



# Valleywise Community Health Centers Governing Council

## Strategic Planning and Outreach Committee Meeting

April 12, 2021  
3:30 p.m.

Agenda



**Committee Members**

Joseph Larios, Committee Chair  
Liz McCarty, Committee Vice Chair  
Ylenia Aguilar, Member  
Nelly Clotter-Woods, Ph.D., Member  
Scott Jacobson, Member  
Barbara Harding, CEO, FQHC Clinics, Non-Voting Member  
Bill Byron, Senior Vice President Marketing and Communications, Non-Voting Member  
Jori Davis, Director, FQHC Operations, Non-Voting Member

**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.

• Valleywise Health Medical Center • 2601 East Roosevelt Street • Phoenix, Arizona 85008 •

Meeting will be held remotely. Please visit <https://valleywisehealth.org/event/valleywise-community-health-centers-governing-councils-strategic-planning-and-outreach-committee-meeting-04-12-21/> for further information.

Monday, April 12, 2021  
3:30 p.m.

One or more of the members of the Valleywise Community Health Centers Governing Council's Strategic Planning and Outreach Committee may be in attendance telephonically or by other technological means. Committee members participating telephonically or by other technological means will be announced at the meeting.

**Please silence any cell phones, pagers, computers, or other sound devices 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.*

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

**ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE**

**General Session, Presentation, Discussion and Action:**

1. Approval of Consent Agenda: 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 March 8, 2021

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**End of Consent Agenda**

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2. Continue Review of Action Plans to Implement Strategies Identified in the Federally Qualified Health Center Clinics Calendar Years 2021-2023 Strategic Plan 60 min  
*Strategic Planning and Outreach Committee*
3. Chair and Committee Member Closing Comments/Announcements 5 min  
*Joseph Larios, Committee Chair*
4. Review Staff Assignments 5 min  
*Cassandra Santos, Assistant Clerk*

**Old Business:**

March 8, 2021

- Refer to action plans included in documentation for agenda item two

**Adjourn**



Valleywise Community Health  
Centers Governing Council

Strategic Planning and  
Outreach Committee  
Meeting

April 12, 2021

Item 1.

Consent Agenda



Valleywise Community Health  
Centers Governing Council

Strategic Planning and  
Outreach Committee  
Meeting

April 12, 2021

Item 1.a.i.

Minutes:  
March 8, 2021

**Minutes**

**Valleywise Community Health Centers Governing Council  
Strategic Planning and Outreach Committee  
March 8, 2021  
3:30 p.m.**

**DRAFT**

**Voting Members Present:** Joseph Larios, Committee Chair - *participated remotely*  
Liz McCarty, Committee Vice Chair - *participated remotely*  
Ylenia Aguilar, Member - *participated remotely*  
Nelly Clotter-Woods, Ph.D., Member - *participated remotely*  
Scott Jacobson, Member - *participated remotely*

**Non-Voting Members Present:** Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics - *participated remotely*  
Jori Davis, Director, Federally Qualified Health Center Clinics Operations - *participated remotely*

**Non-Voting Members Absent:** Bill Byron, Senior Vice President, Marketing and Communications

**Others/Guest Presenters:** Todd Hanle, Director of Marketing - *participated remotely*  
Melanie Talbot, Chief Governance Officer - *participated remotely*

**Recorded by:** Cassandra Santos, Assistant Clerk - *participated remotely*

**Call to Order**

Chairman Larios called the meeting to order at 3:31 p.m.

**Roll Call**

Ms. Talbot called roll. Following roll call, it was noted that all five voting members of the Valleywise Community Health Centers Governing Council's (VCHCGC) Strategic Planning and Outreach Committee were present, which represented a quorum.

For the benefit of all participants, Ms. Talbot announced the committee members participating remotely.

**Call to the Public**

Chairman Larios called for public comment.

There were no comments from the public.

**Valleywise Community Health Centers Governing Council – Strategic Planning and Outreach Meeting Minutes – General Session – March 8, 2021**

**General Session, Presentation, Discussion and Action:**

1. Approval of Consent Agenda:

a. Minutes:

i. Approve Strategic Planning and Outreach Committee Meeting Minutes Dated February 8, 2021

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

**VOTE:** 5 Ayes: Chairman Larios, Vice Chairman McCarty, Ms. Aguilar, Dr. Clotter-Woods, Mr. Jacobson

0 Nays

**Motion passed.**

2. Review Action Plans to Implement Strategies Identified in the Federally Qualified Health Center Clinics Calendar Years 2021-2023 Strategic Plan

Ms. Harding suggested prioritizing the Cultural Competence action plan items associated with tactical plans for the Federally Qualified Health Center (FQHC) Clinics calendar years (CY) 2021-2023 Strategic Plan.

