Valleywise Community Health Centers Governing Council

Strategic Planning and Outreach Committee Meeting

September 13, 2021
3:30 p.m.

Agenda
Meeting will be held remotely. Please visit https://valleywisehealth.org/event/valleywise-community-health-centers-governing-councils-strategic-planning-and-outreach-committee-meeting-09-13-21/ for further information.

Monday, September 13, 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.

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.

9/7/2021 9:25 AM
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 April 12, 2021

   ii. Approve Strategic Planning and Outreach Committee Meeting Minutes Dated July 12, 2021

   End of Consent Agenda

2. Appoint a Vice Chair for the Strategic Planning and Outreach Committee 5 min
   
   Strategic Planning and Outreach Committee Members

3. Discuss Sexual Orientation and Gender Identification (SOGI) data collection and reporting in Valleywise Health’s patient population 20 min
   
   Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics
   Nelson Silva-Craig, Director of Nursing, Ambulatory Care

4. Discuss and Review the timeline on the progression and the interrelationship of action plans for the Federally Qualified Health Center Clinics’ Strategic Plan 20 min
   
   Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics

5. Chair and Committee Member Closing Comments/Announcements 5 min
   
   Joseph Larios, Committee Chair

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

Old Business:

April 12, 2021

Add slide to action plans with visual representation indicating plan progression and the interrelationship of action plan structures, i.e., Gantt chart.

Adjourn
Valleywise Community Health Centers Governing Council

Strategic Planning and Outreach Committee Meeting

September 13, 2021

Item 1.

Consent Agenda
Valleywise Community Health Centers Governing Council

Strategic Planning and Outreach Committee Meeting

September 13, 2021

Item 1.a.i.

Minutes:
April 12, 2021
Voting Members Present: Joseph Larios, Committee Chair - participated remotely
Liz McCarty, Committee Vice Chair - participated remotely
Ylenia Aguilar, Member - participated remotely
Scott Jacobson, Member - participated remotely

Voting Members Absent: Nelly Clotter-Woods, Ph.D., Member - participated remotely at 3:33 p.m., absent from meeting at 3:34 p.m.

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: 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 3:33 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.
General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:
   a. Minutes:
      i. Approve Strategic Planning and Outreach Committee Meeting Minutes Dated March 8, 2021

MOTION: Mr. Jacobson moved to approve the consent agenda. Ms. Aguilar seconded.

VOTE: 3 Ayes: Chairman Larios, Ms. Aguilar, Mr. Jacobson
       0 Nays
       2 Absent: Dr. Clotter-Woods, Vice Chairman McCarty

Motion passed.

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

Ms. Harding briefly outlined the action plans associated with tactical plans developed for the Federally Qualified Health Center (FQHC) Clinics calendar years (CY) 2021-2023 Strategic Plan.

She discussed action items within the community engagement action plan. Action steps, progress indicators, responsible persons, timing expectations, and measures of improvement related to the plan were outlined. A detailed discussion about Cultural Health Navigators (CHNs) would take place at a future committee meeting.

Ms. Harding spoke briefly about the Uniform Data System (UDS) mapper, which was an online mapping tool that assisted health centers in identifying areas associated with extreme vulnerable and marginalized patient populations. The tool also provided further understanding about how the health center compared with other FQHCs.

Mr. Jacobson asked whether patient and family advisory councils still existed at Valleywise Community Health Centers.

Ms. Harding said there were patient and family advisory councils at the Family Learning Centers (FLCs) located in Valleywise Community Health Centers. She spoke about community partnership opportunities for Valleywise Community Health Center-South Phoenix/Laveen.

Mr. Jacobson asked about the possibility of VCHCGC members partnering with the patient and family advisory councils within their district to promote community engagement.

Ms. Harding said that was a possibility.

Chairman Larios requested adding a slide to action plans that visually represented and conceptualized how individual action plans progressed and how they related to another.

The committee discussed components of the action plans, priorities associated with action plan steps, and talked about the UDS mapper tool.

3. Chair and Committee Member Closing Comments/Announcements

There were no closing comments or announcements.
General Session, Presentation, Discussion and Action, cont.

4. Review Staff Assignments

Ms. Talbot reviewed staff assignments and reiterated old business.

