Health Centers Governing Council Application

Ethnicity:

Hispanic or Latino ☐

Non-Hispanic or Latino ☒

Prefer not to answer ☐

Race:

Asian ☐

Native Hawaiian ☐

Other Pacific Islander ☐

Black/African American ☐

American Indian/Alaska Native ☐

White ☒

More than one race ☐

Prefer not to answer ☐

Gender: Male ☐

Female ☒

Prefer not to answer ☐

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

I am a strong advocate for universal access to quality healthcare. I moved with my family for 6 years to Chirstchurch, New Zealand 2001-2006 and participated in their socialized healthcare system.

8. All members of the Valleywise Community Health Centers Governing Council must comply with the Maricopa County Special Health Care District Code of Conduct and Ethics and Conflict of Interest and Gift Policy. One of the Principles of Standards of Conduct included in the Code is for Valleywise Health to complete a background check on existing and potential Governing Council members.

Would you consent and authorize Valleywise Health to procure background checks?

YES ☒ NO ☐

Signature

September 15, 2022

Date

Please Note: This application is considered a public record



Valleywise Community Health Centers Governing Council Application

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

☐

Finance Committee:

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

☐

Compliance and Quality Committee:

The purpose of the Compliance and Quality Committee is to: (1) ensure the quality of care provided at the Valleywise Health Federally Qualified Health Center (FQHC) Clinics; (2) ensure patient safety and satisfaction provided throughout the Valleywise Health FQHC Clinics; (3) ensure compliance with Health Resources & Services Administration's (HRSA) Program requirements.

☒

Strategic Planning and Outreach Committee:

The purpose of the Strategic Planning and Outreach Committee is to: identify, develop, and implement strategic planning and outreach initiatives to identify Valleywise Health Federally Qualified Health Centers (FQHC) Clinics health equity priorities to address health care needs in Maricopa County.

Completed Applications need to be mailed, emailed, or faxed to:

Barbara Harding
Valleywise Health Medical Center
2601 E Roosevelt Street, Phoenix, AZ 85008
barbara.harding@valleywisehealth.org
602-655-9102



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 1.d.i.

Medical Staff:

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

Recommended by Credentials Committee: September 6, 2022
 Recommended by Medical Executive Committee: September 13, 2022
 Submitted to MSHCDB: September 28, 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	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Juan Fernando Kamar Kharoufeh, M.D.	Active	Internal Medicine	10/01/2022 to 09/30/2024	
Kuong C. Kov, D.D.S.	Active	Dentistry	10/01/2022 to 09/30/2024	
Clayton William Long, M.D.	Courtesy	Pediatrics	10/01/2022 to 09/30/2024	
Regi Selvananayagam Ramanathan, M.D.	Courtesy	Pediatrics	10/01/2022 to 09/30/2024	
Alexandra Marie Thompson, M.D.	Active	Pediatrics	10/01/2022 to 09/30/2024	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Frances Mariel Palermo Alvarado, M.D.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core Privileges.

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Meily Rosibel Arevalo Acosta, M.D.	Active	Internal Medicine	10/01/2022 to 09/30/2024	
Nyima S. Ali, M.D.	Active	Obstetrics / Gynecology	10/01/2022 to 09/30/2024	
Douglas P. Nelson, M.D.	Active	Internal Medicine	10/01/2022 to 09/30/2023	Recommendation for one- year conditional reappointment.
Linda Robin Nelson, M.D.	Courtesy	Obstetrics / Gynecology	10/01/2022 to 09/30/2024	
Craig W. Pool, D.D.S.	Active	Dentistry	10/01/2022 to 09/30/2024	
Nedall Samad, M.D.	Active	Internal Medicine	10/01/2022 to 09/30/2024	

Recommended by Credentials Committee: September 6, 2022

Recommended by Medical Executive Committee: September 13, 2022

Submitted to MSHCDB: September 28, 2022

CHANGE IN PRIVILEGES

NAME	DEPARTMENT/SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Andrew Joseph Rivara, M.D.	Obstetrics / Gynecology	<u>Withdrawal</u> : Robotic Surgery privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges.

STAFF STATUS CHANGE

NAME	DEPARTMENT	CHANGE FROM/TO	COMMENTS
Madeline Elizabeth Eells, M.D.	Obstetrics / Gynecology	Active to Courtesy	Reduction in hours

RESIGNATIONS

Information Only

NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
James Menzies Bennett, M.D.	Family & Community Medicine	Courtesy to Inactive	Resigned effective July 29, 2022
James Neil Danielson, M.D.	Obstetrics / Gynecology	Courtesy to Inactive	Resigned effective August 8, 2022
Jean Khara Gonzales Casillan, M.D.	Family & Community Medicine	Active to Inactive	Resigned effective September 16, 2022
Collette Rochelle Harris, M.D.	Family & Community Medicine	Courtesy to Inactive	Resigned effective July 29, 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
Brian D. Arey, A.N.P.	Family & Community Medicine	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Debra Anne-Marie Boucaud, A.N.P.	Internal Medicine	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
JoAnne Ellen Bracewell, F.N.P.	Internal Medicine	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Misty Evagene Cox, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	10/01/2022 to 09/30/2024	

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – REAPPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
James Terry Ballentine, A.N.P.	Family & Community Medicine	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Tammalynn A. Bambulas, C.N.M.	Obstetrics / Gynecology	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Barbara Benincaso, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Arlene Hanic Karlin, C.N.M.	Obstetrics / Gynecology	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Heather Burzinski Sullivan, P.A.-C	Family & Community Medicine	Practice Prerogatives on file	10/01/2022 to 09/30/2024	

RESIGNATION (Information Only)			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Kimberly Ann Couch, C.N.M.	Obstetrics / Gynecology	Active to Inactive	Resigned effective September 30, 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.



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 2.

Public Health & Poverty: No
Grounds for Divorce



POVERTY & PUBLIC HEALTH: NO GROUNDS FOR DIVORCE

MOISES GALLEGOS

WAYNE TORMALA

What Does Poverty Look Like?

2022 FPL For a family of four...

Poverty

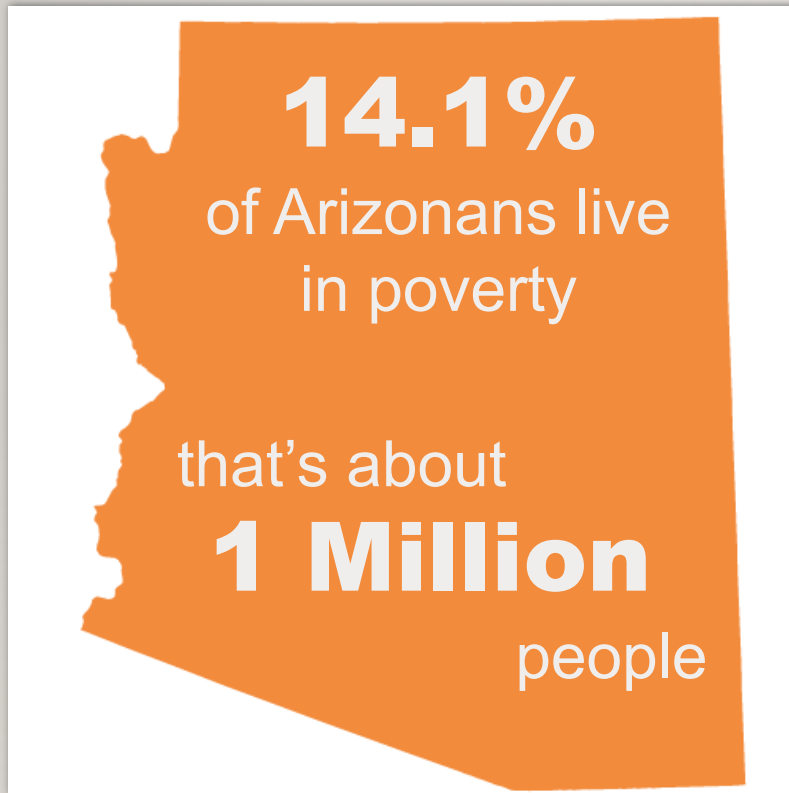
\$27,750 / year
\$2,313 / month
\$13.34 / hour

Deep Poverty

\$13,875 / year
\$1,156 / month
\$6.67 / hour

Extreme Poverty

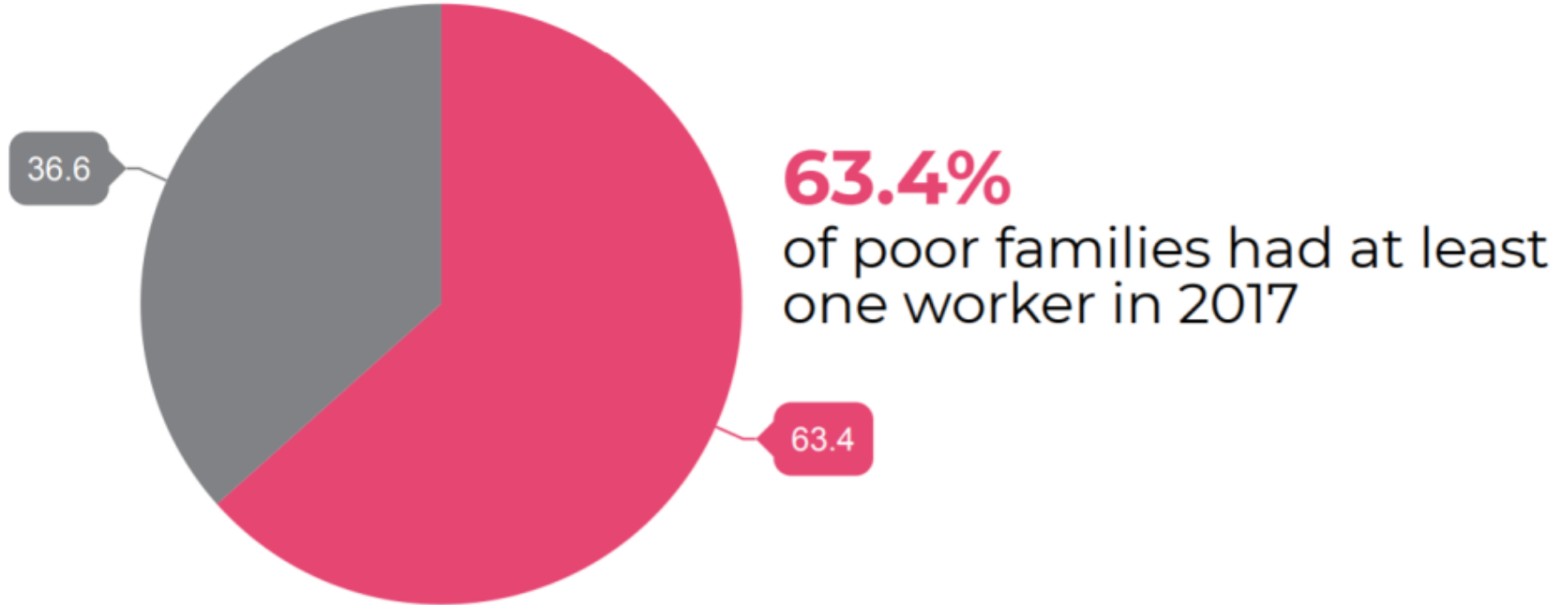
\$3,468 / year
\$289 / month
\$1.68 / hour



- Children 20.0%
- African American 19.1%
- Asian American 11.1%
- Latino 18.4%
- Native American 28.6%
- White 9.1%

POVERTY IN ARIZONA – 2020 Data

POVERTY IN ARIZONA



468,888
Arizonans live in
extreme poverty
(50% FPL, less than
\$2 per day).

124,498
of those living in
extreme poverty
in Arizona
are children.

IS POVERTY A CHOICE?

