



Valleywise Community Health
Centers Governing Council
Meeting

May 3, 2023

6:00 p.m.

Agenda



<p><u>Council Members</u> Scott Jacobson, Chairman Eileen Sullivan, Vice Chairman <u>VACANT</u>, Treasurer Earl Arbuckle, Member Chris Hooper, Member Salina Imam, Member Liz McCarty, Member Norma Muñoz, Member Jane Wilson, Member Mary Rose Garrido Wilcox, District Board, Non-Voting Member</p>	<p><u>AGENDA</u> Valleywise Community Health Centers Governing Council</p> <p>Mission Statement of the Federally Qualified Health Centers Serve the population of Maricopa County with excellent, comprehensive health and wellness in a culturally respectful environment.</p>
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• Valleywise Health Medical Center • 2601 East Roosevelt Street • Phoenix, Arizona 85008 •

Meeting will be held remotely. Please visit <https://valleywisehealth.org/events/valleywise-community-health-centers-governing-council-meeting-may-3-2023/> for further information.

Wednesday, May 3, 2023
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 cell phone, computer, etc., to minimize disruption of the meeting.

6:00 **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:

- 6:15 1. Approval of Consent Agenda: 5 min
Any matter on the Consent Agenda will be removed from the Consent Agenda and discussed as a regular agenda item upon the request of any voting Governing Council member.
- a. Minutes:
 - i. **Approve** Valleywise Community Health Centers Governing Council Meeting Minutes dated March 1, 2023
 - ii. **Approve** Valleywise Community Health Centers Governing Council Meeting Minutes dated April 5, 2023
 - b. Contracts:
 - i. **Accept** a new intergovernmental agreement (IGA) [90-23-225-1 (CTR063883)] between the Arizona Department of Health Services (ADHS) and the Maricopa County Special Health Care District dba Valleywise Health, for funding for the Reproductive Health/Family Planning Program, which provides reproductive health/family planning education, counseling, medical care, screening, and referral services to low-income individuals living in rural and underserved areas
 - c. Governance:
 - i. **Approve** Change in Scope of Service: add Saturday hours at Valleywise Community Health Center-Chandler, effective May 6, 2023
 - d. Medical Staff:
 - i. INTENTIONALLY LEFT BLANK

End of Consent Agenda

- 6:20 2. Discuss and Review Federally Qualified Health Centers Uniform Data System (UDS) Quality Metrics for the First Quarter of Calendar Year 2023 10 min
Crystal Garcia, RN, MBA, Vice President, Specialty Services, Quality and Safety
- 6:30 3. Discuss and Review Federally Qualified Health Centers Patient Safety Report for the Third Quarter of Fiscal Year 2023 10 min
Crystal Garcia, RN, MBA, Vice President, Specialty Services, Quality and Safety
- 6:40 4. Discuss and Review Federally Qualified Health Centers National Research Corporation (NRC) RealTime Platform Patient Satisfaction Data for the Third Quarter of Fiscal Year 2023 10 min
Crystal Garcia, RN, MBA, Vice President, Specialty Services, Quality and Safety
- 6:50 5. Discuss and Review Federally Qualified Health Centers Financials and Payor Mix for the Third Quarter of Fiscal Year 2023 10 min
Matthew Meier, MBA, Vice President, Financial Services
- 7:00 6. Discuss, Review and **Approve** Fiscal Year 2024 Patient Volumes; Discuss and Review Capital Target for the Federally Qualified Health Centers 20 min
Matthew Meier, MBA, Vice President, Financial Services

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

- 7:20 7. Report on the 2023 Arizona Alliance for Community Health Centers (AACHC) Annual Conference
15 min
Valleywise Community Health Centers Governing Council
- 7:35 8. Maricopa County Special Health Care District Board of Directors Report 5 min
Mary Rose Garrido Wilcox, Director, District 5, Maricopa County Special Health Care District Board of Directors
- 7:40 9. Valleywise Health's President and Chief Executive Officer's Report 5 min
Steve Purves, FACHE, President and Chief Executive Officer, Valleywise Health
- 7:45 10. Governing Council Member and Federally Qualified Health Centers' Chief Executive Officer's Closing Comments/Announcements 5 min
Valleywise Community Health Centers Governing Council
- 7:50 11. Review Staff Assignments 5 min
Melanie Talbot, Chief Governance Officer

Old Business:

February 1, 2023

Provide insight as to what may be causing inconsistencies in patient satisfaction scores in certain FQHCs (*next reporting May 2023*)

7:55 **Adjourn**



Valleywise Community Health
Centers Governing Council
Meeting

May 3, 2023

Item 1.

Consent Agenda



Valleywise Community Health
Centers Governing Council
Meeting

May 3, 2023

Item 1.a.i.

Minutes
March 1, 2023

Minutes

Valleywise Community Health Centers Governing Council
Valleywise Health Medical Center
March 1, 2023
6:00 p.m.

DRAFT

Members Present: Scott Jacobson, Vice Chairman
Marisue Garganta, Member
Chris Hooper, Member
Salina Imam, Member
Liz McCarty, Member
Eileen Sullivan, Member
Jane Wilson, Member

Non-Voting Member Absent: Mary Rose Garrido Wilcox, Maricopa County Special Health Care District Board of Directors

Others/Guest Presenters: Michelle Barker, DHSc, Chief Executive Officer of the Federally Qualified Health Centers
Steve Purves, FACHE, President and Chief Executive Officer, Valleywise Health
Michael D. White, MD, MBA, Chief Clinical Officer
Claire Agnew, CPA, MBA, Chief Financial Officer
Melanie Talbot, Chief Governance Officer
Ijana M. Harris, JD, Assistant General Counsel
Jessyca Leach, Executive Director of Southwest Center for HIV/AIDS
Amanda De Los Reyes, MBA, CRCR, Vice President, Revenue Cycle
LT Slaughter, CPA, MBA, Chief Compliance Officer

Recorded by: Cynthia Cornejo, Deputy Clerk of the Board

Call to Order:

NOTE: Due to a vacancy in the Chairman position, Vice Chairman Jacobson chaired the meeting.

Vice Chairman Jacobson called the meeting to order at 6:04 p.m.

Roll Call

Ms. Talbot called roll. Following roll call, she noted that six of the seven voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Ms. Imam arrived after roll call.

Call to the Public

Vice Chairman Jacobson called for public comment. There were no comments.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 1, 2023**

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:
 - a. Minutes:
 - i. Approve Valleywise Community Health Centers Governing Council Meeting Minutes dated February 1, 2023
 - b. Contracts:
 - i. Acknowledge amendment #6 to the intergovernmental agreement (90-19-176-1-06) between the Arizona Department of Health Services and the Maricopa County Special Health Care District dba Valleywise Health, for the Refugee Clinic, to replace the annual price sheet
 - c. Governance:
 - i. INTENTIONALLY LEFT BLANK
 - d. Medical Staff:
 - i. Acknowledge the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

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

VOTE: 6 Ayes: Vice Chairman Jacobson, Ms. Garganta, Mr. Hooper, Ms. McCarty, Ms. Sullivan, Ms. Wilson
0 Nays
1 Absent: Ms. Imam
Motion passed.

2. Appoint Michelle Barker, DHSc, as the Project Director/Chief Executive Officer of the Federally Qualified Health Centers effective February 27, 2023

Vice Chairman Jacobson stated that he and Ms. McCarty interviewed three candidates for the Project Director/Chief Executive Office of the Federally Qualified Health Centers (FQHC) and was pleased with the candidate selected.

Ms. McCarty explained they spent nearly an hour with each candidate and provided their feedback to staff. She was also satisfied with the decision.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 1, 2023**

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

2. Appoint Michelle Barker, DHSc, as the Project Director/Chief Executive Officer of the Federally Qualified Health Centers effective February 27, 2023

MOTION: Ms. McCarty moved to appoint Michelle Barker as the Project Director/Chief Executive Officer of the Federally Qualified Health Centers effective February 27, 2023. Ms. Sullivan seconded.

VOTE: 6 Ayes: Vice Chairman Jacobson, Ms. Garganta, Mr. Hooper, Ms. McCarty, Ms. Sullivan, Ms. Wilson

0 Nays

1 Absent: Ms. Imam

Motion passed.

3. Elect a Chairman of the Valleywise Community Health Centers Governing Council for the Remainder of Fiscal Year 2023, Effective Immediately

Vice Chairman Jacobson and Ms. Sullivan expressed their interest in serving as Chairman for the remainder of fiscal year (FY) 2023.

NOTE: Ms. Imam arrived at 6:10 p.m.

MOTION: Ms. McCarty moved to elect Scott Jacobson as Chairman of the Valleywise Community Health Centers Governing Council for the remainder of fiscal year 2023, effective immediately. Ms. Wilson seconded.

VOTE: 7 Ayes: Vice Chairman Jacobson, Ms. Garganta, Mr. Hooper, Ms. Imam, Ms. McCarty, Ms. Sullivan, Ms. Wilson

0 Nays

Motion passed.

4. Presentation on the Southwest Center for HIV/AIDS

Ms. Leach outlined the history of the Southwest Center for HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome). The organization was founded in 1990 by and for individuals living with HIV/AIDS to remove obstacles in healthcare and develop collaborations to provide care for individuals that needed it. The current vision, mission, and values, continued to be designed to be person-centered, and enable barrier-free access to care.

She reviewed the demographics of the patients treated at the Southwest Center, including those that had been discriminated against in healthcare, such as LGBTQIA2S+ (lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and two-spirit) individuals, the uninsured and underinsured. Services provided included primary care services, gender affirming care, and medical nutrition services. Individuals also had access to outpatient behavioral health services and case management. There were various ongoing community engagements, including condom distribution, sexual and reproductive health education, and free HIV testing.

Future strategic priorities to increase health equity and improve client experiences would focus on growth on gender affirming care, reproductive health and family planning, naturopathic care, and community partnerships to address health inequities.

Dr. Barker asked if the Southwest Center planned on expanding services to additional facilities.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 1, 2023**

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

4. Presentation on the Southwest Center for HIV/AIDS, cont.

The lease on the current building was through the year 2037, and Ms. Leach stated financial strategies would be explored prior to discussing expanding services.

Chairman Jacobson recalled that Valleywise Health, formerly known as Maricopa Integrated Health System, opened the first HIV/AIDS clinic in Maricopa County. That clinic now shared a building with Southwest Center, and he asked how the Southwest Center referred their patients for additional care.

Ms. Leach stated there were various factors considered when referring patients for additional care and services, including but not limited to the patient’s preference and the capacity of the referred facility.

5. Discuss and Review the 2023 Federal Poverty Level Guidelines and Utilization of the Federally Qualified Health Centers Sliding Fee Discount Program; Approve Renewal of the Federally Qualified Health Centers Sliding Fee Discount Program/Policy Including the Schedule

Ms. De Los Reyes said the Health and Human Services Department (HHS) updated the Federal Poverty Levels (FPL) annually, with the most recent revisions made in January 2023. She summarized the changes made to the household income guidelines. After reviewing the changes, staff determined that no changes were needed to the FQHC Sliding Fee Discount Program Policy or Schedule.

She reviewed the utilization of the FQHC Sliding Fee Discount Program, highlighting year-over-year fluctuations. Category one (1), those at ≤100% of the FPL, had the highest utilization rate; however, category five (5), those at 201%-250% of the FPL, had the highest balance amount.

Ms. Agnew stated there was an overall increase in self-pay encounters in calendar year (CY) 2022, despite the Public Health Emergency (PHE) and a halt on disenrolling members from the Arizona Health Care Cost Containment System (AHCCCS), the state’s Medicaid program.

Ms. Garganta inquired on the plans in place to prepare for the end of the PHE.

Ms. Agnew noted all parties involved were prepared and each had their role to manage the end of the PHE. She reiterated the purpose of the Sliding Fee Discount Program and Schedule was to assist patients without health care coverage to received medical care at a substantially reduced rate.

MOTION: Ms. Sullivan moved to approve the renewal of the Federally Qualified Health Centers Sliding Fee Discount Program/Policy including the schedule. Mr. Hooper seconded.

VOTE: 7 Ayes: Chairman Jacobson, Ms. Garganta, Mr. Hooper, Ms. Imam, Ms. McCarty, Ms. Sullivan, Ms. Wilson
0 Nay
Motion passed.

6. Annual Compliance Training and Conflict of Interest Education

Mr. Slaughter presented the annual compliance training and conflict of interest (COI) education.

He highlighted the Governing Council’s responsibilities regarding compliance program functions. The main objective was for members to act in good faith in its oversight of the FQHCs. Members should be knowledgeable about program components and understand the business of Valleywise Health, the FQHCs, and the risk assessment and mitigation processes.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 1, 2023**

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

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

Mr. Slaughter listed various health care regulation oversight agencies and stated the importance of following elements of the Health Resources and Services Administration (HRSA) Compliance Manual. The top changes for 2023 included, but were not limited to, increase need for cybersecurity, enforcement of telehealth regulations, and the end of the PHE.

He reviewed Valleywise Health's main business units, including the acute care hospital, graduate medical education and residency programs, the FQHCs, comprehensive health centers, behavioral health, partnership with District Medical Group, Care Reimagined, and more. He then outlined the major payers and revenue sources.

Mr. Slaughter described the Governing Council's structure, which was outlined in the Co-Applicant Operational Arrangement with the Maricopa County Special Health Care District (District). He reviewed the individual and shared responsibilities of both the governing bodies. He outlined a timeline representing recent accomplishments of the FQHCs.

The Enterprise Risk Management was a process used to identify risks, prioritize and score risks, and respond to risk by implementing action plans. He outlined the internal controls used, a system-based preventative control, which was the most desirable and reliable.

He said an effective compliance program included various elements and noted how Valleywise Health addressed each element, including the review of the Code of Conduct and Ethics on an annual basis, having policies and procedures in place, providing a compliance hotline, and reporting the results of audits to the appropriate committees.

Mr. Slaughter described conflict of interest laws, the Emergency Medical Treatment and Active Labor Act (EMTALA), Anti-Kickback statute, the False Claims Act, and the Deficit Reduction Act. He explained the Health Insurance Portability and Accountability Act (HIPAA).

He concluded that Valleywise Health proactively mitigated risks by implementing an effective compliance program, conducting risk assessments, having internal audits, reviewing policies and procedures, designating a compliance officer/privacy officer, and an information security officer, implementing corrective actions, communicating well, and expecting the best from employees.

7. Discuss and Review the Federally Qualified Health Centers Semiannual Compliance and Internal Audit Work Plans and Ethics Line Report

Mr. Slaughter outlined the semiannual compliance report for the FQHCs and provided an update on the projects related to HIPAA electronic referrals, women's clinic review and new facilities, and resident model compliance.

He provided details related to the internal audit projects, including FQHC grant funding reviews, and Care Reimagined controls and monitoring review.

Regarding the ethics point hotline, there were no calls received related to the FQHCs.

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

This item was not discussed.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 1, 2023**

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

9. Valleywise Health’s President and Chief Executive Officer’s Report

Mr. Purves expressed his appreciation to the Governing Council members and congratulated Dr. Barker for her appointment as Chief Executive Officer of the FQHCs.

He provided an overview of Valleywise Health’s priorities, including the planning opening of the new acute care hospital. He explained the various logistics involved in making the transition.

A new master services agreement between the District and District Medical Group, to provide medical staff throughout Valleywise Health, had been approved by the Board of Directors and would strengthen the partnership between the two organizations moving forward.

Mr. Purves reiterated the ongoing operational challenges related to workforce shortages, stating staff had various initiatives underway that focused on recruitment and retention. There were also efforts underway to secure supplemental funding, as workforce shortages had increased expenses in salaries and contract labor.

He provided an update on the current legislative session, noting the organization’s areas of focus, including efforts to establish a federal safety net hospital designation.

10. Chairman and Council Member Closing Comments/Announcements

Chairman Jacobson encouraged all members to continue to reach out to the community and recruit members to serve on the Governing Council.

11. Review Staff Assignments

Ms. Talbot reiterated the old business and noted there were no requests that stemmed from the meeting.

Adjourn

MOTION: Ms. McCarty moved to adjourn the March 1, 2023 Valleywise Community Health Centers Governing Council Meeting. Ms. Wilson seconded.

VOTE: 7 Ayes: Chairman Jacobson, Ms. Garganta, Mr. Hooper, Ms. Imam, Ms. McCarty,
Ms. Sullivan, Ms. Wilson

0 Nays

Motion passed.

Meeting adjourned at 7:46 p.m.

Cynthia Cornejo
Deputy Clerk of the Board



Valleywise Community Health
Centers Governing Council
Meeting

May 3, 2023

Item 1.a.ii.

Minutes
April 5, 2023

Minutes

Valleywise Community Health Centers Governing Council
Valleywise Health Medical Center
April 5, 2023
6:00 p.m.

DRAFT

Members Present: Scott Jacobson, Vice Chairman
Chris Hooper, Member
Liz McCarty, Member
Eileen Sullivan, Member
Jane Wilson, Member – *participated remotely*

Members Absent: Salina Imam, Member

Non-Voting Member Present: Mary Rose Garrido Wilcox, Maricopa County Special Health Care District Board of Directors

Others/Guest Presenters: Michelle Barker, DHSc, Chief Executive Officer of the Federally Qualified Health Centers
Claire Agnew, CPA, MBA, Chief Financial Officer
Melanie Talbot, Chief Governance Officer
Ijana M. Harris, JD, Assistant General Counsel
Earl Arbuckle, Governing Council Member-elect
Norma Munoz, Governing Council Member-elect

Recorded by: Cynthia Cornejo, Deputy Clerk of the Board

Call to Order:

Chairman Jacobson called the meeting to order at 6:02 p.m.

Roll Call

Ms. Talbot called roll. Following roll call, she noted that four of the six voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Mr. Hooper arrived shortly after roll call.

NOTE: Mr. Hooper arrived at 6:03 p.m.

For the benefit of all participants, Ms. Talbot announced the Governing Council member that was participating remotely.

Call to the Public

Chairman Jacobson called for public comment. There were no comments.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – April 5, 2023**

General Session, Presentation, Discussion and Action:

- 1. Approval of Consent Agenda:
 - a. Minutes:
 - i. INTENTIONALLY LEFT BLANK
 - b. Contracts:
 - i. INTENTIONALLY LEFT BLANK
 - c. Governance:
 - i. Appoint Earl Arbuckle to the Valleywise Community Health Centers Governing Council
 - ii. Appoint Norma Munoz to the Valleywise Community Health Centers Governing Council
 - iii. Appoint William O’Neill to the Valleywise Community Health Centers Governing Council
 - iv. Approve revisions to Policy – 89101 F Mileage and Transportation; Proposing new title and policy number: Policy – 89101 T Governing Council Members Mileage and Transportation
 - d. Medical Staff:
 - i. Acknowledge the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

Chairman Jacobson removed item 1.c.iii. from the consent agenda, noting the item would not be discussed or voted on.

MOTION: Ms. McCarty moved to approve the consent agenda minus item 1.c.iii. Ms. Sullivan seconded.

VOTE: 5 Ayes: Chairman Jacobson, Mr. Hooper, Ms. McCarty, Ms. Sullivan, Ms. Wilson
0 Nays
1 Absent: Ms. Imam
Motion passed.

Ms. Talbot administered the Oath of Office to Mr. Arbuckle and Ms. Munoz for appointment of membership to the Valleywise Community Health Centers Governing Council (Governing Council), as required by the Governing Council bylaws.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – April 5, 2023**

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

2. Elect a Vice Chairman of the Valleywise Community Health Centers Governing Council for the Remainder of Fiscal Year 2023, Effective Immediately

Chairman Jacobson announced that Ms. Sullivan was nominated for Vice Chairman.

MOTION: Ms. McCarty moved to elect Eileen Sullivan as Vice Chairman of the Valleywise Community Health Centers Governing Council for the remainder of fiscal year 2023, effective immediately. Mr. Hooper seconded.

VOTE: 7 Ayes: Chairman Jacobson, Mr. Arbuckle, Mr. Hooper, Ms. McCarty, Ms. Munoz, Ms. Sullivan, Ms. Wilson

0 Nays

1 Absent: Ms. Imam

Motion passed.

3. Overview on Health Resources & Services Administration Health Center Program's Uniform Data System (UDS) Data and Valleywise Health's Quality Reporting; Review Select Data Points from Valleywise Health's Calendar Year 2022 UDS Report; Accept Calendar Year 2022 Report

Ms. Garcia explained the Health Resources & Services Administration (HRSA) health center program's Uniform Data System (UDS) and how it related to the Federally Qualified Health Centers (FQHCs). The standardized data set was gathered on a calendar year basis and the prior year's data was submitted to HRSA. She reviewed the reporting timeline which resulted in HRSA finalizing the data and releasing the quality measures and benchmarks by August.

Through the UDS, FQHCs reported patient characteristics, clinical services and outcomes, financial tables, and other forms. The data was used to make informed decisions to expand access to care, identify health disparities, improve quality of care, and reduce health care costs.

She outlined the metrics related to screenings and preventative care, maternal care and children's health, and chronic disease management. She shared the results for calendar year (CY) 2022, highlighting many of the metrics met the established benchmarks. She addressed the negative variance in childhood immunizations, stating a Centers of Medicare and Medicaid Services (CMS) logic change impacted the overall result. The metrics that did not meet their benchmarks were noted and Ms. Garcia reviewed the actions plans in place to improve the results.

Mr. Arbuckle asked if the quality measures were determined by Valleywise Health.

Ms. Garcia reiterated the quality measures and benchmarks were established by HRSA.

Mr. Hooper asked what staff was doing to improve the metric related to controlling high blood pressure, since the metric did not meet the benchmark.

Ms. Garcia said the action plans to address high blood pressure were multi-faceted. Patients that had blood pressure results outside the established benchmark were re-checked prior to leaving. Patients were also reminded to take their medication prior to their appointment.

Director Wilcox requested additional information on the depression screening.

Ms. Garcia outlined the process in place, including ensuring the follow-up plan was documented in the patient's medical record.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – April 5, 2023**

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

3. Overview on Health Resources & Services Administration Health Center Program's Uniform Data System (UDS) Data and Valleywise Health's Quality Reporting; Review Select Data Points from Valleywise Health's Calendar Year 2022 UDS Report; Accept Calendar Year 2022 Report, cont.

Dr. Barker noted that patients were screened for depression at every visit, which provided trending data for the providers to monitor.

Mr. Hooper asked if there were outreach efforts to aid patients with high blood pressure and diabetes, to encourage healthy habits.

Dr. Barker said that the protocol varied by patient and diagnosis. Once a patient's illness was stabilized, three-month follow-up appointments may be appropriate, however, more frequent appointments may be needed if the illness was not stable.

Ms. Garcia reviewed the Quality Task Force Focus Teams, with each team consisting of a physician champion and accountable leader. Individual teams focused on specific metrics for calendar year 2023.

Dr. Barker stated the quality measures were monitored throughout the calendar year and quarterly results were reported to the Governing Council. However, the finalized UDS report in its entirety was provided to the Governing Council on an annual basis, after being submitted to HRSA.

She reviewed select data points, including unique unduplicated patient count, utilization visits, and demographic characteristics such as race, ethnicity, language, sexual orientation/gender identity, and income.

The unique unduplicated patient count in CY 2022 had increased to 87,875, nearing pre-pandemic levels. The number of patient visits also increased to 319,056, including telehealth visits. The average number of visits per patient was 3.62 visits.

Ms. Munoz noted the number of unique unduplicated patient count had declined since CY 2017 and asked what factors led to that decrease.

Dr. Barker said that there were various factors, including but not limited to the pandemic. Many other FQHCs experienced similar decreases in unduplicated patient counts.

She outlined the demographic characteristic data related to race and ethnicity. She explained there were new guidelines for collecting race and ethnicity data for CY 2023, which expanded the race options for patients to choose from. Valleywise Health implemented the change in the electronic medical record, however, the change impacted the results for CY 2022.

Director Wilcox asked how the changes may impact Valleywise Health's ability to qualify for specific grants.

Dr. Barker stated the measure related to race and ethnicity was specific to the FQHCs and would not impact the organizations overall measure related to the patient population served.

She reviewed the six-year trend in the number of patients served in a language other than English, which had increased over prior year. She highlighted the data associated with sexual orientation and gender identity (SOGI), noting the increases in responses received year over year. Patients were also providing information related to their income level, with a large percentage of patient served being at or below the federal poverty level (FPL).

While she reviewed specific data points within the UDS report, the entire report was provided to the Governing Council for their review.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – April 5, 2023**

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

3. Overview on Health Resources & Services Administration Health Center Program's Uniform Data System (UDS) Data and Valleywise Health's Quality Reporting; Review Select Data Points from Valleywise Health's Calendar Year 2022 UDS Report; Accept Calendar Year 2022 Report, cont.

MOTION: Ms. Munoz moved to accept calendar year 2022 Uniform Data System report. Mr. Hooper seconded.

VOTE: 7 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Mr. Hooper, Ms. McCarty, Ms. Munoz, Ms. Wilson

0 Nays

1 Absent: Ms. Imam

Motion passed.

4. Discuss and Review Quality of Care Audit for the Federally Qualified Health Centers for Calendar Year 2022

Ms. Garcia noted the quality measures included in the UDS report were included in the quality of care audit for CY 2022. A quality assurance/quality improvement plan was updated to ensure the most current metrics and benchmarks were being monitored. There was a full-time quality analyst that worked closely with FQHC leadership to develop action plans to improve results.

As previously stated, many of the measures met the established benchmarks, with plans in place to address the metrics that did not meet the benchmark.

Mr. Hooper asked if the goal was to meet or exceed the benchmarks or to improve upon the prior year results.

Ms. Garcia said that the priority was to meet or exceed the national benchmarks.

5. Discuss and Review Fiscal Year 2024 Budget Calendar, Preliminary Patient Volume Assumptions and Capital Target for the Federally Qualified Health Centers

Mr. Meier informed the Governing Council of the budget process for fiscal year (FY) 2024, with the budget calendar identifying key dates in the process.

He outlined preliminary patient volume assumptions and capital targets for the FQHCs. The volume assumptions were forecasted using the same process as prior years, and were based on sessions, by specialty, by provider type. Volume assumptions included the family practice services provided by the mobile health unit, which was scheduled to be operational in July 2023.

