



Clinical Advisory Committee Meeting Minutes

Transforming Lives. Building Community Well-Being.

Date February 3, 2023

Meeting Called By	Dr. Michael Smith, Chief Medical Officer				
Type of Meeting	WebEx 1:00pm – 2:30pm				
ATTENDEES					
NAME	Present	NAME	Present	NAME	Present
Dr. Michael Smith Chief Medical Officer Trillium Health Resources Non-Voting Member	<input checked="" type="checkbox"/>	Dr. Paul Garcia Staff Physician Trillium Health Resources Non-Voting Member	<input checked="" type="checkbox"/>	Dr. Kimberly Greer Staff Psychologist Trillium Health Resources Non-Voting Member	<input checked="" type="checkbox"/>
Dr. Arthur Flores Deputy Chief Medical Officer Trillium Health Resources Non-Voting Member	<input checked="" type="checkbox"/>	Kristine Brewington VP of Network Management Trillium Health Resources Non-Voting Member	<input checked="" type="checkbox"/>	LaDonna Battle Care Mgmt. Population Health Officer Trillium Health Resources Non-Voting Member	<input type="checkbox"/>
Jason Swartz Pharmacist Trillium Health Resources Non-Voting Member	<input checked="" type="checkbox"/>	Benita Hathaway VP Population Health & Care Management Trillium Health Resources Non-Voting Member	<input checked="" type="checkbox"/>	Julie Kokocha Director – Network Accountability Trillium Health Resources Non-Voting Member	<input checked="" type="checkbox"/>
Amanda Morgan QM Coordinator Trillium Health Resources Non-Voting Member	<input checked="" type="checkbox"/>	Trudy Paramore Admin Asst – Medical Affairs Trillium Health Resources Non-Voting Member	<input checked="" type="checkbox"/>	Cham Trowell UM & Transition of Care Coordinator Trillium Health Resources Non-Voting Member	<input checked="" type="checkbox"/>
Hillary Faulk-Vaughan Chair PAMH Clinical Director Voting Member	<input checked="" type="checkbox"/>	Glenn Buck Vice Chair PORT Human Svs Clinical Director Voting Member	<input checked="" type="checkbox"/>	Dr. Robby Adams Medical Director – Various Providers Voting Member	<input type="checkbox"/>
Dr. Diane Antonacci Psychiatrist Non-Voting Member	<input checked="" type="checkbox"/>	Dr. Terri Duncan Dir. of Bladen County Dept. of Health & Human Services Voting Member	<input checked="" type="checkbox"/>	Sharlena Thomas RHA State Clinical Director Voting Member	<input checked="" type="checkbox"/>
Griffin Sutton Tidal Neuropsychology, PLLC Director Voting Member	<input checked="" type="checkbox"/>	Natasha Holley Integrated Family Services Clinical Director Voting Member	<input checked="" type="checkbox"/>	Gary Bass Pride in NC Executive Officer Voting Member	<input checked="" type="checkbox"/>
Ryan Estes Chief Operating Officer – Coastal Horizons Voting Member	<input type="checkbox"/>				

AGENDA

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

Discussion	<ul style="list-style-type: none"> The meeting was called to order by Dr. Smith
Conclusions	<ul style="list-style-type: none"> A quorum was present for today's meeting.



	<ul style="list-style-type: none"> There were no questions or concerns identified for follow-up or items recommended for corrective action. 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> There were no action items identified for follow-up 		

2. Agenda topic: Review and Approval of Previous Month's Meeting Minutes and Agenda
Presenter(s): Hillary Faulk-Vaughan

Discussion	<ul style="list-style-type: none"> The December 2, 2022, Meeting Minutes were approved as written with a motion by Dr. Duncan and a second by Gary with all members in favor. There were no changes to the agenda. 	
Conclusions	<ul style="list-style-type: none"> Susan will post the December 2, 2022, Meeting Minutes to SharePoint (SP) and forward to Communications to post on Trillium's website. Dr. Smith noted that Dr. Duncan needs to be added to the agenda. Susan will make this correction. There were no other questions or concerns identified for follow-up or items recommended for corrective action. 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> Post December 2022 Meeting Minutes to SP & send to Communications to post on Trillium's Website Add Dr. Duncan's name & info to agenda 	Susan	ASAP
	Susan	ASAP