Adjourn

MOTION: Mr. Jacobson moved to adjourn the April 12, 2021 Strategic Planning and Outreach Committee meeting. Vice Chairman McCarty seconded.

VOTE: 4 Ayes: Chairman Larios, Vice Chairman McCarty, Ms. Aguilar, Mr. Jacobson
0 Nays
1 Absent: Dr. Clotter-Woods
Motion passed.

Meeting adjourned at 4:31 p.m.

______________________________
Cassandra Santos
Assistant Clerk
Valleywise Community Health Centers Governing Council

Strategic Planning and Outreach Committee Meeting

September 13, 2021

Item 1.a.ii.

Minutes:
July 12, 2021
Voting Members Present: Joseph Larios, Committee Chair - participated remotely  
Ylenia Aguilar, Member - participated remotely at 3:40 p.m., absent from meeting at 3:43 p.m.  
Scott Jacobson, Member - participated remotely

Voting Members Absent: Terry Benelli, Member

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

Others/Guest Presenters: Manuel Soto-Griego, Director, Health Information Management - participated remotely

Recorded by: Cassandra Santos, Assistant Clerk - participated remotely

Call to Order

Chairman Larios called the meeting to order at 3:40 p.m.

Roll Call

Ms. Santos called roll. Following roll call, it was noted that three of the four 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. Santos announced the committee members participating remotely.

Call to the Public

Chairman Larios called for public comment.

There were no comments from the public.
General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:
   a. Minutes:
      i. Approve Strategic Planning and Outreach Committee Meeting Minutes Dated April 12, 2021

   MOTION: Mr. Jacobson moved to approve the consent agenda. Chairman Larios seconded.

   NOTE: Ms. Aguilar disconnected from the meeting at 3:43 p.m., during roll call vote, therefore, the quorum was lost.

   Ms. Santos could not complete the roll call vote due to absence of a quorum, hence, ended the meeting.

2. Appoint a Vice Chair for the Strategic Planning and Outreach Committee
   This item was not discussed.

3. Discuss Sexual Orientation and Gender Identification (SOGI) data collection and reporting in Valleywise Health’s patient population
   This item was not discussed.

4. Discuss and Review the timeline on the progression and the interrelationship of action plans for the Federally Qualified Health Center Clinics’ Strategic Plan
   This item was not discussed.

5. Chair and Committee Member Closing Comments/Announcements
   This item was not discussed.

6. Review Staff Assignments
   This item was not discussed.

Adjourn
Meeting ended at 3:43 p.m. due to lack of quorum.

______________________________
Cassandra Santos
Assistant Clerk
Item 2.

Appoint a Committee Vice Chair
(No Handout)
Valleywise Community Health Centers Governing Council

Strategic Planning and Outreach Committee Meeting

September 13, 2021

Item 3.

Sexual Orientation and Gender Identification (SOGI)
September 2021

SOGI Data Collection Initiative

Healthcare Equality Index (HEI) Recertification

© 2021 Valleywise Health. All rights reserved. Internal use.
What is HEI (Healthcare Equality Index)

- Criteria 1 – Non-Discrimination and Staff Training
- **Criteria 2** – Patient Services and Support
- Criteria 3 – Employee Benefits and Policies
- Criteria 4 – Patient and Community Engagement
- Criteria 5 – Responsible Citizenship
Previous Valleywise Health Certifications

Achieved July 2019 – 100 pts
• “LEADER in LGBTQ Healthcare Equality” in the HEI 2019

Achieved July 2020 – 100 pts
• “LEADER in LGBTQ Healthcare Equality” in the HEI 2020

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Our Mission:

Is to provide exceptional care, without exception, every patient, every time.

A survey by Lambda Legal, “When Health Care Isn’t Caring” revealed that:

- 56% of lesbian, gay, and bisexual respondents had experienced serious discrimination in healthcare
- 70% of transgender respondents had experienced serious discrimination
- 73% of transgender and 29% of lesbian, gay and bisexual respondents reported that they believed they would be treated differently by medical personnel because of their LGBTQ status
Collecting SOGI Information?