Volume for the community health centers were projected to increase by 4.2%, compared to the current fiscal year, due to an increase in providers and the addition of the mobile health unit.

Outpatient behavioral health services visits were projected to increase by 12.3%, due to increased behavioral health providers and the expansion of grant funded behavioral health services.

Volumes at Valleywise Comprehensive Health Center-Peoria were projected to increase by 5.8%, with the assumption that internal medicine services would begin in August 2023.

A minimal increase in volumes were projected for the FQHCs located within Valleywise Comprehensive Health Center-Phoenix, due to provider staffing, and excluding the International Health Clinic from the budget for FY 2024.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – April 5, 2023**

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

5. Discuss and Review Fiscal Year 2024 Budget Calendar, Preliminary Patient Volume Assumptions and Capital Target for the Federally Qualified Health Centers, cont.

Mr. Meier said that dental volumes were projected to increase by 2.9%, noting the dental clinic located at Valleywise Comprehensive Health Center-Peoria was fully staffed and attributing to the increase.

Overall, the FQHCs had a projected volume increase of 4.5% for FY 2024, compared to FY 2023 projections.

He provided a high-level report of the projected number District Medical Group (DMG) providers, as the budget was based on the number of providers within the FQHCs.

While there were no specific capital requests budgeted for FY 2024, \$100,000 capital contingency was budgeted.

Mr. Arbuckle noted outpatient behavioral health volumes at Valleywise Community Health Center-West Maryvale was budgeted to decrease by 20.9% and questioned what led to the decrease.

Mr. Meier said the decrease was due to moving a provider to another location, where there was a greater need.

Ms. Agnew reiterated that the assumptions were dependent on the number and type of providers in each location.

Mr. Hooper understood the workforce shortages, including providers, and asked what happened to patients when a provider shifted to another location or left the organization entirely.

Dr. Barker said that the patient was provided with the option to continue to receive care at the current location and transition to another provider. However, if the provider was not immediately replaced, the wait time to schedule an appointment may be extended.

Ms. Agnew stated that staff was working closely with DMG to increase providers in the upcoming fiscal year. However, the conservative increases were assumed for the upcoming year, while considering Valleywise Health staffing limitations, supply costs and other expenses needed to treat the anticipated volume increases.

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

Director Wilcox noted the recent approval of a master services agreement between the Maricopa County Special Health Care District (District) and DMG would allow the partnership to be more flexible, to meet the needs of the patients in the FQHCs.

The Board approved the FY 2024 employee benefit package, including medical, dental and visions plans, as well as a variety of voluntary insurance options.

The Board will hold a budget meeting on June 22, 2023, to allow the public to provide input on the proposed budget prior to approval.

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

Ms. Agnew conveyed Mr. Purves's apologies for not being present. She provided an update related to the opening of the new acute care hospital and the Piper Pavilion, which would house the simulation lab and various support services.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – April 5, 2023**

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

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

Ms. Agnew highlighted recent events that were celebrated at Valleywise Health, including Match Day, Doctor's Day, and the International Transgender Day of Visibility.

She announced the upcoming film premiere of Valleywise Health Foundation's Courage Rising, a documentary of journey of burn survivors as they summit Mount Kilimanjaro.

8. Governing Council Member and Federally Qualified Health Centers' Chief Executive Officer's Closing Comments/Announcements

Dr. Barker announced that the Governing Council members were invited to tour the new acute care hospital in early June 2023. A new Governing Council member orientation was scheduled for May 18, 2023, and she encouraged all members to attend.

Chairman Jacobson reminded those that had registered for the upcoming 2023 Arizona Alliance for Community Health Centers (AACHC) annual conference, of the dates of the conference.

9. Review Staff Assignments

Ms. Talbot reiterated the old business and noted there were no requests that stemmed from the meeting.

Call to the Public, cont.

Mr. Stuart Glenn, a longtime patient of Valleywise Community Health Centers, addressed the Governing Council regarding his concerns with providers moving locations and difficulty in obtaining prescription refills.

Chairman Jacobson acknowledged his concerns.

Dr. Barker stated that she would gather his information and look into the matter.

Adjourn

MOTION: Mr. Arbuckle moved to adjourn the April 5, 2023 Valleywise Community Health Centers Governing Council Meeting. Ms. McCarty seconded.

VOTE: 7 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Mr. Hooper, Ms. McCarty, Ms. Munoz, Ms. Wilson
0 Nays
1 Absent: Ms. Imam
Motion passed.

Meeting adjourned at 7:37 p.m.

Cynthia Cornejo
Deputy Clerk of the Board



Valleywise Community Health
Centers Governing Council
Meeting

May 3, 2023

Item 1.b.i.

Contracts
90-23-225-1

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, April 5, 2023 8:51 AM
To: Melanie Talbot
Subject: Contract Approval Request: ADHS IGA for Reproductive Health/Family Planning Program (CTR063883) Arizona Department of Health Services (ADHS)

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

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

Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);





Subject Contract Approval Request: ADHS IGA for Reproductive Health/Family Planning Program (CTR063883) Arizona Department of Health Services (ADHS)

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

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
RFBA		File	 RFBA.pdf
OIG - Arizona Department of Health Services (ADHS) 2023		File	 OIG - Arizona Department of Health Services (ADHS) 2023.pdf
SAM - Arizona Department of Health Services (ADHS) 2023		File	 SAM - Arizona Department of Health Services (ADHS) 2023.pdf
ADHS - pending Board signature		File	 ADHS CTR063883 IGA REPRODUCTIVE HEALTH_FAMILY PLANNING PROGRAM.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Grants
Status Pending Approval

Title ADHS IGA for Reproductive Health/Family Planning Program (CTR063883)
Contract Identifier Board - New Contract
Contract Number 90-23-225-1

Primary Responsible Party Tymczyna, Katherine

Departments GRANTS ADMINISTRATION

Product/Service Description Reproductive Health/Family Planning Program

Action/Background Approve a new Intergovernmental Agreement (IGA) between Arizona Department of Health Services (ADHS) and Maricopa County Special Health Care District dba Valleywise Health. This IGA Grant (CTR063883) will provide funding for the Reproductive Health/Family Planning Program, which provides reproductive health/family planning education, counseling, medical care, screening, and referral services to low-income individuals living in rural and underserved areas. This Program will also continue to decrease the teen pregnancy rate by providing the same services to adolescents statewide, as well as continue providing Long Acting Reversible Contraceptives (LARCs) to uninsured women.

The term of this IGA grant is January 1, 2023 through December 31, 2027. The State reserves the right to terminate the Contract, in whole or in part at any time when in the best interest of the State, without penalty or recourse upon written notice to Valleywise Health.

The anticipated annual reimbursement for year one, January 1, 2023 thru December 31, 2023, is \$250,158.00 and has been budgeted for operational funding to the Grants department. This agreement is 100% grant funded and includes 10% indirect cost.

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

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

Category IGA

Effective Date

Term End Date 12/31/2027

Annual Value \$250,158.00

Expense/Revenue Revenue

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Arizona Department of Health Services (ADHS)

Responses

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

Agnew, Claire F.
Purves, Steve A.
Talbot, Melanie L.

Approved
Approved
Current



Valleywise Community Health
Centers Governing Council
Meeting

May 3, 2023

Item 1.c.i.

Governance
Change in Scope



Office of the Interim CEO FQHC Clinics
2601 East Roosevelt Street • Phoenix • AZ • 85008

Date: May 3, 2023

To: Valleywise Community Health Centers Governing Council

From: Michelle Barker, DHSc
Sr VP Ambulatory Services & CEO FQHC Clinics

Subj: Approval to Submit a Change in Scope request to the Health Resource Services Administration for Notice of Award No. H80CS33644-01.

The Maricopa County Special Health Care District dba Valleywise Health will submit a Change in Scope request to the Health Resource and Services Administration for Notice of Award No. H80CS33644-01.

The change in scope request will add Saturday hours to the FQHC located in Chandler.



Valleywise Community Health
Centers Governing Council
Meeting

May 3, 2023

Item 1.d.i.

Medical Staff
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Valleywise Community Health
Centers Governing Council
Meeting

May 3, 2023

Item 2.

FQHC UDS Quality Metrics
First Quarter CY 2023



FQHC UDS CY 2023

Person(s) Reporting:
Crystal Garcia, VP of Specialty Services, Quality and Patient Safety

Report Prepared by: Amanda Jacobs, Quality Analyst

May 3rd , 2023

Valleywise Health FQHC UDS Quality Measure Report Results: March 2023 CYTD


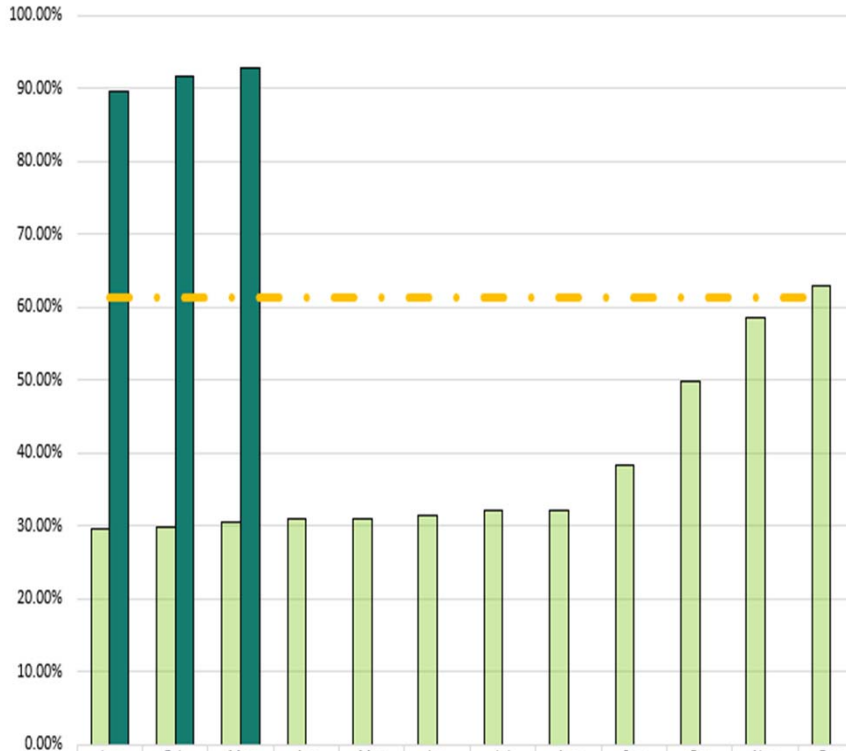
UDS Clinical Quality Measure	CY 2020	Adjusted Quartile Ranking 2020**	CY 2021	Adjusted Quartile Ranking 2021**	CY 2022	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	HP 2030 Goal	Target Goal (2021 UDS National Average)	Intended Direction	Monthly Status (2021 UDS average)
Body Mass Index (BMI) Screening and Follow-Up Plan	61.39%	3	34.26%	4	66.13%	89.54%	91.66%	92.88%										N/A*	61.32%	↑	Green
Cervical Cancer Screening	45.84%	3	49.77%	3	53.62%	54.68%	54.81%	54.76%										84.3%	52.95%	↑	Green
Childhood Immunization Status (CIS)	52.28%	1	47.72%	2	9.40%	3.13%	36.63%	38.85%										N/A*	38.06%	↑	Green
Colorectal Cancer Screening	45.91%	2	50.85%	1	51.39%	37.75%	33.64%	35.97%										74.4%	41.93%	↑	Red
Controlling High Blood Pressure	46.37%	4	47.76%	4	53.68%	46.59%	48.74%	51.35%										60.8%	60.15%	↑	Red
Diabetes: Hemoglobin A1c Poor Control	35.20%	2	31.85%	2	30.28%	61.15%	53.74%	45.41%										11.6%	32.29%	↓	Red
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	78.54%	3	78.51%	3	75.07%	74.29%	75.78%	76.58%										N/A*	78.25%	↑	Yellow
Screening for Clinical Depression and Follow-Up Plan if positive screen	39.54%	3	48.75%	4	54.67%	48.25%	50.16%	52.84%										13.5%	67.42%	↑	Red
Tobacco Use: Screening and Cessation Intervention	85.46%	2	87.78%	2	88.88%	85.29%	86.69%	87.81%										N/A*	82.34%	↑	Green
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	66.57%	2	78.09%	2	78.55%	51.04%	54.62%	58.55%										N/A*	68.72%	↑	Red
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	70.86%	3	68.40%	4	71.68%	76.56%	77.44%	77.70%										N/A*	73.10%	↑	Green
Breast Cancer Screening	55.53%	1	58.56%	1	59.89%	51.10%	51.68%	54.03%										80.5%	46.29%	↑	Green
HIV Screening	47.75%	1	58.18%	1	63.40%	69.14%	68.38%	68.00%										N/A*	38.09%	↑	Green

Monthly Status Key


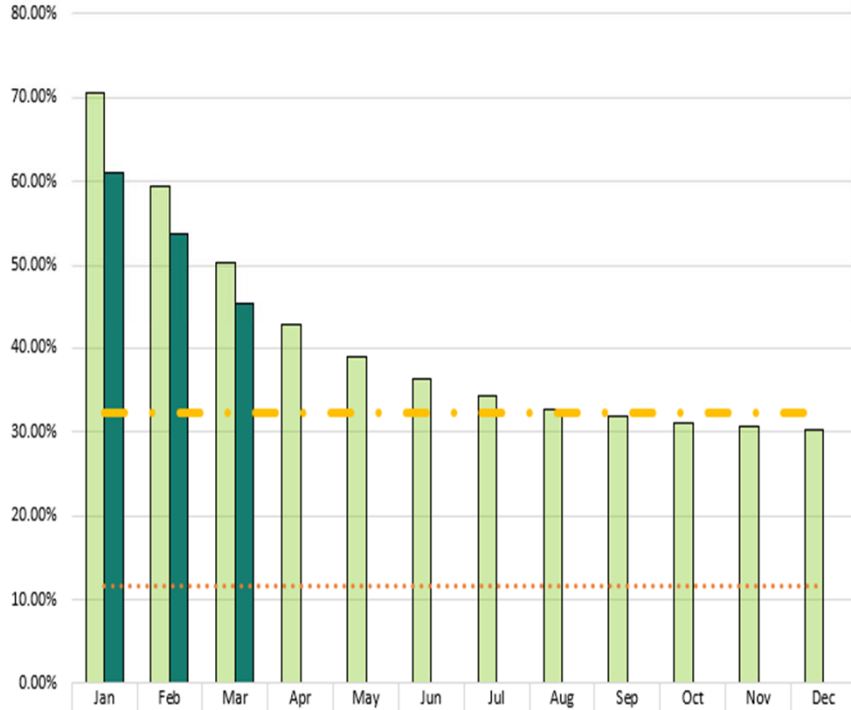
Target Met or Exceeded	Indicator has met or is exceeding the target goal
Approaching Target	Indicator is within 10% of the target goal
Not in Target	Indicator is > 10% outside target goal
Improving	Indicator is NOT meeting the target goal but has shown consistent improvement (3 months or longer) *Consistent improvement identified as ≥ 5% over a 3 month lookback period
Alert Icon !	Significant CMS logic change/discrepancy impacting performance rates

*HP 2030 Objective definition not equivalent to UDS Quality of Care


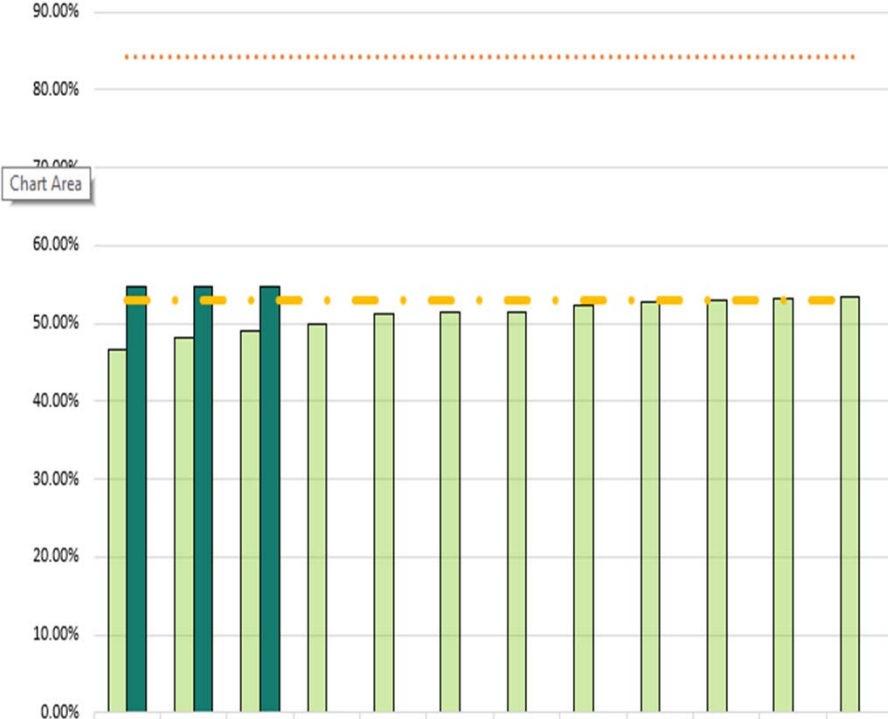
Ambulatory Performance Improvement Actions

Measurement	CYTD	Trend	Analysis																																																				
<p>Body Mass Index (BMI) Screening and Follow-Up Plan</p> <p>Benchmark > 61.32%</p>  <p>Desired Direction</p>	<p>92.88%</p> <p>23,877 / 25,707</p>	<p>Body Mass Index (BMI) Screening and Follow Up Plan Valleywise Health - FQHC</p>  <p>Definition: 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.</p> <table border="1"> <thead> <tr> <th>Month</th> <th>2022</th> <th>2023</th> <th>2021 UDS National Average</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>29.45%</td><td>89.54%</td><td>61.32%</td></tr> <tr><td>Feb</td><td>29.80%</td><td>91.66%</td><td>61.32%</td></tr> <tr><td>Mar</td><td>30.42%</td><td>92.88%</td><td>61.32%</td></tr> <tr><td>Apr</td><td>31.00%</td><td></td><td>61.32%</td></tr> <tr><td>May</td><td>31.05%</td><td></td><td>61.32%</td></tr> <tr><td>Jun</td><td>31.47%</td><td></td><td>61.32%</td></tr> <tr><td>Jul</td><td>32.09%</td><td></td><td>61.32%</td></tr> <tr><td>Aug</td><td>32.13%</td><td></td><td>61.32%</td></tr> <tr><td>Sep</td><td>38.29%</td><td></td><td>61.32%</td></tr> <tr><td>Oct</td><td>49.79%</td><td></td><td>61.32%</td></tr> <tr><td>Nov</td><td>58.55%</td><td></td><td>61.32%</td></tr> <tr><td>Dec</td><td>62.89%</td><td></td><td>61.32%</td></tr> </tbody> </table>	Month	2022	2023	2021 UDS National Average	Jan	29.45%	89.54%	61.32%	Feb	29.80%	91.66%	61.32%	Mar	30.42%	92.88%	61.32%	Apr	31.00%		61.32%	May	31.05%		61.32%	Jun	31.47%		61.32%	Jul	32.09%		61.32%	Aug	32.13%		61.32%	Sep	38.29%		61.32%	Oct	49.79%		61.32%	Nov	58.55%		61.32%	Dec	62.89%		61.32%	<p><i>Rolling 3 Month Trend CY 2023</i></p> <hr/> <p>Jan 2023: 89.54% (10,145/11,330)</p> <p>Feb 2023: 91.66% (15,782/17,218)</p> <p>Mar 2023: 92.88% (15,782/17,218)</p> <hr/> <p><i>Rolling 3 Month Trend CY 2022</i></p> <hr/> <p>Jan 2022: 29.45% (2,063/7,005)</p> <p>Feb 2022: 29.80% (3,919/13,149)</p> <p>Mar 2022: 30.42% (5,862/19,271)</p>
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<p>Action Plan Items / Measure Review</p> <ul style="list-style-type: none"> Reviewing potential for BPA to notify when height/weight is due and for responses to allow patient refusal or other reasoning why task not completed 																																																							


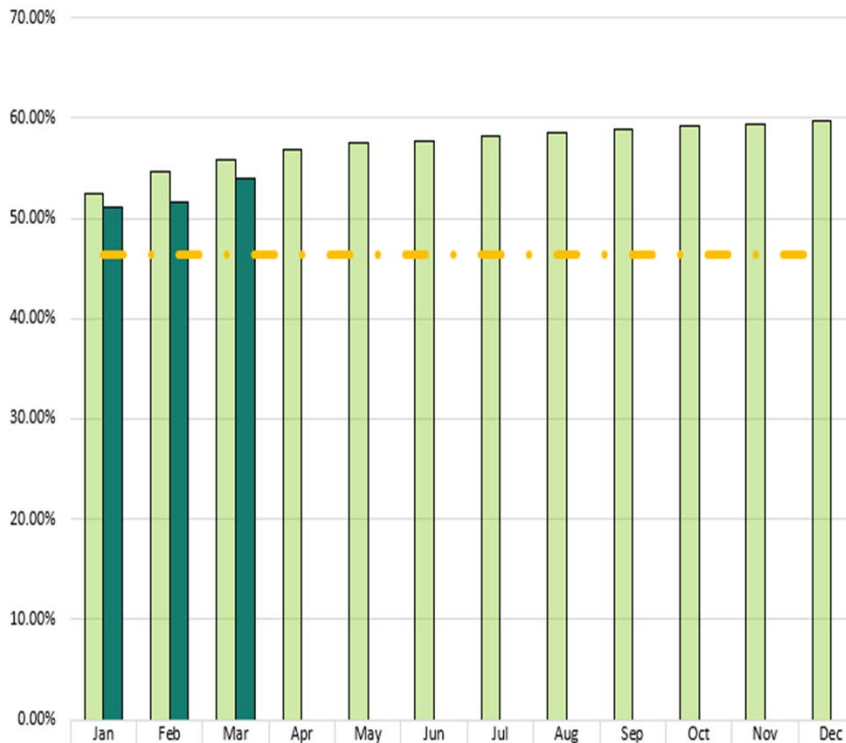
Ambulatory Performance Improvement Actions

Measurement	CYTD	Trend	Analysis																																																																	
Diabetes: HbA1c Poor Control Benchmark <32.29%  Desired Direction	45.41% 3,356/ 7,390	<p style="text-align: center;">Diabetes: HbA1c >9.0% or No Test Done Valleywise Health - FQHC</p> <p>Definition: Percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the measurement period</p>  <table border="1"> <thead> <tr> <th>Year</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>70.50%</td> <td>59.49%</td> <td>50.22%</td> <td>42.90%</td> <td>38.95%</td> <td>36.25%</td> <td>34.25%</td> <td>32.76%</td> <td>31.90%</td> <td>31.04%</td> <td>30.68%</td> <td>30.28%</td> </tr> <tr> <td>2023</td> <td>61.15%</td> <td>53.74%</td> <td>45.41%</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2021 UDS National Average: <32.29%</td> <td>32.29%</td> <td>32.29%</td> <td>32.29%</td> <td>32.29%</td> <td>32.29%</td> <td>32.29%</td> <td>32.29%</td> <td>32.29%</td> <td>32.29%</td> <td>32.29%</td> <td>32.29%</td> <td>32.29%</td> </tr> <tr> <td>HP 2030 Target: <11.6%</td> <td>11.60%</td> <td>11.60%</td> <td>11.60%</td> <td>11.60%</td> <td>11.60%</td> <td>11.60%</td> <td>11.60%</td> <td>11.60%</td> <td>11.60%</td> <td>11.60%</td> <td>11.60%</td> <td>11.60%</td> </tr> </tbody> </table>	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2022	70.50%	59.49%	50.22%	42.90%	38.95%	36.25%	34.25%	32.76%	31.90%	31.04%	30.68%	30.28%	2023	61.15%	53.74%	45.41%										2021 UDS National Average: <32.29%	32.29%	32.29%	32.29%	32.29%	32.29%	32.29%	32.29%	32.29%	32.29%	32.29%	32.29%	32.29%	HP 2030 Target: <11.6%	11.60%	11.60%	11.60%	11.60%	11.60%	11.60%	11.60%	11.60%	11.60%	11.60%	11.60%	11.60%	<p style="text-align: center;"><i>Rolling 3 Month Trend CY 2023</i></p> <hr/> Jan 2023: 61.15% (2,128/3,480) Feb 2023: 53.74% (2,764/5,143) Mar 2023: 45.41% (3,356/7,390)
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<ul style="list-style-type: none"> Care management to ensure re-assigned patients are included in population management of FQHCs and bulk orders/reports Panel management/bulk orders of re-assigned patients to be reviewed in March DYAD 																																																																				


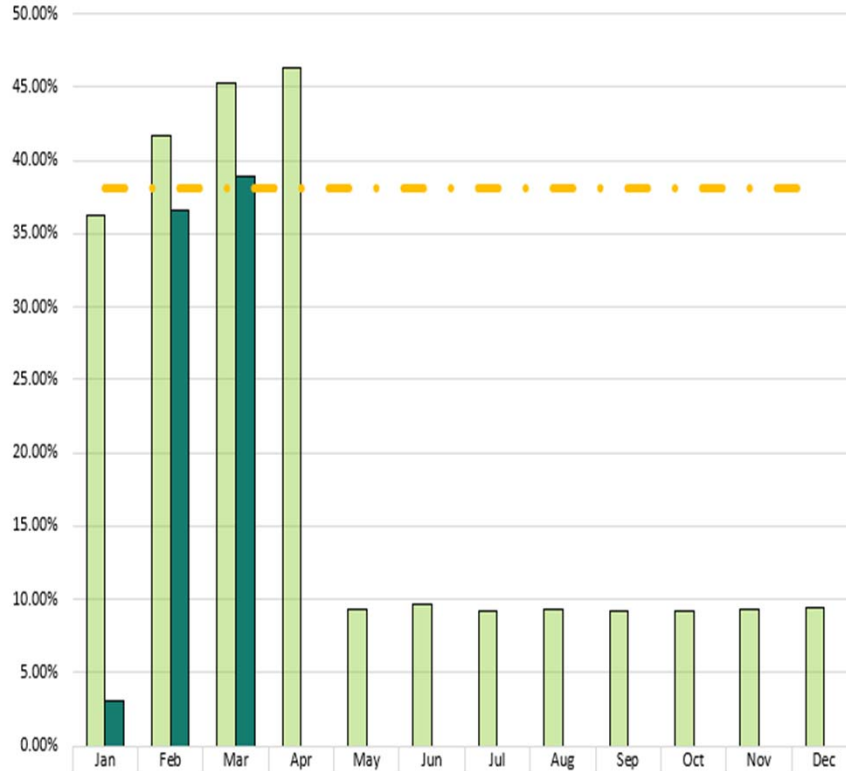
Ambulatory Performance Improvement Actions