3. Agenda topic: Follow-up Items from Previous Meeting
Presenter(s): Dr. Michael Smith

Discussion	<ul style="list-style-type: none"> Susan – Post October 7, 2022, minutes to SP and send to Communications to post on Trillium's website – Completed. Susan – Correct agenda item #8 to Q16 instead of Q17 – Completed Glenn – Send contract information on recommendations for Pharmacists to Dr. Smith/Dr. Garcia – Completed Dr. Smith/Dr. Garcia – Send bios out to membership for official vote on Dr. Lang, Sarah Hall & Ritesh Patel – Closed. Dr. Smith reviewed bios with the committee during today's meeting and received their feedback. Dr. Garcia – F/u on CPG for Treatment Resistance Depression – Completed. This item will be discussed at today's meeting (time permitting). Dr. Smith – CAC Meeting Face-to-Face Reminder – Completed. Dr. Smith reminded everyone that the April meeting will be face-to-face at Trillium's Jacksonville Office location. An updated invite will be forwarded to members. Dr. Smith – Public Comment Period Draft CCP 8H-2 Individual Placement & Support Ends 1/21/23 – Completed. Emailed to CAC 12/2/23. Dr. Smith – JCB #1440-Person Centered Planning Training – Completed. Emailed to CAC on 12/14/22. Dr. Smith – Public Comment Period 8C Outpatient Behavioral Health Services – Completed. Emailed to CAC on 12/22/22. Dr. Smith – State Funded Assertive Engagement Services – Completed. Emailed to CAC 1/20/23. Dr. Smith – State Funded Comprehensive Care Management Services for Public Comment – Completed. Emailed to CAC 1/20/23. Dr. Smith – Public Comment Period 8A-7 Ambulatory Withdrawal Management Without Extended On-site - Completed. Emailed to CAC 1/20/23.
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	<ul style="list-style-type: none"> • Dr. Smith – Public Comment Period 8A-8 Ambulatory Withdrawal Management Without Extended On-site (correction) – Completed. Emailed to CAC 1/20/23. • Dr. Smith – Public Comment State Funded CCP Posting 10 Day Public Comment Notice State Funded CCP Assertive Engagement and State Funded Comprehensive Case Management – Completed. Emailed to CAC 1/23/23. 	
Conclusions	<ul style="list-style-type: none"> • Susan will send an updated invite to members for April face-to-face meeting. • There were no questions or concerns identified for follow-up or items recommended for corrective action. 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> • Send updated invite to members for April face-to-face meeting 	Susan	ASAP

