Valleywise Community Health Centers Governing Council

Strategic Planning and Outreach Committee Meeting

January 13, 2020
3:30 p.m.

Agenda
AGENDA
Strategic Planning and Outreach Committee of the
Valleywise Community Health Centers Governing Council

Mission Statement of the Valleywise Community Health Centers Governing Council
Serve the population of Maricopa County with excellent, comprehensive health and wellness in a culturally respectful environment.

One or more of the members of the Strategic Planning and Outreach Committee may participate telephonically. Committee members participating telephonically will be announced at the meeting.

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

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

Roll Call

Call to the Public
This is the time for the public to comment. The Strategic Planning and Outreach Committee may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism or scheduling a matter for further consideration and decision at a later date.

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda: 5 min
   Any matter on the Consent Agenda will be removed from the Consent Agenda and discussed as a regular agenda item upon the request of any voting Committee member.

   a. Minutes:

      i. Approve Strategic Planning and Outreach Committee Meeting Minutes Dated November 12, 2019

   End of Consent Agenda

2. Discuss and Review Population Health Case Study 20 min
   Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics

3. Discuss and Review Progress on Achieving Goals that Support the Federally Qualified Health Center Clinics’ 2018-2020 Strategic Plan 20 min
   Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics

4. Discuss and Review Marketing, Communications and Outreach Initiatives for the Federally Qualified Health Center Clinics 15 min
   Bill Byron, Senior Vice President, Marketing and Communications

5. Chair and Committee Member Closing Comments/Announcements 5 min
   Scott Jacobson, Committee Chair

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

Adjourn
Minutes

Valleywise Community Health Centers Governing Council
Strategic Planning and Outreach Committee
Valleywise Health Medical Center
Conference and Administration Center, Auditorium 2
November 12, 2019
3:30 p.m.

Voting Members Present:
Scott Jacobson, Committee Chair
Liz McCarty, Committee Vice Chair
Joseph Larios, Member – arrived at 3:50 p.m.

Non-Voting Members Present:
Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics
Bill Byron, Senior Vice President, Marketing and Communications

Others/Guest Presenters:
Wayne Johnson, Manager, Valleywise Community Health Center-7th Avenue
Sherry Stotler, Chief Nursing Officer
Sherrie Beardsley, Director, Professional Practice & Service Excellence
Melanie Talbot, Chief Governance Officer

Recorded by:
Cassandra Santos, Assistant Clerk

Call to Order

Chairman Jacobson called the meeting to order at 3:33 p.m.

Roll Call

Ms. Santos called roll. Following roll call, it was noted that two of the three voting members of the Valleywise Community Health Centers Governing Council’s Strategic Planning and Outreach Committee were present, which represented a quorum. Mr. Larios arrived shortly after roll call.

Call to the Public

Chairman Jacobson called for public comment. There were no comments from the public.
General Session, Presentation, Discussion and Action, cont.:

1. Approval of Consent Agenda:
   a. Minutes:
      i. Approve Strategic Planning and Outreach Committee Meeting Minutes Dated September 9, 2019

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

   VOTE: 2 Ayes: Chairman Jacobson, Vice Chairman McCarty
           0 Nays
           1 Absent: Mr. Larios
           Motion passed.

2. Discuss Actions Taken to Minimize Patient Loss by Promoting Primary Care Services at the Federally Qualified Health Center Clinics

Ms. Harding said that it was important to evaluate concerted efforts to minimize patient loss after the 7th Avenue Walk-In Clinic closure. The goal was to use the experience as guidance for future clinic moves and closures.

Mr. Johnson shared a timeline of events that occurred June 2018 through July 2019, which were associated with the May 31, 2019 closure. He gave a brief overview of procedures that happened during the transition of services from the 7th Avenue Walk-In Clinic to the Valleywise Community Health Center-7th Avenue.

The transition required building and parking lot reconstruction, expansion of services, and other operational preparations. Clinic staff from the 7th Avenue Walk-In Clinic were strategically placed in positions at the Valleywise Community Health Center-7th Avenue and other Valleywise Community Health Centers, as appropriate. The transition also included the expansion of days and hours of operation at the Valleywise Community Health Center-7th Avenue to provide for access to care.