To answer this question,
we have to talk about:



**income
inequality**



**wealth
inequality**

INCOME INEQUALITY HAS GROWN IN ARIZONA

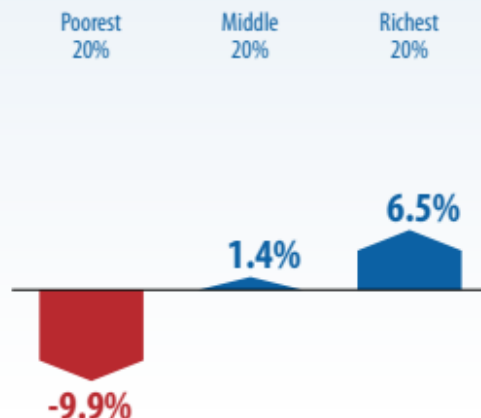
A Lost Decade for Arizona's Low- and Middle-Income Households

-9.9%

Change in income by household income group, late 1990s to mid-2000s

Poorest 20% Middle 20% Richest 20%

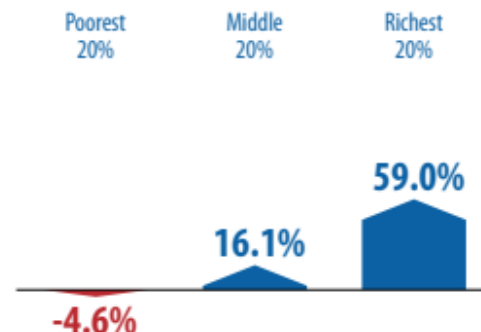
The average drop in incomes among the bottom 20 percent of households over the last decade.



Inequality Worsening Since the 1970s

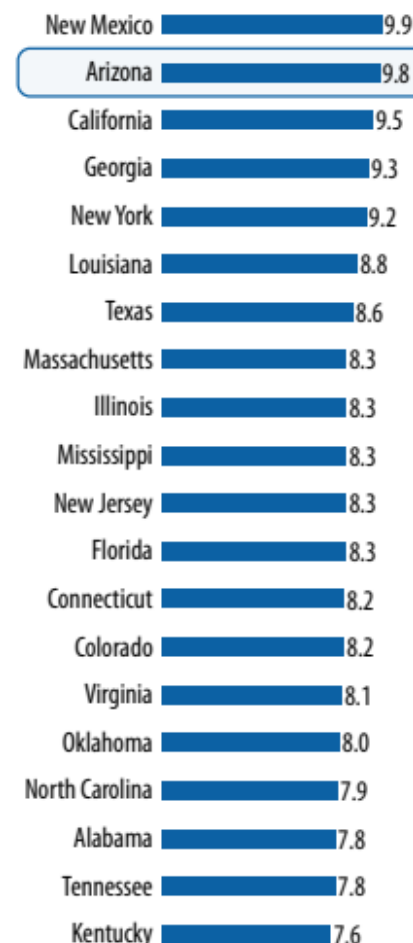
Change in income by household income group, late 1970s to mid-2000s

Poorest 20% Middle 20% Richest 20%



Arizona Among States with Highest Income Inequality

Ratio of average household income for the richest 20% of households to the poorest 20% of households, 2008-2010



Incomes of Arizona's Richest Households Dwarf Those of Its Poorest

After decades of widening inequality, Arizona's richest households have dramatically bigger incomes than its poorest households.

The richest 5 percent of households have average incomes 17.0 times as large as the bottom 20 percent of households and 5.0 times as large as the middle 20 percent of households.



Source: Economic Policy Institute/Center on Budget and Policy Priorities analysis of U.S. Census Bureau data. Income is post-federal tax and includes the value of the EITC and the value of food stamps and housing subsidies. Income is adjusted for inflation (to 2009 dollars) and for household size. Changes shown are significant at the 90% level. For more detail, see *Pulling Apart: A State-by-State Analysis of Income Trends*, November 2012.

2022 National Findings Report

April 27, 2022

- Avg. Living Wage is \$35.80 for HH of 3 across the country
- 73%-229% wage increase needed to make a Living Wage
- Hispanic Women – 229 days more to equal the salary of a White Male

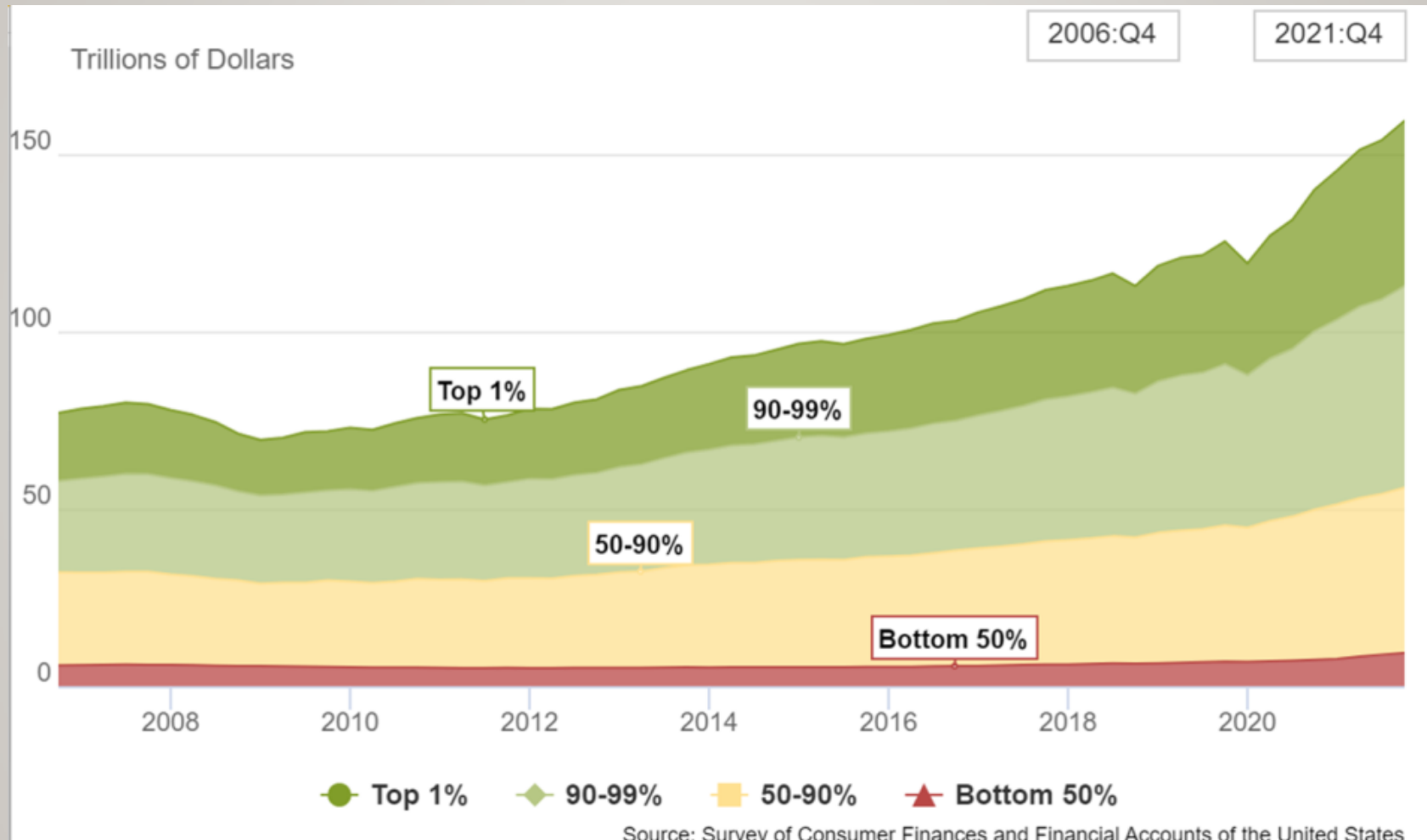


WHAT ARE THE IMPLICATIONS?

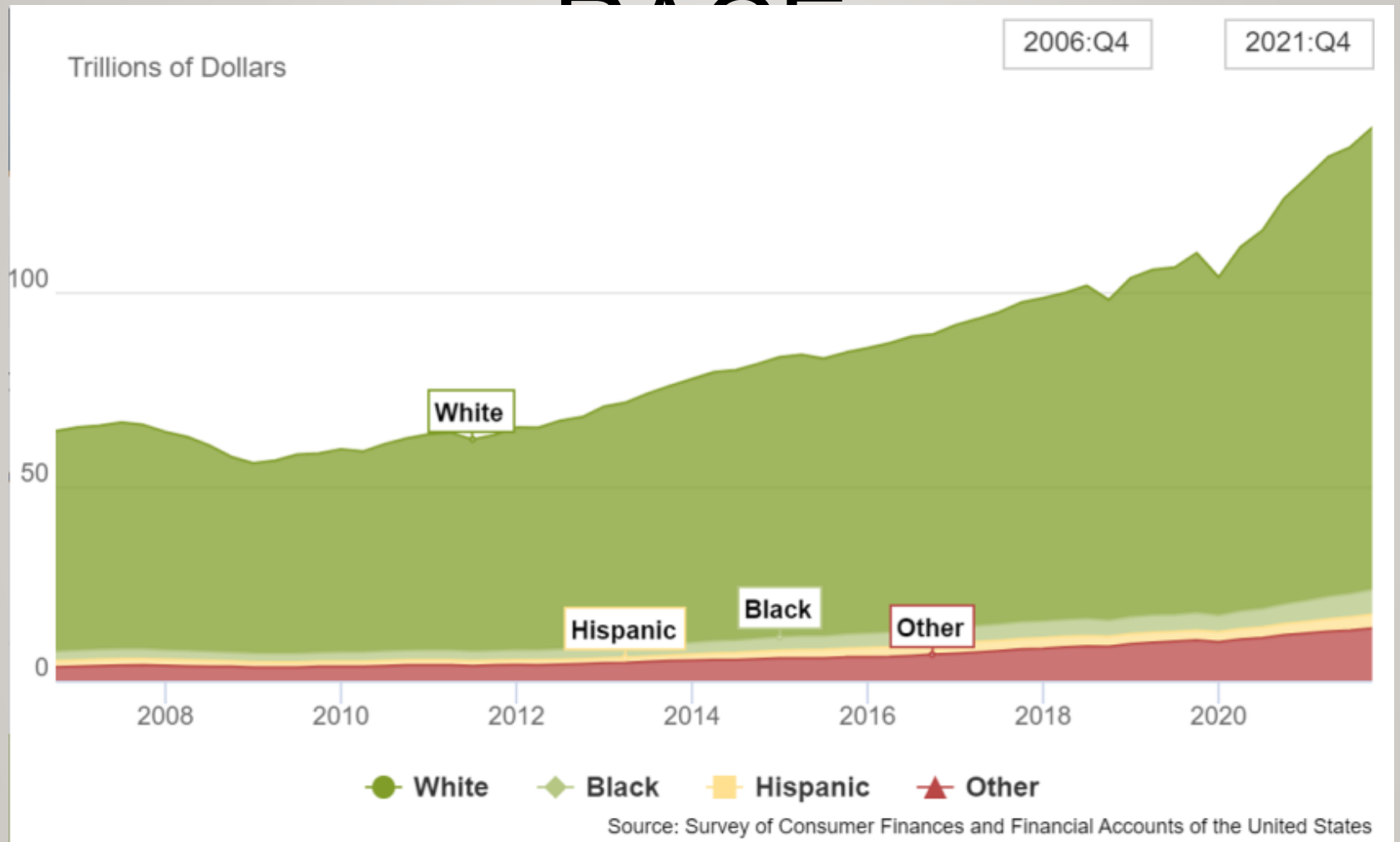
Low Income Families are:

- 5.5X less likely to have childcare
- Nearly 4X less likely to have paid family leave
- 2X less likely to have a direct contribution retirement plan
- 2.5X less likely to have health insurance
- Over 2X less likely to have paid sick leave

WEALTH INEQUALITY IN THE



WEALTH INEQUALITY BY RACE



IT WILL TAKE...

84 years

for Latinx family wealth
to match 2016 White family wealth.

IT WILL TAKE...