She reminded the committee that the duration of the plan was three years. Setting action item priority would be an effective way to carry out tasks throughout the course of the overall plan.

She outlined the referenced action plan, including the action item to identify the diversity of the patient population's culture, race, and ethnicity and the needs of the population. She highlighted action steps, progress indicators, responsible persons, and other factors related to timing expectations.

Other action items were to identify the disenfranchised population and their needs, create culture-based colleague development and training, and to provide responsive communication and education to identified vulnerable populations.

Mr. Hanle gave a brief overview of current marketing initiatives tied to the communication and education action item.

Ms. Harding spoke about various measures of improvement and ways to measure success.

Regarding cultural competence training and education, Mr. Jacobson said that he thought the Human Resource Department's role was key to the cultural competence pillar of the strategic plan.

He added that it would be helpful for the committee to review the calendar year 2020 Uniform Data System (UDS) report.

The annual UDS report identified key population groups and indicated trending or other patient demographic and statistical data. It zeroed in on diversity, culture, race, ethnicity, and the needs of those populations.

Ms. Harding commented that the annual UDS report was a priority and could be reviewed at a future meeting.

Chairman Larios said it was beneficial to utilize data retrieved from external sources, such as the Maricopa County Public Health (MCPH) Department or Vitalyst Health Foundation, to identify the most marginalized and vulnerable populations.

**Valleywise Community Health Centers Governing Council – Strategic Planning and Outreach Meeting Minutes – General Session – March 8, 2021**

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

2. Review Action Plans to Implement Strategies Identified in the Federally Qualified Health Center Clinics Calendar Years 2021-2023 Strategic Plan, cont.

Dr. Clotter-Woods questioned which staff would be tasked to monitor the measurements of success and improvements.

Ms. Harding said that multiple workflows were involved but that the process of monitoring was her responsibility.

Dr. Clotter-Woods asked for more information about the role of the cultural health navigators.

Ms. Harding described the cultural health navigator's responsibility as it pertained to cultural competence and the Refugee Clinic.

The committee discussed the action plan's key components and priorities associated with action steps.

The committee also spoke about the cultural health navigator domain and investment for expansion of that practice throughout the organization.

Ms. Aguilar spoke about the challenges of language and cultural barriers that Spanish speaking patients faced. She asked whether the cultural navigators assisted those patients and asked how cultural health navigators were compensated.

Ms. Harding stated that cultural navigators were compensated through various grants, funding, and insurance investments.

She talked about various programs offered at the FQHC Clinics and care coordinators that assisted patients with issues related to Social Determinants of Health (SDOH).

The committee spoke about funding sources, challenges associated with grant funding, and partnering with external entities for support.

Regarding cultural competence within the organization, Chairman Larios added that it was important to evaluate Valleywise Health Senior Leadership composition, as it related to diversity and race.

Ms. Harding said that the topic fell outside the purview of the VCHCGC and that the focus should remain on the overview of the FQHC Clinics.

**Chairman Larios suggested that the composition data still be added to the action plan.**

**Ms. Harding noted the request.**

The committee would discuss the community engagement action plan at its next scheduled meeting.

3. Chair and Committee Member Closing Comments/Announcements

There were no closing comments or announcements.

4. Review Staff Assignments

There were no staff assignments or outstanding old business to report.



**Valleywise Community Health Centers Governing Council – Strategic Planning and Outreach  
Meeting Minutes – General Session – March 8, 2021**

**Adjourn**

**MOTION:** Mr. Jacobson moved to adjourn the March 8, 2021 Strategic Planning and Outreach Committee meeting. Vice Chairman McCarty seconded.

**VOTE:** 5 Ayes: Chairman Larios, Vice Chairman McCarty, Ms. Aguilar, Dr. Clotter-Woods,  
Mr. Jacobson  
0 Nays  
**Motion passed.**

Meeting adjourned at 4:40 p.m.

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Cassandra Santos,  
Assistant Clerk



Valleywise Community Health  
Centers Governing Council

Strategic Planning and  
Outreach Committee  
Meeting

April 12, 2021

Item 2.