Mr. Johnson highlighted internal layout changes which included ways that the changes were communicated to patients, the community, and other entities. Detailed letters were sent to patients to communicate the closure and transition of services in advance.

A payor mix graph analyzed trends from fiscal year (FY) 2016 through FY 2019.

The closure of the 7th Avenue Walk-In Clinic affected individuals within the community that were accustomed and dependent on utilization of the clinic for primary care services. It was important to form and maintain partnerships with organizations within the community because it ultimately impacted access to care. Organizations such as Connections AZ, the Targeted Investment Program Services (TIPS), and Southwest Key Programs were a few of the community programs mentioned.

Mr. Johnson highlighted actions taken to minimize patient loss. When a patient utilized services at the 7th Avenue Walk-In Clinic, the individual was encouraged to establish primary care at a Valleywise Community Health Center. The goal was to ensure access to care was not going to be a hardship to patients during the closure and transition.

Ms. Harding elaborated on the importance of establishing primary care services, in order to prevent, minimize, and control chronic and long-term health related issues.
General Session, Presentation, Discussion and Action, cont.:  

2. Discuss Actions Taken to Minimize Patient Loss by Promoting Primary Care Services at the Federally Qualified Health Center Clinics, cont.

Chairman Jacobson asked whether patients that utilized the 7th Avenue Walk-In Clinic had visited for only urgent or emergency type situations.

Mr. Johnson said that medical care was mostly sought out to assist with acute issues, not preventative, or routine primary care.

He noted that in order to continue to meet the needs of the community post closure, staff created the provider of the day, which offered same day appointments at the Valleywise Community Health Center-7th Avenue, similar to walk-in services.

NOTE: Mr. Larios arrived.

Ms. Talbot asked if the provider of the day would eventually be implemented in all of the Valleywise Community Health Centers.

Mr. Johnson said that the provider of the day was a model of care that addressed the needs of patients accustomed to same day care. He reiterated that the hours of operation and days open were expanded at the Valleywise Community Health Center-7th Avenue to meet those needs. He was not certain whether other Valleywise Community Health Centers had the ability to accommodate an expansion of hours and days.

He shared a list of the Valleywise Community Health Centers that offered primary care services and highlighted the Valleywise Community Health Centers that acquired the highest number of transitioned patients after the 7th Avenue Walk-In Clinic closure. The Valleywise Community Health Center-7th Avenue retained about 18% of the 7th Avenue Walk-In Clinic patients post closure.

Vice Chairman McCarty asked what the strategy was to retain patients when clinics closed in the future.

Mr. Johnson said it would be ideal to incorporate the same strategies used during the 7th Avenue Walk-In Clinic closure. Based on initial findings, as of November 2019, staff believed that efforts, which began in July 2018, resulted in the retention of approximately 70% of patients that previously utilized services at the 7th Avenue Walk-In Clinic.

Chairman Jacobson asked if data showed where most of the patients lived that utilized the services at the 7th Avenue Walk-In Clinic.

Mr. Johnson said that he didn’t have that data. Since it was a walk-in clinic, patients visited the clinic from several different areas of the valley.

Mr. Larios asked for clarification pertaining to the patient retention status post closure. He felt that the data presented was unclear and wanted more details of what the 71.2% retention figure actually represented.

Mr. Johnson reiterated that of the 14,973 visits at 7th Avenue Walk-In Clinic during FY 2019, there was a total of 71.2% visits retained.

Ms. Harding pointed out that total visits were not the same as total patients.

Mr. Johnson said that data referenced total visits. He commented that because of the type of data he was working with, some of the breakdown was complicated. He noted that a visit could have meant a patient that visited the clinic more than once.
General Session, Presentation, Discussion and Action, cont.:

2. Discuss Actions Taken to Minimize Patient Loss by Promoting Primary Care Services at the Federally Qualified Health Center Clinics, cont.

