

Community Advisory Council (CAC) Meeting Minutes

Date: May 20 2019

Location: [X] MCMC – MOB A [] FISH FoodBank Hood River

Voting Members in attendance

Heather Thompson, Consumer

Joel Pelayo, Consumer

Mayra Rosales, Consumer

Susan Lowe, Consumer

Paul Lindberg, Chair

Trish Elliott BSN, Hood River County Health Dept, Clinical Advisory Panel (CAP) liaison

Members not in attendance:

Barb Seatter M.S., Mid-Columbia Center for Living

Also in attendance: Suzanne Cross, CGHC staff and CAC Coordinator

No Liaisons were in attendance as this was a voting members-only meeting.

No guests were in attendance as this was a voting members-only meeting.

Welcome & Introductions	<p>Paul Lindberg welcomed the group and called the meeting to order at 3:07 pm. Prior to the meeting Fritz Bachman and a gentleman who’s name we didn’t get, walked into the meeting in hopes of attending the CAC meeting. Suzanne offered to add them to the CAC extended list and welcomed them to any future meetings.</p> <p>Paul announced that Carol Olvera had resigned as a CAC voting member.</p>
Approve April CAC meeting minutes	<p>A motion was made by Susan and seconded by Trish, to approve the April meeting minutes as presented</p>
CAP and Board Report	<p>CAP report: Susan reviewed that MCCFL attended the CAP meeting and explained the new PCP position, Dr. Glen Patrizio, located at MCCFL. There were questions about whether Dr. Patrizio will be able to give anti-psychotic shots and the challenges that arise when MCCFL is unable to give those shots. There was disappointment expressed by a CAC members about the limitations of this new position not being a true primary care provider but more a connector between the PCP and MCCFL. Brooke Nicholl was elected as a new member of the CAP</p> <p>Paul reviewed the Board agenda from the April meeting. The organizational sub-committee is still working out details for the current executive director position and would continue to function and a process for opening up the ED position to a open search process would happen by the end of the year.</p>
CAC Agenda Setting process and Planning	<p>The group discussed new processes for running the CAC meeting that were suggestions from the Statewide CAC meeting:</p> <ul style="list-style-type: none"> • Hand out roles to CAC members (including non-voting members in regular attendance) at the end of each meeting. Roles will be:

	<ul style="list-style-type: none"> ○ Greet and hand out materials ○ Timer (Suzanne will make warning time cards) ○ Secretary ○ Mentor will be a role as needed and for voting only members ● Ground Rules were adopted <ul style="list-style-type: none"> ○ Take turns and listen to others ○ Speak in ‘people speak’, explain acronyms ○ Everyone’s voice has value ○ We have a lot of work to accomplish – keep to the agenda ○ Use the parking lot ○ Set phones on vibrate or silent ○ If you need to use your phone, excuse yourself ○ CAC meetings should be used for outreach but please don’t try to “sell us things”, no marketing ● Approved the process of getting an email draft CAC agenda 1.5 weeks ahead of time to approve or edit ● Requested a joint CAC/CAP meeting. Suggested for Fall 2019 timing to jointly discuss and review CHA data, perhaps CHP topics
CAC Membership discussion	<p>CAC requested PacificSource to send notification to members about joining the CAC. Suzanne to follow up with Trudy and Kristen.</p> <p>Request was made to insure the voice of enrollment assistors at the CAC with Carol being gone and Mayra shared that she is also an enrollment assistor.</p>
Joint CAC/ Board Meeting	<p>Suggestions for the upcoming join Board/ CAC meeting was understanding how the Board makes decisions, get to know board members, a joint CAC/ Board panel discussion, and CCO 2.0 changes discussion.</p>
Other topics discussed	<p>Suggestion for a future topic/ presentation- How to correct an error in a medical record. Suzanne will follow up on this.</p>
Next CAC Meetings	<p>June 24, 2019 @ FISH Food Bank – <i>combined meeting with CGHC Board</i></p> <p>No Meeting in July</p>