Action Plans



# Valleywise Community Health Centers Governing Council Action Plan: Cultural Competence

Start Date - 04/01/2021

Completion Date - 12/31/2023

<b>ACCOUNTABLE LEADER</b>	CEO FQHC Clinics	<b>PHYSICIAN LEADER</b>	FQHC Medical Director
<b>CURRENT PROCESS</b>	Assess community and clinic engagement with patients to ensure access to care and services.		
<b>EXPECTED OUTCOME(S)/GOALS(S)</b>	Drive organizational diversity and cultural competency throughout the health care system.		
<b>REGULATORY/ ACCREDITATION/ LICENSING STANDARD(S)</b>	HRSA Community Health Centers Compliance Manual, Chapter 19: Board Authority		

ACTION ITEM	ACTION STEP/IMPLEMENTATION	PROGRESS INDICATOR/OUTCOME	RESPONSIBLE PERSON	DUE DATE	DATE COMPLETED
Identify the diversity of the patient population culture, race, and ethnicity and the needs of the population.	Provide a list of identified populations currently served by the FQHC Clinics	Complete UDS CY2020 and provide information following HRSA validation March 2021.	<ul style="list-style-type: none"> <li>CEO FQHC Clinics</li> <li>Quality Assurance Analyst</li> </ul>	02/15/2021 DRAFT 03/31/2021 FINAL	02/15/2021 DRAFT
	Provide information on the marginalized populations and areas with health disparities that could be served by the FQHC Clinics or need outreach	Complete UDS CY2020 and provide information following HRSA validation March 2021. Identify data available in the UDS mapper to provide information i.e. FQHC penetration of populations.	<ul style="list-style-type: none"> <li>CEO FQHC Clinics</li> <li>Quality Assurance Analyst</li> <li>Executive Assistant</li> </ul>		
	Provide information about Cultural Health Navigators (CHN), languages spoken and sign language; if applicable, projects they work on, language translation process, and the process that assists with illiteracy and health literacy.	Collate information pertaining to CHN role/responsibilities.	<ul style="list-style-type: none"> <li>FQHC Operations Director</li> <li>Program Manager Operations</li> </ul>		

	Improve the reporting of Sexual Orientation and Gender Identity (SOGI)	CY2020 report: high number of unknown.	<ul style="list-style-type: none"> <li>• FQHC Operations Director</li> </ul>		
Identify the disenfranchised population and their needs.	List cultural navigation practices in place for undocumented or formerly incarcerated patient populations.	<p>No focused navigation for the undocumented. They receive financial, case management, and healthcare services as all patient do.</p> <p>TIPS program provides support to the population recently paroled. Unable to obtain data regarding who of the patient population is formerly incarcerated in the VWH population.</p>	<ul style="list-style-type: none"> <li>• CEO FQHC Clinics</li> <li>• Director Outpatient Behavioral Health</li> </ul>		
Culture based colleague development and training	Initiate APEX training to address culture on health and well-being including trauma informed care		<ul style="list-style-type: none"> <li>• Chief Human Resources Officer</li> <li>• Director of HR Operations</li> </ul>		
Communication and education is responsive to identified populations.	Review current marketing tools and education materials for inclusion of populations served i.e. Spanish speaking, black, and homeless, etc.		<ul style="list-style-type: none"> <li>• Director of Marketing</li> <li>• Director of Nursing, Ambulatory Services</li> <li>• Manager Language &amp; International Programs</li> </ul>		

<b>MEASURE OF IMPROVEMENT</b>	
<b>Metric</b>	<b>Pre &amp; Post Measurement of Success</b>
<ul style="list-style-type: none"> <li>• Measurement of populations served</li> </ul>	Identify key population groups including those with health inequities and determine priority groups/efforts among them.
<ul style="list-style-type: none"> <li>• Measurement of staff completing cultural health awareness education</li> </ul>	Achieve 100% participation in colleague culture awareness education programs.
<ul style="list-style-type: none"> <li>• Patient satisfaction scores</li> </ul>	Increase YoY patient volume and patient satisfaction each by 1% YoY through 2024.