He explained that visits were also referred to as encounters. Of the 14,973 encounters to the 7th Avenue Walk-In Clinic during FY 2019, tracking showed that 71.2% were referred to receive additional services at a Valleywise Health facility and considered as retained.

Mr. Larios was concerned that the 7th Avenue Walk-In Clinic closure may have placed burden on access to care, even for retained patients. It was imperative to continue to understand and identify at-risk patient populations served by Valleywise Health.

Mr. Johnson agreed. He explained that it was important to remain working with community outreach programs to identify at-risk patient populations. He mentioned the importance of integrated behavioral health as a way to identify at-risk patients.

Mr. Larios was concerned about the visits that were unaccounted for post closure. He presumed that the unaccounted visits belonged to patients that were possibly the most vulnerable to health care disparities.

Mr. Johnson said there was a challenge due to the type of data being collected.

Chairman Jacobson asked if data was captured pertaining to patient residential locations and lack of transportation issues before the 7th Avenue Walk-In Clinic closure.

Mr. Johnson said that the majority of visits were due to episodic situations. Clinic staff routinely identified the area in which the patient resided in order to encourage primary care services at Valleywise Community Health Centers, close to their area. He reiterated that capturing the data was challenging at times.

Ms. Harding commented that Uniform Data System (UDS) resources provided consistent and detailed information about patient data to better reflect the patients that Valleywise Health served. The utilization of UDS reporting resources in efforts to collect data was significant when considering patient migration post clinic closures.

Mr. Larios mentioned the importance of intentionally capturing data to directly acknowledge the high-risk geographical areas where vulnerable patient populations lived. He reiterated that access to care was critical.

Mr. Johnson added that although the 7th Avenue Walk-In Clinic closed, the Valleywise Community Health-7th Avenue still represented the community and place importance on the assurance of access to care.

Regarding future clinic closures and movements, Ms. Talbot asked if efforts to minimize patient loss had already commenced.

Ms. Harding said that initial plans were in the beginning stages and that more discussion was to come at a later date.

3. Discuss and Review Progress on Achieving Goals that Support the Federally Qualified Health Center Clinics’ 2018-2020 Strategic Plan

Ms. Harding gave a brief update about growth and service line development.

The overall work stream progress status was identified as green. Status summaries were defined with a red, yellow or green scorecard and used to assess how well functions were performing. The green-colored measurement indicated that the goal objective was being achieved while a red-colored metric was a signal for attention needed. Yellow described middle ground performance achievement of work stream progress functions.
General Session, Presentation, Discussion and Action, cont.:

3. Discuss and Review Progress on Achieving Goals that Support the Federally Qualified Health Center Clinics’ 2018-2020 Strategic Plan, cont.

She highlighted key accomplishments fiscal year to date (FYTD) as of November 2019, including the Health Resources and Services (HRSA) New Access Point (NAP) award received in September 2019. She spoke briefly about “celebration of construction” ceremonies held at the Valleywise Community Health Centers-North Phoenix, South Phoenix/Laveen, and Mesa, and Valleywise Emergency-Maryvale.

She elaborated on the Curbside Care campaign that was aimed to promote and increase awareness of services offered at Valleywise Health.

She described planned activities that aligned with the opening of new Federally Qualified Health Center (FQHC) Clinics and the standardization of FQHC marketing materials.

Ms. Harding pointed out key deliverables and milestones including a review and redesign of dental service strategies. Pertaining to the opening of the Valleywise Comprehensive Health Center-Peoria, marketing plans were created and prepared for implementation.

Ms. Harding gave an overview about operational excellence. The overall work stream progress status was identified as yellow.

She pointed out key accomplishments pertaining to financial aspects of patient volumes. She said that the Valleywise Community Health Centers had a negative variance of 6.2% for visits compared to budget for the month of September 2019. She noted volume differences from September FY 2019 compared to September FY 2020. It was important to monitor and ensure consistent financial stability and patient volume especially with the upcoming clinic openings.

She identified key issues, risks, and dependencies associated with operational excellence including the termination of the New York University (NYU) dental residency program. Referral management was being closely tracked in order to ensure patient keepage.