Measurement	CYTD	Trend	Analysis																																																																	
<p>Cervical Cancer Screening</p> <p>Benchmark > 52.95%</p>  <p>Desired Direction</p>	<p>54.76%</p> <p>8,060/ 14,718</p>	<p>Cervical Cancer Screening Valleywise Health - FQHC</p>  <p>Definition: Percentage of women 21*-64 years of age who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> • Women age 21*-64 who had cervical cytology performed within the last 3 years • Women age 30-64 who had human papillomavirus (HPV) testing performed within the last 5 years 	<p><i>Rolling 3 Month Trend CY 2023</i></p> <hr/> <p>Jan 2023: 54.68% (3,969/7,259)</p> <p>Feb 2023: 54.81% (5,732/10,458)</p> <p>Mar 2023: 54.76% (8,060/14,718)</p> <hr/> <p><i>Rolling 3 Month Trend CY 2022</i></p> <hr/> <p>Jan 2022: 46.59% (2,976/6,388)</p> <p>Feb 2022: 48.17% (4,937/10,249)</p> <p>Mar 2022: 30.42% (6,675/13,613)</p>																																																																	
<p>Action Plan Items / Measure Review</p> <ul style="list-style-type: none"> • Provider in-basket functionality scheduled to GO Live in May 2023 with Epic upgrade – IT has edited tool with provider feedback • Health care maintenance 5yr screening intervals continue to be reviewed 																																																																				
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Ambulatory Performance Improvement Actions


Measurement	CYTD	Trend	Analysis																																																				
<p>Breast Cancer Screening</p> <p>Benchmark: >46.29%</p>  <p>Desired Direction</p>	<p>54.03%</p> <p>3,626/ 6,711</p>	<p>Breast Cancer Screening Valleywise Health - FQHC</p>  <p>Definition: 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> <table border="1"> <thead> <tr> <th></th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>52.41%</td> <td>54.73%</td> <td>55.90%</td> <td>56.77%</td> <td>57.49%</td> <td>57.66%</td> <td>58.23%</td> <td>58.54%</td> <td>58.86%</td> <td>59.23%</td> <td>59.40%</td> <td>59.77%</td> </tr> <tr> <td>2023</td> <td>51.10%</td> <td>51.68%</td> <td>54.03%</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2021 UDS National Average: 46.29%</td> <td>46.29%</td> <td>46.29%</td> <td>46.29%</td> <td>46.29%</td> <td>46.29%</td> <td>46.29%</td> <td>46.29%</td> <td>46.29%</td> <td>46.29%</td> <td>46.29%</td> <td>46.29%</td> <td>46.29%</td> </tr> </tbody> </table>		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2022	52.41%	54.73%	55.90%	56.77%	57.49%	57.66%	58.23%	58.54%	58.86%	59.23%	59.40%	59.77%	2023	51.10%	51.68%	54.03%										2021 UDS National Average: 46.29%	46.29%	46.29%	46.29%	46.29%	46.29%	46.29%	46.29%	46.29%	46.29%	46.29%	46.29%	46.29%	<p><u>Rolling 3 Month Trend CY 2023</u></p> <hr/> <p>Jan 2023: 51.10% (1,675/3,278)</p> <p>Feb 2023: 51.68% (2,465/4,770)</p> <p>Mar 2023: 54.03% (3,626/6,711)</p> <hr/> <p><u>Rolling 3 Month Trend CY 2022</u></p> <hr/> <p>Jan 2022: 52.41% (1,435/2,738)</p> <p>Feb 2022: 54.73% (2,402/4,389)</p> <p>Mar 2022: 55.90% (3,249/5,812)</p>
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<p>Action Plan Items / Measure Review</p> <ul style="list-style-type: none"> This metric is meeting the UDS National Benchmark. No current action items. 																																																							

Ambulatory Performance Improvement Actions

Measurement	CYTD	Trend	Analysis
<p>Childhood Immunization Status</p> <p>Benchmark > 38.06%</p> <p></p> <p>Desired Direction</p>	<p>38.85%</p> <p>312/803</p>	<p>Childhood Immunization Status Valleywise Health - FQHC</p>  <p>Definition: 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.</p>	<p><u>Rolling 3 Month Trend CY 2023</u></p> <hr/> <p>Jan 2023: 3.13% (11/352)</p> <p>Feb 2023: 36.63% (200/546)</p> <p>Mar 2023: 38.85% (312/803)</p> <hr/> <p><u>Rolling 3 Month Trend CY 2022</u></p> <hr/> <p>Jan 2022: 36.23% (100/276)</p> <p>Feb 2022: 41.67% (205/492)</p> <p>Mar 2022: 45.28% (302/667)</p>
<p>Action Plan Items / Measure Review</p> <ul style="list-style-type: none"> CMS logic error no longer impacting rates – 			

Ambulatory Performance Improvement Actions

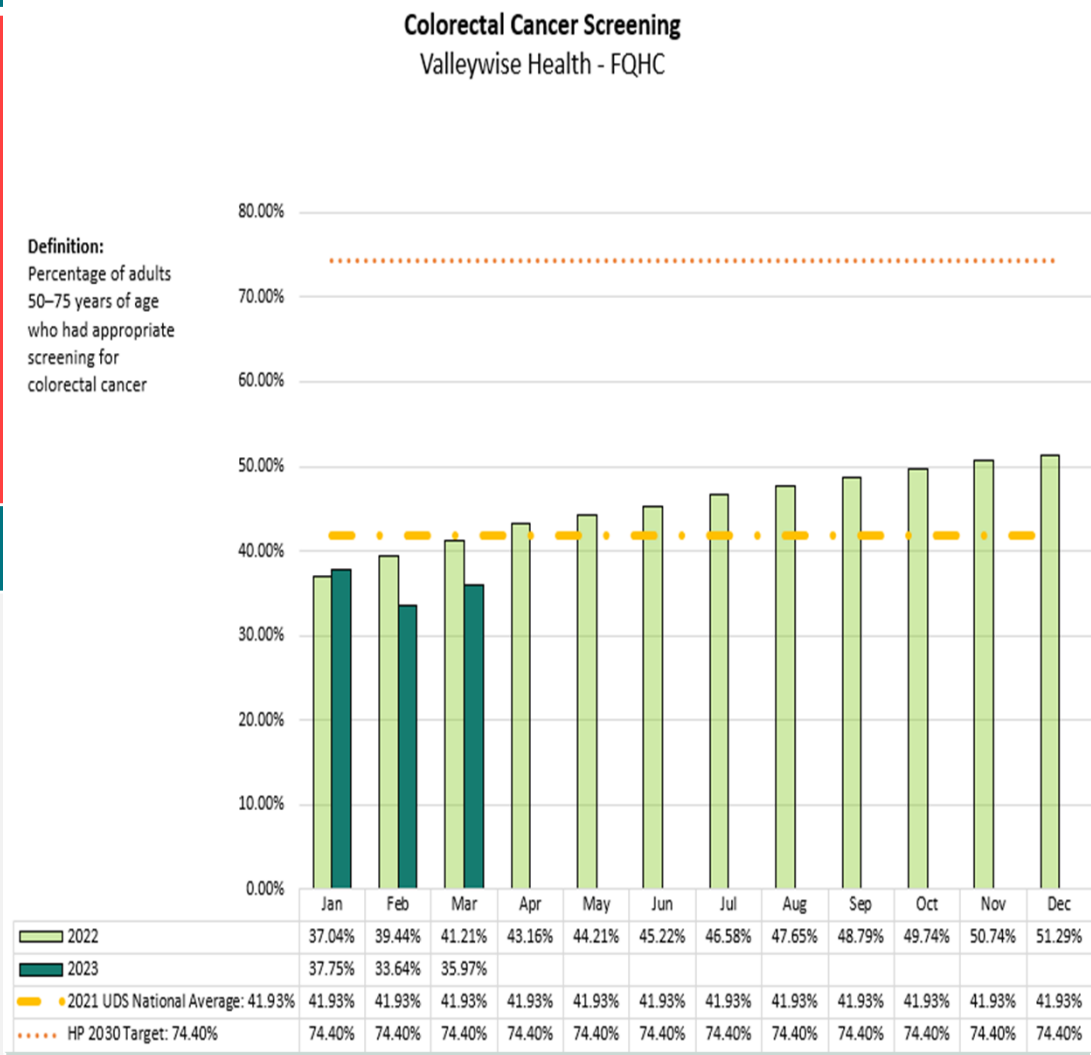
Measurement	CYTD
Colorectal Cancer Screening	35.97%
Benchmark > 41.93%	5,666 / 15,750


 Desired Direction

Action Plan Items / Measure Review

- 2023 CMS specifications drop screening rate age to 45 years of age (prior was 50-75) – policy updated to reflect this change
- SNOW ticket entered by care management to reflect this in care gaps

Trend



Analysis

Rolling 3 Month Trend CY 2023

Jan 2023: 37.75% (2,222/5,886)

Feb 2023: 33.64% (3,712/11,034)

Mar 2023: 35.97% (5,666/15,750)


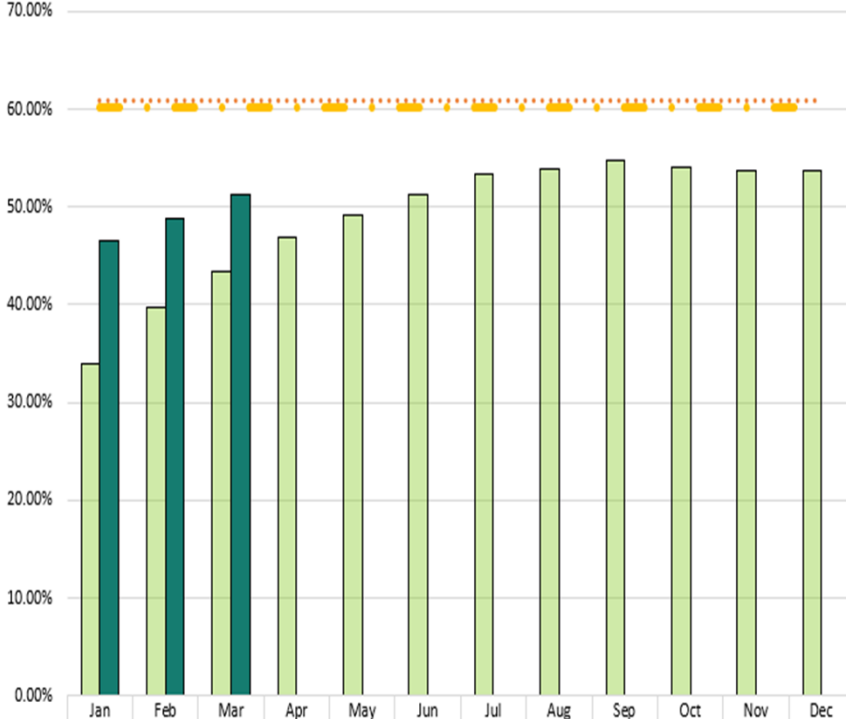
Rolling 3 Month Trend CY 2022

Jan 2022: 37.04% (1,854/5,006)


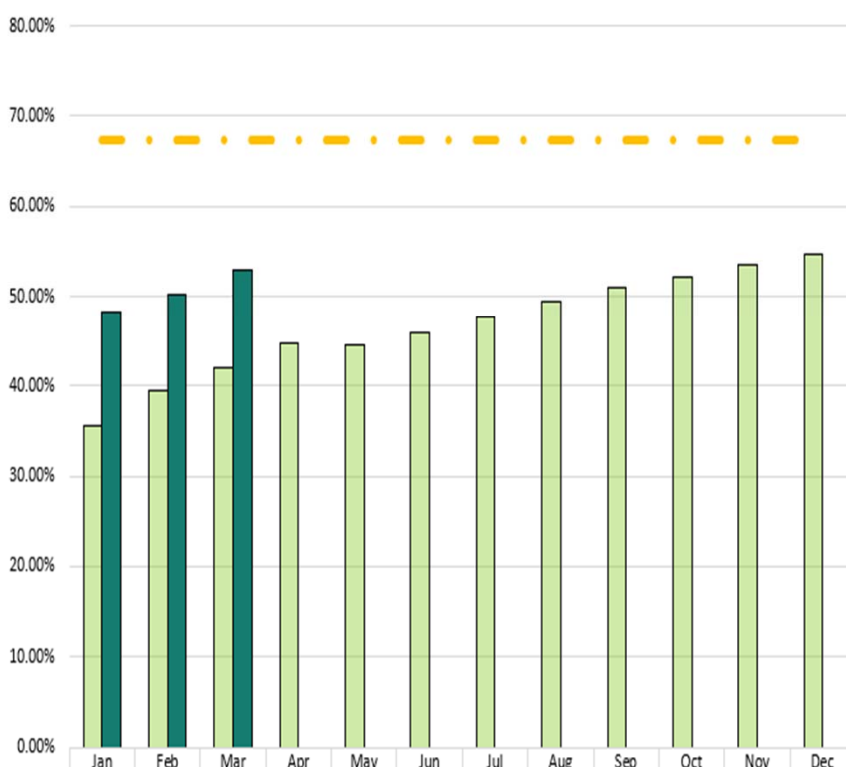
Feb 2022: 39.44% (3,188/8,084)

Mar 2022: 41.21% (4,463/10,831)



Ambulatory Performance Improvement Actions

Measurement	CYTD	Trend	Analysis																																																																	
<p>Controlling High Blood Pressure</p> <p>Benchmark >60.15%</p>  <p>Desired Direction</p>	<p>51.35%</p> <p>5,467 / 10,647</p>	<p>Controlling High Blood Pressure Valleywise Health - FQHC</p>  <p>Definition: 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 (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period.</p>	<p><u>Rolling 3 Month Trend CY 2023</u></p> <hr/> <p>Jan 2023: 46.59% (2,337/5,016)</p> <p>Feb 2023: 48.74% (3,618/7,423)</p> <p>Mar 2023: 51.35% (5,467/10,647)</p> <hr/> <p><u>Rolling 3 Month Trend CY 2022</u></p> <hr/> <p>Jan 2022: 33.93% (1,562/4,604)</p> <p>Feb 2022: 39.72% (2,955/7,439)</p> <p>Mar 2022: 43.48% (4,293/9,874)</p>																																																																	
<p>Action Plan Items / Measure Review</p> <ul style="list-style-type: none"> BPA pop-up for medical assistant to be edited with improvements pertaining to keeping the BP alert on the patient storyboard in Epic until documented by MA – will improve instances when BP recheck is acknowledged but not actually documented or not completed Clinic visits and BP competency checks planned 																																																																				
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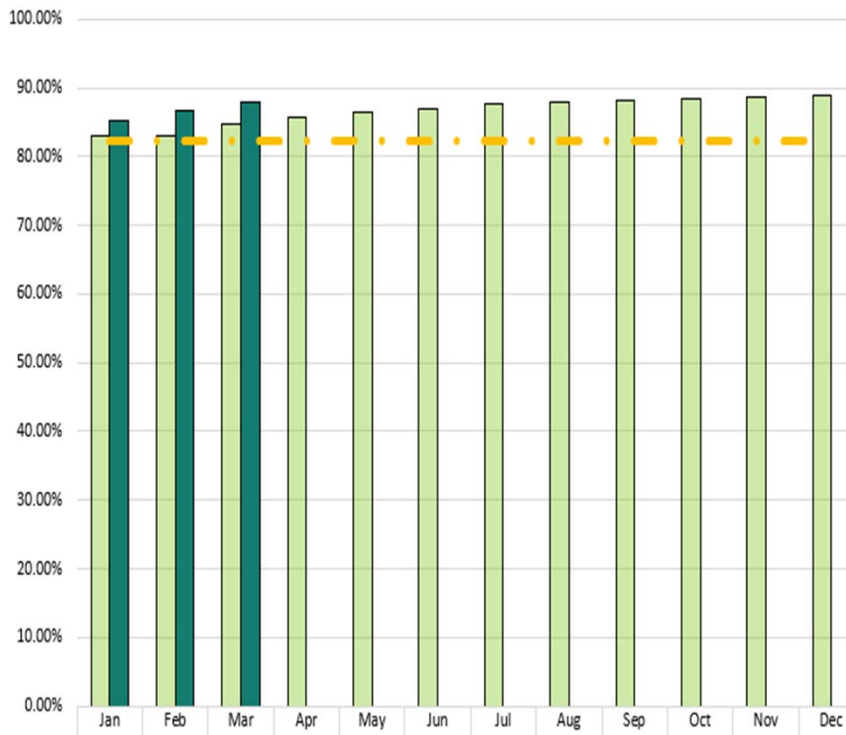
Ambulatory Performance Improvement Actions

Measurement	CYTD	Trend	Analysis																																							
<p>Screening for Clinical Depression and Follow-Up Plan if positive screen</p> <p>Benchmark: >67.42%</p> <p></p> <p>Desired Direction</p>	<p>52.84%</p> <p>12,821/24,265</p>	<p>Screening for Depression and Follow-Up Plan Valleywise Health - FQHC</p>  <p>Definition: Percentage of patients aged 12 years and older screened for depression on the date of the visit or 14 days prior to the visit using an age-appropriate standardized depression screening tool and, if screening was positive, had a follow-up plan documented on the date of the visit</p> <table border="1"> <thead> <tr> <th>Month</th> <th>2022</th> <th>2023</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>35.68%</td><td>48.25%</td></tr> <tr><td>Feb</td><td>39.48%</td><td>50.16%</td></tr> <tr><td>Mar</td><td>42.05%</td><td>52.84%</td></tr> <tr><td>Apr</td><td>44.79%</td><td></td></tr> <tr><td>May</td><td>44.59%</td><td></td></tr> <tr><td>Jun</td><td>45.84%</td><td></td></tr> <tr><td>Jul</td><td>47.65%</td><td></td></tr> <tr><td>Aug</td><td>49.49%</td><td></td></tr> <tr><td>Sep</td><td>50.93%</td><td></td></tr> <tr><td>Oct</td><td>52.06%</td><td></td></tr> <tr><td>Nov</td><td>53.48%</td><td></td></tr> <tr><td>Dec</td><td>54.68%</td><td></td></tr> </tbody> </table>	Month	2022	2023	Jan	35.68%	48.25%	Feb	39.48%	50.16%	Mar	42.05%	52.84%	Apr	44.79%		May	44.59%		Jun	45.84%		Jul	47.65%		Aug	49.49%		Sep	50.93%		Oct	52.06%		Nov	53.48%		Dec	54.68%		<p><u>Rolling 3 Month Trend CY 2023</u></p> <hr/> <p>Jan 2023: 48.25% (5,466/11,328)</p> <p>Feb 2023: 50.16% (8,347/16,642)</p> <p>Mar 2023: 52.84% (12,821/24,265)</p> <hr/> <p><u>Rolling 3 Month Trend CY 2022</u></p> <hr/> <p>Jan 2022: 35.68% (3,413/9,566)</p> <p>Feb 2022: 39.48% (6,214/15,740)</p> <p>Mar 2022: 42.05% (8,969/21,328)</p>
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<p>Action Plan Items / Measure Review</p> <ul style="list-style-type: none"> Implementing the addition of the 4 PHQ-A (release planned for May 10th) for adolescents to the PHQ 9 questions. IT anticipate the Health Maintenance topic on depression screening will go live in May and still working through workflow issues with notifications. SBARs (adult and 12-17 years old) based on pilots have been approved and will be distributed at Dyad, FQHC Collaboration and other upcoming meetings. Agreed that will expectation that PHQ2 screening should be completed at each visit and for child at 																																										


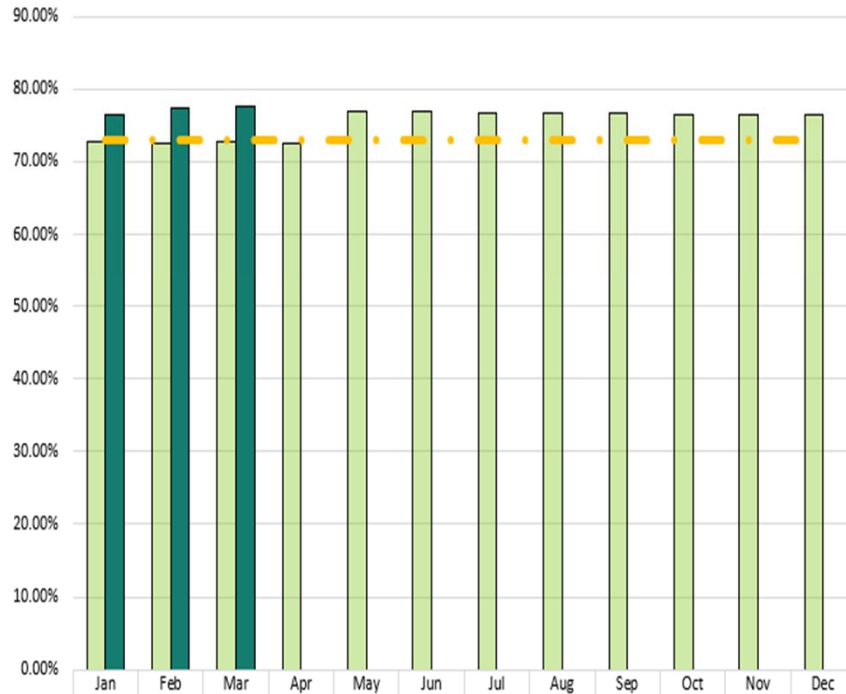
Ambulatory Performance Improvement Actions

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<p>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic</p> <p>Benchmark: >78.25%</p>  <p>Desired Direction</p>	<p>76.58%</p> <p>1,076/ 1,405</p>	<p>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic Valleywise Health - FQHC</p> <p>Definition: 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</p>  <table border="1"> <thead> <tr> <th></th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>80.00%</td> <td>79.64%</td> <td>78.74%</td> <td>79.28%</td> <td>79.20%</td> <td>79.45%</td> <td>78.85%</td> <td>78.50%</td> <td>78.25%</td> <td>78.52%</td> <td>77.87%</td> <td>77.94%</td> </tr> <tr> <td>2023</td> <td>74.29%</td> <td>75.78%</td> <td>76.58%</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2021 UDS National Average</td> <td>78.25%</td> <td>78.25%</td> <td>78.25%</td> <td>78.25%</td> <td>78.25%</td> <td>78.25%</td> <td>78.25%</td> <td>78.25%</td> <td>78.25%</td> <td>78.25%</td> <td>78.25%</td> <td>78.25%</td> </tr> </tbody> </table>		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2022	80.00%	79.64%	78.74%	79.28%	79.20%	79.45%	78.85%	78.50%	78.25%	78.52%	77.87%	77.94%	2023	74.29%	75.78%	76.58%										2021 UDS National Average	78.25%	78.25%	78.25%	78.25%	78.25%	78.25%	78.25%	78.25%	78.25%	78.25%	78.25%	78.25%	<p><u>Rolling 3 Month Trend CY 2023</u></p> <hr/> <p>Jan 2023: 74.29% (526/708)</p> <p>Feb 2023: 75.78% (782/1,032)</p> <p>Mar 2023: 76.58% (1,076/1,405)</p> <hr/> <p><u>Rolling 3 Month Trend CY 2022</u></p> <hr/> <p>Jan 2022: 80.00% (448/560)</p> <p>Feb 2022: 79.64% (716/899)</p> <p>Mar 2022: 78.74% (963/1,223)</p>
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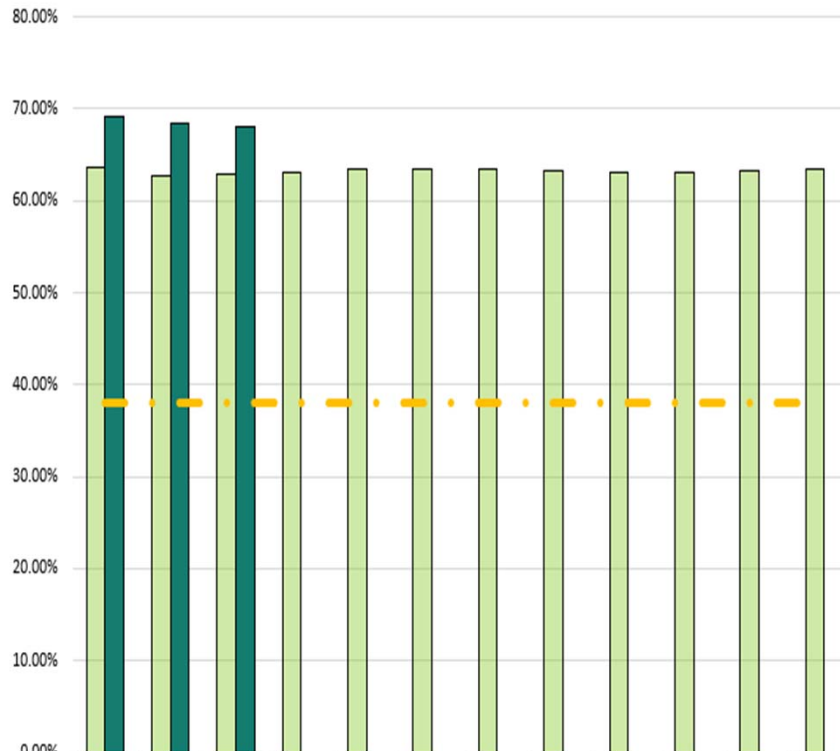
Ambulatory Performance Improvement Actions