4. Agenda topic: Review of QIA Grid

Presenter(s): **Amanda Morgan, Dr. Paul Garcia**

Discussion	<ul style="list-style-type: none"> • TCL QIA - Amanda <ol style="list-style-type: none"> a. Measurement #47 (Dec 2022) is new and was presented for review. Threshold of 98% (or higher) was <i>not met</i> for Dec 2022. The delegated entity is continuing to experience staffing/hiring issues; as a result, this is negatively impacting the rate. • Utilization of MST QIA - Amanda <ol style="list-style-type: none"> a. Measurement #12 for Jul-Sep 2022 is new and was presented for review. The project goal of 14.7% was not met. b. This QIA will not transition to a Performance Improvement Project (PIP) with the start of Tailored Plan (TP) on Apr 1st. A small workgroup will convene to discuss the possible continuation of MST tracking once TP starts, as the State will be monitoring availability in our catchment area to ensure network adequacy. • Utilization of ED QIA - Amanda <ol style="list-style-type: none"> a. Measurement #12 (Jul-Sep 2022) is new and was presented for review. The project goal for Measure #1 and Measure #3 were not met. b. Measure #2 was previously met for 12 consecutive months, and we have discontinued its monitoring. c. As a follow up to last month's QIC meeting, information/data was obtained regarding the use of mobile crisis by DSS offices for the month of Dec: <ul style="list-style-type: none"> ➤ Integrated Family Services (IFS) had 15 referrals for mobile crisis from DSS offices during the month of Dec; this equated to 4% of their total call volume for the month. The county breakdown is as follows: 2 Onslow, 8 Nash, 1 Pamlico, 1 Pender, 1 Craven, 1 Carteret, and 1 Chowan. One hundred percent of these members were diverted from the ED during mobile crisis management assessment. ➤ RHA had 1 referral for mobile crisis from DSS (Brunswick) during the month of Dec; this equated to 1% of their total call volume for the month. This member was connected with the ED to ensure her safety following mobile crisis. d. QIC inquired if the county location of the co-responder pilots were impacting the rate at which DSS offices were using mobile crisis. The team will gather and review this information to determine if there is a relationship between the two.
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	<ul style="list-style-type: none"> ● Mental Health 1-7 Day Follow-up QIA - Amanda <ol style="list-style-type: none"> a. Validated State data was received for Measurement #17 (Apr-Jun 2022) for DMH only. DMH did not meet the project goal of 45%. b. Validated State data has not yet been received for Measurement #17 (DHB only), #18, and #19; therefore, these measurements represent local data at this time. ● Substance Use 1-7 Day Follow-up QIA - Amanda <ol style="list-style-type: none"> a. Validated State data was received for Measurement #17 (Apr-Jun 2022) for DMH. DMH did not meet the project goal of 45%. b. Validated State data has not yet been received for Measurement #18 and #19; therefore, these measurements represent local data at this time. ● 1-7 Day Follow-Up Additional Discussion – Dr. Paul Garcia <p>Dr. Garcia reiterated we are transitioning some of our QIAs to PIPs. He asked for feedback in exploring one to two solid interventions that we can implement consistently as our current data has not made the desired progress. He inquired if members utilize any type of Care Management platform giving real-time notification when a member is transitioning to a different treatment setting (Bamboo Health, Patient Ping, Greenway Health & SWOOP) and if so, has it been helpful. Hillary shared her agency doesn't but would love to utilize one of these programs. Dr. Garcia stated one of the challenges with the 1–7-day measures is that it is 1-7 calendar days and not 1-7 business days. He is fact gathering to determine if using one of these platforms would be efficacious as an intervention. Gary shared his agency investigated using Bamboo a while back and you have to contract with hospitals and at the that time Bamboo stated they didn't have an agreement with Vidant but were working on it. These platforms continue to have challenges contracting with hospitals. Sharlena shared her agency uses NC*Notify and receives notifications of admission but must filter out the type of admission. They receive two notifications of admission one triage notification with no reason for admission (may come in as diagnosis) information on it and one admission notification that has reason for admission (may come in as diagnosis) information on it and then a discharge notification that sometimes has diagnosis information on it. Sometimes this comes in the form of a diagnosis code and sometimes a narrative and her agency filters out the Behavioral Health data to assure it is relative to their reporting structure/requirements. The data received is only from participating medical entities and if the Behavioral Health data is left blank then they dismiss the data because they have no information as to why the member was there. Her agency's EHR system does this well, but it must be managed per caseload.</p>
Conclusions	<ul style="list-style-type: none"> ● Utilization of ED QIA – Sharlena inquired if the Percentage of IAH and ACTT Members Utilizing ED (Measure #3) was for Behavioral Health (BH) and not medical. Amanda confirmed it encompasses BH only. ● Additional recommendations for interventions may be emailed to Dr. Garcia Paul.garcia@trilliumnc.org or Amanda Morgan Amanda.morgan@trilliumnc.org. ● Hillary recommended further discussion on how to force discharge planning from hospitals. With adequate and efficient discharge planning the 1-7 follow-up will significantly improve. This may be a project from the provider's perspective in discerning what we need informationally from the hospitals and what they need from us. Dr. Garcia said this could potentially identify barriers. This will be discussed again at the April face-to-face meeting.

	<ul style="list-style-type: none"> There were no other questions or concerns identified for follow-up or items recommended for corrective action. 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> Add discharge planning discussion to Apr agenda 	Dr. Garcia	Apr Mtg.

5. Agenda topic: Trillium Update and Information

Presenter(s): Dr. Michael Smith

Discussion	<ul style="list-style-type: none"> Tailored Plan (TP) Update Trillium is still on target for TP go live on April 1, 2023. There is still some work to do, but we have made a lot of progress. We've done very well with meeting our deliverables percentages and due dates. The state continues to stress their commitment to the April 1st go live date. A couple of readiness reviews have taken place since our last meeting Our Pharmacy Readiness Review went very well. Last week our Service Line Readiness Review which included our Call Center Line, Nurse Line and Pharmacy Line took place. We have not received a response back regarding the Call Center. There are seven items we need to address as a result of the Point of Sale Review and six of those will be completed by next Monday. CMS participated with the state in our last readiness review which is different from all the other readiness reviews that have taken place. Apparently this is something new with CMS not just in North Carolina, but other states as well throughout the country. Staffing Update – Interim UM Director Sharon Cook-McEwen, Utilization Management Director is no longer with Trillium. Benita Hathaway is the interim UM Director. Benita and Cham Trowell will split this responsibility until the position is filled. This is the only key personnel position not filled, and interviews will be taking place soon. EQRO Update External results from our EQR review did exceptionally well with a 98/99 percentile score. There were two areas EQR requested additional information on and listed as a corrective action. We have addressed these and sent in our response. April Face-to-Face Meeting Our face-to-face meeting is scheduled for April 21, 2023, from 1pm-3pm in the Jacksonville Office. Members that are unable to attend can join via WebEx. Pinehurst Meeting The Pinehurst meeting scheduled for December was cancelled and the i2i Content will be added to the Spring Policy Conference in June (12th-14th). They are expanding this meeting to cover the topics from the cancelled i2i Meeting in December. 	
Conclusions	<ul style="list-style-type: none"> The April 7th face-to-face meeting is on the Good Friday holiday and the group agreed to move the meeting to April 21st. Susan will update the invite for the April 21st meeting and send out to members. There were no other questions or concerns identified for follow-up or items recommended for corrective action. 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> Update April's CAC invite and send to members 	Susan	ASAP