A brief summary was given about stewardship of resources, which was another strategic goal area. The overall work stream progress status was identified as green.

Ms. Harding reiterated the NAP award as a key accomplishment. She explained that planning for the FY 2021 budget was underway.

Key discussion points were about current development of strategies relating to value-based care and population health care management within the Valleywise Health ambulatory network.

Referring to the culture of excellence strategic goal area, the overall work stream progress status was designated as green.

Ms. Harding said that a Social Detriments of Health (SDOH) policy was recently approved and implemented. She said that development of diabetes management intervention initiatives were underway.

She gave examples of planned activities that related to diabetes management and explained that although measures relating to the decrease of hemoglobin A1c were consistently improving, there were still challenges present.

She reminded the committee that the initiation of a Community Needs Assessment (CNA) in January or February 2020, would still move forward as planned and would become the platform to establish priorities and strategies for the development of an updated strategic plan for the FQHC Clinics, for calendar year (CY) 2021.

Mr. Larios was curious about the SDOH policy implementation, still in progress, and asked what the remainder work in progress entailed.
General Session, Presentation, Discussion and Action, cont.:

4. Discuss and Review the Quarterly Outreach Events Report, Results of Curbside Care Events, and Future Events of the Federally Qualified Health Center Clinics

Ms. Harding explained that the policy implementation was still being worked on and that feedback and additional assistance from the committee was welcomed.

Mr. Byron gave a marketing communication update in relation to the FQHC Clinics.

He said that 847 influenza shots were given at 10 of the Valleywise Community Health Centers and at the Valleywise Comprehensive Health Center-Phoenix during the Curbside Care campaign, which kicked off in October 2019. The campaign produced 44 eligibility appointments and 14 medical appointments. Eligibility appointments were described as the number of individuals that actually sat down and spoke with an eligibility specialist. Attendees who actually sat down to speak with an eligibility specialist were then considered a lead.

He noted his disappointment in some of the results stemming from the Curbside Care campaign, including the low number of medical appointments scheduled. The campaign however did result in over 3,100 Valleywise Health Facebook page views, of which over 1,000 were views of the Spanish language page. This indicated a heavy promotion of Valleywise Health and helped to build a foundation of awareness.

Due to the low number of eligibility and medical appointments the Curbside Campaign was discontinued.

Mr. Byron spoke about the Telemundo forum on the importance of vaccinations, which was held on October 17, 2019 at the Valleywise Emergency-Maryvale. He described other sponsored events recently held, such as the Univision Copa Youth Soccer Tournament and the Telemundo Festival. The three events rendered approximately 25,000 attendees and produced 329 eligibility appointments. The goal was to build and maintain a strong relationship with Telemundo in order to expand Spanish language and Latino community engagement.

Chairman Jacobson asked about the possibility of researching aspects of content marketing to advertise the FQHC Clinics.

Mr. Byron was not sure if that was a possibility.

Mr. Byron gave an update about the Valleywise Health website and noted new transactional options available to patients. Patients were now able to submit a form on the homepage titled “Book an Appointment” to request a medical appointment. For the month of October 2019, there were 1,986 views on the website page and 320 form submissions.

Chairman Jacobson asked what the conversion rate was for English to Spanish language on the website.

Mr. Byron said that 30-33% of the individuals who visited the website converted to the Spanish language option.

He broke down social media figures and spoke briefly about the important role that social media played in brand marketing. He also gave an overview about the Valleywise Health blog “Wellness Now”, which encompassed relevant articles that were aimed to engage community audiences.

He gave a brief overview of recently aired news segments related to Valleywise Health.

He asked whether the committee preferred the current Outreach Events Report style presented or in dashboard format.

Chairman Jacobson mentioned that he did not have a preference.

Ms. Talbot said that the committee received a quarterly Outreach Events Report with more detailed figures.
General Session, Presentation, Discussion and Action, cont.:

4. Discuss and Review the Quarterly Outreach Events Report, Results of Curbside Care Events, and Future Events of the Federally Qualified Health Center Clinics, cont.