Measurement	CYTD	Trend	Analysis																																																				
Tobacco Use: Screening and Cessation Intervention Benchmark: >82.34%  Desired Direction	87.81% 11,639/ 13,254	<p>Tobacco Use: Screening & Cessation Intervention Valleywise Health - FQHC</p>  <p>Definition: 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</p> <table border="1"> <thead> <tr> <th>Month</th> <th>2022</th> <th>2023</th> <th>2021 UDS National Average</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>83.00%</td><td>85.29%</td><td>83.34%</td></tr> <tr><td>Feb</td><td>83.13%</td><td>86.69%</td><td>83.34%</td></tr> <tr><td>Mar</td><td>84.75%</td><td>87.81%</td><td>83.34%</td></tr> <tr><td>Apr</td><td>85.61%</td><td></td><td>83.34%</td></tr> <tr><td>May</td><td>86.40%</td><td></td><td>83.34%</td></tr> <tr><td>Jun</td><td>86.98%</td><td></td><td>83.34%</td></tr> <tr><td>Jul</td><td>87.61%</td><td></td><td>83.34%</td></tr> <tr><td>Aug</td><td>87.92%</td><td></td><td>83.34%</td></tr> <tr><td>Sep</td><td>88.18%</td><td></td><td>83.34%</td></tr> <tr><td>Oct</td><td>88.37%</td><td></td><td>83.34%</td></tr> <tr><td>Nov</td><td>88.68%</td><td></td><td>83.34%</td></tr> <tr><td>Dec</td><td>88.88%</td><td></td><td>83.34%</td></tr> </tbody> </table>	Month	2022	2023	2021 UDS National Average	Jan	83.00%	85.29%	83.34%	Feb	83.13%	86.69%	83.34%	Mar	84.75%	87.81%	83.34%	Apr	85.61%		83.34%	May	86.40%		83.34%	Jun	86.98%		83.34%	Jul	87.61%		83.34%	Aug	87.92%		83.34%	Sep	88.18%		83.34%	Oct	88.37%		83.34%	Nov	88.68%		83.34%	Dec	88.88%		83.34%	<p><i>Rolling 3 Month Trend CY 2023</i></p> <hr/> Jan 2023: 85.29% (2,707/3,174) Feb 2023: 86.69% (6,160/7,106) Mar 2023: 87.81% (11,639/13,254) <hr/> <p><i>Rolling 3 Month Trend CY 2022</i></p> <hr/> Jan 2022: 83.00% (2,265/2,729) Feb 2022: 83.13% (6,225/7,488) Mar 2022: 84.75% (10,367/12,233)
Month	2022	2023	2021 UDS National Average																																																				
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Ambulatory Performance Improvement Actions

Measurement	CYTD	Trend	Analysis																																																				
<p>Statin Therapy for Prevention and Treatment of Cardiovascular Disease</p> <p>Benchmark: >73.10%</p>  <p>Desired Direction</p>	<p>77.70%</p> <p>7,204/ 9,272</p>	<p>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease Valleywise Health - FQHC</p> <p>Definition: Percentage of the following patients at high risk of cardiovascular events who were prescribed or were on statin therapy during the measurement period:</p> <ul style="list-style-type: none"> •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  <table border="1"> <thead> <tr> <th></th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>72.67%</td> <td>72.48%</td> <td>72.72%</td> <td>72.58%</td> <td>76.84%</td> <td>76.91%</td> <td>76.69%</td> <td>76.72%</td> <td>76.64%</td> <td>76.44%</td> <td>76.42%</td> <td>76.53%</td> </tr> <tr> <td>2023</td> <td>76.56%</td> <td>77.44%</td> <td>77.70%</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2021 UDS National Average</td> <td>73.10%</td> <td>73.10%</td> <td>73.10%</td> <td>73.10%</td> <td>73.10%</td> <td>73.10%</td> <td>73.10%</td> <td>73.10%</td> <td>73.10%</td> <td>73.10%</td> <td>73.10%</td> <td>73.10%</td> </tr> </tbody> </table>		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2022	72.67%	72.48%	72.72%	72.58%	76.84%	76.91%	76.69%	76.72%	76.64%	76.44%	76.42%	76.53%	2023	76.56%	77.44%	77.70%										2021 UDS National Average	73.10%	73.10%	73.10%	73.10%	73.10%	73.10%	73.10%	73.10%	73.10%	73.10%	73.10%	73.10%	<p><u>Rolling 3 Month Trend CY 2023</u></p> <hr/> <p>Jan 2023: 76.56% (3,492/4,561)</p> <p>Feb 2023: 77.44% (5,031/6,497)</p> <p>Mar 2023: 77.70% (7,204/9,272)</p> <hr/> <p><u>Rolling 3 Month Trend CY 2022</u></p> <hr/> <p>Jan 2022: 72.67% (2,789/3,838)</p> <p>Feb 2022: 72.48% (4,551/6,279)</p> <p>Mar 2022: 72.72% (6,105/8,395)</p>
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec																																											
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Ambulatory Performance Improvement Actions













Measurement	CYTD	Trend	Analysis																																																				
<p>HIV Screening</p> <p>Benchmark: >38.09%</p>  <p>Desired Direction</p>	<p>68.00%</p> <p>18,066 / 26,567</p>	<p>HIV Screening Valleywise Health - FQHC</p>  <p>Definition: 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> <table border="1"> <thead> <tr> <th>Year</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>63.55%</td> <td>62.75%</td> <td>62.82%</td> <td>63.10%</td> <td>63.41%</td> <td>63.52%</td> <td>63.43%</td> <td>63.26%</td> <td>63.12%</td> <td>63.13%</td> <td>63.25%</td> <td>63.39%</td> </tr> <tr> <td>2023</td> <td>69.14%</td> <td>68.38%</td> <td>68.00%</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2021 UDS National Average</td> <td>38.09%</td> <td>38.09%</td> <td>38.09%</td> <td>38.09%</td> <td>38.09%</td> <td>38.09%</td> <td>38.09%</td> <td>38.09%</td> <td>38.09%</td> <td>38.09%</td> <td>38.09%</td> <td>38.09%</td> </tr> </tbody> </table>	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2022	63.55%	62.75%	62.82%	63.10%	63.41%	63.52%	63.43%	63.26%	63.12%	63.13%	63.25%	63.39%	2023	69.14%	68.38%	68.00%										2021 UDS National Average	38.09%	38.09%	38.09%	38.09%	38.09%	38.09%	38.09%	38.09%	38.09%	38.09%	38.09%	38.09%	<p><u>Rolling 3 Month Trend CY 2023</u></p> <hr/> <p>Jan 2023: 69.14% (8,707/12,294)</p> <p>Feb 2023: 68.38% (12,621/18,457)</p> <p>Mar 2023: 68.00% (18,066/26,567)</p> <hr/> <p><u>Rolling 3 Month Trend CY 2022</u></p> <hr/> <p>Jan 2022: 63.55% (6,718/10,572)</p> <p>Feb 2022: 62.75% (10,917/17,397)</p> <p>Mar 2022: 62.82% (14,804/23,567)</p>
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UPDATES:

2023 Quality Task Force Focus Teams

Metrics of special interest:

- ✓ Depression Screening and F/U Plan
- ✓ Controlling High BP
- ✓ Breast Cancer/Cervical Cancer Screening
- ✓ Diabetes Control

	Physician	Accountable Leader		Physician	Accountable Leader
BMI & Diabetes A1C Management	 Dr. Sandra Yuh	 Kelly Nightengale	Colorectal Cancer Screening	 Dr. Sunitha Bandlamuri	 Fernando Reyes
Hypertension High Blood Pressure	 Dr. Baharak Tabarsi	 Eva Armbrust	Childhood Immunization & Weight Assessment Screening	 Dr. Jodi Carter	 Jeffrey Spacht
Cervical & Breast Cancer Screening	 Dr. Christina Smarik-Snyder Dr. Patricia Habak	 Georgette Lindner	Depression Screening	 Dr. Lenore Encinas	 Vicki Staples

UPDATES:

Action Plan Updates/Additions:

- *Quality Focus Teams:*
 - BMI & Diabetes & A1C Management – monthly meeting 5/2
 - Hypertension High Blood Pressure – 2x monthly Friday meetings; upcoming 5/5
 - Cervical & Breast Cancer Screening – monthly meeting; upcoming 5/8
 - Colorectal Cancer Screening – monthly meeting; upcoming 5/8
 - Childhood Immunization & Weight Assessment Screening - monthly meeting; upcoming 5/10



Valleywise Community Health
Centers Governing Council
Meeting

May 3, 2023

Item 3.

FQHC Patient Safety Report
Third Quarter FY 2023



Federally
Qualified
Health
Center
(FQHC)

Patient Safety

July 2022 – December 2022

Federally Qualified Health Center (FQHC)

11 Valleywise FQHCs serving Maricopa County



FQHC - Phoenix

FQHC - South
Central

FQHC - South
Phoenix/Laveen

FQHC -
Guadalupe

FQHC - Mesa

FQHC -
Chandler

Federally Qualified Health Center (FQHC)

11 Valleywise FQHCs serving Maricopa County

FQHC -
Avondale

FQHC - Peoria

FQHC - North
Phoenix

FQHC -
Maryvale

FQHC -
McDowell



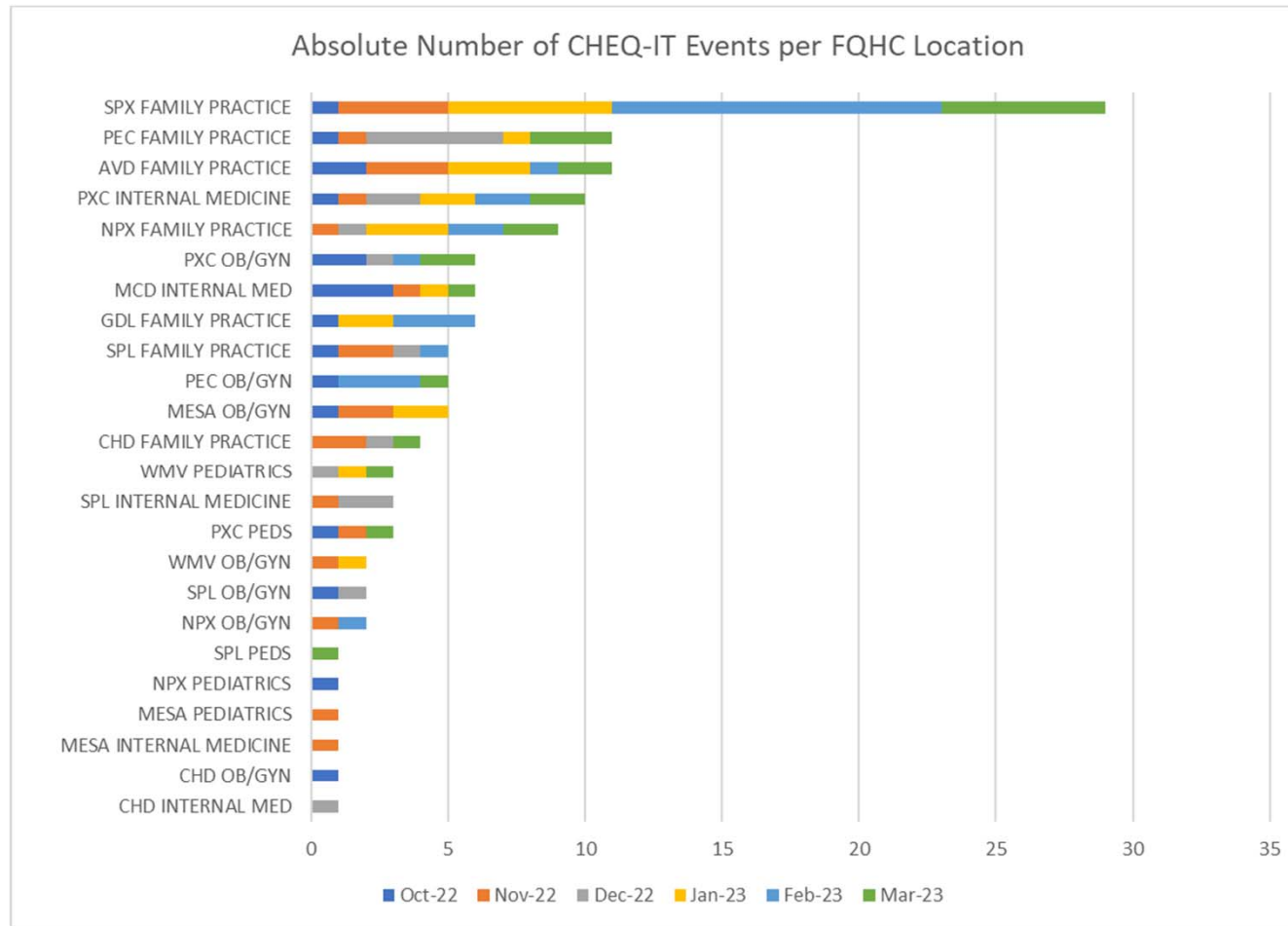
FQHC: Service Lines

- Family Practice
- Internal Medicine
- OB/GYN
- Pediatrics



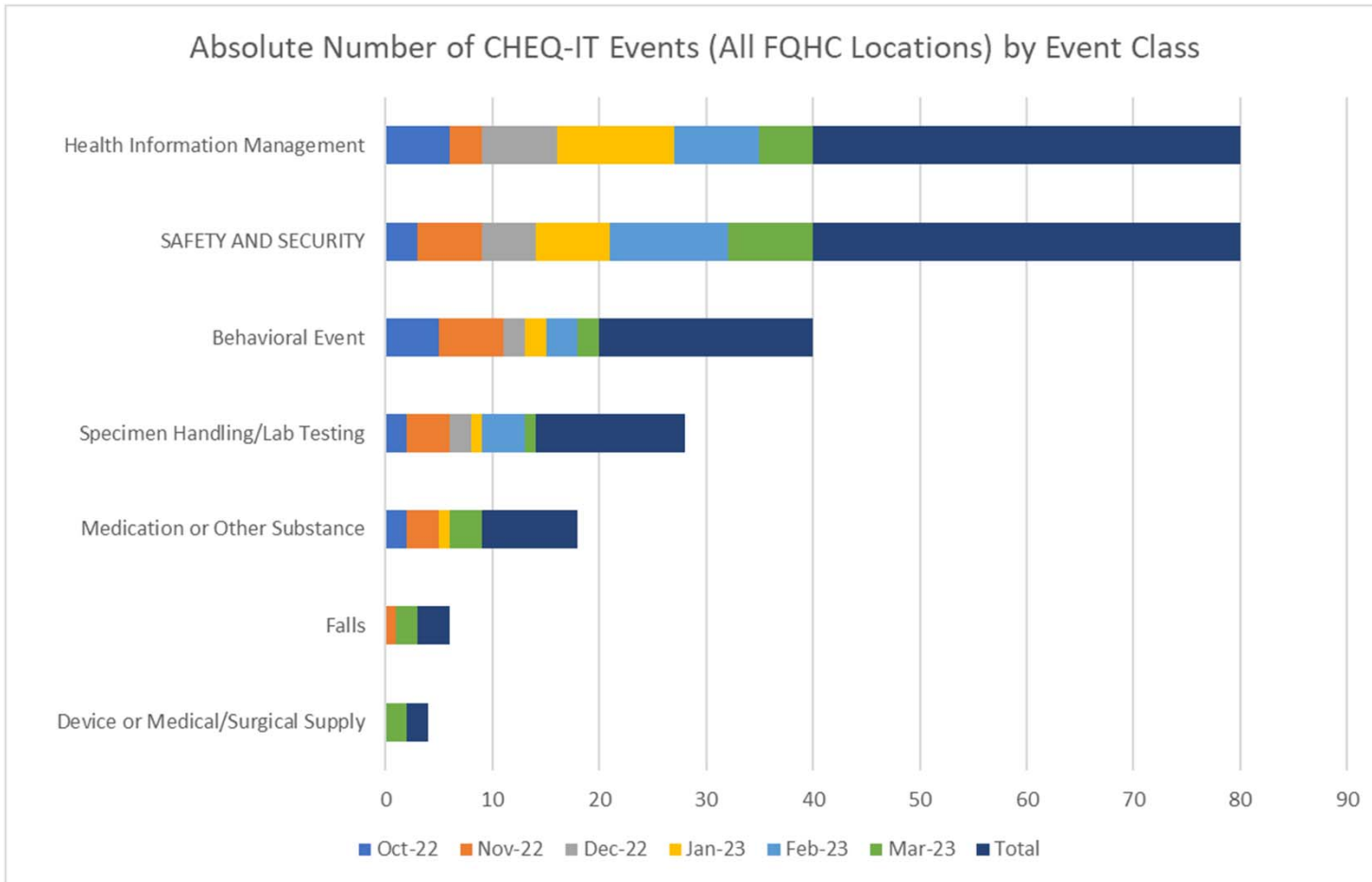
Currently, not all 'Service Lines' are available at all Valleywise FQHCs

CHEQ-IT Events by Location



- The highest number of occurrences reported are in South Central Family Practice, Peoria Family Practice, and Avondale Family Practice.
- Thank you for reporting!

CHEQ-IT Events by Class



The most frequently reported class of events are Health Information Management, Safety and Security, Behavioral Event, followed by Specimen handling/Lab testing.

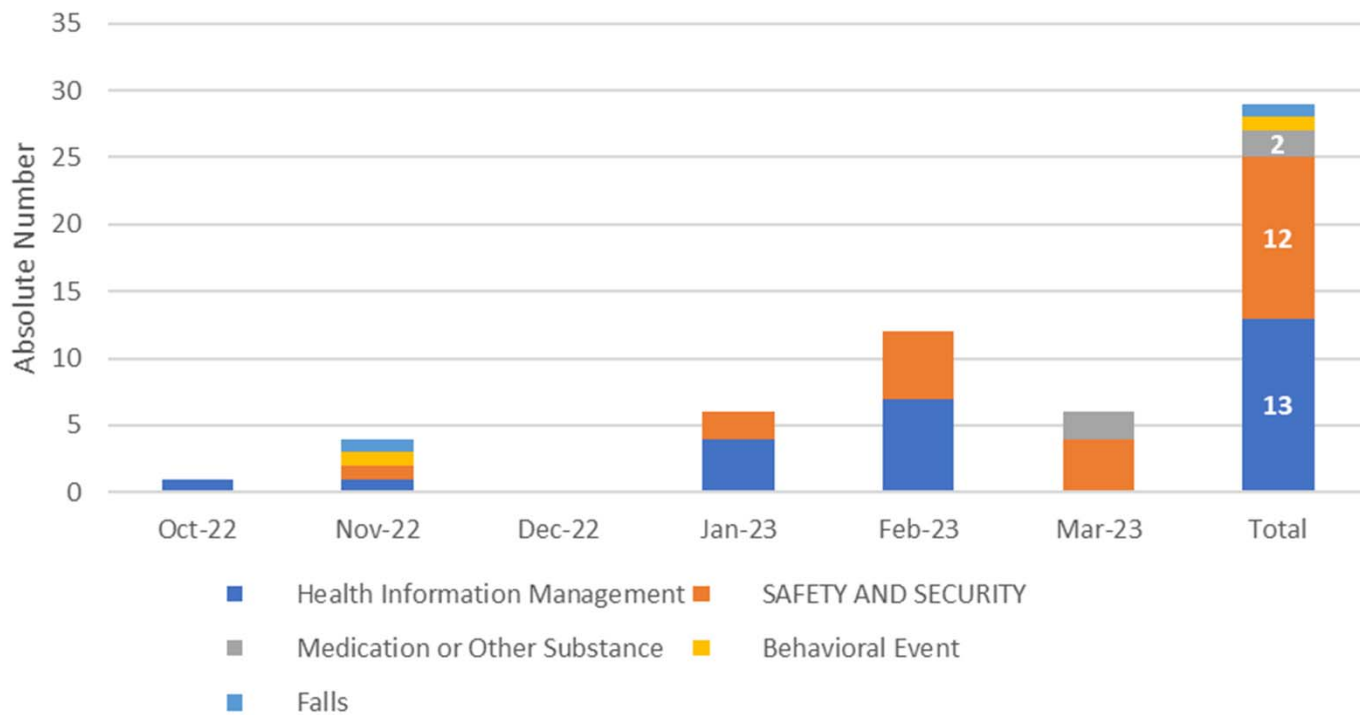
FQHC



PEC, NPX, AVD and SPX Family Practice Events

South Phoenix Family Practice:

South Central Family Practice CHEQ-IT Events per Event Class



Health Information Management: 11 Incomplete Consents, 1 delay in test results, 1 HIPAA issue

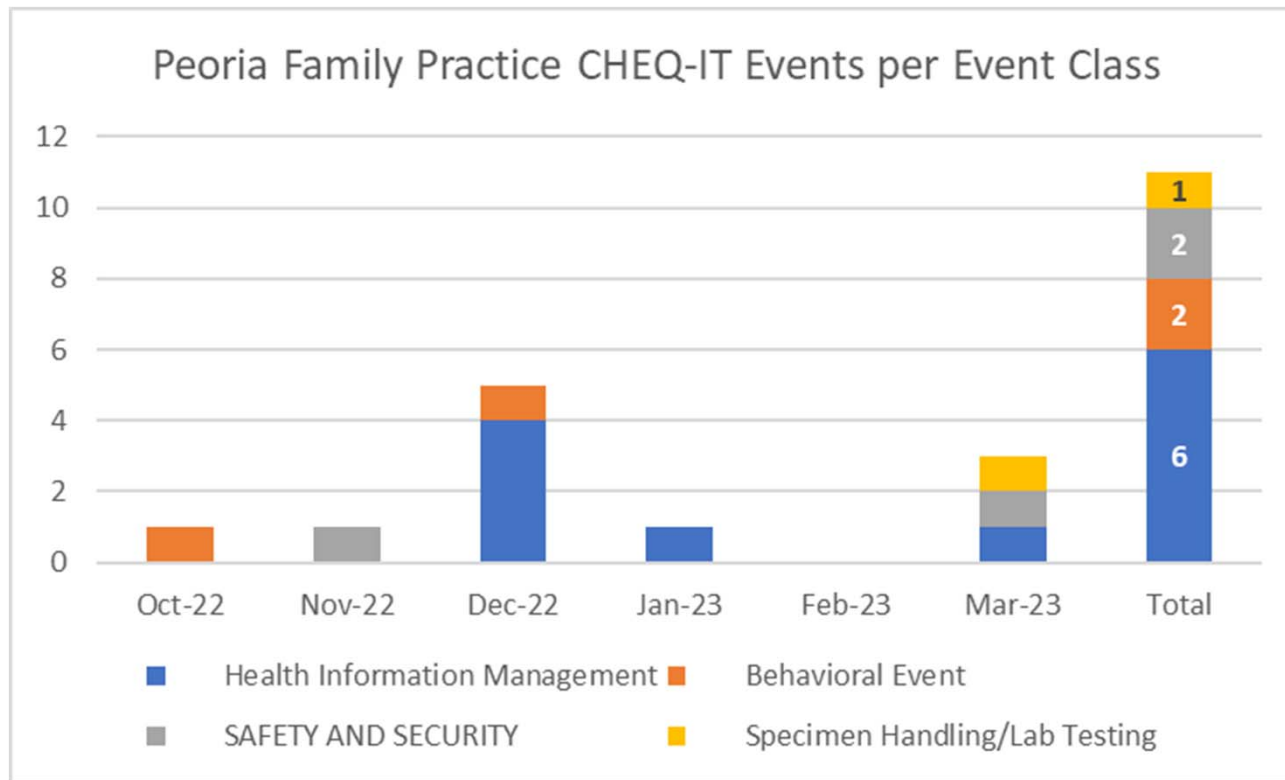
Safety & Security: 9 Code White, 3 unexpected change in patient status

Medication: 2 Wrong medication administered, vaccine

Behavioral Event: 1- Against Medical (Triage) Advice

Fall: 1- No injury

Peoria Family Practice:



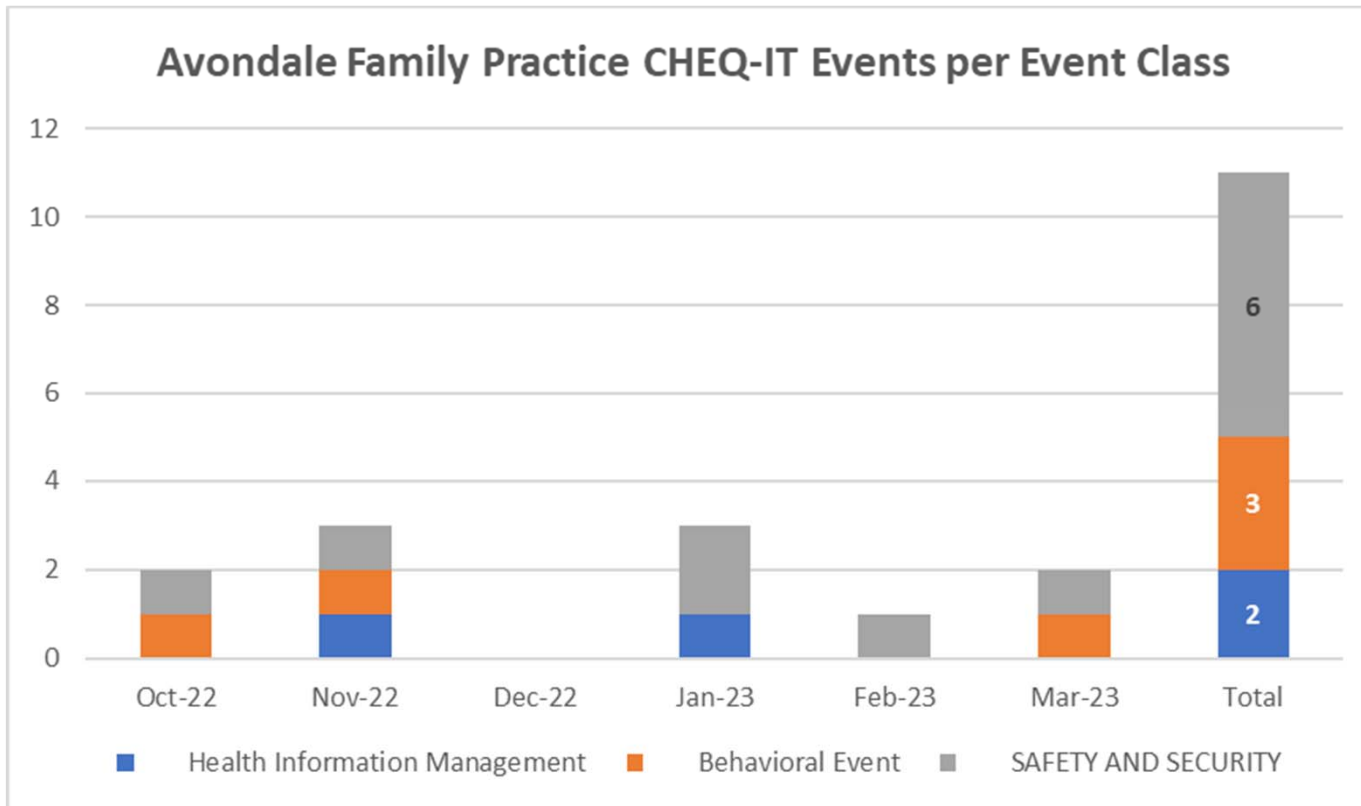
Health Information Management: 3 patient given wrong patient lab requisition; 3 Incomplete Consents

Behavioral Events: 1 Patient declined medical (triage) advice; 1 Anxious/agitated patients, care appropriate

Safety & Security: 2 Code White events

Specimen Handling: 1 Scanned wrong patient label during testing.