228 years

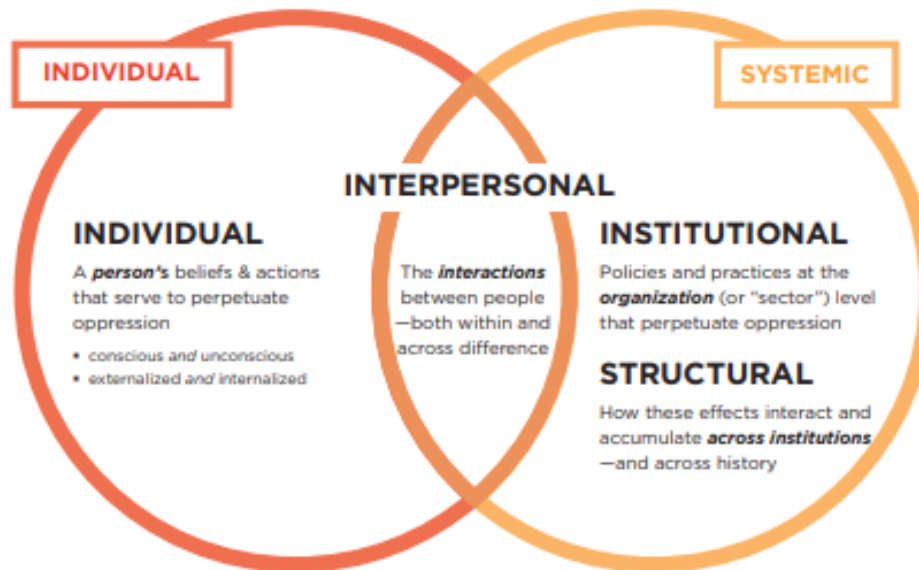
for Black family wealth
to match 2016 White family wealth.



70% of children born into
poverty will remain in
poverty if nothing
changes.



THE LENS OF SYSTEMIC OPPRESSION



Some phenomena playing out at each level

INDIVIDUAL

- Identity and difference
- Individual advantage and disadvantage
- Explicit bias
- Implicit bias
- Stereotype threat
- Internalized oppression

INTERPERSONAL

- Reproductive discourse (“Discourse 1”)
- Microaggressions
- Racist interactions
- Transferred oppression

INSTITUTIONAL

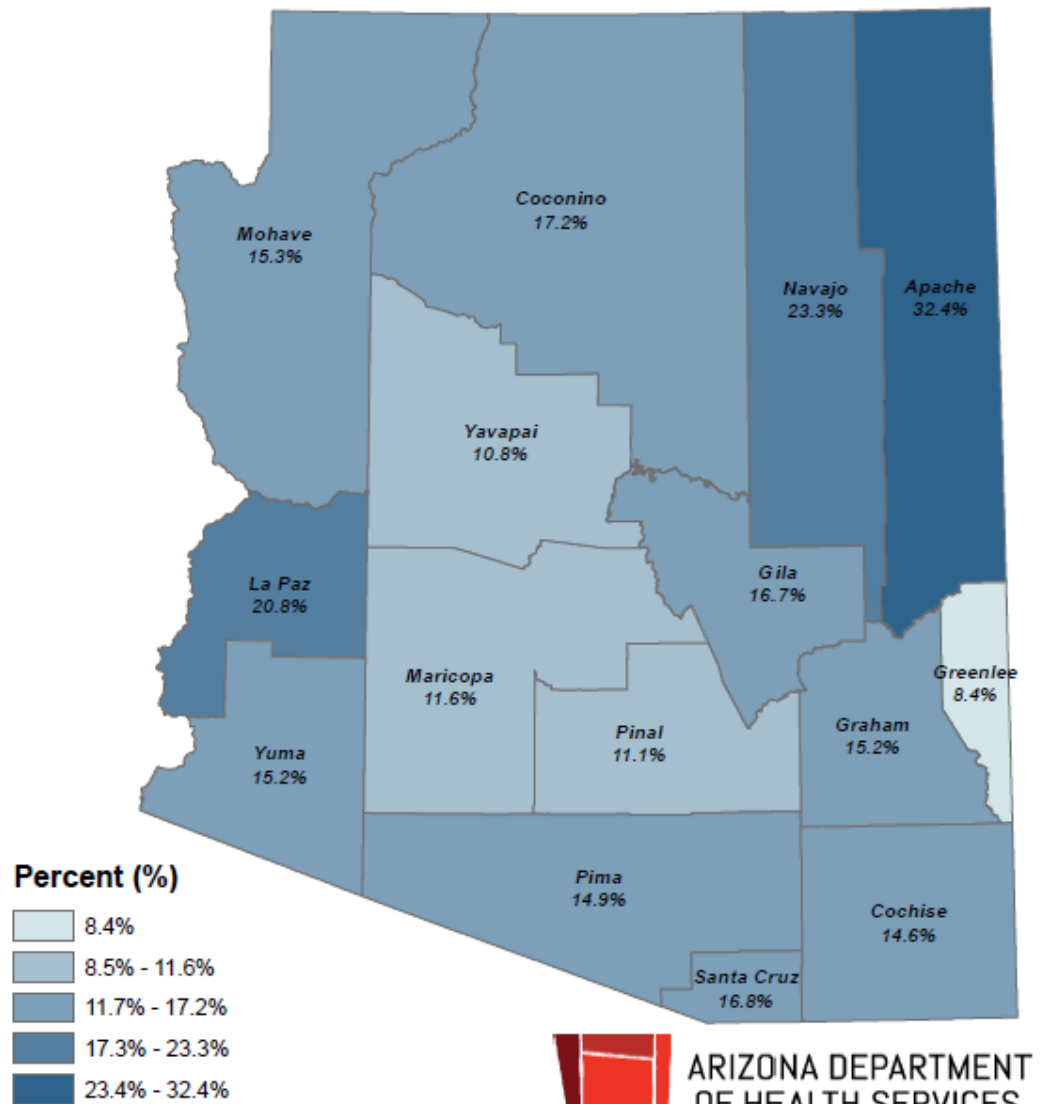
- Biased policies and practices (e.g. in hiring, teaching, discipline, parent-family engagement)
- Disproportional (e.g. racialized) outcomes and experiences

STRUCTURAL

- Systems of advantage and disadvantage
- Opportunity structures
- Societal history of oppressive practices and policies

Arizona Poverty (All Ages) by County, 2020

AZ Percent = 14.1%



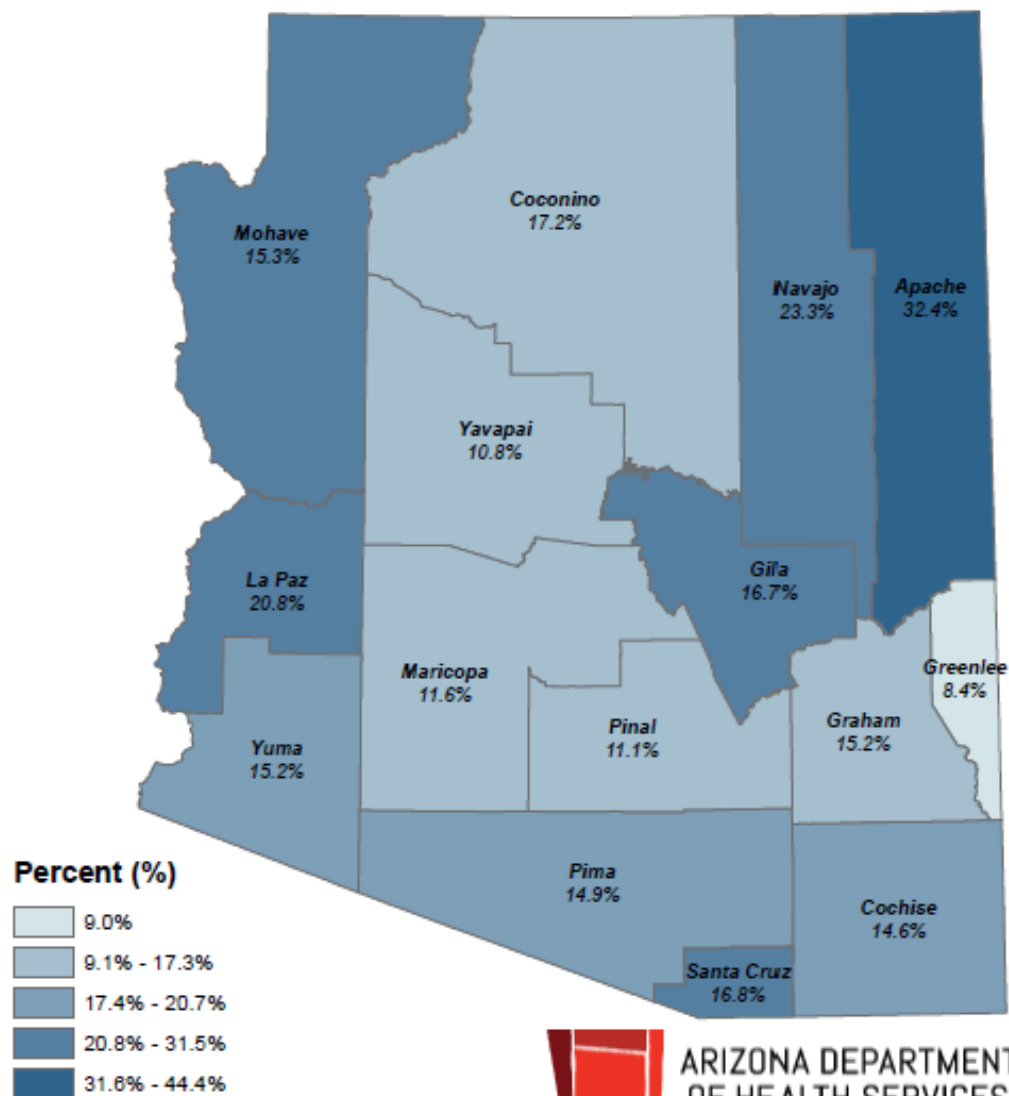
ARIZONA DEPARTMENT
OF HEALTH SERVICES

0 20 40 80 120 160 Miles



Arizona Poverty (<18 Years) by County, 2020

AZ Percent = 20.0%



ARIZONA DEPARTMENT
OF HEALTH SERVICES

0 20 40 80 120 160 Miles



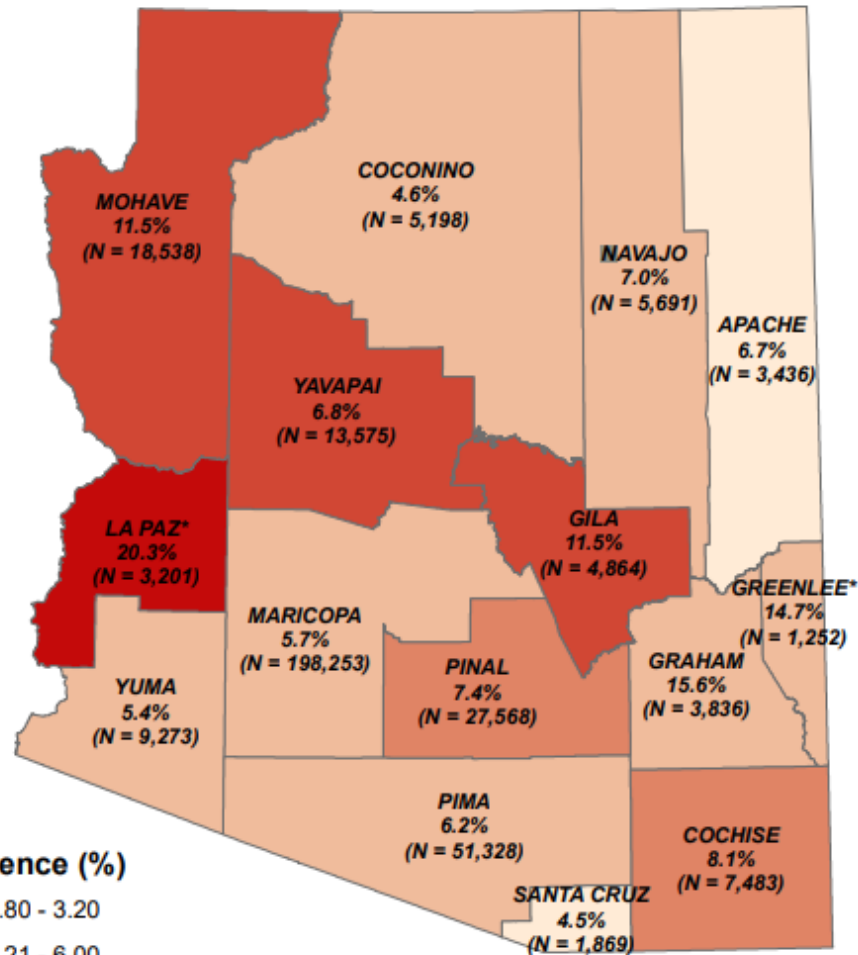
THE GLOBAL PERSPECTIVE

- Poverty & poor health almost always co-exist!
- Even in economically stable countries, people who have less wealth have more illness and shorter life spans.