- Proper & safe patient care
- Create a safe & inclusive environment for our patients and their families
- UDS Report for HRSA
- It was not being collected
- If it was, do we know what to do with it?
  - Chosen Name
  - Pronouns
  - Patient Care
  - Awareness
  - Acceptance

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Asking and knowing our patient’s Sexual Orientation & Gender Identity (SOGI)

**Appropriate Screening: Jake’s Story**

- Jake is a 45-year-old man who came in with pain and on x-ray what appeared to be metastases from an unknown primary cancer.
- Even though he had a breast reduction, he developed cancer in his remaining breast tissue.
- No one told Jake that he needed routine breast cancer screening, even though his mother and sister also had breast cancer.

**Quality Care for Transgender People: Louise’s Story**

- Louise is a 59-year-old woman who developed a high fever and chills after head and neck surgery.
- The source of infection was her prostate gland (acute prostatitis), but no one knew that she had this anatomy.
- No one asked her about her gender identity or knew she was transgender.

* National LGBT Health Education Center  The Fenway Institute
SOGI Data Collection Task Team

Training, education, culture & workflows to meet the needs of our patients

Supports HEI Criteria 2 - Patient Self-Identification

The task team has been addressing the following as of March 2021:

- Epic functionality, build, SOGI Data Collection enhancements, patient armbands & labels to include “Chosen Name”, Multi Provider Schedule/DAR, and now we are addressing downstream interface design and build.
- PAC’s, Patient Access & Ambulatory workflows, staff education, polices & procedures
- SOGI Data Collection form redesign, patient education handout in 10 different languages
- HEI Recertification Training specifically to address this need
- Representatives from Care Management, Nursing, IT, Clinic Managers, Research, PACs, Patient Access, DMG providers, etc
Valleywise Health System Protocol

Effective Date: 05/21
Review Date: 00/00
Revision Date: 00/00
Protocol #: 46615 MD

Protocol Title: Health Information Management: Sexual Orientation & Gender Identity (SOGI) Data Collection

Purpose:
To establish guidelines and scripting for capturing SOGI (Sexual Orientation Gender Identity) information when scheduling patient appointments. The collection of sexual orientation or gender identity for patients younger than 18 years of age is not mandated, but the opportunity to report this information must be provided to all patients regardless of age. Patients that provide honest and open communication with their providers, receive better medical care. Information about sexual orientation and gender identity is an essential part of any medical history. Comfortable dialogue about a patient’s identity and relationships can help focus a provider’s inquiries, personalize professional advice and assistance, and generate an overall higher quality of care.

For patients 18 years & older: In order to better serve you and provide the best medical care plan for you based on your individual situation and needs, please complete the following three questions and give this form to the Medical Assistant. The information you provide is confidential and will help us maintain funding to continue providing better care for you and other patients that come to Valleywise Health. If you would prefer not to provide the information you will NOT be denied care. If you have any questions regarding this form, please speak to your provider.

What sex were you assigned at birth? (Please mark one)
- Man (Male)
- Woman (Female)
- Unknown
- Not recorded on birth certificate
- Transgender Male (Female to Male)
- Transgender Female (Male to Female)
- Other
- Choose not to disclose

What is your current gender identity? (Please mark one)
- Man (Male)
- Woman (Female)
- Unknown
- Transgender Male (Female to Male)
- Transgender Female (Male to Female)
- Other
- Gay
- Lesbian
- Straight (heterosexual)
- Bisexual
- Something else
- Choose not to disclose

Do you think of yourself as:
- Lesbian
- Gay
- Straight (heterosexual)
- Bisexual
- Something else
- Choose not to disclose
SOGI Data Statistics

Feb 2021 SOGI data UDS Report

* Collection of gender identity data from patients younger than 18 years of age is not mandated, but the opportunity to provide this information must be provided to all patients regardless of age.

Baseline to gage our success from
Unknown Sexual Orientation - 28,885
Unknown Gender Identity – 26,475
Pilot/Soft kick off in May – Full roll-out 8/02

Full implementation 08/02/21

• PACs, MyChart, Patient Registration, SOGI Data Collection form
• MyChart build request to request for annual UDS Demographic Data Validation
• Support staff collecting SOGI data, understand the data requirements of the *six categories that define sexual orientation and gender identity?
• Policy, workflows & pamphlet to provide help if a patient needs assistance?