Avondale Family Practice:



Safety and Security: 6 Code White

Behavioral Event: 3 Against Medical (Triage) Advice

Health Information Management: 1 order placed in Wrong Patient Chart; 1 Incomplete Documentation

FQHC's: What's Happening?

- A review of notable occurrences is now included in the daily leadership huddle.
- Incomplete consents are addressed through the peer review process.
- Ambulatory leaders created Action Plans in accordance with the Culture of Patient Safety Survey results, emphasizing Communication Openness, Organizational Learning, and Hospital Management Support for Patient Safety. Action plans are approximately 73% completed.

FQHC's: What's Happening?

- Provide overview during monthly team meetings to all direct staff on errors to educate and create awareness.
- Communicate with staff on changes in processes in the clinic and at the monthly staff meeting elicit feedback from staff on the implementation of new process went and determine if there needs to be changes based upon discussion.
- Communicate errors with staff at huddle and monthly staff meeting to make staff feel their errors are not held against them and that we learn from them.



QUESTIONS?

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Valleywise Community Health
Centers Governing Council
Meeting

May 3, 2023

Item 4.

FQHC Patient Satisfaction
Data - Third Quarter FY 2023



Service Excellence Committee Report: FQHCs

Reporting: Crystal Garcia, VP of Specialty
Services, Quality and Patient Safety

Report Prepared by: Samantha Hapitas, RN
Quality Analyst

FQHC's Combined: Survey Participation Details

FQHC Participation

Favorite

Subscribe

Export

Apr 01, 2022 - Mar 31, 2023

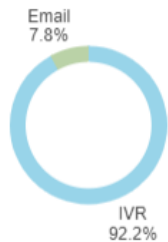
RESPONSE RATE: **28.7%**



MODE PERFORMANCE



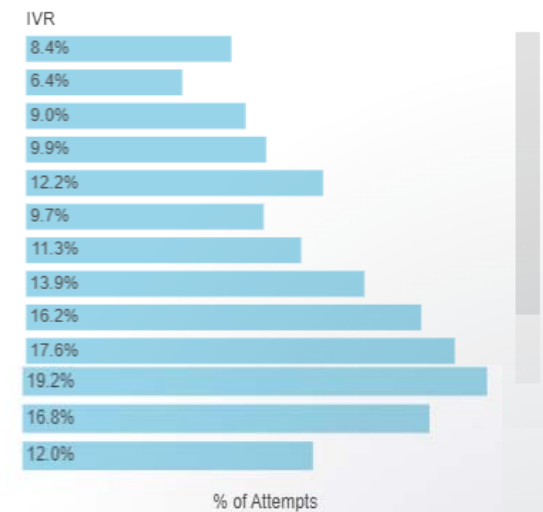
% OF TOTAL RESPONSES



AGE GROUP BREAKDOWN

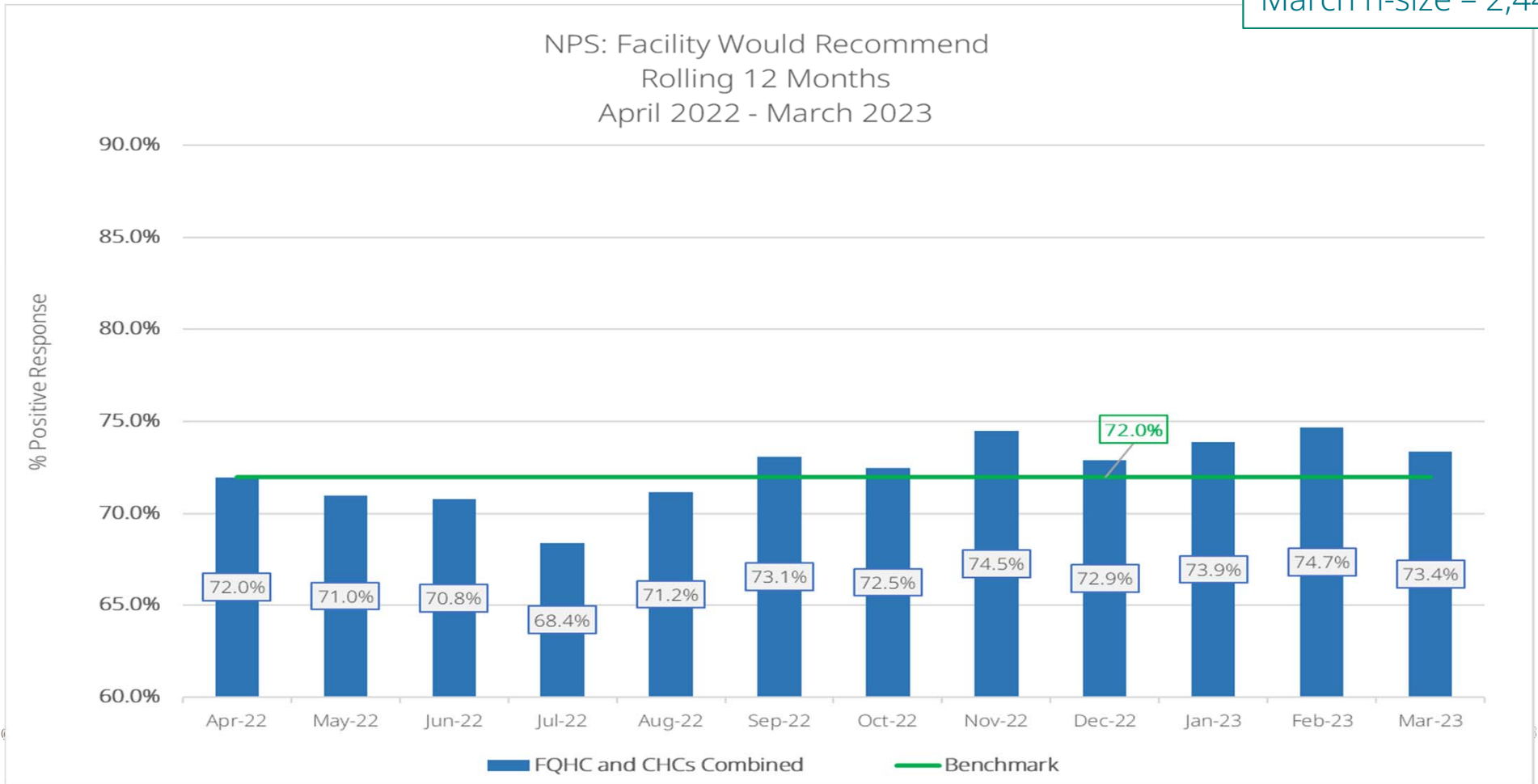
Age	Response Rate	Email
< 1	21.4%	2.9%
1 - 2	16.2%	2.8%
3 - 5	21.4%	2.2%
6 - 12	23.3%	2.3%
13 - 17	28.2%	2.5%
18 - 26	20.6%	2.0%
27 - 34	23.5%	2.7%
35 - 44	28.1%	3.2%
45 - 54	32.9%	4.0%
55 - 64	37.0%	6.3%
65 - 74	40.6%	8.2%
75 - 84	35.1%	4.3%
85+	27.5%	5.0%

% of Attempts



Overview of Combined Score - Phoenix CHC, Peoria CHC, and FQHC

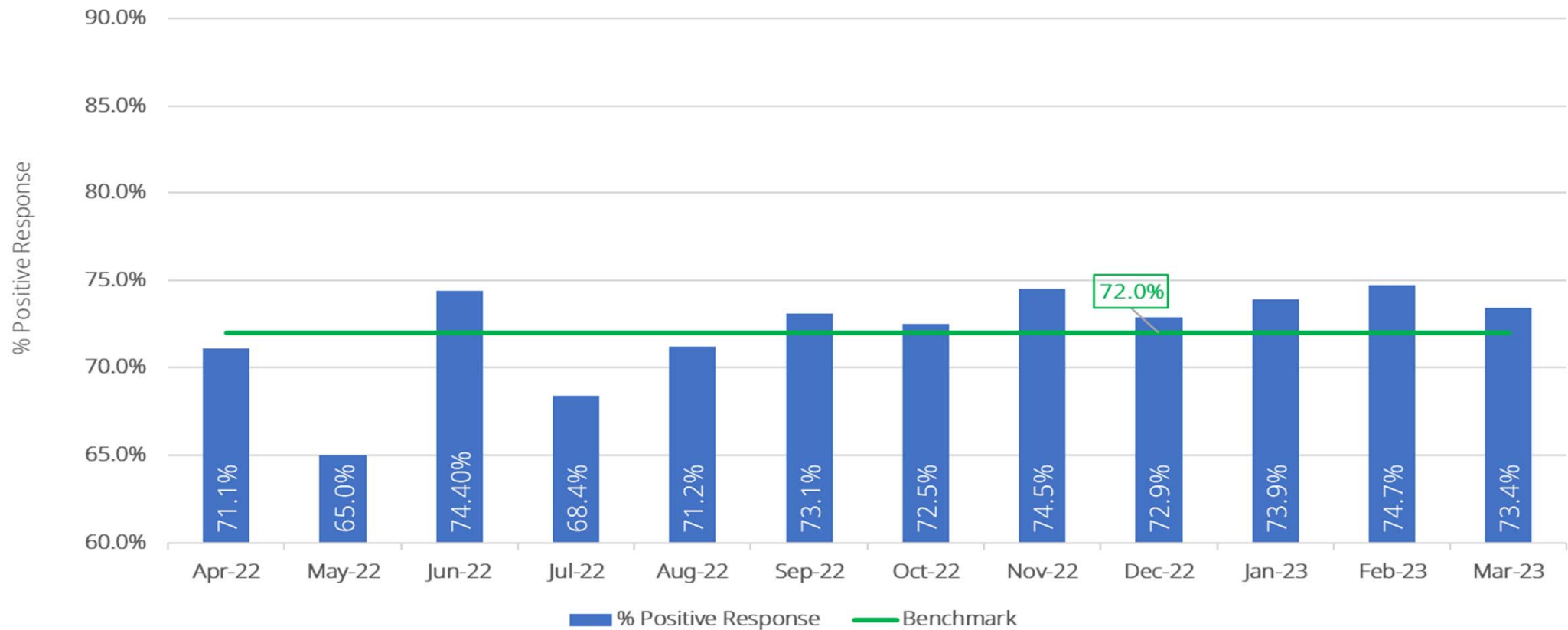
March n-size - 2,440



FQHC: Phoenix CHC – Rolling Year

March n-size - 548

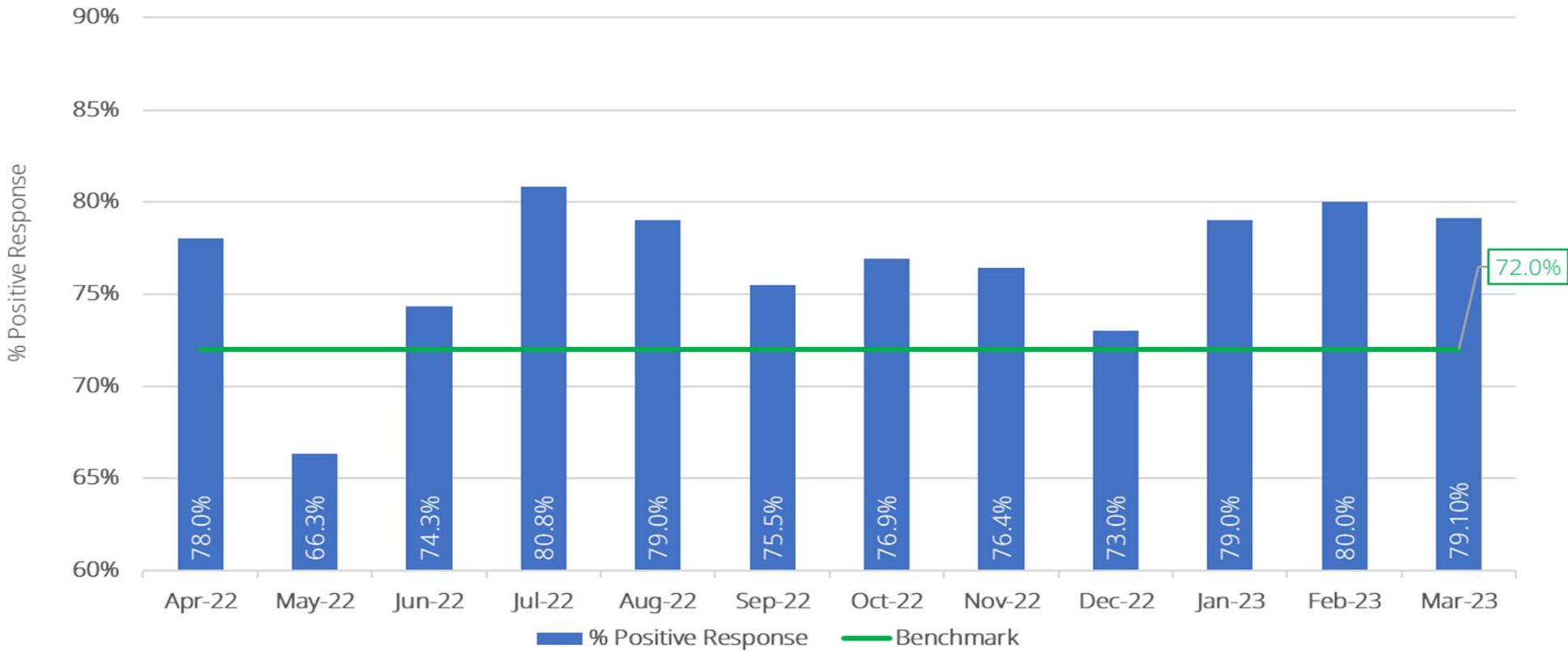
NPS: Facility Would Recommend - Phoenix CHC - FQHC
Rolling 12 Months
April 2022 - March 2023



FQHC: Peoria CHC – Rolling Year

NPS: Facility Would Recommend - Peoria CHC - FQHC
Rolling 12 Months
April 2022 - March 2023

March n-size - 282

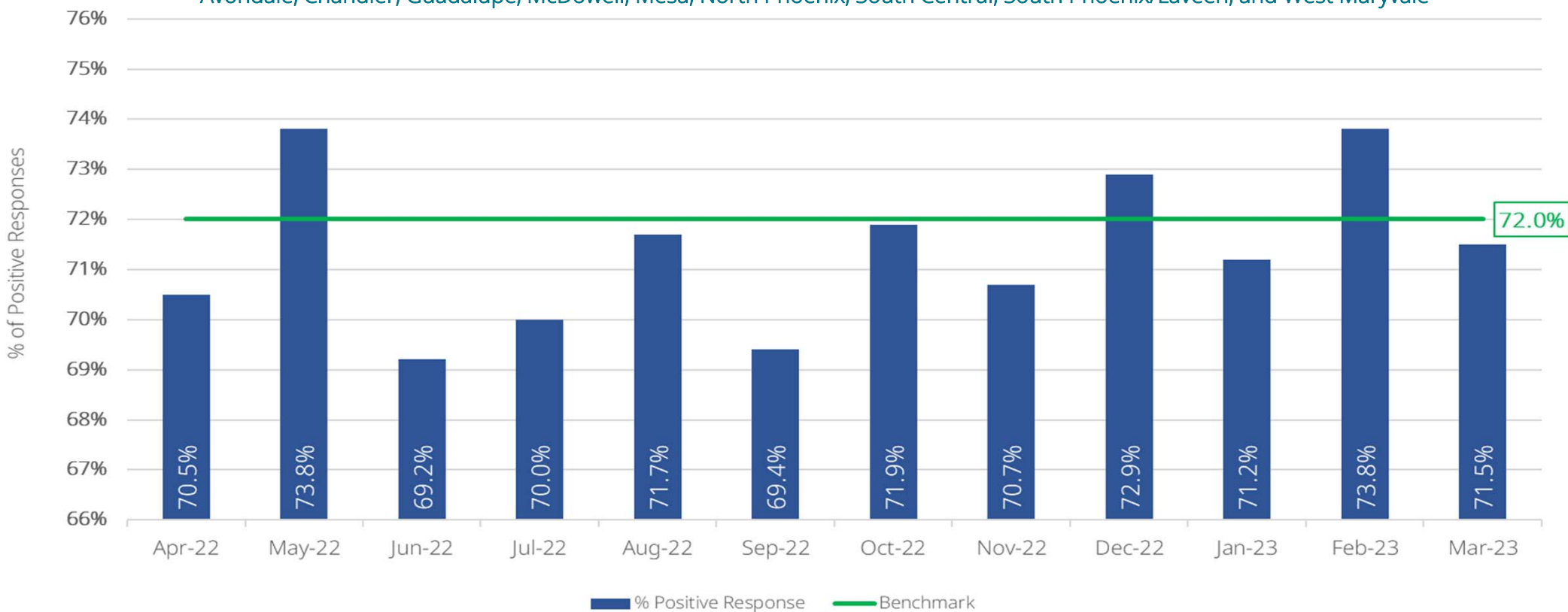


FQHCs: NPS – Facility Would Recommend - Rolling Year

NPS: Facility Would Recommend - FQHC's
Rolling 12 Months
April 2022 to March 2023

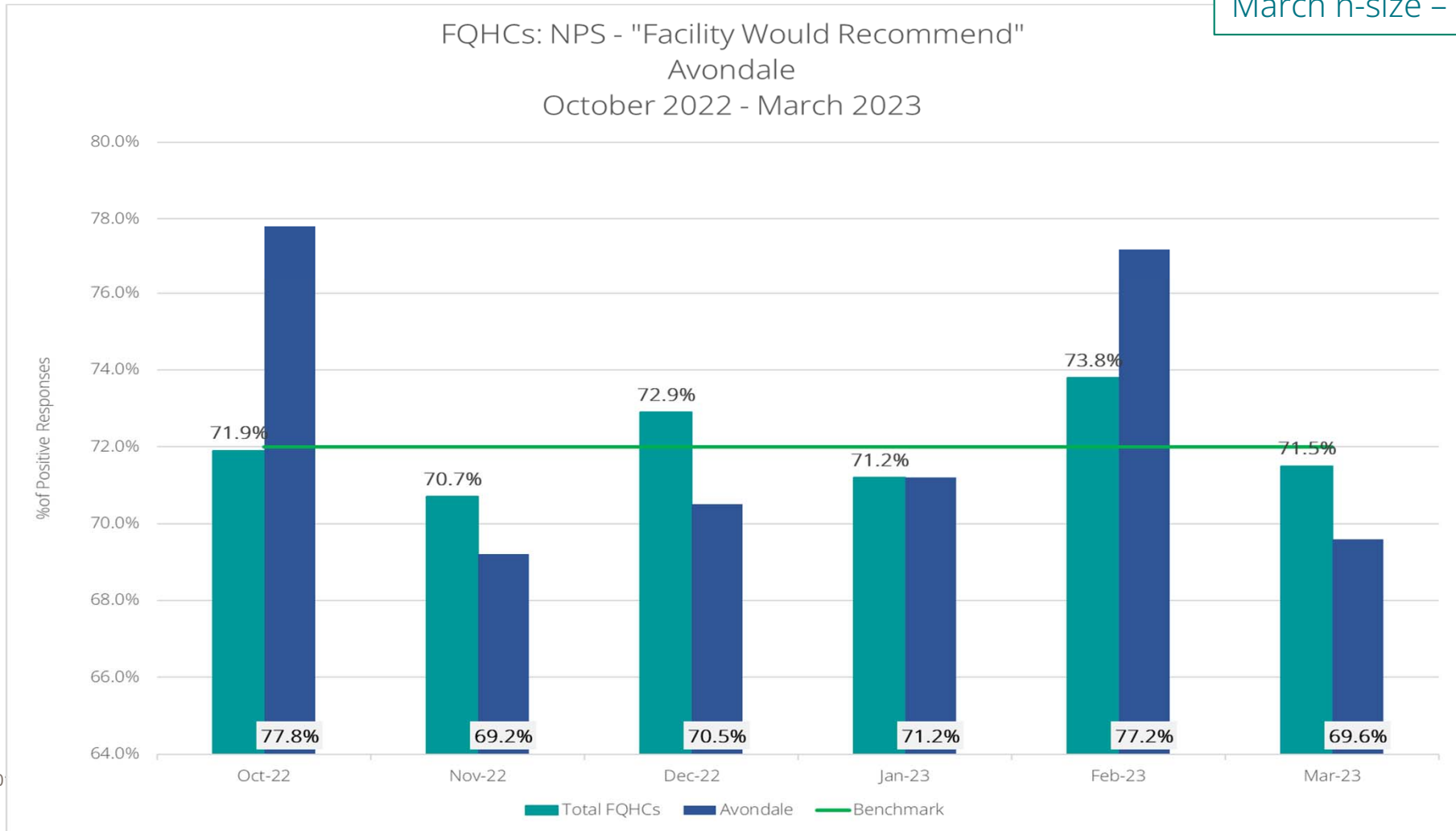
March n-size – 1,610

Avondale, Chandler, Guadalupe, McDowell, Mesa, North Phoenix, South Central, South Phoenix/Laveen, and West Maryvale