<b>ADDITIONAL FOLLOW UP/RECOMMENDATIONS</b>



# Valleywise Community Health Centers Governing Council Action Plan: Community Engagement

Start Date - 04/01/2021

Completion Date - 12/31/2023

<b>ACCOUNTABLE LEADER</b>	CEO FQHC Clinics	<b>PHYSICIAN LEADER</b>	FQHC Medical Director
<b>CURRENT PROCESS</b>	Assess community and clinic engagement with patients to ensure access to care and services.		
<b>EXPECTED OUTCOME(S)/GOALS(S)</b>	Valleywise Health actively seeks to be part of the fabric that acts as a community public safety net. Valleywise Health will partner with key community groups and organizations and leverage those relationships to connect with, support, educate, and engage with the various audiences in our community including those who are considered most vulnerable, and/or, difficult to reach (former inmates, etc.) to improve the health of the community.		
<b>REGULATORY/ ACCREDITATION/ LICENSING STANDARD(S)</b>	HRSA Community Health Centers Compliance Manual, Chapter 19: Board Authority		

ACTION ITEM	ACTION STEP/IMPLEMENTATION	PROGRESS INDICATOR/OUTCOME	RESPONSIBLE PERSON	DUE DATE	DATE COMPLETED
Identify the populations served by the FQHC Clinics including	Complete UDS CY2020 and provide information following HRSA validation March 2021.	In process. DRAFT complete and submitted.	<ul style="list-style-type: none"> <li>CEO FQHC Clinics</li> <li>Quality Assurance Analyst</li> </ul>	02/15/2021 DRAFT 03/31/2021 FINAL	02/15/2021 DRAFT
Identify marginalized populations and areas with health disparities who's access to care is limited.	Identify data available in the UDS mapper regarding the communities served. Develop plan to address.		<ul style="list-style-type: none"> <li>CEO FQHC Clinics</li> <li>Quality Assurance Analyst</li> <li>Executive Assistant</li> </ul>		
Provide information about Cultural Health Navigators (CHN), languages spoken and sign language; if applicable, projects they work on, language translation process, and the	Collate information pertaining to CHN role/responsibilities.		<ul style="list-style-type: none"> <li>FQHC Operations Director</li> <li>Program Manager Operations</li> </ul>		

process that assists with illiteracy and health literacy.					
List patient navigation practices in place for undocumented or formerly incarcerated patient populations.		<p>No focused navigation for the undocumented. They receive financial, case management, and healthcare services as all patient do.</p> <p>Unable to obtain data regarding who of the patient population is formerly incarcerated in the VWH population.</p>	<ul style="list-style-type: none"> <li>• CEO FQHC Clinics</li> </ul>		

<b>MEASURE OF IMPROVEMENT</b>	
<b>Metric</b>	<b>Pre &amp; Post Measurement of Success</b>
<ul style="list-style-type: none"> <li>• Populations served by Valleywise Health</li> </ul>	Identify key population groups including those with health inequities and determine priority groups/efforts among them.
<ul style="list-style-type: none"> <li>• Measurement of staff completing cultural health awareness education</li> </ul>	Achieve 100% participation in colleague culture awareness education programs.
<ul style="list-style-type: none"> <li>• Patient satisfaction scores</li> </ul>	Increase YoY patient volume and patient satisfaction each by 1% YoY through 2024.

<b>ADDITIONAL FOLLOW UP/RECOMMENDATIONS</b>



# Valleywise Community Health Centers Governing Council Action Plan: Patient Volume Growth

Start Date - 04/01/2021

Completion Date - 12/31/2023

<b>ACCOUNTABLE LEADER</b>	CEO FQHC Clinics	<b>PHYSICIAN LEADER</b>	FQHC Medical Director
<b>CURRENT PROCESS</b>	Assess community and clinic engagement with patients to ensure access to care and services.		
<b>EXPECTED OUTCOME(S)/GOALS(S)</b>	<ul style="list-style-type: none"> <li>• Improve patient experience and satisfaction.</li> <li>• Develop relationships to support increased volumes.</li> <li>• Raise community understanding and positive visibility of Valleywise Health.</li> </ul>		
<b>REGULATORY/ ACCREDITATION/ LICENSING STANDARD(S)</b>	HRSA Community Health Centers Compliance Manual, Chapter 19: Board Authority		

ACTION ITEM	ACTION STEP/IMPLEMENTATION	PROGRESS INDICATOR/OUTCOME	RESPONSIBLE PERSON	DUE DATE	DATE COMPLETED
Improved patient satisfaction	Assess patient experience and satisfaction, NRC data.	Defer to Quality & Compliance Committee. In process.	<ul style="list-style-type: none"> <li>• Quality &amp; Compliance Committee Chair</li> <li>• Director of Nursing, Ambulatory Services</li> </ul>	Continuous quality improvement	
Impact of new clinics on patient volume, satisfaction, and finance	6 months post clinic moves, review and evaluate patient data. Use data to inform and act.	In process.	<ul style="list-style-type: none"> <li>• CEO FQHC Clinics</li> <li>• Director of Marketing</li> <li>• VP Financial Services</li> <li>• VP Specialty Services</li> <li>• Quality &amp; Safety Quality Management</li> <li>• Quality Assurance Analyst</li> </ul>	SPHX: 4/2021 SCEN: 5/2021 NPHX: 6/2021 PEC: 9/2021	