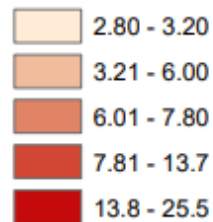
Prevalence of Heart Disease by County, 2020

AZ Prevalence = 6.2%

US Prevalence = 6.5%



Prevalence (%)



* Unstable estimate due to small sample size



ARIZONA DEPARTMENT
OF HEALTH SERVICES

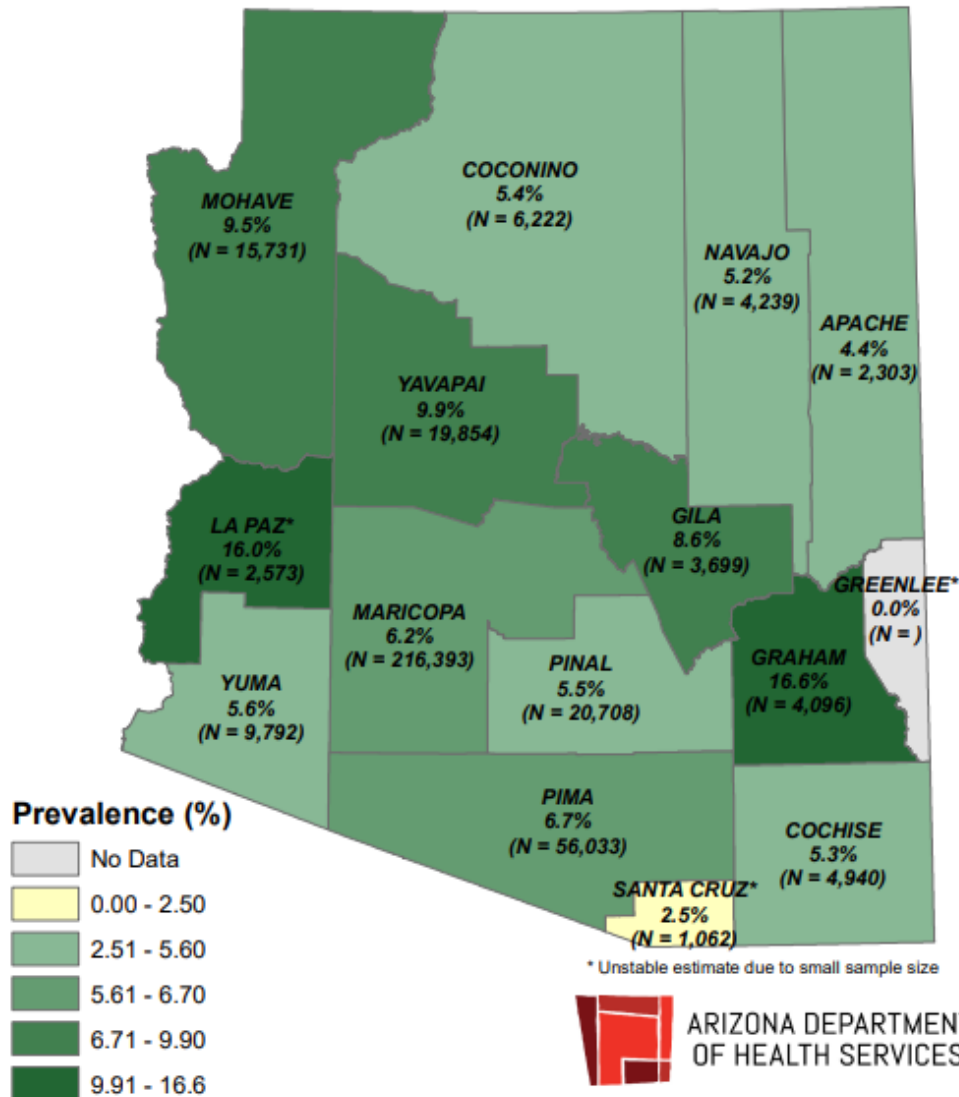
0 15 30 60 90 120 Miles



Prevalence of Cancer (not including Skin Cancer) by County, 2020

AZ Prevalence = 6.4%

US Prevalence = 6.5%



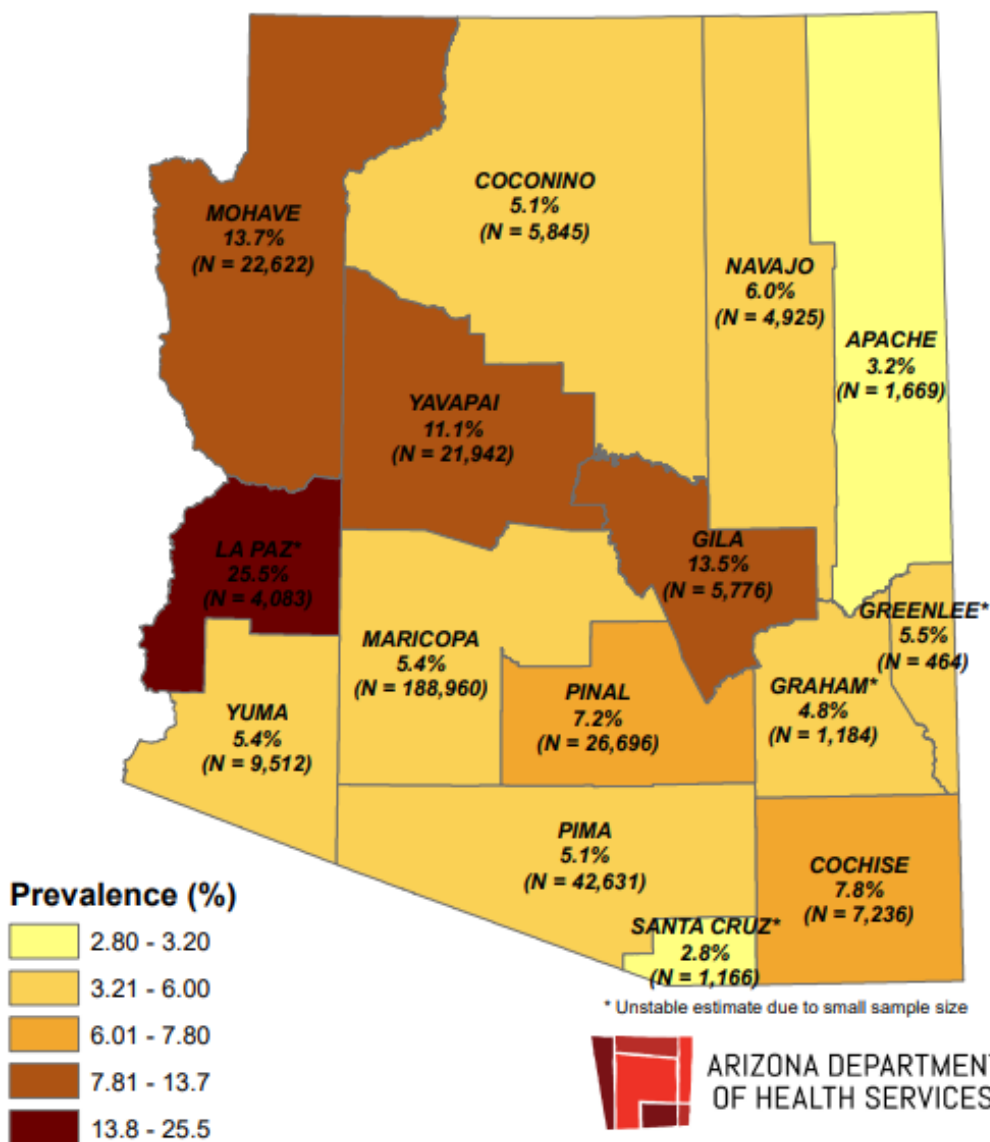
0 15 30 60 90 120 Miles



Prevalence of Chronic Obstructive Pulmonary Disease by County, 2020

AZ Prevalence = 6.0%

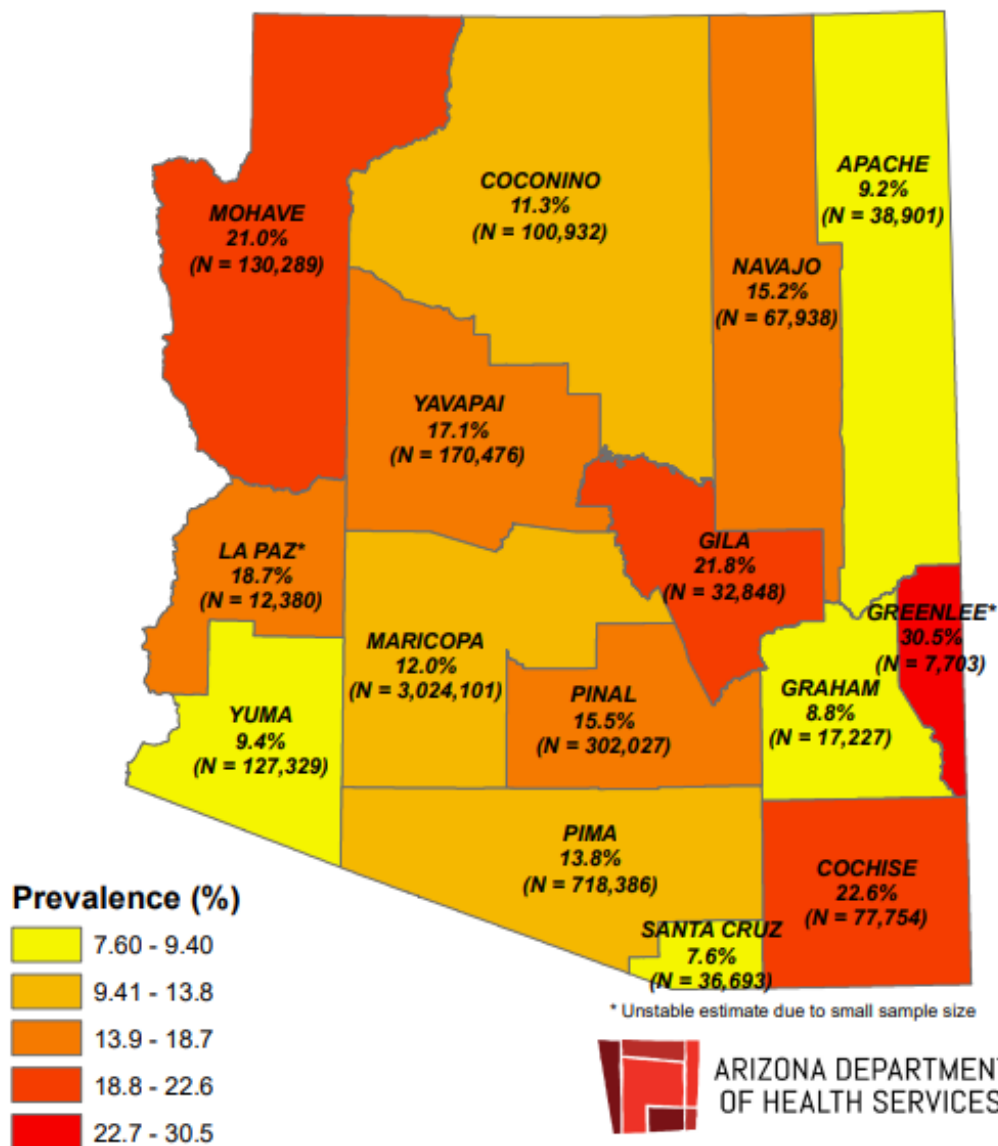
US Prevalence = 6.4%



Prevalence of Smoking by County, 2020

AZ Prevalence = 13.1%

US Prevalence = 13.3%

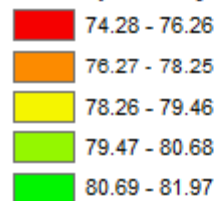


ARIZONA DEPARTMENT
OF HEALTH SERVICES

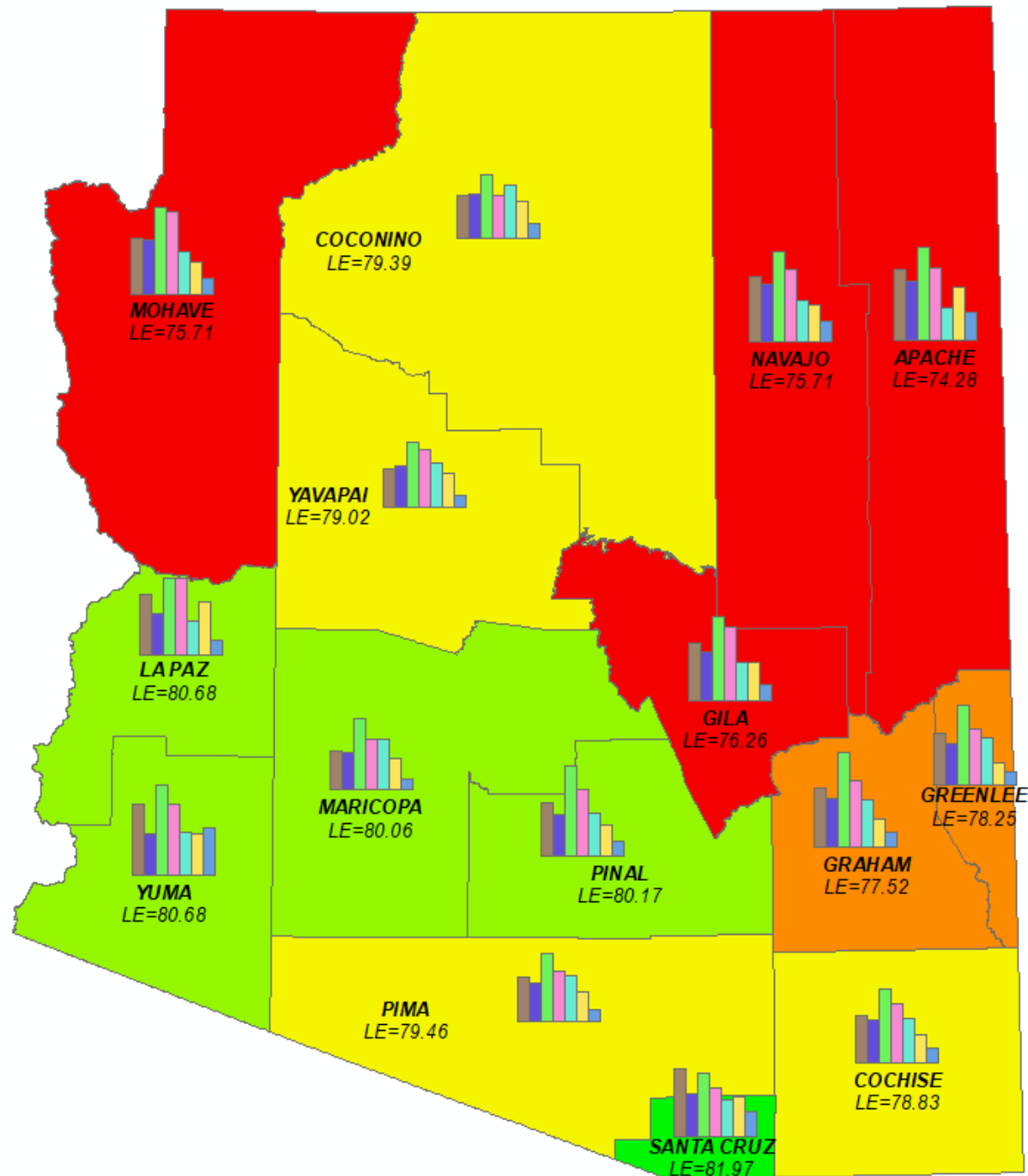
0 15 30 60 90 120
Miles



Life Expectancy



Health Indicators (%)



ARIZONA DEPARTMENT
OF HEALTH SERVICES

POVERTY & PUBLIC HEALTH:

NO GROUNDS FOR DIVORCE

Scalable reductions in dis-ease can only occur thru a synergy of Public Health & Economic Health efforts!

Population Health Indicators

- Physical Health (morbidity/mortality)
- Social Health (sense of community/belonging)
- Emotional Health (meaning & hope/isolation)
- Economic stability (livable wage/mobility)

PREDICTORS OF POOR HEALTH

People living at or below FPL:

- 2X more likely to smoke.
- Half as likely to get cancer screenings.
- 2X more likely to get no physical activity.
- 4X more likely to report being in poor health.
- 4X likely to not seek medical help due to cost.
- Die 10-30 years sooner.

INDICATORS OF STRESS ARE RISING

- Morbidity/mortality due to heart disease (while other disease-related death is declining)
- Substance mis-use and mortality
- Tobacco & alcohol
- Violence (self & others)
- Depression
- Suicide

COMMON GROUND

OUR CORE CONCERNS

Too many people die/suffer (from diseases and living conditions) due in inequities in health & economic policies and practice.

Zip code is the biggest predictor of both chronic disease & poverty.

wildfire
Igniting Community Action
to End Poverty in Arizona

CORE QUESTIONS WE MUST ASK OURSELVES

- Can people achieve optimal health if they cannot pay for food, housing & medicine?
- Can people achieve economic stability if they are not healthy or have access to healthcare?
- Can people at risk of dis-ease be better off with strong, integrated efforts among public health & poverty programs?

WHAT DOES IT MEAN TO BE PROSPEROUS?

- Physical health
- Social belonging
- Emotional well-being
- Economic stability

We all pay the price of poor health & poverty!



Any Questions?

WAYNE TORMALA

waynetormala@gmail.com

MOISES GALLEGOS

moises.gallegos@cox.net



Thank You!

*****[svi.cdc.gov/Documents/CountyMaps/2018/Arizona/
Arizona2018_Maricopa.pdf](https://svi.cdc.gov/Documents/CountyMaps/2018/Arizona/Arizona2018_Maricopa.pdf)

*****[.census.gov/quickfacts/fact/map/
maricopacountyarizona/IPE120221](https://www.census.gov/quickfacts/fact/map/maricopacountyarizona/IPE120221)



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 3.

Clinic of the Year



Office of the CEO FQHC Clinics
2525 East Roosevelt Street • Phoenix • AZ• 85008

DATE: November 2, 2022

TO: Valleywise Community Health Centers Governing Council

FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
CEO FQHC Clinics

SUBJECT: Clinic of the Year FY22

Clinic performance will be measured beginning July 1 through June 30 in the following areas with the intent to measure improvement from prior year's performance. Data to be monitored shall include:

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

Data is collated and evaluated in comparison from the previous fiscal year end. The Clinic demonstrating the greatest performance in both categories will be recognized as the Clinic of the Year based on overall performance. Recognition for this distinction will be made by the presentation to the clinic leadership, providers, and staff with a recognition plaque.