6. Agenda topic: CAC Business

Presenter(s): Dr. Michael Smith

Discussion	<ul style="list-style-type: none"> Additional Physicians and Pharmacy Members
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	<p>Dr. Smith shared three candidates have expressed interest in joining our committee and one candidate that would like to rejoin. Ryan Estes was previously a member before leaving for a new endeavor and now has returned to Coastal Horizons as the Clinical Operations Officer. Ritesh D. Patel is a pharmacist, Board-Certified Diabetes Educator (CDE) and Board Certified in Advanced Diabetes Management (BC-ADM). Dr. Smith gave a summary on Dr. Patel’s credentials, professional work history and work ethics. Dr. Ian Bryan is a pediatrician in Edenton, NC. He graduated from the Brody School of Medicine and completed his residency in 2019. He has his own practice called ENC Pediatrics located in Edenton. His clinical interests are kids with no health issues, but with anxiety, depression, ADHD, gender & sexual minorities, the LBQTA Plus population and their access to medicine, children in foster care and child abuse. He is also interested in quality improvement. Dr. Michael Lang is the Chair of Psychiatry at ECU Health Brody School of Medicine. Dr. Lang is well known to most as ECU Health is one of our major hospitals and one of the major medical centers in our catchment area. He has also expressed an interest in joining more of our committees at Trillium. His background is in psychiatry and also internal medicine, and he is dually trained in both.</p>	
<p>Conclusions</p>	<ul style="list-style-type: none"> • Gary shared the Provider Council is expanding their membership to add primary care physicians, pediatricians, pharmacy, and any others required for LTSS. This may impact the bylaws for this committee. Gary asked Dr. Smith for guidance on what the requirements are for committees. Dr. Smith responded that it is not spelled out. We must have a CAC and subcommittees for Drug Utilization Reviews and Pharmacy & Therapeutics. Dr. Smith and Jason have discussed this in detail and felt that it was better to have these as subcommittees to CAC and have those members serve on CAC as well. The eligibility criteria for a member to be in TP is SMI, Severe SA & IDD categories. We still want to have representation for BH, IDD and SA communities. The Physical Health guidelines will have to be reviewed to determine how they will affect our populations. The Provider Council has designed their membership by regions, Northern, Southern & Central obtaining representatives for IDD, MH, SA and Hospitals. There are 14/15 members right now with a cap of 20 members. If there is not a cap on membership for CAC then Gary agrees with adding Primary Care, Pharmacy and any other representation that will help with members getting better. Dr. Smith shared that there is not a cap in the CAC bylaws so there is room to grow our membership. • A motion was made by Glenn to accept all four candidates for membership on our committee with a second by Sharlena. All members were in favor and the motion passed. • Dr. Smith shared he would like to have one to two more pharmacists, at least one representative from physical health (family medicine or internal medicine) and preferably from our Southern region. Recommendations are welcomed and will be sent out before our April meeting. • There were no other questions or concerns identified for follow-up or items recommended for corrective action. 	
<p>Action Items</p>	<p>Person(s) Responsible</p>	<p>Deadline</p>
<ul style="list-style-type: none"> • There were no action items identified for follow-up 		