Mr. Byron agreed said that the current report being given stemmed from a broader approach.

Vice Chairman McCarty commented that she liked a dashboard format.

Chairman Jacobson asked to include an update within the report about upcoming clinic moves and closures.

Mr. Larios spoke about a map that indicated areas within Maricopa County with the highest concentration of Caucasian individuals within various geographical locations. He said the map also pointed out areas of segregation with a high concentration of Latino or Spanish speaking individuals, with vulnerabilities which affected access to care. He felt that area where the Valleywise Comprehensive Health Center-Peoria was being built, did not have a high concentration of vulnerable individuals compared to other areas.

He thought that marketing and community outreach efforts needed to focus on distinct geographical areas of the vulnerable at-risk patient population.

He mentioned that the impact of gentrification on communities were both critical points regarding clinic movement and closures and strategic planning and outreach as a whole. He added the importance of understanding social determinants of health and health care disparities.

5. Discuss Realignment of Diabetes Care and Support Services to Meet Patient Care Needs

Ms. Beardsley said that Valleywise Health’s Diabetes Care and Support services was important in evaluating care outcomes of diabetic patients. The goal was to meet the needs of the diabetic patient population as efficiently as possible. Access to diabetes education and ongoing support was critical.

There would be changes made to the Diabetes Care and Support services program and it was important to give an overview of the realignment.

She said that the goal was to reduce the number of diabetic patients with a hemoglobin A1c ranges greater than nine percent to less than 32%.

Ms. Beardsley said that the plan for FY 2020 was to provide care at only three of the then FQHC Look-Alike Clinics: South Central, Mesa, and Glendale. Services were discontinued at the remaining FQHC Look-Alike Clinics.

Realigning care components would result in more efficient tracking of visits and conducive provider and educator care coordination. Therefore, effective immediately, Diabetes Care and Support services would now be divided into three geographical regions within the valley and become accessible at all of the 11 Valleywise Community Health Centers. Diabetes educators would be able to build stronger relationships with patients, providers, and Community Health Center staff to increase the continuity of care. The realignment would also allow for a more consistency referral process for patients with complex forms of diabetes.

Ms. Beardsley pointed out that there was a total of 9,157 patients with diabetes that visited Valleywise Health facilities, and of that total, 3,287 patients had uncontrolled diabetes (greater than nine percent hemoglobin A1c). The goal was to improve diabetic patient health outcomes by centralizing services and providing better access care.

The realignment would establish a central cost center for Diabetes Care and Support service expenses. It was important to support the goal of controlling hemoglobin A1c ranges greater than nine percent, as established by UDS quality metrics.
5. Discuss Realignment of Diabetes Care and Support Services to Meet Patient Care Needs, cont.

Ms. Beardsley said that there were three diabetes educators and they would be scheduled at different FQHC Clinics within their assigned region, with weekly rotations. A provider would be able to refer a patient to receive Diabetes Care and Support service within his or her region during a scheduled visit.

Mr. Larios thought that it was important to educate patients about fresh and healthy foods. He asked how Valleywise Health aided in the provision of nutritional foods for patients that did not have readily available access.

Ms. Beardsley said that as of June 2017 a mobile food pantry contributed to the supply of fresh and healthy foods to areas in need on the third Saturday of every month at Valleywise Health Medical Center, in partnership with St. Mary’s Food Bank. The distribution of nutritional foods helped to remove barriers which prevented access to unserved or underserved communities.

She added that a food pharmacy pilot program, also in partnership with St. Mary’s Food Bank, was being hosted at the Valleywise Community Health Center-South Central.

Mr. Larios felt it was important to think about moving past programs that required full dependency on organizations. He mentioned areas with limited access to affordable and nutritious food and the impact of nutritional education.

6. Chair and Committee Member Closing Comments/Announcements

There were no closing comments or announcements.

7. Review Staff Assignments

Ms. Santos reviewed staff assignments and reiterated old business.

Adjourn

MOTION: Vice Chairman McCarty moved to adjourn the November 12, 2019 Strategic Planning and Outreach Committee meeting. Chairman Jacobson seconded.