A review of the clinic data was completed for FY22. The leaders in the two categories were as follows:

- Valleywise Comprehensive Health Center – Phoenix: Pediatrics
 - Visit volume increased by percentage to 21.5% for FY 22; a net increase in visit volume to 3,555 for FY 22
 - Net Promoter score: 75.9%
- Valleywise Community Health Center – South Central
 - Visit volume increased by percentage to 38.0% for FY 22; a net increase in visit volume to 7,592 for FY 22
 - Net Promoter score: 67%
- Valleywise Community Health Center - Guadalupe
 - Visit volume increased by percentage to 17.5%; a net increase in visit volume to 1,259 for FY22.
 - Net Promoter score: 68.7%

It is the recommendation of the leadership team (Barbara Harding, Christie Blanda, Nelson Silva-Craig and Christina Smarik Snyder, MD) the FQHC Clinic of the Year is:



Valleywise Comprehensive Health Center – Phoenix: Pediatrics



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 4.

Elect a Treasurer

Valleywise Community Health Centers Governing Council Bylaws
ARTICLE VII: OFFICERS; Section VII: Vacancies

Section VII: Vacancies

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



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 5.

In-Person Meeting Frequency
No Handout



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 6.

FQHC Clinics Operational
Dashboard



Ambulatory Pillars Dashboard
September 2022

Community Health Centers														
PATIENT EXPERIENCE - Ambulatory														
	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - Mesa	McDowell - PEC		VCHCs FYTD
Net Promoter Score FYTD <i>(Would recommend facility)</i>	≥71.1	69.8	64.8	64.5	80.2	68.2	74.9	65.3	62.4	76.8	96.7	no data		69.8
	n-size	761	642	211	388	601	697	881	433	561	30	no data		5,205

ACCESS - Ambulatory														
	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - Mesa	McDowell - PEC		VCHCs FYTD
Appointments Scheduled FYTD		9,888	8,641	3,722	7,874	8,268	10,291	12,128	7,266	10,872	512	0		79,462
Appointment Fill Rate FYTD		97.3%	88.2%	87.7%	91.3%	90.7%	91.1%	92.3%	92.7%	95.8%	88.7%	n/a		92.2%
Scheduled Appointment No-Shows FYTD		1,289	1,071	580	1,148	1,421	1,791	2,266	1,155	2,197	99	0		13,017
No Show Rate FYTD	<18%	13.0%	12.4%	15.6%	14.6%	17.2%	17.4%	18.7%	15.9%	20.2%	19.3%	n/a		16.4%

FINANCE - Ambulatory														
		Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - Mesa	McDowell - PEC		VCHCs FYTD
In-Person Visits FYTD		5,024	4,084	1,700	4,116	3,951	4,709	5,947	3,647	3,221	177	0		36,576
Virtual Visits FYTD		1,150	1,052	269	411	816	1,131	1,030	533	1,687	104	0		8,183
Total Actual Visits (includes Nurse Only Visits) FYTD		6,174	5,136	1,969	4,527	4,767	5,840	6,977	4,180	4,908	281	0		44,759
Budgeted Visits FYTD		6,069	5,134	2,002	3,420	3,606	5,394	6,186	3,791	4,439	182	0		40,223
Variance FYTD		105	2	(33)	1,107	1,161	446	791	389	469	99	0		4,536
Variance by % FYTD		1.7%	0.0%	-1.6%	32.4%	32.2%	8.3%	12.8%	10.3%	10.6%	54.4%	n/a		11.3%
Total Number of Patients seen by provider FYTD		5,737	5,002	1,896	4,341	4,615	5,710	6,848	4,028	4,140	223	0		42,540

BEHAVIORAL HEALTH - Ambulatory														
Finance	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen		BH Psychiatry			BH FYTD
In-Person Visits FYTD		66	68	32	78	253	138	24	32		33			844
Virtual Visits FYTD		693	295	498	538	675	201	1,043	283		702			6,012
Total Actual Visits FYTD		759	363	530	616	928	339	1067	315		735			6,856
Budget Visits FYTD		632	255	537	511	1,128	602	769	515		561			6,673
Variance FYTD		127	108	(7)	105	(200)	(263)	298	(200)		174			183
Variance by % FYTD		20.1%	42.4%	-1.3%	20.5%	-17.7%	-43.7%	38.8%	-38.8%		31.0%			2.7%

DENTAL - Ambulatory														
Finance		Avondale	Chandler							McDowell				Dental FYTD
Actual Visits FYTD		593	710							1,017				5,822
Budget Visits FYTD		704	545							952				5,079
Variance FYTD		-111	165							65				743
% Variance FYTD		-15.8%	30.3%							6.8%				14.6%