7. Agenda topic: Clinical Practice Guidelines

Presenter(s): Dr. Paul Garcia

<p>Discussion</p>	<ul style="list-style-type: none"> • Review Carolina Complete Health CPG During a meeting with colleagues from Carolina Complete Health they shared their clinical practice guidelines for physical health with Trillium. A link to these guidelines was on the agenda sent out in the invite. This is an
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	<p>extensive list (24 pages) for all physical health diagnoses. They are endorsed by CCH. In conversations with CCH's Chief Medical Officer, he stated they still come up with clinical scenarios where there is not a practice guideline to assist them. The guidelines on this list are standard for primary care and physical health medicine and we need to be aware of them.</p> <ul style="list-style-type: none"> ● Feedback/discussion on Risk Assessment Tools (suicide risks) Dr. Garcia asked the group what risk assessment tools are being utilized for suicide risks at their agencies. There are several available (Columbia, SAFE-T and BASQ that asks suicide screening questions). He also inquired if any providers had their own assessment they utilize. Sharlena shared her agency utilizes the Columbia for suicide risk assessment and the Danger Assault risk assessment endorsed by the CDC and approved for youth, adolescents, and adults. Sharlena said they developed their own triage points with each risk for using the Columbia. Hillary's agency uses a standardized screening tool embedded in their CCA. In the Crisis Training for staff they include screenings that can be done over the phone (a lot of our crisis response is telephonic) pairing them with intervention models (Robertson's Stages, ABC, etc.). Natasha's agency uses the Columbia for their crisis services as well as SAFE-T. Dr. Garcia stated the Patient Activation Measure (PAM) score is proprietary and available as well. He added that Spravato (esketamine) are FDA approved for Major Depressive Disorder with Acute Suicidality. Hillary has seen overwhelming improvement results with members who were administered Spravato. ● Feedback/discussion on Aberrant Behavioral Checklist 2nd Edition The Aberrant Behavioral Checklist 2nd Edition is another proprietary assessment tool available. This tool is a symptom checklist for assessing problem behaviors of children and adults with development disabilities (intellectual disabilities, ASD, cerebral palsy, epilepsy). 				
Conclusions	<ul style="list-style-type: none"> ● Dr. Smith asked the group if they wanted to endorse CCH's guidelines. Hillary stated if they are already endorsed and are available for review it would be an added responsibility to keep them updated. Glenn was in agreement with Hillary. These guidelines are available on CCH's website and will possibly be added as a link on Trillium's Website under the Provider's tab along with PharmRx guidelines link as well. ● Recommendations for endorsement of additional Evidenced Based Practices or CPGs can be emailed to Dr. Smith Michael.Smith@trilliumnc.org or Dr. Garcia Paul.Garcia@trilliumnc.org ● There were no other questions or concerns identified for follow-up or items recommended for corrective action. 				
Action Items	<table border="1"> <thead> <tr> <th data-bbox="997 1514 1312 1545">Person(s) Responsible</th> <th data-bbox="1312 1514 1468 1545">Deadline</th> </tr> </thead> <tbody> <tr> <td data-bbox="997 1545 1312 1583">● There were no action items identified for follow-up</td> <td data-bbox="1312 1545 1468 1583"></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	● There were no action items identified for follow-up	
Person(s) Responsible	Deadline				
● There were no action items identified for follow-up					

8. Agenda topic: Open Agenda

Presenter(s): All Members

Discussion	<ul style="list-style-type: none"> ● Sharlena recommended topics for discussion for our April face-to-face meeting agenda (Secondary Diagnoses, Billing Diagnoses & MAT Programming upcoming changes for MAT therapies & flexibilities with prescriptions).
Conclusions	<ul style="list-style-type: none"> ● Sharlena will email Dr. Smith/Dr. Garcia/Susan her Apr agenda items for discussion. ● There were no other questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> Email Apr agenda discussion items to Dr. Smith/Dr. Garcia/Susan 	Sharlena	ASAP

Meeting Adjourned

Next Meeting Date: April 21, 2023, Face-to-Face at Trillium's Jacksonville Office from 1pm-3pm

Supporting Document/Attachment for Minutes:

CAC Minutes – Dec 2022

CV Ian Bryan

Public Comment Period CCP 8C 15 Day Posting – Dec 2022

Joint Communication Bulletin #J4 Person-Centered Planning Training – Dec 2022

Public Comment Period 8A-7 Ambulatory Withdrawal Mgmt. Without Extended On-site Monitoring – Jan 2023

Public Comment Period 8A-8 Ambulatory Withdrawal Mgmt. With Extended On-site Monitoring – Jan 2023

Public Comment Period 8C Outpatient Behavioral Health Services – Dec 2022

Public Comment Period 8H-2 Individual Placement and Support – Dec 2022

QIA Grid & Graphs – Jan 2023

CV & Bio Ritesh Patel

State Funded Assertive Engagement & State Funded Comprehensive Case Management (CCP) – Jan 2023

Public Comment Period State Funded Assertive Engagement Service – Jan 2023

Public Comment Period State Funded Comprehensive Case Management – Jan 2023

Trillium CAC Roster

CAC Agenda – Feb 2023