Data Validation & Management

• Run SOGI reports on a regular basis
• Look for trends and anomalies
• Compare data to state or national data
• Use data to improve patient services and outcomes for planning
• Improve process for missing data
### SOGI Data Collection Management Report

Patient Assistance Center as of 6/15

- Identify opportunities for staff training
- Lessons learned from patient’s responses
- Modify reporting needs/training material based on findings

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Date</th>
<th>Grand Total</th>
<th># Appt Made</th>
<th>% Bypassed</th>
</tr>
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<td>6/25</td>
<td>6/26</td>
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<tr>
<td>2</td>
<td>5</td>
<td>7</td>
<td></td>
<td>40</td>
</tr>
</tbody>
</table>

**Grand Total**: 57 65 6 128 751 17.04%

**Collection Rate**: 82.96%
Awareness/Education

- HEI requires 50 hours of education from the National LGBTQIA+ Health Education Center, https://www.lgbtqiahealtheducation.org/ As of 05/31 the organization has clocked in 486 hours. This will be an on going initiative, offer a relevant lesson from this site quarterly to the organization.

- Employee E-News
  - HEI education “Affirming LGBT People through Effective Communication”
  - Email signature line Pronoun Campaign video education
  - International Transgender Day of Visibility 03/31/21 Celebration announcement with video

- APEX Epic SOGI Data Collection lesson assigned to 3,359 front line staff, managers, nursing, providers & allied healthcare providers
  - 3,147 – 94% have completed the lesson
  - It will continue to be assigned to new hires

- Marketing visuals to celebrate the many colors of our staff, patients and community
  - Transgender stickers ITGDV
  - Pride t-shirt
  - Employee Resource Group LGBTQIA+ logo
Recognition & Gratitude to the team

- Tina Gallagher
- Clara Hartneck
- Nelson Silva-Craig
- Allision Marks
- Alyssa Puetz
- Campbell Moorhouse
- Carl Stacy
- Chante Neal
- Christie Blanda
- Cody Wolfforth
- David Jones
- Dionna White
- James Castillo

- Eva Armburst
- Gloria Gomez
- Grisel Washington
- Jason Vail Cruz
- Jennifer White
- Joel Warner
- Josie Feldman
- Joy Cortright
- Kathleen Norman
- Liliana Orta
- Marie Maya
- Michael Dobbs – DMG
- Nancy Velarde-Franks

- Michael Parks
- Molly Lowe
- Nathan DelafIELD – DMG
- Peggy Schwartz
- Phylliss Selby
- Seana Blazey
- Steven Poessnecker
- Tammi Krause
- Tita Delisi
- Audrey De Alva
- Venita Spacht
- Vicky Valdiviezo
- Nancy Kaminski
Item 4.

Action Plan Progression for the FQHC Clinics’ Strategic Plan
## Action Plan: Cultural Competence

**Valleywise Community Health Centers Governing Council**

**Start Date - 04/01/2021**  **Completion Date - 12/31/2023**

<table>
<thead>
<tr>
<th>ACCOUNTABLE LEADER</th>
<th>CFO FQHC Clinics</th>
<th>PHYSICIAN LEADER</th>
<th>FQHC Medical Director</th>
</tr>
</thead>
</table>

### Current Process
Assess community and clinic engagement with patients to ensure access to care and services.

### Expected Outcome(s)/Goals(s)
Drive organizational diversity and cultural competency throughout the health care system.

### Regulatory/Accreditation/Licensing Standard(s)
HRSA Community Health Centers Compliance Manual, Chapter 19: Board Authority

