Trillium HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

Clinical Advisory Committee Meeting Minutes

Date: February 04, 2022

Meeting Called By	Dr. Michael Smith, Chief Medical Officer
Type of Meeting	Clinical Advisory Committee (CAC) WebEx 1:00pm – 2:30pm

ATTENDEES

NAME	Present	NAME	Present	NAME	Present
Dr. Michael Smith Trillium Health Resources Chief Medical Officer	☒	Dr. Kimberly Greer Trillium Health Resources Staff Psychologist	☒	Dr. Paul Garcia Trillium Health Resources Deputy Chief Medical Officer	☒
Hillary Faulk-Vaughan Chairperson PAMH. Clinical Director	☐	Khristine Brewington Trillium Health Resources VP of Network Management	☒	Glenn Buck Vice Chairperson PORT Human Services Clinical Director	☒
Dr. Joshua Pagano Cherry Hospital Forensic Psychiatrist	☒	Griffin Sutton Tidal Neuropsychology PLLC Director	☒	Dr. Robby Adams Various Providers Medical Director	☒
Sharlena Thomas RHA State Clinical Director	☒	Natasha Holley Integrated Family Services Clinical Director	☒	Amanda Morgan Trillium Health Resources QM Coordinator	☒
Dr. Diana Antonacci Psychiatrist	☒	Gary Bass Pride in NC Executive Officer	☒	Julie Kokocha Director – Network Accountability	☒
Jason Swartz Trillium Health Resources Pharmacist	☒	Benita Hathaway Trillium Health Resources Vice Pres. Population Health & Care Mgmt. Guest	☒	Rasheedah Pittman Trillium Health Resources Administrative Assistant – Network Management	☒
	☐		☐		☐

AGENDA

1. **Agenda topic: Welcome/Call to Order**
   Presenter(s): Dr. Michael Smith

Discussion	• The meeting was called to order by Dr. Smith at 1:00pm • A quorum was present • Hillary had a conflicting meeting and was not present at today's meeting.
Conclusions	• There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
• There were no action items noted for follow-up		

2. **Agenda topic: Review and Approval of Previous Month's Meeting Minutes and Agenda**
Presenter(s): Dr. Garcia for Dr. Smith

Discussion	• The December 3, 2021 Meeting Minutes were approved as written. • There were no other changes to the agenda; however, a correction will be made to remove Ryan Estes from the attendees list.
Conclusions	• There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
• Remove Ryan Estes name from agenda	Susan Massey	Apr Mtg.
• Forward Dec Meeting Minutes to Hillary for signature	Susan Massey	ASAP

3. **Agenda topic: Follow-up Items from Previous Meeting**
Presenter(s): Dr. Garcia for Hillary Faulk-Vaughan

Discussion	• Dr. Smith/Dr. Garcia – Schedule a meeting with CAC physicians and others knowledgeable on ECT to discuss endorsement of the New Zealand ECT CPG. Completed. This ECT CPG was approved and will be posted on the website. • Dr. Smith – F/u with sharing Trillium's internal organization chart with the network. Open. This item will be listed for follow-up at the next meeting in Dr. Smith's absence.
Conclusions	• All follow-up items that are pending will be followed-up on at the next scheduled meeting.

Action Items	Person(s) Responsible	Deadline
• F/u with sharing Trillium's org chart with the Network	Dr. Smith	Apr. Mtg.

4. **Agenda topic: QIA Review – Information and Discussion**
Presenter(s): Amanda Morgan

Discussion	• **Review of QIA Grid** – Amanda presented and reviewed the summary of the active Trillium QIAs. The TCL QIA did not meet the metric for this reporting period. Once the metric is met the 12 month consecutive period will start over again. There was a decrease in the denominator for the MST QIA which did not meet the goal this reporting period as well. This was attributed to Standard Plan implementation. A question was raised with regard to how the benchmark (80% or above) was set for the Decreasing ED Visits QIA and it was attributed to our baseline being at 76% in 2019 when the project began. Amanda shared we continue to struggle with meeting parts of both 1-7 day follow-up QIAs. For the DHB portion of the SU 1-7 day follow-up QIA, QIC is considering closing this part of the QIA due to meeting the goal consecutively. If the decision is made to close this portion of the QIA the DHB data will no longer be tracked and reported as a QIA, but would continue to be monitored by other means. • **Discussion of Interventions for QIAs** – There were no new interventions presented for discussion in the QIA Grid presentation. Dr. Garcia asked for ideas around interventions for the 1-7 f/u QIAs and asked members what their agencies are doing to improve the measure. Sharlena reported receiving notifications from NC Notify, but there are