VOTE: 3 Ayes: Chairman Jacobson, Vice Chairman McCarty, Mr. Larios
0 Nays
0 Absent
Motion passed unanimously.

Meeting adjourned at 4:59 p.m.

Cassandra Santos,
Assistant Clerk
Valleywise Community Health Centers Governing Council

Strategic Planning and Outreach Committee Meeting

January 13, 2020

Item 2.

Population Health Case Study
January 13, 2020

Population Health
A case study for improved health outcomes

Valleywise Health Strategic Planning & Outreach Committee
Objectives

• Define Population Health Management
• Examine Quality Indicators as markers of the population’s health
• Diabetes Management
  • Understand HgbA1c as a measure of the health of a population
  • Current state review
  • Action plan development
• Outcomes
Population Health Management

...Programs targeted to a defined population that use a variety of individual, organizational, and societal interventions to improve health outcomes...

Population Health Management Conceptual Framework

DEFINITION:
A population health management program strives to address health needs at all points along the continuum of health and well-being through participation of, engagement with and targeted interventions for the population.

GOAL:
Maintain or improve the physical and psychosocial well-being of individuals through cost-effective and tailored health solutions.

Source: https://populationhealthalliance.org/research/understanding-population-health/
Accessed: 01/05/2020
Key Concepts

Population Health is person centered, organizational interventions are tailored to the individual, and community resources are targeted to the individual.

Operational measures and program outcomes help improve the organizational interventions and refine the health assessment of the program that places individuals on the continuum of care.

Core elements that are necessary to support a successful Population Health Management program:

- Identify the populations to be served
- Assess the health of the population (Health Assessment)
- Stratify patients into meaningful categories (Risk Stratification)
- Develop patient-centered interventions (both at the organization and community levels)
- Measure outcomes (Impact Evaluation)
- Develop a continuous Quality Improvement Process.
<table>
<thead>
<tr>
<th>Quality Measures</th>
<th>HP2020 Goal</th>
<th>VH FQHC LAL</th>
<th>FQHC LAL State</th>
<th>FQHC LAL National</th>
<th>FQHC State</th>
<th>FQHC National</th>
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<td>Early Entry Into Prenatal Care</td>
<td>77.90%</td>
<td>61.50%</td>
<td>73.33%</td>
<td>72.23%</td>
<td>75.13%</td>
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<td>Childhood Immunization Status</td>
<td>80%</td>
<td>29.72%</td>
<td>50.00%</td>
<td>47.24%</td>
<td>39.56%</td>
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<td>Colorectal Cancer Screening (COL)</td>
<td>71%</td>
<td>48.39%</td>
<td>43.25%</td>
<td>47.39%</td>
<td>45.27%</td>
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<td>Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (&gt;9.0%)</td>
<td>16.1%</td>
<td>35.00%</td>
<td>40.81%</td>
<td>33.45%</td>
<td>34.43%</td>
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<td>Controlling High Blood Pressure</td>
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<td>52.40%</td>
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<td>Dental Sealants for Children between 6-9 Years</td>
<td>28.10%</td>
<td>79.17%</td>
<td>~</td>
<td>49.44%</td>
<td>60.66%</td>
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<td>Cervical Cancer Screening (CCS)</td>
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<td>55.95%</td>
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<td>HIV Linkage to Care</td>
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<td>21.29%</td>
<td>72.93%</td>
<td>82.76%</td>
<td>85.55%</td>
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<td>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet</td>
<td>79%</td>
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<td>79.07%</td>
<td>76.66%</td>
<td>83.79%</td>
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<td>Low Birth Weight</td>
<td>7.80%</td>
<td>7.75%</td>
<td>~</td>
<td>7.34%</td>
<td>6.18%</td>
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<td>Preventive Care &amp; Screening: Tobacco Use: Screening &amp; Cessation Intervention</td>
<td>85%</td>
<td>82.90%</td>
<td>55.49%</td>
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<tr>
<td>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</td>
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<td>43.64%</td>
<td>87.24%</td>
<td>55.88%</td>
<td>66.71%</td>
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<td>Preventive Care and Screening: Screening for Depression and Follow-Up Plan</td>
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<td>72.08%</td>
<td>89.83%</td>
<td>64.47%</td>
<td>80.94%</td>
<td>70.57%</td>
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<td>Use of Appropriate Medications for Asthma</td>
<td>87%</td>
<td>66.73%</td>
<td>66.67%</td>
<td>80.52%</td>
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<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</td>
<td>63%</td>
<td>60.04%</td>
<td>14.47%</td>
<td>68.76%</td>
<td>69.88%</td>
<td>69.16%</td>
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~ = No data available
Diabetes Action Plan