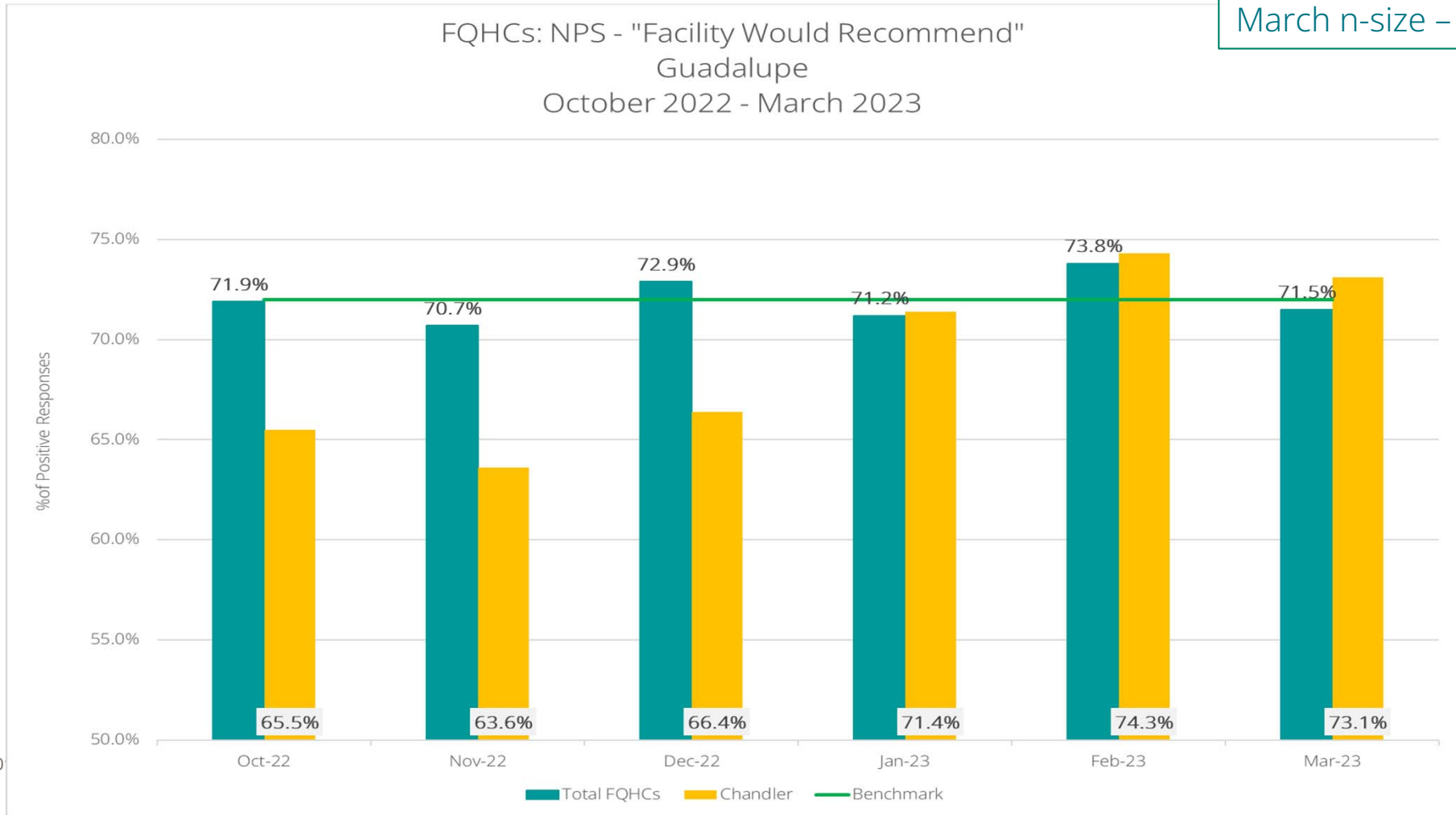
FQHC: Avondale – Past 6 Months

March n-size - 176



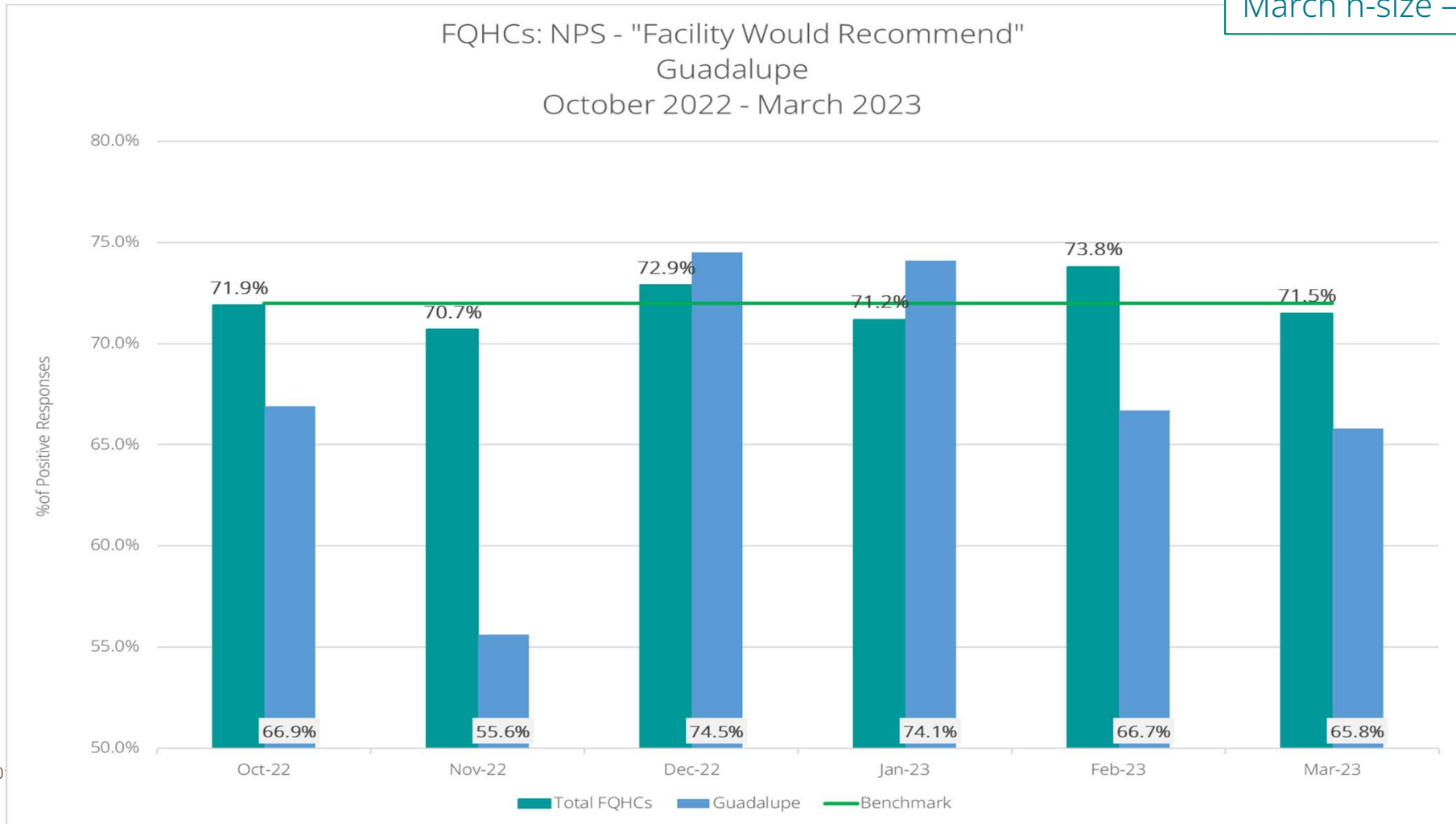
FQHC: Chandler – Past 6 Months

March n-size – 210



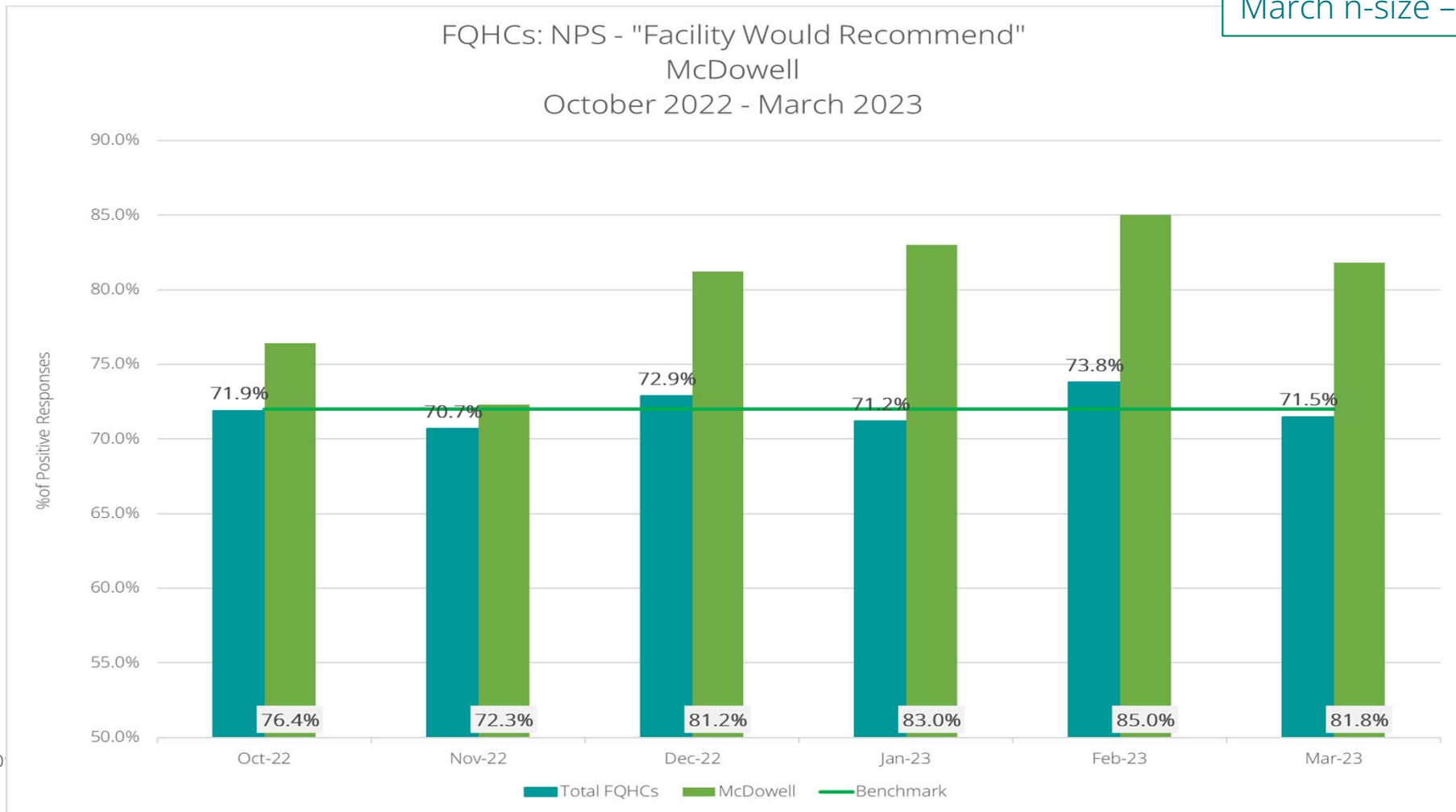
FQHC: Guadalupe – Past 6 Months

March n-size – 86



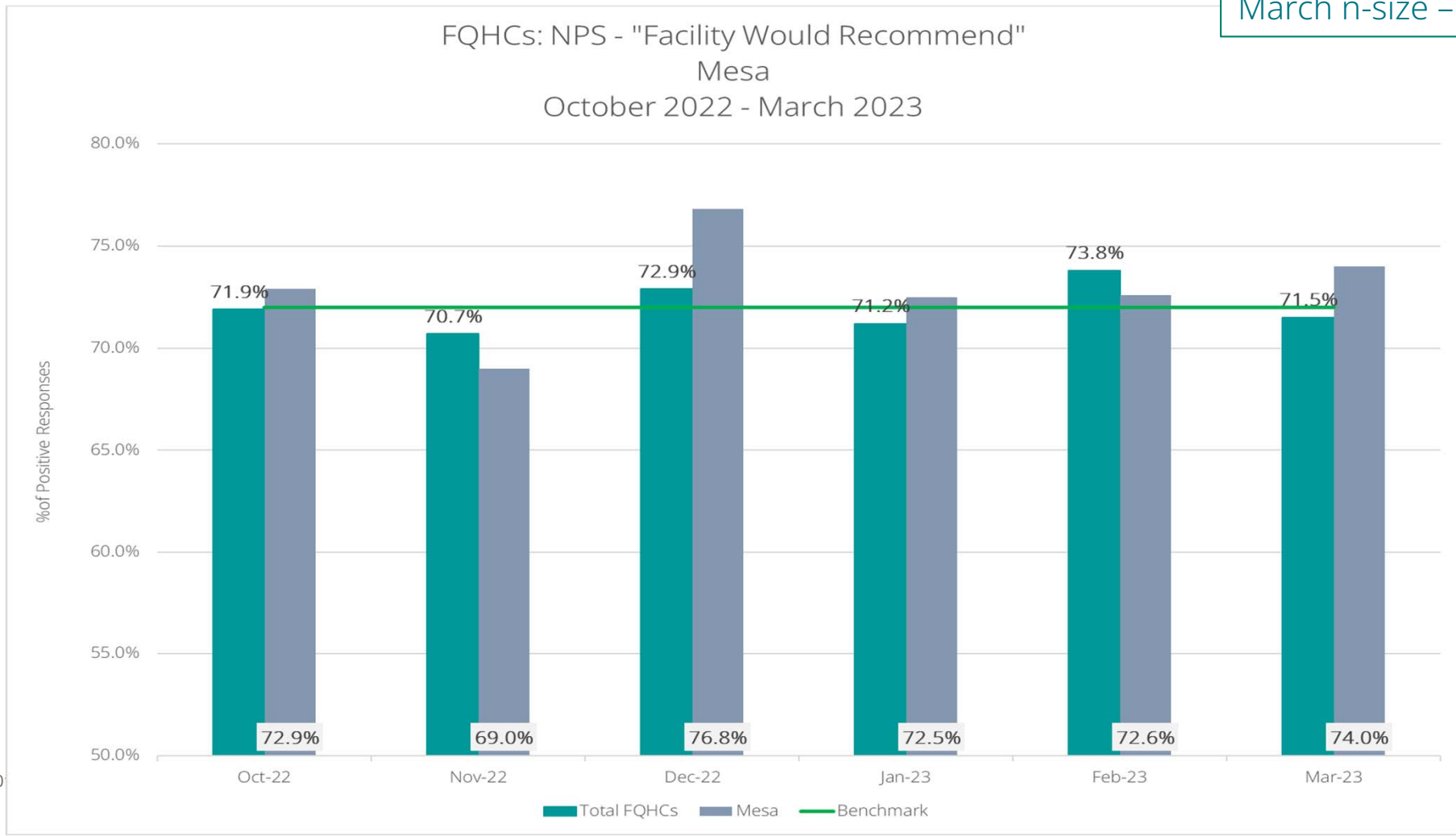
FQHC: McDowell – Past 6 Months

March n-size – 166



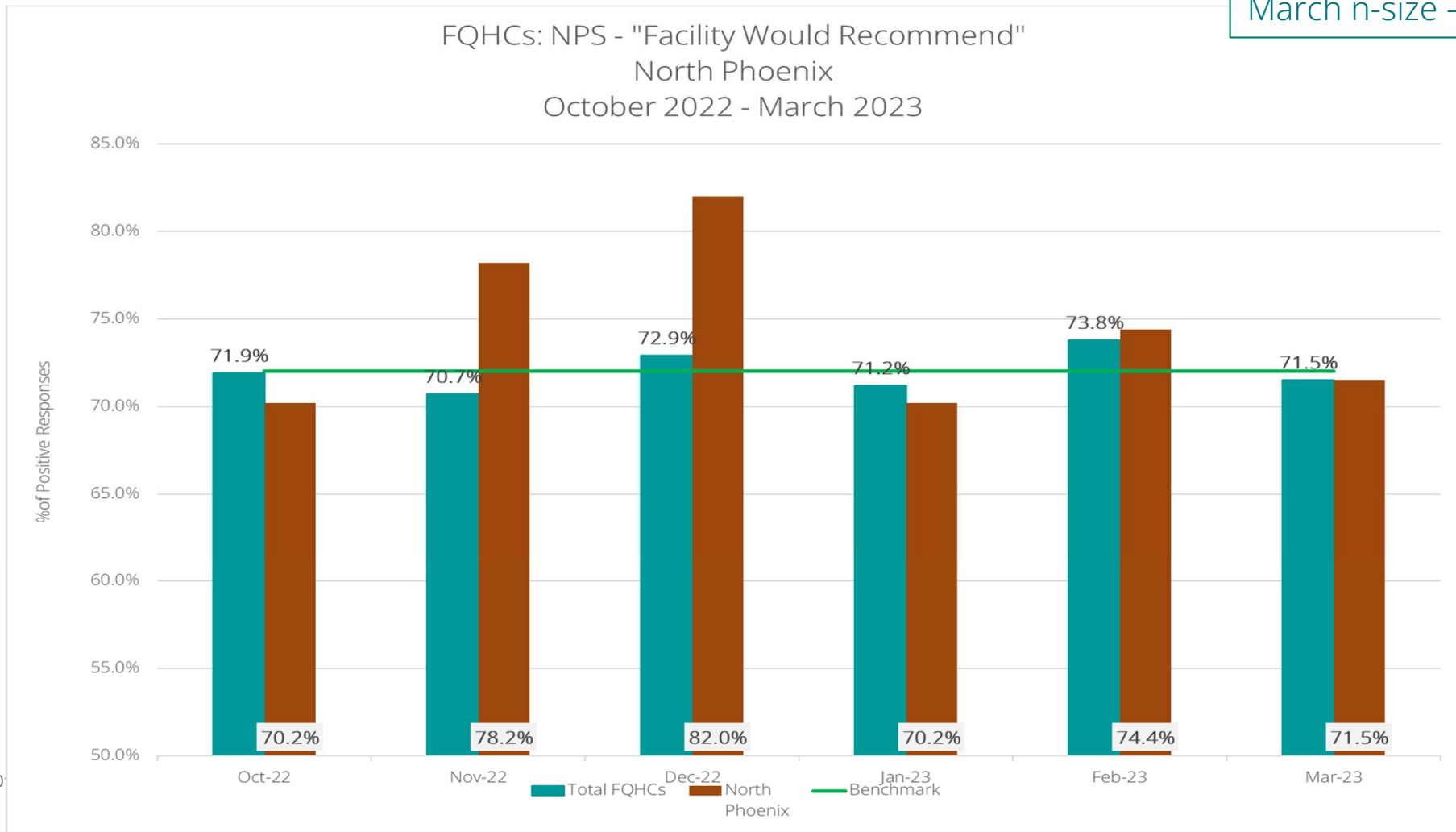
FQHC: Mesa – Past 6 Months

March n-size – 222



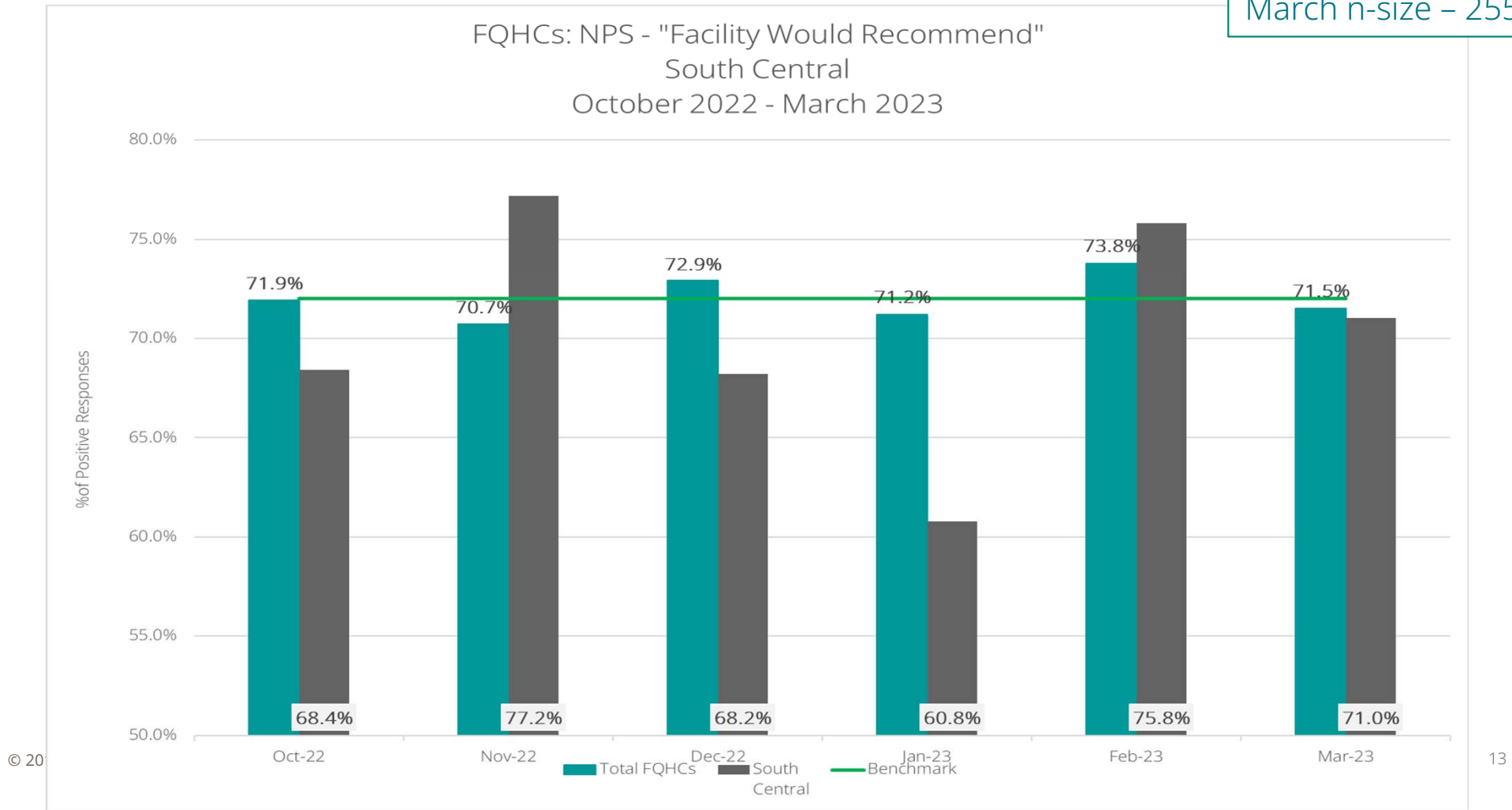
FQHC: North Phoenix – Past 6 Months

March n-size - 206



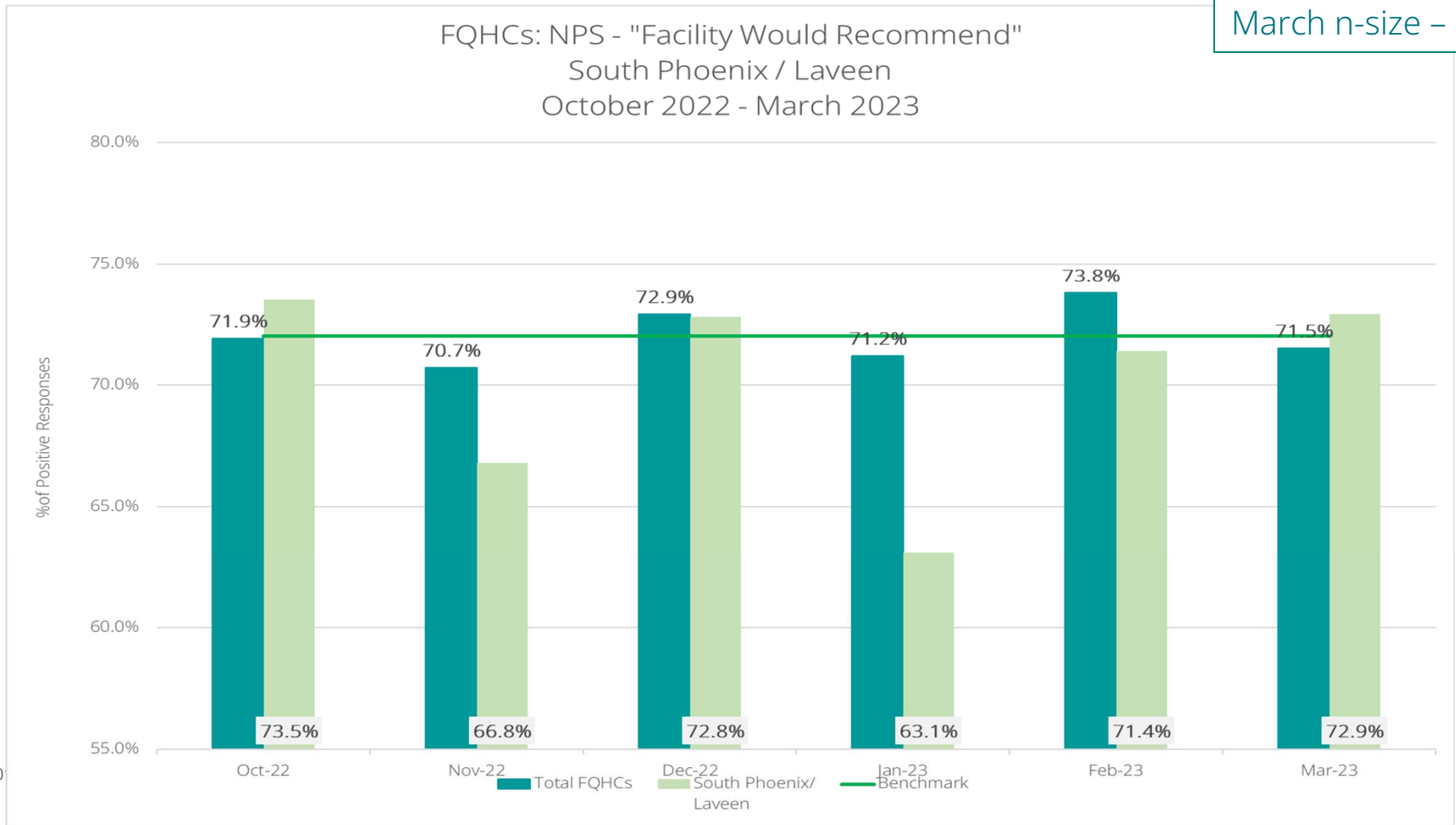
FQHC: South Central – Past 6 Months

March n-size – 255



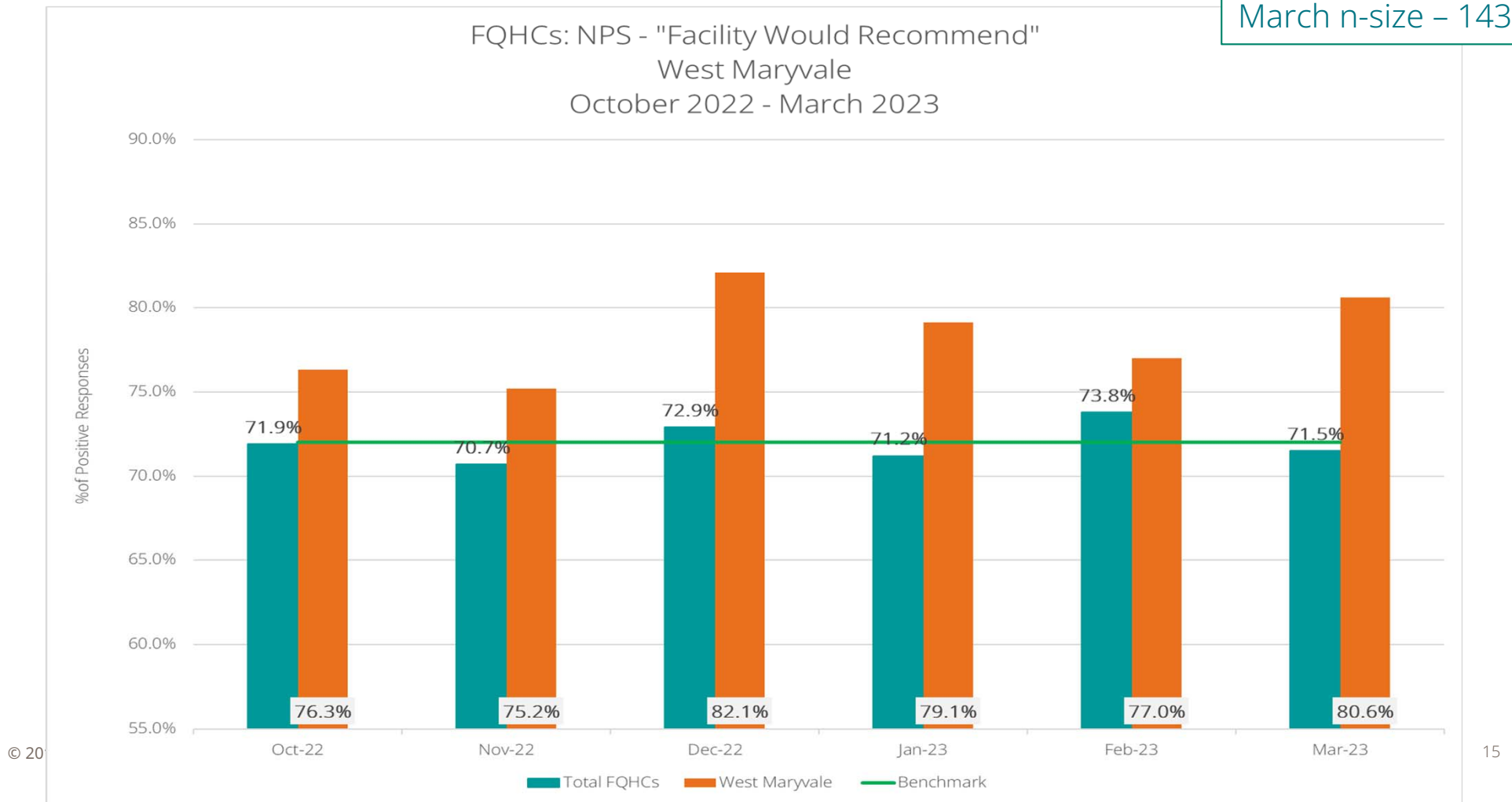
FQHC: South Phoenix/ Laveen – Past 6 Months

March n-size – 171



FQHC: West Maryvale – Past 6 Months

March n-size – 143



Peoria CHC - FQHC

10 - This was my first time being at the facility and it was beautiful. Everyone was friendly and helpful.