Increase number of unique unduplicated patient numbers.	Review unduplicated number of patients in FQHCs and determine next steps to increase.		<ul style="list-style-type: none"> <li>• CEO FQHC Clinics</li> <li>• Director of Marketing</li> </ul>		
Increased community engagement – “Where everyone knows our name”	Development of Valleywise Health Ambassadors to include: Leaders, Managers, Governing Council members	To begin Fall 2021	<ul style="list-style-type: none"> <li>• CEO FQHC Clinics</li> <li>• Director of Marketing</li> </ul>		

**MEASURE OF IMPROVEMENT**

Metric	Pre & Post Measurement of Success
<ul style="list-style-type: none"> <li>• Count of unique unduplicated patients</li> </ul>	Increase aggregate patient volume by 1% YoY
<ul style="list-style-type: none"> <li>• Patient Satisfaction Scores</li> </ul>	Increase Patient Satisfaction Score by 1% YoY through 2024 and positive visibility of Valleywise Health.

**ADDITIONAL FOLLOW UP/RECOMMENDATIONS**






# Valleywise Community Health Centers Governing Council Action Plan: Financial Stability

Start Date - 04/01/2021

Completion Date - 12/31/2023

<b>ACCOUNTABLE LEADER</b>	CEO FQHC Clinics	<b>PHYSICIAN LEADER</b>	FQHC Medical Director
<b>CURRENT PROCESS</b>	Assess community and clinic engagement with patients to ensure access to care and services.		
<b>EXPECTED OUTCOME(S)/GOALS(S)</b>	Build and maintain strong service lines, as evident by the return on investment, through national benchmarking, local market insights, trends in treatment modalities and service delivery, branding, emerging technologies, and physician leader insights.		
<b>REGULATORY/ ACCREDITATION/ LICENSING STANDARD(S)</b>	HRSA Community Health Centers Compliance Manual, Chapter 19: Board Authority		

ACTION ITEM	ACTION STEP/IMPLEMENTATION	PROGRESS INDICATOR/OUTCOME	RESPONSIBLE PERSON	DUE DATE	DATE COMPLETED
Ensure financial viability while meeting the changing needs of the community.	Actively monitor financial contribution	Defer to Finance Committee. In process.	<ul style="list-style-type: none"> <li>Finance Committee Chair</li> <li>CEO FQHC Clinics</li> </ul>		
	Evaluate opportunities to grow revenue and/or reduce cost/expenses				
	Support patient growth initiatives				

MEASURE OF IMPROVEMENT	
<b>Metric</b>	<b>Pre &amp; Post Measurement of Success</b>
<ul style="list-style-type: none"> <li>Count of unique unduplicated patients</li> </ul>	Optimize health center operational performance to deliver positive increase to patient visits of a minimum 1% YoY
<ul style="list-style-type: none"> <li>Payer mix</li> </ul>	Regularly review financial reports to identify areas of opportunity

**ADDITIONAL FOLLOW UP/RECOMMENDATIONS**



Valleywise Community Health  
Centers Governing Council

Strategic Planning and  
Outreach Committee  
Meeting

April 12, 2021

Item 2.

For Reference:  
CY 2021-2023  
Strategic Plan

# Cultural Competence

## Overview

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

## Operating Plan Alignment

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

## Strategic Considerations

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

## Key Measurements

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

# Community Engagement

## Overview

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

## Operating Plan Alignment

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

## Strategic Considerations

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

## Key Measurements

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

# Patient Volume Growth

## Overview

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

## Strategic Considerations

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

## Operating Plan Alignment

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

## Key Measurements

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

# Financial Sustainability

## Overview

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

## Strategic Considerations

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

## Operating Plan Alignment

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

## Key Measurements

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



Valleywise Community Health  
Centers Governing Council

Strategic Planning and  
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Item 3.

Closing Comments –  
No Handout



Valleywise Community Health  
Centers Governing Council

Strategic Planning and  
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April 12, 2021

Item 4.

Staff Assignments –  
No Handout