Expected Outcome: Decrease the percentage of Valleywise Health patients with an HgbA1c test result >9.0 or no test during the measurement year.

Interventions:

Target patients seen within the past 18 months who have not had an HgbA1c done in 2019 (uncontrolled). The outreach:

- Clinic case management leadership
- Initiate Bulk Order Communication to patients via MyChart, Letters, Telephone Calls
- Daily Huddles to review patients coming in who require HgbA1c to prevent “missed opportunities”
- Incorporate Diabetes Educators for patient with complex needs and non-compliance
- Establish report of clinic performance to identify opportunities for improvement
Valleywise Health Diabetic Encounter Volume
All FQHC Locations
June - September 2019

<table>
<thead>
<tr>
<th>Month</th>
<th>Total number of diabetic encounters</th>
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<tbody>
<tr>
<td>June</td>
<td>918</td>
</tr>
<tr>
<td>July</td>
<td>1349</td>
</tr>
<tr>
<td>August</td>
<td>1887</td>
</tr>
<tr>
<td>September</td>
<td>2775</td>
</tr>
</tbody>
</table>
Outcomes

- Promoted team engagement in improving health of population
- Positive reception by Health Plans with Valleywise Health Value-based Care Agreements
- Empowered patient population
- Lessons learned to apply to other disease states
Item 3.

Goals that Support the FQHC Clinics’ 2018-2020 Strategic Plan
## WORK STREAM PROGRESS
### Growth and Service Line Development

### KEY ACCOMPLISHMENTS
- HRSA approved the opening of the Peoria site FQHC.
- Obtained HRSA New Access Point Award (NAP). Attained FQHC status. Plan to increase Integrated Behavioral Health presence at clinic sites.
- Ground breaking ceremonies held at North Phoenix, South Phoenix and Mesa Community Health Center Sites
- Curbside Care event conducted for flu shot
- Telemundo outreach events held providing flu shots and health assessments for hypertension and diabetes

### ISSUES/RISKS/DEPENDENCIES
- Population loss due to challenges of migration in upcoming 2020 FQHC LAL moves and closures (Glendale, El Mirage, Sunnyslope, South Central)
- Dental Strategy

### PLANNED ACTIVITIES
- Valleywise Comprehensive Health Center – Peoria opening Spring 2020
- North and South Phoenix Community Health Centers opening – Fall 2020
- Standardization of FQHC LAL marketing materials

### KEY DISCUSSION/DECISION POINTS
- How do we ensure outreach is effective and patients do not fall from the Safety Net
- Development of the Community Needs Assessment and FQHC LAL Strategic Plan, Effective 1/2021

### UPONLYING DELIVERABLES/MILESTONES

<table>
<thead>
<tr>
<th>Deliverable/Milestone</th>
<th>Due Date</th>
<th>Status</th>
<th>Progress</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valleywise Comprehensive Health Center-Peoria Grand opening</td>
<td>May 2019</td>
<td></td>
<td>WIP: 75%</td>
<td>Engagement of community social resources. Enhanced collaboration. Methodology to measure the migration of patients.</td>
</tr>
<tr>
<td>Review and redesign Dental Services Strategy</td>
<td>January 2020</td>
<td></td>
<td>WIP: 30%</td>
<td>Assessment and planning initiated</td>
</tr>
<tr>
<td>Valleywise Community Health Center – South Phoenix/Levine</td>
<td>August 2020</td>
<td></td>
<td>WIP: 65%</td>
<td>Engagement of community social resources. Enhanced collaboration. Methodology to measure the migration of patients.</td>
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<tr>
<td>Valleywise Community Health Center – South Phoenix/Levin</td>
<td>November 2020</td>
<td></td>
<td>WIP: 65%</td>
<td>Engagement of community social resources. Enhanced collaboration. Methodology to measure the migration of patients.</td>
</tr>
</tbody>
</table>
## WORK STREAM PROGRESS
### Operational Excellence

