Trillium HEALTH RESOURCES

Transforming Lives. Building Community Well-Being

Clinical Advisory Committee Meeting Minutes

Date: April 9, 2021

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 Medical Director of UM	☐
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 Trillium Health Resources Director Network Accountability	☒
Ryan Estes Coastal Horizons Treatment Operations Director	☒	Christie Edwards Trillium Health Resources Vice President of Clinical Ops. Guest	☒		☐

AGENDA

1. **Agenda topic: Welcome/Call to Order**
   Presenter(s): Hillary Faulk-Vaughan

Discussion	• The meeting was called to order by Hillary at 1:00pm • A quorum was present		
Conclusions	• N/A		
Action Items		**Person(s) Responsible**	**Deadline**
• N/A			

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

Discussion	• The February 5, 2021 Meeting Minutes were approved as written by a motion from Gary and a second from Robby.		
Conclusions	• There were no changes to the agenda		
Action Items		**Person(s) Responsible**	**Deadline**

• N/A		

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

Discussion	• Amanda – Share recommendations from CAC for potential QIA intervention for 1-7 day follow-up with QIC for approval - Completed – To be shared at the April QIC meeting. • Susan – Include public response period links when sending the CAC minutes and agenda out for committee review – Completed – Links will be shared with members on-going. • Dr. Garcia – Add recommendations for additional hospital discharge criteria to April agenda – Completed • Amanda – Add additional hospital discharge criteria as an intervention to 1-7 day follow-up QIAs - Completed
Conclusions	• All follow-up are completed and closed.

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

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

Discussion	• **Review of QIA Grid** – Dr. Garcia presented and reviewed the summary of the active Trillium QIAs. • **Discussion of Interventions for QIPs** – Dr. Greer recommended to assure the denominator for the MST QIA reflects only those with Conduct Disorder that fall between the policy age range and that are not in an out of home placement because that would impact the ability to be referred to MST.
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 on confirming denominator for MST QIA	Amanda Morgan	June Mtg

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

Discussion	• **NCQA Update and Status** – Dr. Smith reported we are in our look back period which started in March and our re-survey will be within the September-November timeframe. We have implemented internal changes and are working strategically to align NCQA requirements with RFA requirements to assure we meet all the criteria for the Tailored Plan. • **EQR Update** – Dr. Smith reported our EQR review was completed yesterday and completely telephonic. The review focused mainly on health and safety. Our exit interview was positive. • **RFA Update** – Dr. Smith shared Trillium continues to implement internal changes to align with the RFA. The award is scheduled for June 11th. If the state decides there are empty regions we may be notified before June 11th, to answer supplemental questions and apply for the open regions that do not receive an award.

	• **UM Department Provider Feedback** – Dr. Garcia shared the UM Department would like provider feedback for the upcoming Annual Appraisal of the UM Plan. Feedback was as follows: ➢ Historically, many complaints regarding UM, but in the in last six months it has been quiet ➢ From the hospital perspective going back years there are fewer issues with the UM Department and Trillium has been the easiest MCO to work with ➢ Historically (pre-COVID) there's been a spike in denials for certain services (approved in Mar, but denied in Oct). At one point a provider had a 70% denial rate for ACTT services and experienced the same with CST services. ➢ When submitting a 6 month authorization request (ACTT) noting that the psychological is scheduled in 3 months, UM will only approve the request for 3 months until receipt of the psychological making providers have to resubmit and complete a new PCP doubling the paperwork ➢ PCPs look more like a Trillium plan instead of the member's plan ➢ UM staff are not accessible to providers for questions or concerns and have been told that is by plan and intent • **Network Adequacy and Accessibility Surveys (NAAA)** – Dr. Garcia encouraged members and stakeholders to complete the NAAA survey. Questions may be sent to QMinfo@trilliumnc.org.
Conclusions	• Constructive feedback was given by members and will be shared with the UM Director. • There were no other questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
• Share CAC feedback with UM Director	Dr. Garcia	June Mtg

6. **Agenda topic: CAC Business**
   Presenter(s): Dr. Smith

Discussion	• **Discharge Criteria Discussion** This discussion is intended to make recommendations to hospitals to improve communication in the discharge process. There were no specific standards found for this issue. Recommendations for a possible Clinical Practice Guideline, best practice and process improvement and comments were as follows: ➢ As independence on services increases for stability enforcement of communication and coordination with the aftercare provider needs to be implemented (medications, access to medications, delivery of medications, injection schedule, etc.) ➢ Cherry Hospital does a fantastic job as setting this example for members needing a higher level of care and this needs to be consistent across all hospitals. Currently, members are released and providers are unaware of the release and any specific details regarding treatment/follow-up/medications, etc.