Acronyms	
A1C. Specific test for monitoring diabetes	HVC. Home Visiting Connections
ACA. Affordable Care Act	IIS. Immunization Information System
ACE. Adverse Childhood Experience	IMMS. Immunizations
ADHD. Attention Deficit Hyperactivity Disorder	LARC. Long-acting Reversible Contraceptive
AGA, Aging in the Gorge Alliance	LUBA. Land Use Board of Appeals
AOC. Association of Oregon Counties	MA. Medical Assistant
APD. Adults & Peoples with Disabilities	MARC. Mobilizing Action for Resilient Communities
AWCV. Adolescent Well Child Visit	MCCFL. Mid-Columbia Center For Living
BMI. Body Mass Index	MCCOG. Mid-Columbia Council of Governments
CAHPS. Consumer Assessment of Healthcare Providers and Systems	MCEDD. Mid-Columbia Economic Development District
CAT. Columbia Area Transit.	MCHA. Mid-Columbia Housing Authority
CAWEM, Citizen Alien Waived Emergent Medical	MLR. Medical Loss Ratio
CCO. Coordinated Care Organization	NCPHD. North Central Public Health District
CGFM. Columbia Gorge Family Medicine	NEMT. Non-Emergency Medical Transportation
CGHC. Columbia Gorge Health Council	NICH. Novel Interventions in Children’s Healthcare
CGOHC. Columbia Gorge Oral Health Coalition	OCADSV. Oregon Coalition Against Domestic & Sexual Violence
	OCDL. Oregon Child Development Coalition

CHA. Community Health Assessment	OCF. Oregon Community Foundation
CHARA. Community Health Advocacy & Research Alliance	OCH. One Community Health
CHIP. Children’s Health Insurance Programs	OCHIN. Oregon Community Health Information Network
CHIP. Community Health Improvement Plan	ODS. Oregon Dental Services
CLAS. Culturally & Linguistically Appropriate Services	OHA. Oregon Health Authority
CME. Continuing Medical Education	OHP. Oregon Health Plan
CMS. Center of Medicaid Services	OHPB. Oregon Health Policy Board
COIPA. Central Oregon Independent Practice Assoc.	OHSU. Oregon Health and Science University
CRAFFT. (Adolescent Screening Technique) Car, Relax, Alone, Forget, Friends, Trouble	OKQ. One Key Question
CRC. Colorectal Cancer	ONE. Oregon Eligibility
DCO. Dental Care Organization	ORPRN. Oregon Rural Practice-Based Research Network
DDA. Dual Diagnosis Anonymous	OSAA. Oregon School Activities Association
DEI. Diversity, Equity & Inclusion	PCP. Primary Care Provider
DHS. Department of Human Services	PCPCH. Patient-Centered Primary Care Home
DNR. Do Not Resuscitate	PDMP. Prescription Drug Monitoring Program
DSN. Delivery System Network	PHQ. Patient Health Questionnaire
DTAP. Vaccine for Diphtheria, Tetanus and Pertussis	PHRMH. Providence Hood River Memorial Hospital
eCQM. Electronic Clinical Quality Measure	POLST. Physician Orders for Life-Sustaining Treatment
ECHO. Extension for Community Healthcare Outcomes	POTA. Pain and Opiate Treatment Advisory
ECU. Effective Contraceptive Use	PS. PacificSource
ED. Emergency Department	QHOC. Quality & Health Outcome Committee
EHR. Electronic Health Record	QIM. Quality Incentive Measure
EMR. Electronic Medical Record	RFP. Request for Proposal
EOB. Explanation of Benefits	ROI. Return on Investment
FIT. Fecal Immunochemical Test	RWJF. Robert Wood Johnson Foundation
GGFN. Gorge Grown Food Network	SBAR. Situation, Background, Assessment & Recommendation
GOBHI. Greater Oregon Behavioral Health Inc.	SBHC. School-based Health Center
GRACE. Geriatric Resources for Assessment & Care of Elders	SBIRT. Screening, Brief Intervention and Referral for Treatment
HERC. Health Evidence Review Committee	SBST. STarT Back Screening Tool
HIE. Health Information Exchange	SIT. Systems Integration Team
HIT. Health Information Technology	SNAP. Supplemental Nutrition Assistance Program
HRCHD. Hood River County Health Department	SPMI. Serious and Persistent Mental Illness
HRCPD. Hood River County Prevention Department	SUD. Substance Abuse Disorder
HTN. Hypertension	TANF. Temporary Assistance for Needy Families
	TQS. Transformation and Quality Strategy
	WIC. Women, Infants & Children