10 - As a way of helping, please, yes, I am very happy because they treated me very well, the doctors are very good people, the one who treats (unreadable) also helped me a lot, I am happy and I thank you because for this plan you have for help people to have them well, thank you.

7 - The check in process was not good at all. Pre-registering both online and making the appointment and registering at that time and giving all my information, it was not in the system when I got there and I thought that that's fairly inexcusable and needs to be greatly improved

5 - I was contacted the week prior and asked to come in at an appt time 30 minutes later. Then I got text messages for my original time. When I called to verify the receptionist was curt/short with me on the phone about it. The elevator had no lights working inside, no sign to warn you either so the doors close and it's pitch black. Receptionist said she already reported it, but why not warn people as they enter, since you are sitting right there?

Phoenix CHC - FQHC

10 - Doctor allowed me to talk and she listened and she helped me out. My voice is still gone, but I feel a lot better than I did in 2 days. Thank you so much, I appreciate it. I forgot her name, because you all mentioned that at the beginning.

10 - The doctor, the cardiologist, she is amazing. She is awesome. She helped through the whole visit. She was so friendly, she was nice, and she answered all the questions that we have. She is amazing.

8 - Your time is very bad. We had to wait almost two and a half hour before we've been seen. From a 9:30 appointment. We haven't been seen 'til like quarter to 12, and that is really ridiculous, to have someone waiting that long. So, you need to improve on that

8 - Well, they don't really pay attention to you, they don't listen to you, and that should be very important, and they rush you through everything and they don't explain. Thank you.

5 - It took almost an hour to see the doctor. Need to improve on that.

AVONDALE

10 - Thank you very much, we are very, very happy with your service, they have excellent staff and the clinic is very, very clean and they tend it to you with a lot of love, affection and availability, we are very happy with your service.[...] there and the clinic is there. We have very nice very good staff. Thank you.

7 - The only way that you guys can come improve any better is to have continuity and care. You don't hire full-time doctors who stay and that's kind of sad especially from the patients perspective because I'm sure that it would be a benefit to the patient if they had the same doc at least four times a year and that doesn't happen. Other than that, I like it.

4 - My doctor was great but our nurses were not courteous.

CHANDLER

10 - Staff was very respectful and friendly.

10 - We feel like she listens to us. Like she always wants to give us the best information, that she can. So if she doesn't know something, she's always getting back to us, or she looked it up, right then and there to help us. We also love the front staff as well. They're super helpful and friendly with getting us what we need.

7 - It was my first visit on Wednesday, the 19th of April, and it was my first visit to the Clinic upon leaving. I was informed that I had two prescriptions waiting at the pharmacy. When I got to the pharmacy later that evening, they said they never received the prescriptions. And I called and left a message and I still don't have the information.

GUADALUPE

10 - The doctor was very kind and answered all my questions.

7 - It is very difficult to get appointments that same day or that same week. It was very difficult and almost impossible. They need more schedules that align with the doctors.

9 - It was a really good experience, it was a little bit of a wait, but it's understand I was kind of a unique case as I'm doing a medical aid mission, so it wasn't routined in anyway, but my provider was very helpful and educational. So thank you.

10 - Yes, this is very hard to just get an appointment on there. Did a great job. Thank you. Bye.

MCDOWELL

10 - My experience here was as great as it always is!! Thank you!!

5 - Takes forever to get a visit with [Staff]

6 - Not very warm staff. Maybe the, everybody when you check in is very warm. But the rest of the staff is not very warm. Not feeling warm, especially when it comes to your body. And asking the person questions and everything, not very comfortable with a lot of the staff members. Thank you.

10 - Thank you so much. I'm very pleased with the service that I get there at the Southwest Center at the Dell Clinic. Thank you [...] for being my provider, and thank you for everything you tell me that I need to know, God bless and have a great and wonderful day.

MESA

10 - Hey, I just want to leave my input on what I think about your guys' service and I recently just had a doctor's appointment there, an urgent checkup, well just overall, you guys were fantastic, the doctor seemed, really was knowledgeable, was able to help me with what I needed, and he's really got right to the point. And I really appreciate that and everything you guys are doing. Keep it up, it's working

5 - Yes, I was glad my daughter was able to be seen. She was prescribed antibiotics for an issue she's experiencing. However, she came all extremely frustrated with the experience you had and said, the provider was kind of rude to her, wouldn't explain something

NORTH PHOENIX

10 - About my experience it was great but I would like to comment on the appointments it would also be great if they were scheduled more quickly my appointment was scheduled I think after a month from the day I called to schedule it

10 - Customer service on the front end was definitely was amazing. The physician follow up and clarity was not, and I think that I didn't feel comfortable with her decision on my diagnosis

10 - [...] is a nice doctor and I can recommend to my friend and family

SOUTH CENTRAL

10 - Excellent service, all your employees are very well trained. I really appreciate my doctor and all your members.

4 - the doctor that we see at the facility did not seem to be knowledgeable, did not interact with us when we were speaking to him, he did not give us like an impression that he knows what he is doing. I think he is maybe on training, I'm not sure if he is the real doctor. He did not report anything on a tablet or an order on paper. I don't feel like we're seeing a doctor. Thank you

0 - I had a very bad experience because I needed a refill and the pharmacy sent a message to the doctor and the doctor didn't answer. I waited 3 weeks without taking any medication because this doctor did not (unreadable). I don't like the doctor that I was assigned to.

SOUTH PHOENIX / LAVEEN

5 - Front desk checked me in pretty rapidly. Went in to see my usual OBYGN doctor. Nurses and doctor was friendly no complaint there. However, I've reach out about my results multiple times and yet I haven't heard anything from anyone. That to me is not a good service.

10 - I was very happy with [...]. He pays attention to what I have to say and I receive great feedback from him and I'm just very pleased. He's such a wonderful doctor. He cares about the patients health. Thank you so very much for the good care of the patients.

1 - I have never had a problem with this clinic everyone is super nice and get things done quickly, I have been coming here for as long as I can remember and I got a new Medical Assistant [...] but she was so unprofessional.

WEST MARYVALE

10 - I consider that my daughter was treated very well and the care was very good and detailed and they were very good.

8 - The waiting time to go in for a review is a bit long and the time you wait between your pediatrician and the patient to give vaccines or some medication is also a long time. Wait very long.

0 - They didn't know what my girl was doing, they gave her three medical appointments with different doctors and they didn't give me the paperwork I needed for school, so I classify them as inexperienced and they don't know what they're doing.

FQHC: Action Plans

- N size for a couple of the clinics are smaller than others; looking at increasing the number of responses
- Staffing issues in all areas could be a potential cause for lower scores.
- Service Excellence joining Ambulatory workgroup to combine efforts to help improve Patient Experience scores.
- Continue to develop Service Ambassador program in Ambulatory
- Service Recovery training for leaders





Valleywise Community Health
Centers Governing Council
Meeting

May 3, 2023

Item 5.

FQHC Financials and Payor
Mix - Third Quarter FY 2023

JAN-MAR FY23 Actual vs Budget

	VCHC				OP Behavioral Health				VCHC - Phoenix			
	JAN - MAR FY 2023				JAN - MAR FY 2023				JAN - MAR FY 2023			
	FY23 Actual	FY23 Budget	Variance Favorable (Unfavorable)	%	FY23 Actual	FY23 Budget	Variance Favorable (Unfavorable)	%	FY23 Actual	FY23 Budget	Variance Favorable (Unfavorable)	%
(a) Visits	43,015	43,926	(911)	(2%)	6,279	6,833	(554)	(8%)	17,788	17,718	70	0%
Operating Revenues												
(b) Net patient service revenue	\$ 10,056,566	\$ 9,926,933	\$ 129,633	1%	\$ 1,601,031	\$ 1,750,547	\$ (149,516)	(9%)	\$ 3,269,456	\$ 3,095,286	\$ 174,169	6%
(c) Other Operating Revenue	721,676	641,572	80,105	12%	251,293	253,209	(1,916)	(1%)	122,644	169,111	(46,467)	(27%)
(e) Total operating revenues	\$ 10,778,242	\$ 10,568,504	\$ 209,737	2%	\$ 1,852,324	\$ 2,003,756	\$ (151,432)	(8%)	\$ 3,392,100	\$ 3,264,397	\$ 127,703	4%
Operating Expenses												
(f) Salaries and wages	3,299,729	3,255,895	(43,834)	(1%)	658,963	706,707	47,744	7%	1,500,438	1,384,849	(115,589)	(8%)
(g) Contract labor	5,372	1,133	(4,239)	(374%)	-	178	178	100%	(11,828)	461	12,289	2,664%
(h) Employee benefits	1,049,766	1,086,972	37,206	3%	202,341	201,596	(746)	(0%)	452,213	427,053	(25,160)	(6%)
(i) Medical service fees	3,440,256	3,618,376	178,120	5%	171,415	131,868	(39,547)	(30%)	1,528,877	1,418,357	(110,519)	(8%)
(j) Supplies	574,196	479,618	(94,579)	(20%)	4,270	3,759	(511)	(14%)	163,162	128,206	(34,956)	(27%)
(k) Purchased services	28,363	34,305	5,942	17%	3,177	5,222	2,045	39%	13,529	13,549	20	0%
(l) Other expenses	198,061	193,373	(4,688)	(2%)	4,599	5,907	1,308	22%	6,574	5,866	(708)	(12%)
(n) Allocated ancillary expense	2,313,642	2,160,653	(152,989)	(7%)	221	-	(221)	(100%)	259,006	372,766	113,760	31%
(o) Total operating expenses	\$ 10,909,384	\$ 10,830,325	\$ (79,059)	(1%)	\$ 1,044,985	\$ 1,055,236	\$ 10,251	1%	\$ 3,911,970	\$ 3,751,106	\$ (160,864)	(4%)
(p) Margin (before overhead allocation)	\$ (131,143)	\$ (261,821)	\$ 130,678		\$ 807,339	\$ 948,520	\$ (141,181)		\$ (519,871)	\$ (486,709)	\$ (33,162)	
(q) Percent Margin	(1%)	(2%)			44%	47%			(15%)	(15%)		
(u) Overhead Allocation	2,697,481	2,679,852	(17,629)		274,962	277,200	2,238		959,462	874,347	(85,115)	
(v) Margin (after overhead allocation)	\$ (2,828,624)	\$ (2,941,673)	\$ 113,049		\$ 532,377	\$ 671,320	\$ (138,943)		\$ (1,479,333)	\$ (1,361,056)	\$ (118,277)	
(w) Percent Margin	(26%)	(28%)			29%	34%			(44%)	(42%)		
Per Visit Analysis (\$/Visit)												
(x) Net patient service revenue	\$ 233.79	\$ 225.99	\$ 7.80		\$ 254.98	\$ 256.19	\$ (1.21)		\$ 183.80	\$ 174.70	\$ 9.10	
(y) Other Operating Revenue	16.78	14.61	2.17		40.02	37.06	2.96		6.89	9.54	(2.65)	
(aa) Total operating revenues	\$ 250.57	\$ 240.60	\$ 9.97	4%	\$ 295.00	\$ 293.25	\$ 1.76	1%	\$ 190.70	\$ 184.24	\$ 6.45	3%
(ab) Total operating expenses	253.62	246.56	(7.06)	(3%)	166.43	154.43	(11.99)	(8%)	219.92	211.71	(8.21)	(4%)
(ac) Margin (before overhead allocation)	\$ (3.05)	\$ (5.96)	\$ 2.91	49%	\$ 128.58	\$ 138.81	\$ (10.24)	(7%)	\$ (29.23)	\$ (27.47)	\$ (1.76)	(6%)
(af) Overhead Allocation	62.71	61.01	(1.70)	(3%)	43.79	40.57	(3.22)	(8%)	53.94	49.35	(4.59)	(9%)
(ag) Margin (after overhead allocation)	\$ (65.76)	\$ (66.97)	\$ 1.21	2%	\$ 84.79	\$ 98.25	\$ (13.46)	(14%)	\$ (83.16)	\$ (76.82)	\$ (6.35)	(8%)

OCT-DEC FY23 Actual vs Budget

	VCHC - Peoria				Dental				All Clinics Combined			
	JAN - MAR FY 2023				JAN - MAR FY 2023				JAN - MAR FY 2023			
	FY23 Actual	FY23 Budget	Variance Favorable (Unfavorable)	%	FY23 Actual	FY23 Budget	Variance Favorable (Unfavorable)	%	FY23 Actual	FY23 Budget	Variance Favorable (Unfavorable)	%
(a) Visits	6,997	7,658	(661)	(9%)	6,273	5,659	614	11%	80,352	81,794	(1,442)	(2%)
Operating Revenues												
(b) Net patient service revenue	\$ 1,348,348	\$ 1,560,229	\$ (211,880)	(14%)	\$ 774,046	\$ 828,376	\$ (54,331)	(7%)	\$ 17,049,446	\$ 17,161,371	\$ (111,925)	(1%)
(c) Other Operating Revenue	47,575	46,112	1,463	3%	181,035	144,407	36,629	25%	1,324,224	1,254,410	69,814	6%
(e) Total operating revenues	\$ 1,395,923	\$ 1,606,340	\$ (210,417)	(13%)	\$ 955,081	\$ 972,783	\$ (17,702)	(2%)	\$ 18,373,670	\$ 18,415,781	\$ (42,111)	(0%)
Operating Expenses												
(f) Salaries and wages	528,160	508,723	(19,437)	(4%)	1,062,895	1,015,222	(47,673)	(5%)	7,050,185	6,871,395	(178,790)	(3%)
(g) Contract labor	-	199	199	100%	-	148	148	100%	(6,456)	2,119	8,575	405%
(h) Employee benefits	164,575	156,714	(7,861)	(5%)	341,723	306,009	(35,714)	(12%)	2,210,618	2,178,343	(32,275)	(1%)
(i) Medical service fees	552,124	658,838	106,714	16%	-	-	-	-	5,692,671	5,827,440	134,768	2%
(j) Supplies	37,310	51,093	13,783	27%	95,971	87,126	(8,845)	(10%)	874,910	749,802	(125,108)	(17%)
(k) Purchased services	3,399	5,653	2,254	40%	45,290	53,122	7,832	15%	93,758	111,851	18,093	16%
(l) Other expenses	1,881	3,208	1,327	41%	14,383	13,739	(644)	(5%)	225,498	222,093	(3,405)	(2%)
(n) Allocated ancillary expense	141,017	195,948	54,931	28%	-	-	-	-	2,713,885	2,729,367	15,482	1%
(o) Total operating expenses	\$ 1,428,465	\$ 1,580,376	\$ 151,911	10%	\$ 1,560,263	\$ 1,475,366	\$ (84,897)	(6%)	\$ 18,855,068	\$ 18,692,409	\$ (162,659)	(1%)
(p) Margin (before overhead allocation)	\$ (32,542)	\$ 25,964	\$ (58,506)		\$ (605,182)	\$ (502,583)	\$ (102,599)		\$ (481,398)	\$ (276,629)	\$ (204,769)	
(q) Percent Margin	(2%)	2%			(63%)	(52%)			(3%)	(2%)		
(u) Overhead Allocation	377,682	417,847	40,165		446,566	421,345	(25,220)		4,756,154	4,670,593	(85,562)	
(v) Margin (after overhead allocation)	\$ (410,224)	\$ (391,883)	\$ (18,341)		\$ (1,051,748)	\$ (923,928)	\$ (127,819)		\$ (5,237,552)	\$ (4,947,221)	\$ (290,331)	
(w) Percent Margin	(29%)	(24%)			(110%)	(95%)			(29%)	(27%)		
Per Visit Analysis (\$/Visit)												
(x) Net patient service revenue	\$ 192.70	\$ 203.74	\$ (11.03)		\$ 123.39	\$ 146.38	\$ (22.99)		\$ 212.18	\$ 209.81	\$ 2.37	
(y) Other Operating Revenue	6.80	6.02	0.78		28.86	25.52	3.34		16.48	15.34	1.14	
(aa) Total operating revenues	\$ 199.50	\$ 209.76	\$ (10.26)	(5%)	\$ 152.25	\$ 171.90	\$ (19.65)	(13%)	\$ 228.66	\$ 225.15	\$ 3.52	2%
(ab) Total operating expenses	204.15	206.37	2.22	1%	248.73	260.71	11.98	5%	234.66	228.53	(6.13)	(3%)
(ac) Margin (before overhead allocation)	\$ (4.65)	\$ 3.39	\$ (8.04)	(237%)	\$ (96.47)	\$ (88.81)	\$ (7.66)	(9%)	\$ (5.99)	\$ (3.38)	\$ (2.61)	(77%)
(af) Overhead Allocation	53.98	54.56	0.59	1%	71.19	74.46	3.27	4%	59.19	57.10	(2.09)	(4%)
(ag) Margin (after overhead allocation)	\$ (58.63)	\$ (51.17)	\$ (7.46)	(15%)	\$ (167.66)	\$ (163.27)	\$ (4.40)	(3%)	\$ (65.18)	\$ (60.48)	\$ (4.70)	(8%)

YTD Actual vs Budget

	VCHC				OP Behavioral Health				VCHC - Phoenix			
	MAR Year to Date				MAR Year to Date				MAR Year to Date			
	FY23 Actual	FY23 Budget	Variance Favorable (Unfavorable)	%	FY23 Actual	FY23 Budget	Variance Favorable (Unfavorable)	%	FY23 Actual	FY23 Budget	Variance Favorable (Unfavorable)	%
(a) Visits	128,301	124,070	4,231	3%	19,084	20,044	(960)	(5%)	51,600	50,542	1,058	2%
Operating Revenues												
(b) Net patient service revenue	\$ 29,028,213	\$ 27,743,795	\$ 1,284,418	5%	\$ 4,700,195	\$ 5,091,739	\$ (391,543)	(8%)	\$ 9,141,176	\$ 8,717,120	\$ 424,056	5%
(c) Other Operating Revenue	2,013,261	1,927,265	85,997	4%	694,420	760,992	(66,572)	(9%)	294,406	392,101	(97,694)	(25%)
(e) Total operating revenues	\$ 31,041,475	\$ 29,671,060	\$ 1,370,415	5%	\$ 5,394,616	\$ 5,852,731	\$ (458,115)	(8%)	\$ 9,435,583	\$ 9,109,221	\$ 326,362	4%
Operating Expenses												
(f) Salaries and wages	9,943,684	9,275,946	(667,738)	(7%)	1,968,902	2,050,386	81,484	4%	4,381,879	3,878,446	(503,432)	(13%)
(g) Contract labor	13,801	3,388	(10,413)	(307%)	-	553	553	100%	3,269	1,390	(1,880)	(135%)
(h) Employee benefits	3,210,760	3,099,983	(110,777)	(4%)	616,164	584,245	(31,919)	(5%)	1,338,925	1,208,213	(130,712)	(11%)
(i) Medical service fees	10,160,300	10,210,142	49,842	0%	501,741	396,064	(105,677)	(27%)	4,463,485	4,518,057	54,572	1%
(j) Supplies	1,627,619	1,499,794	(127,825)	(9%)	9,231	11,130	1,899	17%	436,720	365,153	(71,568)	(20%)
(k) Purchased services	50,841	100,212	49,371	49%	6,105	15,712	9,607	61%	21,394	39,615	18,221	46%
(l) Other expenses	632,470	627,007	(5,463)	(1%)	17,101	19,881	2,780	14%	25,864	23,215	(2,650)	(11%)
(n) Allocated ancillary expense	6,540,182	6,206,405	(333,777)	(5%)	1,101	-	(1,101)	(100%)	790,664	1,032,361	241,696	23%
(o) Total operating expenses	\$ 32,179,656	\$ 31,022,877	(1,156,779)	(4%)	\$ 3,120,345	\$ 3,077,971	(42,374)	(1%)	\$ 11,462,202	\$ 11,066,450	(395,752)	(4%)
(p) Margin (before overhead allocation)	\$ (1,138,181)	\$ (1,351,817)	\$ 213,636		\$ 2,274,271	\$ 2,774,760	\$ (500,489)		\$ (2,026,619)	\$ (1,957,229)	\$ (69,390)	
(q) Percent Margin	(4%)	(5%)			42%	47%			(21%)	(21%)		
(u) Overhead Allocation	7,943,659	7,691,974	(251,685)		821,294	809,477	(11,817)		2,807,909	2,635,045	(172,864)	
(v) Margin (after overhead allocation)	\$ (9,081,840)	\$ (9,043,791)	\$ (38,049)		\$ 1,452,977	\$ 1,965,283	\$ (512,306)		\$ (4,834,528)	\$ (4,592,274)	\$ (242,254)	
(w) Percent Margin	(29%)	(30%)			27%	34%			(51%)	(50%)		
Per Visit Analysis (\$/Visit)												
(x) Net patient service revenue	\$ 226.25	\$ 223.61	\$ 2.64		\$ 246.29	\$ 254.03	\$ (7.74)		\$ 177.15	\$ 172.47	\$ 4.68	
(y) Other Operating Revenue	15.69	15.53	0.16		36.39	37.97	(1.58)		5.71	7.76	(2.05)	
(aa) Total operating revenues	\$ 241.94	\$ 239.15	\$ 2.79	1%	\$ 282.68	\$ 291.99	\$ (9.32)	(3%)	\$ 182.86	\$ 180.23	\$ 2.63	1%
(ab) Total operating expenses	250.81	250.04	(0.77)	(0%)	163.51	153.56	(9.95)	(6%)	222.14	218.96	(3.18)	(1%)
(ac) Margin (before overhead allocation)	\$ (8.87)	\$ (10.90)	\$ 2.02	19%	\$ 119.17	\$ 138.43	\$ (19.26)	(14%)	\$ (39.28)	\$ (38.72)	\$ (0.55)	(1%)
(af) Overhead Allocation	61.91	62.00	0.08	0%	43.04	40.39	(2.65)	(7%)	54.42	52.14	(2.28)	(4%)
(ag) Margin (after overhead allocation)	\$ (70.79)	\$ (72.89)	\$ 2.11	3%	\$ 76.14	\$ 98.05	\$ (21.91)	(22%)	\$ (93.69)	\$ (90.86)	\$ (2.83)	(3%)

YTD Actual vs Budget

	VCHC - Peoria				Dental				All Clinics Combined			
	MAR Year to Date				MAR Year to Date				MAR Year to Date			
	FY23 Actual	FY23 Budget	Variance Favorable (Unfavorable)	%	FY23 Actual	FY23 Budget	Variance Favorable (Unfavorable)	%	FY23 Actual	FY23 Budget	Variance Favorable (Unfavorable)	%
(a) Visits	21,056	22,685	(1,629)	(7%)	17,699	16,298	1,401	9%	237,740	233,639	4,101	2%
Operating Revenues												
(b) Net patient service revenue	\$ 4,049,229	\$ 4,581,498	\$ (532,269)	(12%)	\$ 2,353,957	\$ 2,418,090	\$ (64,132)	(3%)	\$ 49,272,772	\$ 48,552,242	\$ 720,530	1%
(c) Other Operating Revenue	118,388	148,687	(30,299)	(20%)	436,232	431,622	4,610	1%	3,556,707	3,660,667	(103,959)	(3%)
(e) Total operating revenues	\$ 4,167,617	\$ 4,730,186	\$ (562,568)	(12%)	\$ 2,790,189	\$ 2,849,712	\$ (59,523)	(2%)	\$ 52,829,479	\$ 52,212,908	\$ 616,571	1%
Operating Expenses												
(f) Salaries and wages	1,617,241	1,512,262	(104,980)	(7%)	3,036,884	2,867,730	(169,154)	(6%)	20,948,590	19,584,770	(1,363,820)	(7%)
(g) Contract labor	-	623	623	100%	-	449	449	100%	17,070	6,403	(10,668)	(167%)
(h) Employee benefits	515,842	466,904	(48,938)	(10%)	894,025	842,086	(51,939)	(6%)	6,575,716	6,201,431	(374,285)	(6%)
(i) Medical service fees	1,605,845	1,778,700	172,855	10%	-	-	-	-	16,731,372	16,902,963	171,592	1%
(j) Supplies	134,083	170,302	36,218	21%	279,424	245,308	(34,115)	(14%)	2,487,076	2,291,686	(195,390)	(9%)
(k) Purchased services	6,637	17,375	10,738	62%	142,630	155,939	13,309	9%	227,607	328,854	101,247	31%
(l) Other expenses	8,661	12,150	3,488	29%	44,128	42,603	(1,524)	(4%)	728,224	724,856	(3,368)	(0%)
(n) Allocated ancillary expense	410,809	590,580	179,771	30%	-	-	-	-	7,742,756	7,829,345	86,589	1%
(o) Total operating expenses	\$ 4,299,118	\$ 4,548,895	\$ 249,777	5%	\$ 4,397,090	\$ 4,154,116	\$ (242,975)	(6%)	\$ 55,458,411	\$ 53,870,309	\$ (1,588,103)	(3%)
(p) Margin (before overhead allocation)	\$ (131,501)	\$ 181,290	\$ (312,792)		\$ (1,606,901)	\$ (1,304,404)	\$ (302,497)		\$ (2,628,933)	\$ (1,657,400)	\$ (971,532)	
(q) Percent Margin	(3%)	4%			(58%)	(46%)			(5%)	(3%)		
(u) Overhead Allocation	1,136,676	1,202,716	66,040		1,255,884	1,185,042	(70,842)		13,965,421	13,524,254	(441,167)	
(v) Margin (after overhead allocation)	\$ (1,268,177)	\$ (1,021,426)	\$ 378,832		\$ (2,862,785)	\$ (2,489,446)	\$ (373,339)		\$ (16,594,354)	\$ (15,181,655)	\$ (1,412,699)	
(w) Percent Margin	(30%)	(22%)			(103%)	(87%)			(31%)	(29%)		
Per Visit Analysis (\$/Visit)												
(x) Net patient service revenue	\$ 192.31	\$ 201.96	\$ 9.65		\$ 133.00	\$ 148.37	\$ (15.37)		\$ 207.25	\$ 207.81	\$ (0.55)	
(y) Other Operating Revenue	5.62	6.55	0.93		24.65	26.48	(1.84)		14.96	15.67	(0.71)	
(aa) Total operating revenues	\$ 197.93	\$ 208.52	\$ 10.59	(5%)	\$ 157.65	\$ 174.85	\$ (17.20)	(11%)	\$ 222.22	\$ 223.48	\$ (1.26)	(1%)
(ab) Total operating expenses	204.18	200.52	3.65	(2%)	248.44	254.89	6.45	3%	233.27	230.57	(2.70)	(1%)
(ac) Margin (before overhead allocation)	\$ (6.25)	\$ 7.99	\$ 14.24	(178%)	\$ (90.79)	\$ (80.03)	\$ (10.76)	(13%)	\$ (11.06)	\$ (7.09)	\$ (3.96)	(56%)
(af) Overhead Allocation	53.98	53.02	0.97	(2%)	70.96	72.71	1.75	2%	58.74	57.89	(0.86)	(1%)
(ag) Margin (after overhead allocation)	\$ (60.23)	\$ (45.03)	\$ 15.20	(34%)	\$ (161.75)	\$ (152.75)	\$ (9.00)	(6%)	\$ (69.80)	\$ (64.98)	\$ (4.82)	(7%)