Other FQHC Clinics								
Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary		Other FQHC-Peoria FYTD	Grand Total
72.2	77.8	61.2	60.4	64.6	69.6		70.9	70.1
948	591	134	48	491	335		2,547	7,752

Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary		Other FQHC-Peoria FYTD	Grand Total
12,264	9,721	3,818	1,312	8,458	7,111		42,684	122,146
84.8%	91.8%	98.6%	n/a	93.7%	81.5%		87.5%	90.6%
1,788	1,392	332	231	1,497	1,356		6,596	19,613
14.6%	14.3%	8.7%	17.6%	17.7%	19.1%		15.5%	16.1%

Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary		Other FQHC-Peoria FYTD	Grand Total FQHC	FYTD FQHC
5,200	5,155	2,487	407	4,893	4,439		22,581		65,823
1,892	159	1	7	129	36		2,224		16,419
7,092	5,314	2,488	414	5,022	4,475		24,805		82,242
7,717	5,577	2,165	435	4,666	4,083		24,643		76,618
(625)	(263)	323	(21)	356	392		162		5,624
-8.1%	-4.7%	14.9%	-4.8%	7.6%	9.6%		0.7%		7.3%
6,952	4,895			4,896	4,206		20,949	63,489	

PEC
120
1,084
1,204
1,163
41
3.5%

PEC	PXC
1,116	2,386
426	2,452
690	-66
162.0%	-2.7%

LEGEND:

Not in Target

5% less than the target

Target ≥ 95%

** Specialty HIV Community Health Center
*** Specialty HIV Community Health Clinic - McDowell Services
**** Grand Total FQHC for Total Number of Patients seen by provider FYTD includes Community Health Centers & Other FQHCs
***** FYTD FQHC for Actual/Budgeted Visits includes Community Health Centers, Other FQHCs, Dental, & OP Behavioral Health Clinics

Ambulatory Care	Reporting Program	2021 UDS National Average	2020 UDS National Average	CYTD 2021	Desired Direction	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	YTD
Quality /Regulatory Metrics																		
Unified Data System																		
Body Mass Index (BMI) Screening and Follow-Up Plan	HRSA	> 61.32%	> 65.72%	34.26%	⬆️	❌ 29.45%	❌ 29.80%	❌ 30.42%	❌ 31.00%	❌ 31.05%	❌ 31.47%	❌ 32.09%	❌ 32.13%					❌ 32.13%
Numerator						2063	3919	5862	7911	9882	11315	12845	13880					13880
Denominator						7005	13149	19271	25517	31831	35960	40028	43200					43200
Cervical Cancer Screening	HRSA	> 52.95%	> 51.00%	49.77%	⬆️	❌ 46.59%	⚠️ 48.17%	⚠️ 49.03%	⚠️ 49.95%	⚠️ 51.22%	⚠️ 51.47%	⚠️ 51.56%	⚠️ 52.25%					⚠️ 52.25%
Numerator						2976	4937	6675	8419	9897	10947	12004	12999					12999
Denominator						6388	10249	13613	16856	19324	21269	23282	24880					24880
Childhood Immunization Status (CIS)	HRSA	> 38.06%	> 40.42%	47.72%	⬆️	⚠️ 36.23%	✅ 41.67%	✅ 45.28%	✅ 46.36%	❌ 9.34%	❌ 9.68%	❌ 9.18%	❌ 9.29%					❌ 9.29%
Numerator						100	205	302	388	90	99	99	104					104
Denominator						276	492	667	837	964	1023	1078	1119					1119
Colorectal Cancer Screening	HRSA	> 41.93%	> 40.09%	50.85%	⬆️	❌ 37.04%	⚠️ 39.44%	⚠️ 41.21%	✅ 43.16%	✅ 44.21%	✅ 45.22%	✅ 46.58%	✅ 47.65%					✅ 47.65%
Numerator						1854	3188	4463	5718	6952	7738	8566	9196					9196
Denominator						5006	8084	10831	13248	15724	17112	18389	19300					19300
Controlling High Blood Pressure	HRSA	> 60.15%	> 57.98%	47.76%	⬆️	❌ 33.93%	❌ 39.72%	❌ 43.48%	❌ 46.91%	❌ 49.18%	❌ 51.35%	❌ 53.29%	❌ 53.89%					❌ 53.89%
Numerator						1562	2955	4293	5670	6695	7588	8258	8575					8575
Denominator						4604	7439	9874	12086	13614	14778	15497	15911					15911
Diabetes: Hemoglobin A1c Poor Control	HRSA	< 32.29%	< 35.60%	31.85%	⬇️	❌ 70.50%	❌ 59.49%	❌ 50.22%	❌ 42.90%	❌ 38.95%	❌ 36.25%	❌ 34.25%	⚠️ 32.76%					❌ 32.76%
Numerator						2101	2893	3281	3416	3624	3634	3675	3677					3677
Denominator						2980	4863	6533	7963	9305	10024	10730	11224					11224
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	HRSA	> 78.25%	> 78.80%	78.51%	⬆️	✅ 80.00%	✅ 79.64%	✅ 78.74%	✅ 79.28%	✅ 79.20%	✅ 79.45%	✅ 78.85%	✅ 78.50%					✅ 78.50%
Numerator						448	716	963	1209	1428	1550	1633	1694					1694
Denominator						560	899	1223	1525	1803	1951	2071	2158					2158
Screening for Clinical Depression and Follow-Up Plan if positive screen	HRSA	> 67.42%	> 64.21%	48.75%	⬆️	❌ 35.68%	❌ 39.48%	❌ 42.05%	❌ 44.79%	❌ 44.59%	❌ 45.84%	❌ 47.65%	❌ 49.49%					❌ 49.49%
Numerator						3413	6214	8969	11966	14378	16440	18845	21066					21066
Denominator						9566	15740	21328	26717	32248	35863	39550	42569					42569
Tobacco Use: Screening and Cessation Intervention	HRSA	> 82.34%	> 83.43%	87.78%	⬆️	✅ 83.00%	✅ 83.13%	✅ 84.75%	✅ 85.61%	✅ 86.40%	✅ 86.98%	✅ 87.61%	✅ 87.92%					✅ 87.92%
Numerator						2265	6225	10367	15367	20451	24171	28270	31527					31527
Denominator						2729	7488	12233	17951	23671	27790	32269	35857					35857
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	HRSA	> 68.72%	> 65.13%	78.09%	⬆️	❌ 39.45%	❌ 44.94%	❌ 52.94%	❌ 58.32%	❌ 61.07%	⚠️ 64.23%	✅ 69.05%	✅ 72.09%					✅ 72.09%
Numerator						535	1160	2074	3166	4119	4966	6179	7272					7272
Denominator						1356	2581	3918	5429	6745	7732	8948	10088					10088
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	HRSA	> 73.10%	> 71.92%	68.40%	⬆️	⚠️ 72.67%	⚠️ 72.48%	⚠️ 72.72%	⚠️ 72.58%	✅ 76.84%	✅ 76.91%	✅ 76.69%	✅ 76.72%					✅ 76.72%
Numerator						2789	4551	6105	7462	9258	10002	10654	11133					11133
Denominator						3838	6279	8395	10281	12048	13004	13893	14511					14511
Breast Cancer Screening	HRSA	> 46.29%	> 45.34%	58.56%	⬆️	✅ 52.41%	✅ 54.73%	✅ 55.90%	✅ 56.77%	✅ 57.49%	✅ 57.66%	✅ 58.23%	✅ 58.54%					✅ 58.54%
Numerator						1435	2402	3249	3997	4793	5192	5628	5922					5922
Denominator						2738	4389	5812	7041	8337	9005	9665	10117					10117
HIV Screening	HRSA	> 38.09%	> 32.29%	58.18%	⬆️	✅ 63.55%	✅ 62.75%	✅ 62.82%	✅ 63.10%	✅ 63.41%	✅ 63.52%	✅ 63.43%	✅ 63.26%					✅ 63.26%
Numerator						6718	10917	14804	18680	22743	25335	27880	29914					29914
Denominator						10572	17397	23567	29605	35865	39883	43957	47291					47291

‡ -

**Data is pulled from the UDS dashboard on the 1st Friday of every month

Data Not Available	~
Data is not final and subject to change	‡
Equal or greater than benchmark	✔
Less than 10% negative variance	⚠
Greater than 10% negative variance	✖



Ambulatory Pillars Dashboard
Data Dictionary

Federally Qualified Health Centers

	Data Source	Owner	Frequency	System
PATIENT EXPERIENCE - Ambulatory				
Net promoter score (Would recommend facility)	<p>A customer loyalty index calculated based on a patient's response on a scale of 1-10 to the question "How likely would you be to recommend this facility to your family and friends?". The NPS = % Promoters (9 or 10 responses) - % Detractors (0-6 responses)</p> <p>*Scores are limited to include only FQHC departments by clinic <u>cost center</u> on this dashboard for: 416603, 416608, 416609, 416704, 416707, 416711, 416601, 416701, 416613, 476707, 576130, 576101, 476101, 476102, 476104, 476106, 476105*</p> <p>*Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments within each community health center are excluded from locational roll ups*</p>	NRC Real Time Score Summary *pulled by Amanda Jacobs	Monthly	NRC Health - Department Summary Report
ACCESS - Ambulatory				
Appointments Scheduled FYTD	All appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments. *For FYTD.	FQHC Appointment Statistics by Clinic Details (Prior Month) Report *last modified 6/2/2020 by Vondra Dee Nason *pulled by Amanda Jacobs	Monthly	EPIC Report
Appointment Fill Rate FYTD	Provider schedule utilization metric calculated by number of patients to appointment slots available. *For FYTD.	Provider Schedule Utilization - All Clinics (Prior Month) Report *last modified by Jim Trulock 9/29/2020 *pulled by Amanda Jacobs	Monthly	EPIC Report
Scheduled Appointment No-Shows FYTD	All No- show appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments. *For FYTD.	FQHC Appointment Statistics by Clinic Details (Prior Month) Report *last modified 6/2/2020 by Vondra Dee Nason *pulled by Amanda Jacobs	Monthly	EPIC Report
No Show Rate FYTD	Percentage of Scheduled Patients who were a "No show" patient or same day cancellation. *For FYTD.	Amanda Jacobs	Monthly	Formula
FINANCE - Ambulatory				
In-Person Visits FYTD	Total Actual Visits (includes nurse only visits) FYTD - Virtual Visits FYTD	Nancy Horskey	Monthly	Axiom
Virtual Visits FYTD	Virtual Telemedicine Visits (telephonic/audio/visual/other virtual type) FYTD	Nancy Horskey	Monthly	Axiom
Total Actual Visits (includes nurse only visits) FYTD	All visits per Clinic (visit count methodology). For the Fiscal Year to Date	Nancy Horskey	Monthly	Axiom
Budgeted Visits FYTD	All budgeted visits per Clinic (visit count methodology) For the Fiscal Year to Date	Nancy Horskey	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - Budgeted Visits FYTD. For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD / Budgeted Visits FYTD (%) For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
Total Number of Patients seen by provider	Completed visits for provider only	Maria Aguirre	Monthly	Epic - Clarity Query
Grand Total FQHC	Includes Month Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula
FYTD FQHC	Includes FYTD Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula
FINANCE - BEHAVIORAL HEALTH				
In-Person Visits FYTD	Total Actual Visits (includes nurse only visits) FYTD - Virtual Visits FYTD	Nancy Horskey	Monthly	Axiom
Virtual Visits FYTD	Virtual Telemedicine Visits (telephonic/audio/visual/other virtual type) FYTD	Nancy Horskey	Monthly	Axiom
Total Actual Visits FYTD	Actual Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
Budgeted Visits FYTD	Budgeted Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - FYTD Budgeted Visits	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD/ Budgeted Visits FYTD (%)	Amanda Jacobs	Monthly	Formula



