



ADVISORY COUNCIL AND COORDINATING COMMITTEE

MEETING MINUTES

MAY 1, 2025

ATTENDANCE

Alycia Bayne	Diane Hagerman	Maria Baron
Bageshree Cheulkar	Loretta Kelly	Marissa Davis
Camilla Comer-Carruthers	Lynne Algrant	Megan Avallone

MEETING

Prioritizing actions using the MoSCoW method: Must, Should, Can, and Won't Have.

HNJAC members voted on actions for the Access to Quality Care topic area:

- 1A.1: 5 Must
- 1A.2: 4 Must, 2 Should – concerns about wording of action statement, how does this come before or interact/overlap with 1A.1? The term “standardization” is confusing for members.
- 1B.1: 1 Must, 3 Should, 1 Can – better if LHDs or nonprofits do this –
 - Revote: 3 Should, 1 Can, 1 abstain – coordinate with on the ground agencies who do the actual connections, change wording, we need more clarity
- 1B.2: 4 Must, 1 has questions – concerns about the “current climate,” quality and dignity of FQHC experience (long waits, referrals, far away providers, etc.)
- 1C.1: 2 Must, 2 Should, 1 Can, 1 has questions – providers are already overburdened, over-screening with no coordination, no way of tracking without a closed loop referral, too many silos
 - Need to be more specific about expectations and coordinate so there's no duplication or referring inappropriately. Create the infrastructure to have these conversations?
- 1C.2: 2 Must, 4 Should – difficult to maintain, one-stop shopping would be easier
- 1C.3: 1 Must, 4 Should, 1 Won't – concerns about quality and continuity of care, reword to make it clear that we're talking about traditional providers using non-traditional ways to reach patients
- 1C.4: 4 Must, 1 Should, 1 Can –
- 1D.1: 1 Must, 1 Should, 1 Can, 1 Won't, 1 abstain, 1 has questions - concerns about current climate and misuse of the data
- 1D.2: 5 Must, 1 Should – implementation more than identification of barriers and inequities
- 2A.1: 2 Must, 4 Should – seems vague, needs more specific wording
- 2A.2: 4 Must, 1 Can – what are the current number of Hospital Associated Infections?

- 2A.3: 3 Must, 2 Should – does this refer to bedside manner, language barriers, communication within treatment team??? Which one(s) are we going to tackle? Needs some baseline data. CLAS standards mentioned.
- 3A.1: 3 Should, 2 abstain (2 had to leave the meeting) concerns about who will potentially have access to the data and can it be used against marginalized populations
- 3A.2: 1 Must, 2 Should, 1 has questions - what is current reimbursement rate?

Next meeting: May 22 at 1:00 pm