	issues with some of the information received. NC Notify sends out a notification when a member is admitted and another notification when they are diagnosed, but the diagnosis may or may not be included on the encounter and therefore doesn't help. When this system does work and we get the information on why the member was admitted it seems to be very helpful. Agencies still have members that are admitted to the hospital and are not made aware until they are discharged. Glenn shared there are barriers they are continuing to come up against and trying to figure out. It is very difficult to meet expectations for 1-7 days when people leave inpatient, walk out of detox, don't want any other services or choose to go to NA or AA. The only way they can be tracked down is possibly through Peer Supports. And the challenge with Peer Supports is that they must have a PCP so if they are not our patient coming in then there is no PCP. Glenn reported the hospitals would like their agency's peer to go over and help them and they are continuing to have conversations regarding this request. Dr. Garcia shared he is focusing on discussions with one hospital at a time and wants to see agencies improve communications to hopefully focus on and address these problems. Glenn added if they really want a support peer then the service definition needs to be revised. Natasha shared her agency has explored several options and have hit dead ends. An example is Assertive Engagement not including telephonic outreach, only face-to-face outreach. Given staff shortages and COVID we thought we had come up with a model where staff could reach out to members via phone, we discovered that it is not permissible. As providers we want to do our part and assist with meeting expectations, but are hindered with gaps and limitations to what can be done to accomplish the goals. Dr. Smith shared Trillium's process wherein care coordinators call the hospitals daily to get member inpatient and discharge info. Trillium also utilizes UM staff when authorizing inpatient services to call the hospitals to find out about the discharge plan or if they need extended stay. This method has not been very successful because the folks that tend to do the authorizations at the hospital are often not on the treatment team and don't know the discharge date or the discharge info they give is inaccurate. Some hospitals have instructed Trillium not to call that we are disrupting their day while others have been very friendly and helpful with sharing information needed. Information received from ADT is not always up to date.
Conclusions	• The pandemic has been a barrier along with service definitions as well. • A CCA can be done while a member is in detox, but the provider will not be paid for it. • In the past, when members have left FBC and went to outpatient our numbers were very good. Now it's 1-7 days versus 0-7 days. • There is not a case management function built into rates, but there are a lot of case management functions that need to take place in order to give the best warp around service for members.

	• Peer Supports was thought to be an option, but will not work due to regulatory aspects of the service. • Sharlena shared that a couple of MCOs (Vaya & Cardinal) reinstated a code from 2006 to allow capturing of some case management functions that providers did not currently have a billable code for, but were expected to provide the function. • The Peer Bridger Service is a good system to link members from inpatient to services, but you must have a participating hospital. • Dr. Smith requested Sharlena to send the code and information to him and Dr. Garcia to review and consider speaking with Vaya on their process and how it is working. • There were no other questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
• Send code information allowing for some billable case management functions to Dr. Smith/Dr. Garcia	Sharlena Thomas	ASAP

5. Agenda topic: Trillium Information Update
Presenter(s): Dr. Smith

T	• **NCQA Update and Status –** Trillium did receive full 3-year accreditation status as an MBHO. We are unable to talk about our score (as stated in the contract), but we did very well and are very proud of this accomplishment. Our MBHO status will expire about a year after we go live and we are trying to decide if we want to dive into Health Plan Accreditation or go for a Provisional Health Plan Accreditation which looks at our policies and procedures and some of our program descriptions without viewing other data or simply renew our MBHO. The state has firmly stated the go live date will be December 1st of this year and will not be moved. • **EQR Update –** Our EQR Review was conducted in December and we did very well and achieved one of the best scores Trillium has ever had. We had a couple of recommendations that we are working on and will submit, but no corrective actions were received. At this time there is not another EQR Review scheduled the state is holding off until we go through Tailored Plan (TP) readiness reviews. • **TP Update –** There are 13/14 streams being look at and around 200 deliverables and staffing requirements that must be done. We've met our deliverables for the most part, but ran up on an issue with one vendor who went out of business so we had to start the search process over for another vendor. We have weekly meetings with Leadership of Standard Plans every Friday afternoon and multiple meetings throughout the week with certain aspects of TP. We are pretty much on target with this process. • **Staffing Updates –** Leza retired in January. Joy Futrell was appointed by the Governing Board as her successor. This has changed the Executive Team structure. Senitria Goodman was hired as our new