Valleywise Health
FQHC

With Ancillary Services
MAR FY 2023

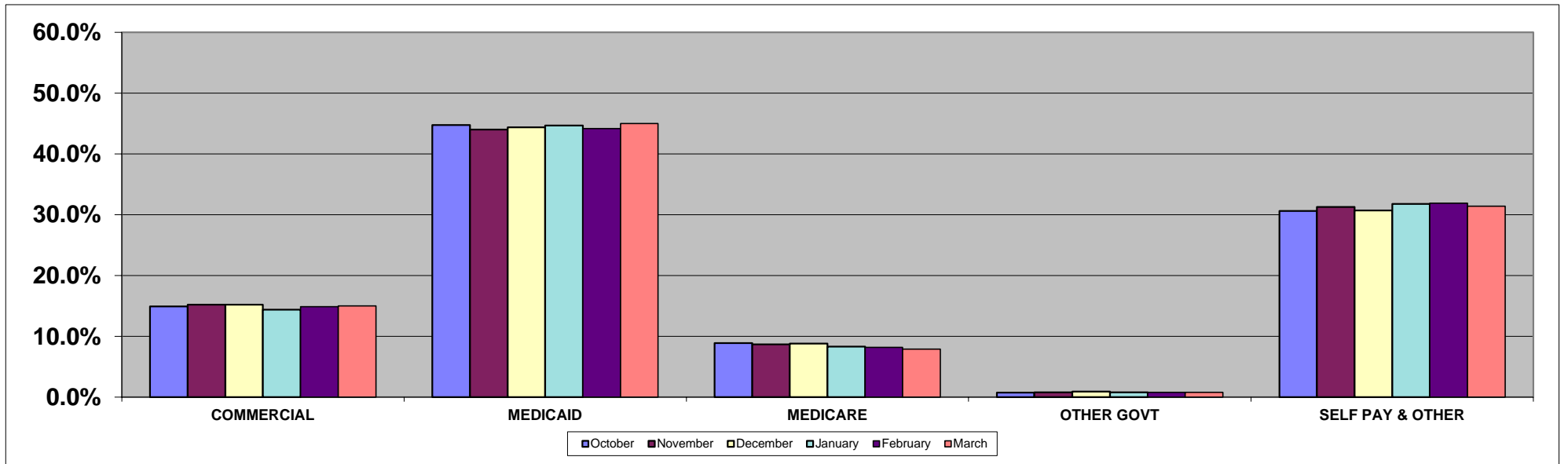
(a) Visits	The number of times patients were seen at the clinics
Operating Revenues	
(b) Net patient service revenue	This amount reflects the estimated amount of revenue we expect to collect as cash from regular operations
(c) Other Operating Revenue	All other operating revenue not listed in another category (Ex: rental revenue, financial assessment form program revenue)
(e) Total operating revenues	Net patient service revenue (b) + Other Operating Revenue + PCMH revenue (d) = (e)
Operating Expenses	
(f) Salaries and wages	Salaries and wages paid to MIHS employees via payroll
(g) Contract labor	Temporary staff and contractors
(h) Employee benefits	Benefits paid to MIHS employees (Ex :health insurance)
(i) Medical service fees	Fees paid per the contract with District Medical Group (DMG) for providing physician/provider services
(j) Supplies	Expenses related to items consumed (Ex: medical and office supplies)
(k) Purchased services	Expenses related to consulting, dental lab services, lab courier services, and uniform/laundry cleaning
(l) Other expenses	All other expenses not listed in another category (Ex: equipment or facility maintenance agreements, utilities, etc.)
(n) Allocated ancillary expense	Expense amounts from the following departments are allocated to the individual FQHC cost centers: radiology, pharmacy, and laboratory because those services were done at the clinics. This is done in order to match revenue with expenses.
(o) Total operating expenses	Sum of all Operational Expenses, lines (f) through (n) = (o)
(p) Margin (before overhead allocation)	Total Operating Revenue (e) - Total Operating Expense (o) = (p)
(q) Percent Margin	Margin (before overhead allocation) (p) / Total operating revenue (e) = (q)
(u) Overhead Allocation	Expense amounts from departments that provide indirect services to the FQHC departments (such as: Human Resources, Accounting, Payroll, Security, Information Technology). This is done in order to match revenue with expenses.
(v) Margin (after overhead allocation)	Margin (before overhead allocation) (s) - Overhead Allocation (u) = (v)
(w) Percent Margin	Margin (after overhead allocation) (v) / Total operating revenue (e) = (w)
Per Visit Analysis (\$/Visit)	
(x) Net patient service revenue	Net patient service revenue line (b) / Visits line (a) = (x)
(y) Other Operating Revenue	Other Operating Revenue line (c) / Visits line (a) = (y)
(aa) Total operating revenues	Total operating revenues line (e) / Visits line (a) = (aa)
(ab) Total operating expenses	Total operating expenses line (o) / Visits line (a) = (ab)
(ac) Margin (before overhead allocation)	Margin (before overhead allocation) line (p) / Visits line (a) = (ac)
(af) Overhead Allocation	Overhead allocation line (u) / Visits line (a) = (af)
(ag) Margin (after overhead allocation)	Margin (after overhead allocation) line (v) / Visits line (a) = (ag)

Note: Reports do not include overhead allocations (i.e. additional expenses related to Financial Services (including: Payroll, Accounts Payable, Billing), Human Resources, Facilities and Maintenance, etc.)

**Valleywise Health - Federally Qualified Health Centers
Comparison ALL FQHC Visits by Payor - 6 Month Trend**

Payer	October	November	December	January	February	March
COMMERCIAL	3,858	3,934	3,580	3,735	3,732	4,399
MEDICAID	11,556	11,369	10,429	11,626	11,045	13,214
MEDICARE	2,297	2,247	2,057	2,145	2,053	2,316
OTHER GOVT	199	196	213	212	191	229
SELF PAY & OTHER	7,905	8,081	7,225	8,265	7,958	9,234
Total	25,815	25,827	23,504	25,983	24,979	29,392

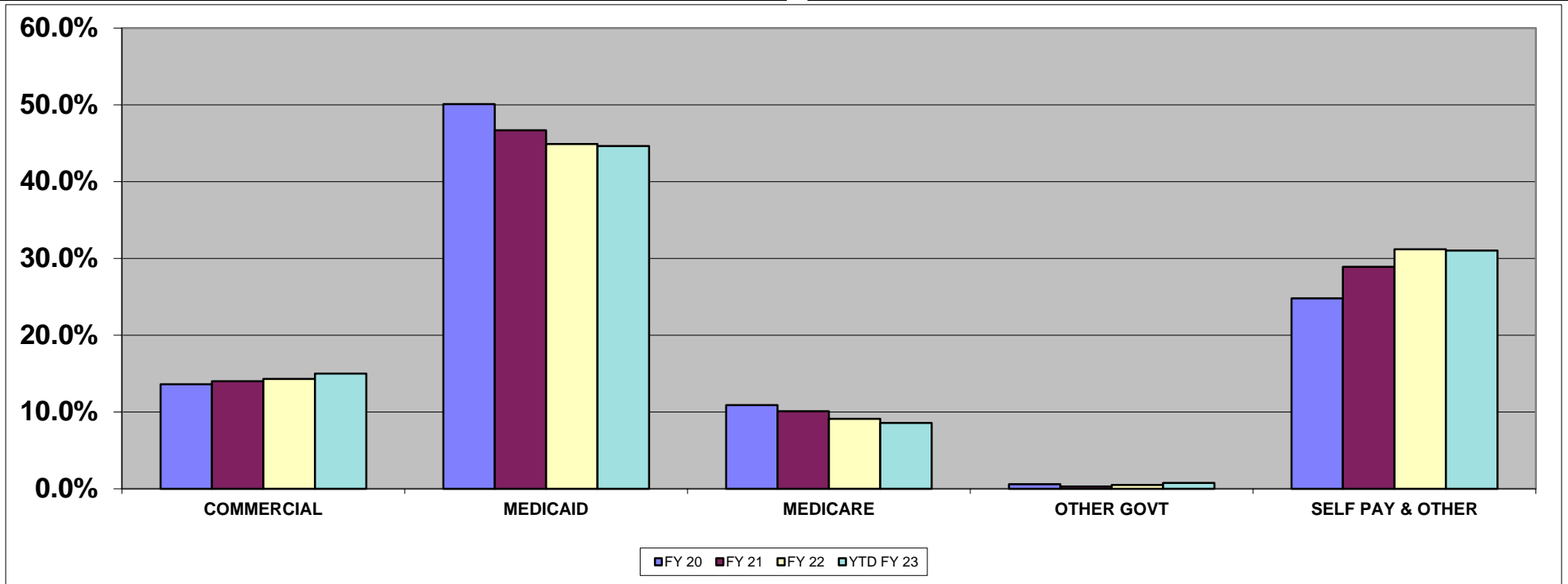
Payer	October	November	December	January	February	March
COMMERCIAL	14.9%	15.2%	15.2%	14.4%	14.9%	15.0%
MEDICAID	44.8%	44.0%	44.4%	44.7%	44.2%	45.0%
MEDICARE	8.9%	8.7%	8.8%	8.3%	8.2%	7.9%
OTHER GOVT	0.8%	0.8%	0.9%	0.8%	0.8%	0.8%
SELF PAY & OTHER	30.6%	31.3%	30.7%	31.8%	31.9%	31.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.1%



**Valleywise Health - Federally Qualified Health Centers
Comparison ALL FQHC Visits by Payor - 4 Year Trend**

Payer	FY 20	FY 21	FY 22	YTD FY 23
COMMERCIAL	39,635	41,517	45,520	35,675
MEDICAID	146,012	138,284	142,824	106,078
MEDICARE	31,709	29,857	28,805	20,403
OTHER GOVT	1,704	979	1,737	1,841
SELF PAY & OTHER	72,209	85,451	99,276	73,745
Total	291,269	296,088	318,162	237,742

Payer	FY 20	FY 21	FY 22	YTD FY 23
COMMERCIAL	13.6%	14.0%	14.3%	15.0%
MEDICAID	50.1%	46.7%	44.9%	44.6%
MEDICARE	10.9%	10.1%	9.1%	8.6%
OTHER GOVT	0.6%	0.3%	0.5%	0.8%
SELF PAY & OTHER	24.8%	28.9%	31.2%	31.0%
Total	100.0%	100.0%	100.0%	100.0%





Valleywise Community Health
Centers Governing Council
Meeting

May 3, 2023

Item 6.

FY 2024 Patient Volumes,
Capital Targets for FQHCs



FY 2024 Planning and Budget Calendar – Valleywise Community Health Centers Governing Council (VCHCGC)

April

5 - VCHCGC – Review Calendar, preliminary patient volume assumptions, and capital target.

April						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May

3 - VCHCGC – Approve volumes and review capital target.

May						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June

7 - VCHCGC – Review FY2024 operating and capital budget for the FQHC Clinics, including departmental Governing Council budget.

14 - VCHCGC – Special Meeting for budget; approve FY2024 operating and capital budget for the FQHC Clinics, including departmental Governing Council budget.

22 - District Board budget hearing – Review of the FY2024 Operating and Capital Budget.

28 - District Board budget hearing – Consideration of the FY2024 Operating and Capital Budget for approval.

June						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Valleywise Community Health Centers Governing Council
Fiscal Year 2024 Operating Budget
Preliminary Volumes Assumptions, Provider Staffing, and Capital

Volume Assumptions

Overall

- For Fiscal Year 2024, the same methodology for forecasting volumes was utilized as FY 2023 volume forecasts.
- The visits per sessions were reviewed and forecasted in collaboration with physician and operational leadership, generally maintaining actual visits per session experienced in FY 2023 year-to-date by provider, provider type and specialty.
- As appropriate openings existed due to turnover or growth, the provider model was reviewed with regards to the Advanced Practice Providers (APPs) to Physician ratio. The APPs include Nurse Practitioners (NPs), Physician Assistants (PAs), and Certified Nurse Midwives (CNMs). Changes in the provider model were based on a collaboration with physician leadership.

Valleywise Community Health Centers (VCHCs)

- The budget assumes the Mobile Health Unit will start in October 2023 with Family Practice services.
- The budget assumes that West Maryvale will start Family Practice services in February 2024.

Valleywise Comprehensive Healthcare Center (VCHC) – Peoria Clinic

- The budget assumes that Peoria will start Internal Medicine services in August 2023.

Valleywise Comprehensive Healthcare Center (VCHC) – Phoenix Clinic

- International Health Clinic is not budgeted for FY24

Dental Clinics

- Dental volumes were projected using planned providers.
- Peoria dental is projected to be fully staffed; vacancies have occurred in the current year.

Integrated Behavioral Health

- In a similar manner to other Federally Qualified Health Center (FQHC) clinics, Behavioral Health departments were budgeted based on the number of providers at each location.
- Behavioral Health services are expected to start at the Phoenix location in April 2023.
- Behavioral Health services are expanding and are grant funded.

FEDERALLY QUALIFIED HEALTH CENTERS
 BUDGET FY 2024
 Preliminary VISITS SUMMARY

	FY 2022				FY 2023				FY 2023 Budget				Budget Information					
	Actual	Projection	Budget	Variance from Budget (Projection)	Actual	Projection	Budget	Variance from Budget (Projection)	Proposed Budget	Variance from Projection	Variance %	Variance from FY2023 Budget	Variance %					
VCHC Clinics																		
FQHC CLINIC - SOUTH CENTRAL PHOENIX	27,558	25,602	25,335	1.1%	27,558	25,602	25,335	1.1%	21,628	(3,974)	(15.5%)	(3,707)	(14.6%)					
FQHC CLINIC - SOUTH PHOENIX LAVEEN	16,986	16,097	18,490	(12.9%)	16,986	16,097	18,490	(12.9%)	18,055	1,958	12.2%	(435)	(2.4%)					
FQHC CLINIC - AVONDALE	24,437	21,501	22,061	(2.5%)	24,437	21,501	22,061	(2.5%)	20,491	(1,010)	(4.7%)	(1,570)	(7.1%)					
FQHC CLINIC - MARYVALE	6,868	-	-	0.0%	6,868	-	-	0.0%	-	-	0.0%	-	0.0%					
FQHC CLINIC - MSA	9,759	-	-	0.0%	9,759	-	-	0.0%	-	-	0.0%	-	0.0%					
FQHC CLINIC - CHANDLER	20,631	20,241	21,411	(5.5%)	20,631	20,241	21,411	(5.5%)	23,172	2,931	14.5%	1,761	8.2%					
FQHC CLINIC - GUADALUPE	8,438	7,775	8,387	(7.3%)	8,438	7,775	8,387	(7.3%)	8,805	1,030	13.2%	418	5.0%					
FQHC CLINIC - NORTH PHOENIX	21,103	21,200	23,446	(9.6%)	21,103	21,200	23,446	(9.6%)	22,336	1,136	5.4%	(1,110)	(4.7%)					
FQHC CLINIC - MCDOWELL	21,086	20,247	18,740	8.0%	21,086	20,247	18,740	8.0%	17,533	(2,714)	(13.4%)	(1,207)	(6.4%)					
FQHC CLINIC - WEST MARYVALE	10,765	17,610	15,862	11.0%	10,765	17,610	15,862	11.0%	20,126	2,516	14.3%	4,264	26.9%					
FQHC CLINIC - MESA	7,753	17,547	17,519	0.2%	7,753	17,547	17,519	0.2%	20,837	3,290	18.7%	3,318	18.9%					
FQHC CLINIC - MOBILE HEALTH UNIT	-	-	-	0.0%	-	-	-	0.0%	1,000	1,000	100.0%	1,000	100.0%					
FQHC MCDOWELL SERVICES - MESA	239	1,061	711	49.2%	239	1,061	711	49.2%	1,040	(21)	(2.0%)	329	46.3%					
FQHC MCDOWELL SERVICES - PEORIA	527	-	481	(100.0%)	527	-	481	(100.0%)	-	-	0.0%	(481)	(100.0%)					
Total	176,150	168,881	172,443	(2.1%)	176,150	168,881	172,443	(2.1%)	175,023	6,142	3.6%	2,580	1.5%					
% Change compared to Prior Year														-4.1%				
OP BH Clinics																		
BH FQHC - SOUTH CENTRAL PHOENIX	2,568	3,780	3,023	25.0%	2,568	3,780	3,023	25.0%	4,310	530	14.0%	1,287	42.6%					
BH FQHC - SOUTH PHOENIX LAVEEN	1,188	1,200	2,039	(41.1%)	1,188	1,200	2,039	(41.1%)	1,925	725	60.4%	(114)	(5.6%)					
BH FQHC - AVONDALE	2,696	2,955	2,483	19.0%	2,696	2,955	2,483	19.0%	3,267	312	10.6%	784	31.6%					
BH FQHC - MARYVALE	631	-	-	0.0%	631	-	-	0.0%	-	-	0.0%	-	0.0%					
BH FQHC - MSA	1,768	-	-	0.0%	1,768	-	-	0.0%	-	-	0.0%	-	0.0%					
BH FQHC - CHANDLER	1,241	1,424	1,726	(17.5%)	1,241	1,424	1,726	(17.5%)	1,852	428	30.1%	126	7.3%					
BH FQHC - GUADALUPE	627	1,718	2,112	(18.7%)	627	1,718	2,112	(18.7%)	1,794	76	4.4%	(318)	(15.1%)					
BH FQHC - NORTH PHOENIX	1,750	1,278	2,366	(46.0%)	1,750	1,278	2,366	(46.0%)	1,557	279	21.8%	(809)	(34.2%)					
BH FQHC - PEORIA	2,343	4,382	4,569	(4.1%)	2,343	4,382	4,569	(4.1%)	4,382	-	0.0%	(187)	(4.1%)					
BH FQHC - MESA	924	3,396	4,434	(23.4%)	924	3,396	4,434	(23.4%)	3,966	570	16.8%	(468)	(10.6%)					
BH FQHC - WEST MARYVALE	935	2,139	2,009	6.5%	935	2,139	2,009	6.5%	1,691	(448)	(20.9%)	(318)	(15.8%)					
BH FQHC - PSYCHIATRY	1,634	2,889	2,244	28.7%	1,634	2,889	2,244	28.7%	2,889	-	0.0%	645	28.7%					
BH FQHC - PHOENIX	-	-	-	0.0%	-	-	-	0.0%	611	611	100.0%	611	100.0%					
Total	18,305	25,161	27,005	(6.8%)	18,305	25,161	27,005	(6.8%)	28,244	3,083	12.3%	1,239	4.6%					
% Change compared to Prior Year														37.5%				
Comprehensive Health Center-Peoria																		
FQHC PRIMARY CARE - PEORIA	29,326	27,840	31,969	(12.9%)	29,326	27,840	31,969	(12.9%)	29,451	1,611	5.8%	(2,518)	(7.9%)					
Total	29,326	27,840	31,969	(12.9%)	29,326	27,840	31,969	(12.9%)	29,451	1,611	5.8%	(2,518)	(7.9%)					
% Change compared to Prior Year														-5.1%				
VCHC - Phoenix Clinics																		
FQHC WOMENS CARE - PHOENIX	21,644	20,322	22,513	(9.7%)	21,644	20,322	22,513	(9.7%)	20,227	(95)	(0.5%)	(2,286)	(10.2%)					
FQHC ANTEPARTUM TESTING - PHOENIX	9,275	9,125	8,040	13.5%	9,275	9,125	8,040	13.5%	9,538	413	4.5%	1,498	18.6%					
FQHC DIABETES CARE AND SUPPORT - PHOENIX	1,784	1,443	1,739	(17.0%)	1,784	1,443	1,739	(17.0%)	1,438	(5)	(0.3%)	(301)	(17.3%)					
FQHC PEDIATRIC CLINIC - PHOENIX	20,058	17,856	16,059	11.2%	20,058	17,856	16,059	11.2%	17,950	94	0.5%	1,891	11.8%					
FQHC MEDICINE CLINIC - PHOENIX	19,105	18,845	19,681	(4.2%)	19,105	18,845	19,681	(4.2%)	20,104	1,259	6.7%	423	2.1%					
FQHC INTERNATIONAL HEALTH CLINIC - PHOENIX	-	-	1,090	(100.0%)	-	-	1,090	(100.0%)	-	-	0.0%	(1,090)	(100.0%)					
Total	71,866	67,591	69,122	(2.2%)	71,866	67,591	69,122	(2.2%)	69,257	1,666	2.5%	135	0.2%					
% Change compared to Prior Year														-5.9%				
Dental Clinics																		
FQHC DENTAL - PHOENIX	9,966	9,582	9,636	(0.6%)	9,966	9,582	9,636	(0.6%)	9,727	145	1.5%	91	0.9%					
FQHC DENTAL - CHANDLER	2,073	2,594	2,571	0.9%	2,073	2,594	2,571	0.9%	2,582	(12)	(0.5%)	11	0.4%					
FQHC DENTAL - AVONDALE	2,701	2,532	2,767	(8.5%)	2,701	2,532	2,767	(8.5%)	2,601	69	2.7%	(166)	(6.0%)					
FQHC DENTAL - MSA	800	-	-	0.0%	800	-	-	0.0%	-	-	0.0%	-	0.0%					
FQHC DENTAL - MCDOWELL	3,353	3,777	3,742	0.9%	3,353	3,777	3,742	0.9%	3,771	(6)	(0.2%)	29	0.8%					
FQHC DENTAL - PEORIA	3,622	4,572	3,396	34.6%	3,622	4,572	3,396	34.6%	5,039	467	10.2%	1,643	48.4%					
Total	22,515	23,057	22,112	4.3%	22,515	23,057	22,112	4.3%	23,720	663	2.9%	1,608	7.3%					
% Change compared to Prior Year														2.4%				
Grand Totals																		
Total	318,162	312,530	322,651	(3.1%)	318,162	312,530	322,651	(3.1%)	325,695	13,165	4.2%	3,044	0.9%					
% Change compared to Prior Year														-1.8%				

DMG Provider Staffing

The schedule below is the preliminary planned District Medical Group provider staffing by location.

COST CENTER and DESCRIPTION			FYE 2021	FYE 2022	FYE 2023	FYE 2024
Total Providers	416601	FQHC CLINIC - SOUTH CENTRAL PHOENIX	6.29	6.42	5.93	5.30
FTEs	416603	FQHC CLINIC - AVONDALE	5.69	6.51	6.34	6.05
	416608	FQHC CLINIC - CHANDLER	6.20	6.05	5.94	6.73
	416609	FQHC CLINIC - GUADALUPE	2.96	2.78	2.55	2.92
	416613	FQHC CLINIC - MCDOWELL	9.63	9.44	8.73	8.76
	416701	FQHC CLINIC - SOUTH PHOENIX LAVERN	4.17	5.42	5.70	5.79
	416704	FQHC CLINIC - WEST MARYVALE	0.00	3.43	5.54	6.17
	416707	FQHC CLINIC - MESA	0.00	2.50	6.24	6.88
	416711	FQHC CLINIC - NORTH PHOENIX	3.31	6.53	6.86	7.25
	476707	FQHC MCDOWELL SERVICES - MESA	0.00	0.14	0.45	0.45
	576130	FQHC MCDOWELL SERVICES - PEORIA	0.00	0.37	0.00	0.00
	476101	FQHC WOMENS CARE - PHOENIX	6.61	6.23	6.96	7.19
	476105	FQHC PEDIATRIC CLINIC - PHOENIX	5.65	5.52	4.58	5.89
	476106	FQHC MEDICINE CLINIC - PHOENIX	5.68	6.04	6.25	6.51
	476107	FQHC INTERNATIONAL HEALTH CLINIC - PHOENIX	0.00	0.00	0.00	0.00
	576101	FQHC PRIMARY CARE - PEORIA	3.50	9.62	9.68	10.00
	416750	FQHC CLINIC - MOBILE HEALTH UNIT	0.00	0.00	0.00	0.63
		TOTAL	79.47	77.00	81.75	86.52

Capital

- Currently, Contingency Capital is preliminarily planned at \$100K, which is in line with prior year.



Valleywise Community Health
Centers Governing Council
Meeting

May 3, 2023

Item 7.

Report on 2023 AACHC
Annual Conference
No Handout



Valleywise Community Health
Centers Governing Council
Meeting

May 3, 2023

Item 8.

District Board Report
No Handout



Valleywise Community Health
Centers Governing Council
Meeting

May 3, 2023

Item 9.

Valleywise Health CEO Report
No Handout



Valleywise Community Health
Centers Governing Council
Meeting

May 3, 2023

Item 10.

Closing Comments
No Handout



Valleywise Community Health
Centers Governing Council
Meeting

May 3, 2023

Item 11.

Staff Assignments
No Handout