Ambulatory Pillars Dashboard
Data Dictionary

Federally Qualified Health Centers

Data Source		Owner	Frequency	System	
FINANCE-DENTAL					
Actual Visits FYTD	All visits per Dental Clinic (visit count methodology) For fiscal year to date		Nancy Horskey	Monthly	Axiom
Budgeted Visits FYTD	All budgeted visits per Dental Clinic (visit count methodology) For fiscal year to date		Nancy Horskey	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - FYTD Budgeted Visits		Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD/ Budgeted Visits FYTD (%)		Amanda Jacobs	Monthly	Formula
QUALITY - Ambulatory					
Quality /Regulatory Metrics	Required by:		Quality	Monthly	
Body Mass Index (BMI) Screening and Follow-Up	CMS69v10	Description: Percentage of patients aged 18 years and older with BMI documented during the most recent visit or within the previous 12 months to that visit and who had a follow-up plan documented if the most recent BMI was outside of normal parameters Numerator: Patients with a documented BMI during the encounter or during the previous twelve months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter Denominator: All patients aged 18 and older on the date of the encounter with at least one eligible encounter during the measurement period			
		Quality	Monthly	EPIC/UDS	
Cervical Cancer Screening	CMS124v10	Description: Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: * Women age 21-64 who had cervical cytology performed within the last 3 years * Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years Numerator: Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria: * Cervical cytology performed during the measurement period or the two years prior to the measurement period for women who are at least 21 years old at the time of the test * Cervical human papillomavirus (HPV) testing performed during the measurement period or the four years prior to the measurement period for women who are 30 years or older at the time of the test Denominator: Women 23-64 years of age with a visit during the measurement period			
		Quality	Monthly	EPIC/UDS	
Childhood Immunization Status (CIS)	CMS117v10	Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday Numerator: Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday Denominator: Children who turn 2 years of age during the measurement period and who have a visit during the measurement period			
		Quality	Monthly	EPIC/UDS	
Colorectal Cancer Screening	CMS130v10	Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer Numerator: Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: * Fecal occult blood test (FOBT) during the measurement period * Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period * Colonoscopy during the measurement period or the nine years prior to the measurement period * FIT-DNA during the measurement period or the two years prior to the measurement period * CT Colonography during the measurement period or the four years prior to the measurement period Denominator: Patients 50-75 years of age with a visit during the measurement period			
		Quality	Monthly	EPIC/UDS	



Ambulatory Pillars Dashboard
Data Dictionary

Federally Qualified Health Centers

Data Source		Owner	Frequency	System	
Controlling High Blood Pressure	CMS165v10	Decryption: Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period Numerator: Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period Denominator: Patients 18-85 years of age who had a visit and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period.	Quality	Monthly	EPIC/UDS
Diabetes: Hemoglobin A1c Poor Control	CMS122v10	Description: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period Numerator: Patients whose most recent HbA1c level (performed during the measurement period) is >9.0% or is missing, or was not performed during the measurement period. Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period	Quality	Monthly	EPIC/UDS
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	CMS164v7	Description: Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period or who had an active diagnosis of IVD during the measurement period, and who had documented use of aspirin or another antiplatelet during the measurement period Numerator: Patients who had an active medication of aspirin or another antiplatelet during the measurement year Denominator: Patients 18 years of age and older with a visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD overlapping the measurement year	Quality	Monthly	EPIC/UDS
Screening for Clinical Depression and Follow Up Plan	CMS2v11	Description: Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter Numerator: Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the eligible encounter Denominator: All patients aged 12 years and older at the beginning of the measurement period with at least one eligible encounter during the measurement period	Quality	Monthly	EPIC/UDS
Tobacco Use: Screening and Cessation Intervention:	CMS138v10	Description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention if identified as a tobacco user Numerator: *Patients who were screened for tobacco use at least once during the measurement period and *Who received tobacco cessation intervention if identified as a tobacco user Denominator: Patients aged 18 years and older seen for at least two medical visits in the measurement period or at least one preventive medical visit during the measurement period.	Quality	Monthly	EPIC/UDS



Ambulatory Pillars Dashboard
Data Dictionary

Federally Qualified Health Centers

Data Source		Owner	Frequency	System	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v10	<p>Description: Percentage of patients 3–17* years of age who had an outpatient medical visit and who had evidence of height, weight, and body mass index (BMI) percentile documentation and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement period</p> <p>Numerator: Children and adolescents who have had: *their height, weight, and BMI percentile recorded during the measurement period and *counseling for nutrition during the measurement period and *counseling for physical activity during the measurement period</p> <p>Denominator: Patients 3 through 16 years of age with at least one outpatient medical visit during the measurement period</p>	Quality	Monthly	EPIC/UDS
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v5	<p>Description: Percentage of the following patients at high risk of cardiovascular events who were prescribed or were on statin therapy during the measurement period: *All patients who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure, or *Patients 20 years of age or older who have ever had a low-density lipoprotein cholesterol (LDL-C) laboratory result level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, or *Patients 40 through 75 years of age with a diagnosis of Type 1 or Type 2 diabetes</p> <p>Numerator: Patients who are actively using or who received an order (prescription) for statin therapy at any time during the measurement period</p> <p>Denominator: Patients who were previously diagnosed with or currently have an active diagnosis of ASCVD, including anASCVD procedure, or Patients who were 20 years of age and older at the start of the measurement period who: *ever had a laboratory result of LDL-C greater than or equal to 190 mg/dL or *were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, or Patients 40 through 75 years of age with Type 1 or Type 2 diabetes; With a medical visit during the measurement period Include patients of any age for the ASCVD determination; patients with birthdate on or before January 1,2002 for LDL-C determination; and patients with birthdate on or after January 1, 1947, and birthdate on or before January 1, 1982 for diabetes determination.</p>	Quality	Monthly	EPIC/UDS
Breast Cancer Screening	CMS125v10	<p>Description: Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period</p> <p>Numerator: Women with one or more mammograms during the 27 months prior to the end of the measurement period</p> <p>Denominator: Women 51-74 years of age with a visit during the measurement period</p>	Quality	Monthly	EPIC/UDS
HIV Screening	CMS349v4	<p>Description: Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for HIV</p> <p>Numerator: Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday</p> <p>Denominator: Patients 15 to 65 years of age at the start of the measurement period AND who had at least one outpatient visit during the measurement period</p>	Quality	Monthly	EPIC/UDS



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 7.

Committee Reports



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 7.a.

Committee Reports
Compliance and Quality Committee
No Handout



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 7.b.

Committee Reports
Executive Committee
No Handout



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 7.c.

Committee Reports
Finance Committee

VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending September 30, 2022

OPERATING REVENUE

(a) Visits

	Actual	Budget	Variance	%Variance
Month-to-Date	27,325	26,166	1,159	4.4%
Year-to-Date	82,242	76,618	5,624	7.3%

Visits greater than budget for the month by 1,159 or 4.4%. Current month visits less than prior month by 2,994 or 9.9%. The VCHC's were greater than budget by 794 or 5.7%, Outpatient Behavioral Health was greater than budget by 82 or 3.8%, VCHC-Phoenix was greater than budget by 301 or 5.3%, VCHC-Peoria was less than budget by 245 or 9.2% and Dental greater than budget by 227 or 12.9%.

(b) Net Patient Service Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,542,013	\$ 5,338,799	\$ 203,213	3.8%
Year-to-Date	\$ 16,925,007	\$ 15,636,732	\$ 1,288,275	8.2%
Month-to-Date Per Visit	\$ 203	\$ 204	\$ (1)	-0.6%
Year-to-Date Per Visit	\$ 206	\$ 204	\$ 2	0.8%

Net patient service revenue is greater than budget by \$203.2K for MTD. On a per visit basis, net patient service revenue is less than budget by 0.6% for MTD. The VCHC's were greater than budget by \$188.1K or 6.2%, the Outpatient Behavioral Health clinics were greater than budget by \$5.7K or 1.0%, the VCHC-Phoenix was greater than budget by \$87.3K or 9.1%, the VCHC-Peoria was less than budget by \$69.8K or 13.2% and Dental less than budget by \$8.1K or 3.1%.

(c) Other Operating Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 304,600	\$ 417,381	\$ (112,780)	-27.0%
Year-to-Date	\$ 1,050,263	\$ 1,189,179	\$ (138,916)	-11.7%

Other operating revenue is less than budget by \$112.8K for MTD.

(e) Total operating revenues

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,846,613	\$ 5,756,180	\$ 90,433	1.6%
Year-to-Date	\$ 17,975,270	\$ 16,825,911	\$ 1,149,359	6.8%
Month-to-Date Per Visit	\$ 214	\$ 220	\$ (6)	-2.7%
Year-to-Date Per Visit	\$ 219	\$ 220	\$ (1)	-0.5%

Total operating revenues are greater than budget by \$90.4K for MTD. On a per visit basis, total operating revenue is less than budget by \$6.00 for MTD.

VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending September 30, 2022

OPERATING EXPENSES

(f) Salaries and Wages

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 2,219,204	\$ 2,168,404	\$ (50,800)	-2.3%
Year-to-Date	\$ 6,757,751	\$ 6,356,234	\$ (401,517)	-6.3%
Month-to-Date FTEs	367	408	41	10.1%
Year-to-Date FTEs	364	397	33	8.2%

Salaries and wages were greater than budget by \$50.8K for MTD. FTEs were less than budget by 41 for MTD. The average salaries and wages per FTE were greater compared to the previous month by \$577.41.

(h) Employee Benefits

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 719,987	\$ 687,973	\$ (32,015)	-4.7%
Year-to-Date	\$ 2,162,855	\$ 2,017,122	\$ (145,732)	-7.2%
Month-to-Date Per FTE	\$ 1,964	\$ 1,687	\$ (277)	-16.4%
Year-to-Date Per FTE	\$ 5,941	\$ 5,086	\$ (855)	-16.8%

Employee benefits greater than budget by \$32.0K MTD.

Benefits as a % of Salaries

	Actual	Budget	Variance	%Variance
Month-to-Date	32.4%	31.7%	-0.7%	-2.3%
Year-to-Date	32.0%	31.7%	-0.3%	-0.9%

(i) Medical Service Fees

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 1,670,961	\$ 1,845,921	\$ 174,960	9.5%
Year-to-Date	\$ 5,619,532	\$ 5,537,762	\$ (81,770)	-1.5%

Medical service fees were less than budget for the month by \$175.0K MTD.

The VCHC's were less than budget by \$68.0K or 6.2%, OP Behavioral Health greater than budget by \$10.6K or 24.1%, VCHC - Phoenix was less than budget by \$95.6K or 18.5% and VCHC-Peoria was less than budget by \$21.9K or 11.7%.

(j) Supplies

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 214,846	\$ 244,720	\$ 29,874	12.2%
Year-to-Date	\$ 656,351	\$ 703,155	\$ 46,804	6.7%
Month-to-Date Supplies per Visit	\$ 8	\$ 9	\$ 1	15.9%
Year-to-Date Supplies per Visit	\$ 8	\$ 9	\$ 1	13.0%

Supplies expenses were less than budget by \$29.9K MTD.

(k) Purchased Services

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 22,497	\$ 41,725	\$ 19,228	46.1%
Year-to-Date	\$ 59,574	\$ 95,564	\$ 35,990	37.7%

Purchased services were less than budget by \$19.2K MTD.

VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending September 30, 2022

OPERATING EXPENSES (continued)

(l) Other Expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 90,777	\$ 78,576	\$ (12,201)	-15.5%
Year-to-Date	\$ 279,758	\$ 275,225	\$ (4,533)	-1.6%

For the month, other expenses were greater than budget by \$12.2K MTD.

(n) Allocated Ancillary Expense

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 862,316	\$ 871,874	\$ 9,558	1.1%
Year-to-Date	\$ 2,497,550	\$ 2,597,946	\$ 100,396	3.9%

Allocated ancillary expenses were less than budget by \$9.6K MTD.

(o) Total operating expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,800,588	\$ 5,939,896	\$ 139,307	2.3%
Year-to-Date	\$ 18,033,371	\$ 17,585,152	\$ (448,220)	-2.5%
Month-to-Date Per Visit	\$ 212	\$ 227	\$ 15	6.9%
Year-to-Date Per Visit	\$ 219	\$ 230	\$ 10	4.7%

Total operating expenses were less than budget by \$139.3K MTD. On a per visit basis, the current month was 6.9% favorable.