	General Council and Chief Compliance Officer. She has joined our Executive Team and came aboard last month. We will be conducting a recruitment search for a Deputy Chief Medical Officer and a Director of Utilization Management. The staff that currently hold these positions don't meet the criteria. Both are valued staff and will continue with Trillium. An Executive Vice President and Care Management Population is on recruitment and we may have found someone to take this position. Elizabeth Whitley was hired at the first of this month as the new Director of Population Health. Staff have left because of retirement, COVID and other changes and we continue to recruit for those vacancies from our font line all the way to management level. Dr. Smith shared we run into some of the same staffing difficulties as provider agencies do. • **COVID Update** – Trillium has decided to delay staff return to office until the beginning of May even with the number of COVID cases declining. Some of our Care Management Team and Administrative staff have been able to safely return to the office and we now have people in each of our buildings. • **Rapid Response Team/Executive Response Team** This is the process the state is using for kids in DSS custody that are stuck in a ED. They are calling it Rapid Response Team/Executive Response Team. For kids that are typically in DSS custody that an appropriate treatment option has not been found within 5 day timeframe, local DSS, state DSS, providers involved and Trillium's team will get together and try to brainstorm options that may not have been looked at previously. These meetings take place usually first thing in the morning and if the timeframe has not been met to identify options for services then it can be referred to the Executive Response Team consisting of the CEO, Dr. Smith and Medical Directors at the State level. The state is now beginning to focus on these kids and this is now part of legislation that DSS and hospitals have a timeframe (5 days) in which kids have to be discharged and safely placed. DSS does placement and Trillium does Residential Treatment and we try to work together on options for kids. Some of the options are not currently efficiently staffed and one of the PRTFs has officially closed, a lot of the state facilities are running on limited staff and COVID positivity limits kids in going into treatment as well. DHHS has set up a new division called the Division of Child and Family Well Being separate from DMH and DHB. Yvonne Copeland is the Director and also has a Pediatrician, Shirlene Wong.
Conclusions	• There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
• There were no action items noted for follow-up		

6. Agenda topic: CAC Business/COVID Update
Presenter(s): Dr. Smith/Dr. Garcia

Discussion	• **Provider Status – Dr. Garcia** Natasha shared that Integrated Services continues to have staffing issues and foresees the problem worsening with the guidelines received regarding certain flexibilities ending on March 31st. This is a cause of great concern while trying to navigate through how services will continue without the flexibilities. Glenn shared difficulty in hiring staff especially nurses. Everything seems to have gone up except the rates. The reimbursement amount is not getting larger, but everything costs more. Sharlene shared Sonic near her home has a flashing sign advertising $20 plus an hour for car hops which is a lot of money for someone who does not have a college degree. It's getting more difficult to compete with wages. She reports staffing continues to be an issue and they have implemented some incentives to retain staff. • **CAC Bylaws with Revisions – Dr. Garcia** Tabled until the next meeting due to time constraints and additional revisions by Fonda. • **Consider Adding Our Standard Plan Partner to CAC – Dr. Garcia** Dr. Garcia proposed the idea of having one of our Standard Plan Partners attend our meetings and requested feedback from the group. Dr. Smith shared they were thinking about the Psychiatrist – Chief Medical Officer from the Standard Plan as an attendee. The response was that this may not be a good idea because Trillium may have to compete with Standard Plans in the future. Dr. Smith & Dr. Garcia thanked Glenn and Robby for their feedback and agreed to not consider adding this candidate to the committee. Trillium has added Halifax and Bladen Counties and Dr. Smith may consider representation for those counties on the committee. There are a few new providers in both counties that are new to the Trillium network.
Conclusions	• There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	**Person(s) Responsible**	**Deadline**
• There were no action items noted for follow-up		

7. Agenda topic: Clinical Practice Guidelines
Presenter(s): Dr. Garcia

Discussion	• **Clozapine Clinical Practice Guidelines (CPGs)** The APA has 3 chapters devoted to Clozaril with ratings for treatment modalities. Dr. Garcia recommended that we adopt these 3 chapters for our CPGs at least initially. These chapters include Clozapine for aggressive behavior, Clozapine for suicidal risks and Clozapine for treatment of resistant Schizophrenia. The guidelines are the latest from 2021. A motion was made by Glenn and a second by Robby. All were in favor of approving the guidelines. These will be posted to the website. • **Frist Episode Psychosis CPGs – Dr. Garcia**

	Dr. Garcia discussed the APA guidelines for Schizophrenia with a section on coordinated specialty care that mentions First Episode Psychosis. This is the only reference to a CPG he could find on First Episode Psychosis. Dr. Garcia will discuss this further with Dr. Kaoud and report the result at the next meeting. Susan will send the link to members to review.
Conclusions	• There were no other questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	**Person(s) Responsible**	**Deadline**
• F/u with posting Clozaril/Clozapine CPGs to the website • Send link for Schizophrenia – First Episode Psychosis to members	Dr. Garcia Susan	ASAP ASAP

8. Agenda topic: Open Agenda
Presenter(s): All Members

Discussion	• There were no items proposed for discussion.
Conclusions	• N/A

Action Items	**Person(s) Responsible**	**Deadline**
• N/A		

Meeting Adjourned: Motion by Glenn, Second by Robby, all members were in favor.

<u>Next Meeting Date</u>: April 1, 2022
(All meetings convene from 1:00pm – 2:30pm)

All supporting documents are proprietary. Contact Susan Massey with any questions.