<table>
<thead>
<tr>
<th>ACTION ITEM</th>
<th>ACTION STEP/IMPLEMENTATION</th>
<th>PROGRESS INDICATOR/OUTCOME</th>
<th>RESPONSIBLE PERSON</th>
<th>DUE DATE</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
</table>
| 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. | • CEO FQHC Clinics  
• Quality Assurance Analyst | 02/15/2021  
DRAFT | 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. | • CEO FQHC Clinics  
• Quality Assurance Analyst  
• Executive Assistant | 03/31/2021  
FINAL |  |
| | 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. | • FQHC Operations Director  
• Program Manager Operations | | |
<table>
<thead>
<tr>
<th>Task</th>
<th>Details</th>
<th>Responsible Party(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve the reporting of Sexual Orientation and Gender Identity (SOGI)</td>
<td>CY2020 report: high number of unknown.</td>
<td>• FQHC Operations Director</td>
</tr>
</tbody>
</table>
| Identify the disenfranchised population and their needs.             | List cultural navigation practices in place for undocumented or formerly incarcerated patient populations.                                                                                                  | • CEO FQHC Clinics  
• Director Outpatient Behavioral Health                                                                                     |
|                                                                      | No focused navigation for the undocumented. They receive financial, case management, and healthcare services as all patient do. 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. |                                                                                      |
| Culture based colleague development and training                     | Initiate APEX training to address culture on health and well-being including trauma informed care                                                                                                | • Chief Human Resources Officer  
• Director of HR Operations                                                                                                        |
| 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.                                                         | • Director of Marketing  
• Director of Nursing, Ambulatory Services  
• Manager Language & International Programs                                                                                     |
| MEASURE OF IMPROVEMENT                                                |                                                                                                                             |                                                                                      |
| Metric                                                               | Pre & Post Measurement of Success                                                                                                                                                                     |                                                                                      |
| • Measurement of populations served                                  | Identify key population groups including those with health inequities and determine priority groups/efforts among them.                                                                               |                                                                                      |
| • Measurement of staff completing cultural health awareness education | Achieve 100% participation in colleague culture awareness education programs.                                                                                                                            |                                                                                      |
| • Patient satisfaction scores                                         | Increase YoY patient volume and patient satisfaction each by 1% YoY through 2024.                                                                                                                      |                                                                                      |

ADDITIONAL FOLLOW UP/RECOMMENDATIONS
## Valleywise Community Health Centers Governing Council

### Action Plan: Community Engagement

**Start Date - 04/01/2021**  
**Completion Date - 12/31/2023**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>CEO FQHC Clinics</td>
<td>FQHC Medical Director</td>
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</table>

### CURRENT PROCESS

Assess community and clinic engagement with patients to ensure access to care and services.

### EXPECTED OUTCOME(S)/GOALS(S)

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.

### REGULATORY/ACCREDITATION/LICENSING STANDARD(S)

HRSA Community Health Centers Compliance Manual, Chapter 19: Board Authority

<table>
<thead>
<tr>
<th>ACTION ITEM</th>
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<th>RESPONSIBLE PERSON</th>
<th>DUE DATE</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
</table>
| 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. | CEO FQHC Clinics  
Quality Assurance Analyst | 02/15/2021  
DRAFT | 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. | | CEO FQHC Clinics  
Quality Assurance Analyst  
Executive Assistant | 03/31/2021 FINAL | |
| 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. | | FQHC Operations Director  
Program Manager Operations | | |
process that assists with illiteracy and health literacy.

List patient navigation practices in place for undocumented or formerly incarcerated patient populations.

| No focused navigation for the undocumented. They receive financial, case management, and healthcare services as all patient do. |
| Unable to obtain data regarding who of the patient population is formerly incarcerated in the VWH population. |

- CEO FQHC Clinics

### MEASURE OF IMPROVEMENT

<table>
<thead>
<tr>
<th>Metric</th>
<th>Pre &amp; Post Measurement of Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Populations served by Valleywise Health</td>
<td>Identify key population groups including those with health inequities and determine priority groups/efforts among them.</td>
</tr>
<tr>
<td>• Measurement of staff completing cultural health awareness education</td>
<td>Achieve 100% participation in colleague culture awareness education programs.</td>
</tr>
<tr>
<td>• Patient satisfaction scores</td>
<td>Increase YoY patient volume and patient satisfaction each by 1% YoY through 2024.</td>
</tr>
</tbody>
</table>

### ADDITIONAL FOLLOW UP/RECOMMENDATIONS


<table>
<thead>
<tr>
<th>ACCOUNTABLE LEADER</th>
<th>CEO FQHC Clinics</th>
<th>PHYSICIAN LEADER</th>
<th>FQHC Medical Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT PROCESS</td>
<td>Assess community and clinic engagement with patients to ensure access to care and services.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| EXPECTED OUTCOME(S)/GOALS(S) | • Improve patient experience and satisfaction.  
• Develop relationships to support increased volumes.  
• Raise community understanding and positive visibility of Valleywise Health. |                   |                       |
| REGULATORY/ACCREDITATION/LICENSEING STANDARD(S) | HRSA Community Health Centers Compliance Manual, Chapter 19: Board Authority |                   |                       |