(p) Margin (before overhead allocation)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 46,024	\$ (183,716)	\$ 229,740	125.1%
Year-to-Date	\$ (58,101)	\$ (759,241)	\$ 701,139	92.3%
Month-to-Date Per Visit	\$ 2	\$ (7)	\$ 9	124.0%
Year-to-Date Per Visit	\$ (1)	\$ (10)	\$ 9	92.9%

Total margin (before overhead allocation) is greater than budget by \$229.7K for MTD.



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 7.d.

Committee Reports

Strategic Planning and Outreach Committee
No Handout



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 8.

FQHC Clinics Chief Executive
Officer Report



Office of the Sr Vice President & CEO FQHC Clinics

2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: November 2, 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: September 2022

The first quarter of FY23 trended positively. *Valleywise Community Health Centers (FQHC)* and Comprehensive Health Centers had a positive visit variance of 7.3% FYTD. However, caution is given the current workforce challenges in all positions including Providers. A snapshot of the FQHC Clinical Support Vacancies reported 10/26/2023 were:

Vacancies per positions	
Registered Nurse	8
Clinical Resource Leader	1
Medical Assistant	27
Administrative Assistant	2
Cultural Health Navigators	3

HIV Service Line

Valleywise Community Health Center – McDowell had a positive visit variance of 10.6% FYTD. Valleywise Community Health Center – Mesa had a positive variance of 54.4% FYTD. Patient have sought care due to the prevalence of COVID and Monkey Pox.

Other FQHC including Peoria had a positive visit variance 0.7% FYTD. Primary care has is running 5% less than the target at (8.1%). This is attributed to workforce challenges.

Integrated Behavioral Health (IBH) services had a positive visit variance of 2.7% FYTD. Clinics who are not meeting targets, Mesa, North Phoenix, and South Phoenix, are experiencing vacancies in the workforce.

Valleywise Community Health Centers (FQHC) Dental Clinics continue to rebound with a positive visit variance of 14.6% FYTD.

CEO Recruitment Update

The position for Valleywise Health Senior Vice President/CEO of FQHC is currently posted and applicants are being received. Chair, Michelle Barker, has been involved with the process and will be included when in-person interviews are conducted.

Community Health Worker (CHW) Voluntary Certification and AHCCS Reimbursement

On October 14, 2022, AHCCS conducted an information session on Community Health Worker Services, certification, and reimbursement for services. Given the goals of this service, there is a potential for improved health outcomes for the population served. Valleywise Health and AACHC will continue to engage with AHCCS on the development of this service.

What is a Community Health Worker or Community Health Representative?

- A frontline public health worker who is a trusted member of and has an unusually close understanding of the community served.
 - This trusting relationship enables the CHW to be a liaison between health and social services and the community, facilitate access to services, and improve the quality and cultural competence of service delivery.
 - CHWs build individual and community capacity by increasing health knowledge and self-sufficiency through activities such as outreach, community education, informal counseling, social support and advocacy.
- Their goal is to help people:
 - Navigate a complex health care system,
 - Encourage preventive care (as mammograms, cervical cancer screenings, and immunizations),
 - Manage chronic illnesses (blood sugar, follow treatment plans, and lower blood pressure),
 - Maintain healthy lifestyles, and
 - Assist people in receiving the care they need in culturally and linguistically relevant ways.

Hunger in America

Food security - access by all people at all times to enough food for an active, healthy life.

Food insecurity - difficulty at some point during the year to provide enough food for all household members because of a lack of resources. Food insecurity can be temporary or prolonged.



In 2021, nationwide:

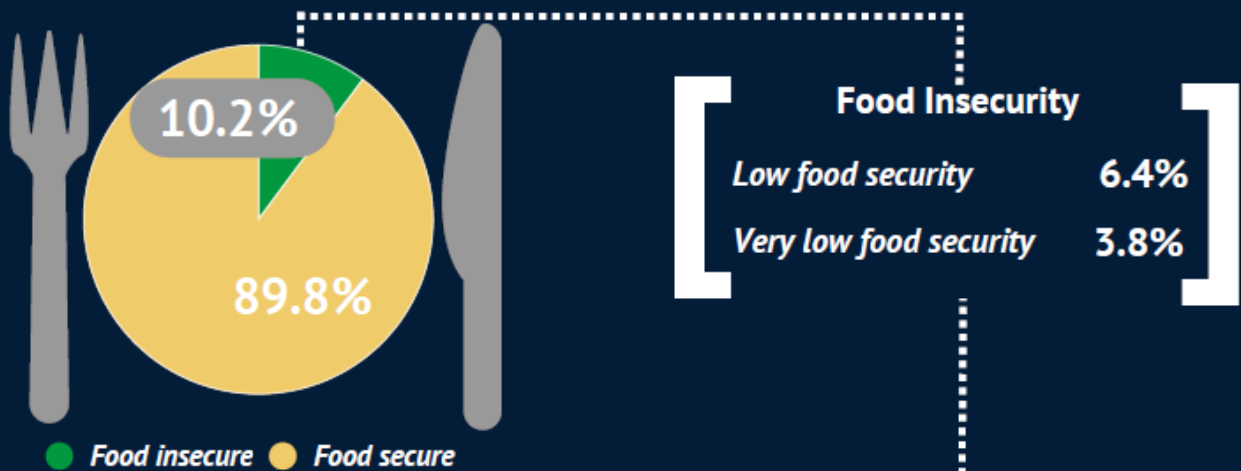
34
Million

people lived in food insecure households

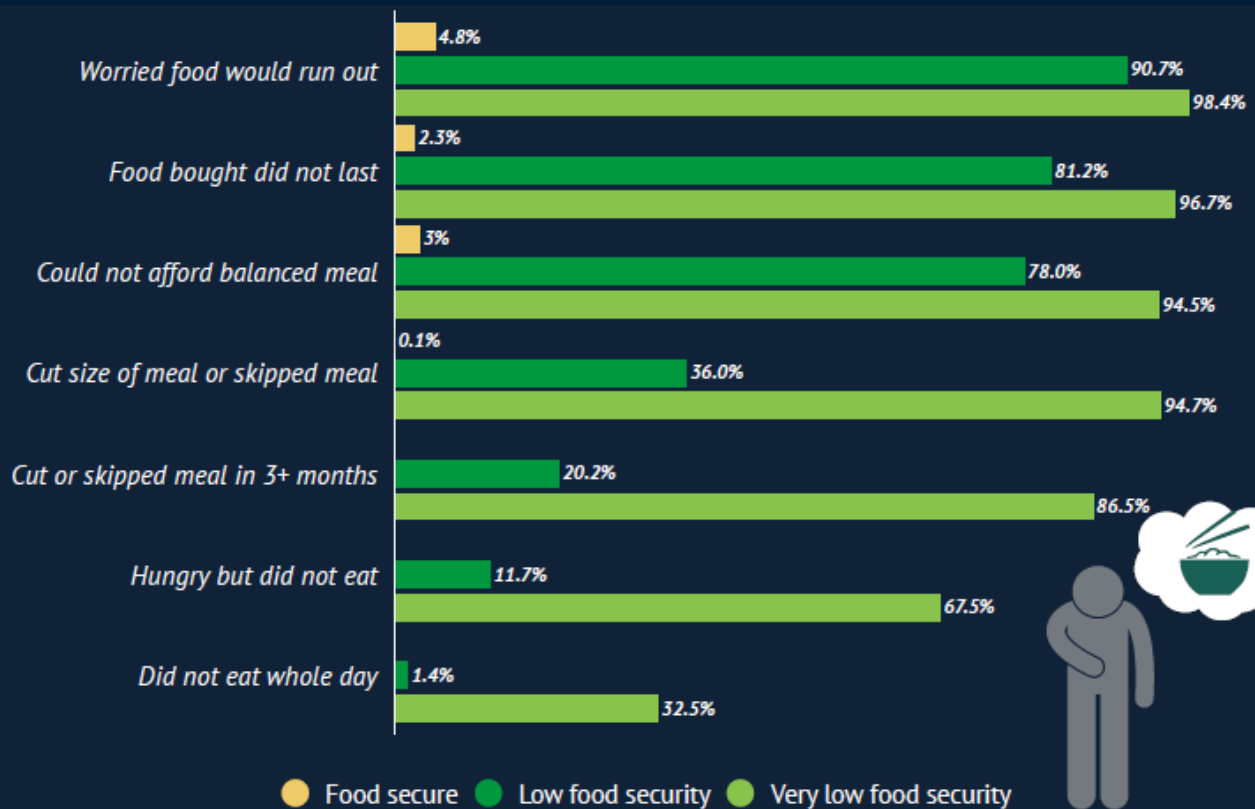
53
Million

people turned to food banks and community programs for help putting food on the table

What does it mean to be food insecure in the United States?



Percentage of households reporting indicators of food insecurity in 2021



Who is most affected by food insecurity?

Rates of food insecurity in 2021

Households with children



All U.S. households
with children
12.5%

Single female
households with
children
24.3%

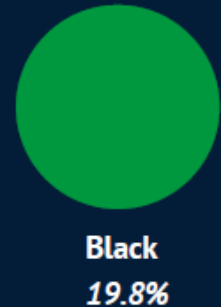
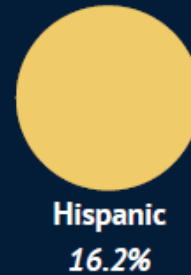


Single male
households with
children
16.2%

Households with
children under
the age 6
12.9%



Race/Ethnicity



An estimated **1 in 5**
Native Americans face hunger

Area of Residence



Inside metro areas
10.1%



Outside metro areas (*rural*)
10.8%



Percentage of food insecure U.S. households with children dropped
from **14.8%** in 2020.

*The expanded child tax credit, SNAP benefits, and private donations can
all be credited for reducing food insecurity.*

What influences food security?

The causes of food insecurity are complex. Some of the causes of food insecurity include:



Inflation in 2022 has impacted food security:

Food costs have spiked **11.4%** over the past year. Most food items have increased in price from a year ago including:



What is the connection between food security and health?

Food insecurity is associated with:



Nutrition security includes food access as well as the nutritional quality of the foods available. Food security is having enough calories. Nutrition security is having the right calories.

What strategies can be implemented to mitigate food insecurity?

Food system transformation



Scaling up climate resilience across food systems



Intervening in food supply chains to lower the cost of nutritious foods



Increasing economic support during times of crisis for people vulnerable to income shocks



Tackling poverty and structural inequalities, ensuring interventions are inclusive



Promoting dietary patterns to improve health and the environment

Improving access to food



Tailor SNAP and WIC benefits to offer more flexibility to access a wider range of foods and locations that include online grocery delivery



Strengthen government safety net programs to make them more responsive



Provide universal free school meals to all children



Strengthen coordination between the private, nonprofit, and public sectors



Reduce administrative burdens that make accessing food programs so cumbersome



Pass financing initiatives or zoning regulation changes in food deserts

The use of an equity lens when considering solutions would ensure that at risk communities have access to affordable, nutritious food within or near their communities.

Additional free food assistance in Maricopa County and Phoenix

To find the phone number, addresses, and locations of other food pantries near you and soup kitchens in Phoenix and Maricopa County, dial (602) 242-3663. Or get help in applying for SNAP food stamps, (WIC) Special Supplemental Nutrition Program for Women, Infants, and Children, Summer Snack or Food Service for students and more. Dozens of additional centers as well as programs aid the needy.¹

¹ [Free food banks Maricopa County | Phoenix food pantries \(needhelppayingbills.com\)](https://www.needhelppayingbills.com/free-food-banks-maricopa-county-phoenix-food-pantries/)
Accessed Source:10/26/2022.



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 9.

Special Health Care District
Board of Directors Report

No Handout



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 10.

Valleywise Health Chief
Executive Officer Report

No Handout



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 11.

Closing Comments
No Handout



Valleywise Community Health Centers Governing Council Meeting

November 2, 2022

Item 12.

Staff Assignment
No Handout