### Deliverable/Milestone Summary

<table>
<thead>
<tr>
<th>Deliverable/Milestone</th>
<th>Due Date</th>
<th>Status</th>
<th>Progress</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep Dive – Referral Management</td>
<td>January 2020</td>
<td>WIP: 50%</td>
<td></td>
<td>Assessing workflow and barriers to improve outcome</td>
</tr>
<tr>
<td>Review and redesign Dental Services Strategy</td>
<td>January 2020</td>
<td>WIP: 30%</td>
<td></td>
<td>Assessment and planning initiated</td>
</tr>
<tr>
<td>Ambulatory Network Strategy</td>
<td>December 2019</td>
<td>WIP: 80%</td>
<td></td>
<td>Implementation initiated.</td>
</tr>
</tbody>
</table>

### Key Accomplishments
- NAP implementation plan initiated. Hiring behavioral health clinicians.
- Award of Arizona Care Network of $92,973.74 for achievement of quality goals.

### Planned Activities
- Develop workgroups to work on Access to Care, specifically patient registration and referrals.
- Planning session for clinic openings in 2020 / Ambulatory Network Strategy.

### Key Discussion/Decision Points
- Referral management.

### Issues/Risks/Dependencies
- Visit volumes, quality and patient experience
- Referral Management - Keepage
## WORK STREAM PROGRESS
### Stewardship of Resources

<table>
<thead>
<tr>
<th>Deliverable/Milestone</th>
<th>Due Date</th>
<th>Status</th>
<th>Progress</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY21 Budget</td>
<td>June 2020</td>
<td>WIP: 5%</td>
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<td>Initiating review</td>
</tr>
<tr>
<td>Value Based Care and Population Health Strategy Development</td>
<td>December 2020</td>
<td>WIP: 20%</td>
<td></td>
<td>In process</td>
</tr>
</tbody>
</table>
### WORK STREAM PROGRESS
#### Culture of Excellence: Quality, Safety & Patient Experience

**DATE**

<table>
<thead>
<tr>
<th>Status Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 13, 2020</td>
</tr>
</tbody>
</table>

### KEY ACCOMPLISHMENTS

- SDOH Policy written and approved
- Development of Diabetes Management interventions
- EPIC upgrade completed

### ISSUES/RISKS/DEPENDENCIES

- Identification of Social Determinants of Health (SDOH) and connecting to resources

### PLANNED ACTIVITIES

- Initiation of Diabetes Management plan
- Assess and determine Chronic Disease management plans for quality improvement

### KEY DISCUSSION/DECISION POINTS

- SDOH Process: The goal of process is to improve connections with community partners; however, will we potentially overwhelm these resources?

### UPCOMING DELIVERABLES/MILESTONES

<table>
<thead>
<tr>
<th>Deliverable/Milestone</th>
<th>Due Date</th>
<th>Status</th>
<th>Progress</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Management imitative</td>
<td>December 2019</td>
<td></td>
<td>WIP:100%</td>
<td>Evaluation phase. UDS submission</td>
</tr>
<tr>
<td>UDS Report</td>
<td>February 2020</td>
<td></td>
<td>WIP: 80%</td>
<td></td>
</tr>
</tbody>
</table>
Item 4.

Marketing, Communications, and Outreach Initiatives
(No Information Available at this Time)
Closing Comments
(No Handout)
Valleywise Community Health Centers Governing Council

Strategic Planning and Outreach Committee Meeting

January 13, 2020

Item 6.

Staff Assignments (No Handout)