<table>
<thead>
<tr>
<th>ACTION ITEM</th>
<th>ACTION STEP/IMPLEMENTATION</th>
<th>PROGRESS INDICATOR/OUTCOME</th>
<th>RESPONSIBLE PERSON</th>
<th>DUE DATE</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
</table>
| Improved patient satisfaction             | Assess patient experience and satisfaction, NRC data.        | Defer to Quality & Compliance Committee. In process. | • Quality & Compliance Committee Chair  
• Director of Nursing, Ambulatory Services | 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. | • CEO FQHC Clinics  
• Director of Marketing  
• VP Financial Services  
• VP Specialty Services Quality & Safety  
• Quality Management  
| Increase number of unique unduplicated patient numbers. | Review unduplicated number of patients in FQHCs and determine next steps to increase. | • CEO FQHC Clinics  
• Director of Marketing |
|---|---|---|
| Increased community engagement – “Where everyone knows our name” | Development of Valleywise Health Ambassadors to include: Leaders, Managers, Governing Council members | To begin Fall 2021 | • CEO FQHC Clinics  
• Director of Marketing |

**MEASURE OF IMPROVEMENT**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Pre &amp; Post Measurement of Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Count of unique unduplicated patients</td>
<td>Increase aggregate patient volume by 1% YoY</td>
</tr>
<tr>
<td>• Patient Satisfaction Scores</td>
<td>Increase Patient Satisfaction Score by 1% YoY through 2024 and positive visibility of Valleywise Health.</td>
</tr>
</tbody>
</table>

**ADDITIONAL FOLLOW UP/RECOMMENDATIONS**
<table>
<thead>
<tr>
<th>ACCOUNTABLE LEADER</th>
<th>CEO FQHC Clinics</th>
<th>PHYSICIAN LEADER</th>
<th>FQHC Medical Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT PROCESS</td>
<td>Assess community and clinic engagement with patients to ensure access to care and services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXPECTED OUTCOME(S)/GOALS(S)</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
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</table>
| Ensure financial viability while meeting the changing needs of the community. | Actively monitor financial contribution | Defer to Finance Committee. In process. | • Finance Committee Chair  
• CEO FQHC Clinics | | |
| | Evaluate opportunities to grow revenue and/or reduce cost/expenses | | | | |
| | Support patient growth initiatives | | | | |

<table>
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<tr>
<th>MEASURE OF IMPROVEMENT</th>
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</thead>
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<tr>
<td>Metric</td>
<td>Optimize health center operational performance to deliver positive increase to patient visits of a minimum 1% YoY</td>
</tr>
<tr>
<td>Count of unique unduplicated patients</td>
<td>Regularly review financial reports to identify areas of opportunity</td>
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ADDITIONAL FOLLOW UP/RECOMMENDATIONS
Valleywise Community Health Centers Governing Council

Strategic Planning and Outreach Committee Meeting

September 13, 2021

Item 4.

For Reference:
FQHC Clinics’ Strategic Plan Pillars
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.

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

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.

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.).

#### 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.)

#### Operating Plan Alignment

<table>
<thead>
<tr>
<th>Key Measurements</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Communicate and coordinate Valleywise Health to essential advocacy organizations and the community.</td>
</tr>
<tr>
<td>5.2 Identify strategic community partners and support improvements to population health.</td>
</tr>
<tr>
<td>5.3 Raise community understanding and positive visibility of Valleywise Health through coordinated strategic relationship development outreach.</td>
</tr>
</tbody>
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<tr>
<td>5.1 Develop work plan and establish community-based partnerships with “directly impacted, directly led” vulnerable patient organizations to guide engagement opportunities</td>
</tr>
<tr>
<td>5.2 Complete YoY comparative analysis for CY2015-202 based on UDS by January 2022</td>
</tr>
<tr>
<td>5.3 Create map of culturally diverse populations within 5 miles of health center locations by 2022</td>
</tr>
<tr>
<td>5.4 Drive increases in engagement and partnership among culturally diverse community agencies by 1% YoY</td>
</tr>
<tr>
<td>5.5 Track the number of cultural practices adopted that assist in better serving the most vulnerable patient populations</td>
</tr>
</tbody>
</table>
## 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 of 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 Outreach Committee Meeting

September 13, 2021

Item 5.

Closing Comments (No Handout)
Staff Assignments
(No Handout)