	➢ The level of interaction or engagement with an aftercare provider should depend on level of independence on services ➢ Implement Best Practice Guidelines on diagnosis and not assume it is being done ➢ PORT has implemented a process for the jails, upon release they transport the member to a service and connect them ➢ Continuity is the key ingredient we need to discern how to connect the dots ➢ Documentation to connect a new member in services is overwhelming ➢ Generally, kids leaving the acute hospitals getting MST, IIH or SCT have a better outcome as opposed to kids receiving outpatient or med management. Members that aren't receiving enhanced services suffer. ➢ Discharge planning begins at admission and community providers/clinical homes need to be involved directly after admission to become a part of the discharge planning ➢ Providers to consider implementing a phone line restricted for doctors calling about a member admitted to the hospital (some already have this process in place) ➢ Members admitted for inpatient know who their provider is as well as the Care Coordinator who completed the intake. In many cases the hospital administration doesn't communicate with line staff/Care Coordinators on bridging the gap of when to contact the provider of the inpatient member. Information doesn't get disseminated to the boots on the ground. ➢ Utilizing a provider portal to send messages that will become part of the record (EHR) with a liaison for coordination of this process ➢ ADT feeds are being utilized by some of the hospitals, but is not an automatic process Discussion on this topic will be on-going. Gary suggested members research NCNotify (North Carolina Health Information Exchange Authority) to determine interest for their agency. If you are the clinical home and your member admits to the hospital you will be notified by this exchange.
Conclusions	• CAC to consider endorsing a statement/best practice guideline for hospitals to involve community providers early on in the admission process. • NCNotify is an option for community provider use for their Medicaid population. This could possibly be mimicked potentially for all populations. • There were no other questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
• Include Discharge Criteria discussion on June agenda	Dr. Garcia	June Mtg

7. Agenda topic: COVID-19 Update
   Presenter(s): Dr. Smith, All Members

Discussion	• **Questions from CAC Members** – Members were encouraged to get vaccinated. • **PPE and Vaccination Status from CAC Members** – Approximately 70% of Cherry's population has been vaccinated. Members shared their percentages of staff vaccinated. • **Current Status on Network Feedback from CAC Members** – There were no significant updates for the current status on Network.		
Conclusions	• N/A		
Action Items		**Person(s) Responsible**	**Deadline**
• N/A			

8. Agenda topic: Clinical Practice Guidelines
   Presenter(s): Dr. Smith, Dr. Greer, Dr. Garcia

Discussion	• **Development of Clinical Practice Guidelines for the Trillium Network** Three areas for consensus of developing Clinical Practice Guidelines are ECT, Clozapine, and First Episode Psychosis in our Network. Research done referenced The Royal Australian New Zealand College of Psychiatrists Professional Practice Guidelines for the administration of ECT. Dr. Garcia will review these guidelines for discussion at the June Meeting. Most members do not have a specific program/process for First Episode Psychosis. Dr. Garcia will reach out to Dr. McCall for guidance and share any pertinent feedback. Providers shared their processes currently in place for their members on Clozapine. Most jails do not use Clozapine (it is not on their formulary) which affects length of stay. Dr. Pagano asked for recommendations on encouraging jails to adopt the use of Clozapine. Hillary shared the same issue with long acting injectables and staff actually take the injectable to the jail for patients to be able to receive their medication. Jails could adopt processes to transport the patients to and from appointments to get their meds. Defense Attorneys and/or DA's may be an option to contact about having judges order mandated transportation to appropriate care that is not available in jail/prison system. Consider making efforts to meet with judges in your specific county as this can also be a benefit. Most are willing to assist with keeping members stabilized. • **Early Childhood Service Intensity Instrument (ECSII)** – UM Clinicians are mandated (in our contract) to look for this instrument that is sometimes seen and sometimes not seen. Trillium is in the process of updating our website with this tool and training for providers to refer to and utilize.
Conclusions	• The Royal Australian New Zealand College of Psychiatrists Professional Practice Guidelines will be shared to familiarize members with this process.

	• Monitoring of Clozapine is critical, but it does make a difference for members. Policies need to be created to implement processes for Clozapine members for continuation of treatment and monitoring. • There were no other questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
• Contact Dr. McCall for additional guidance on CPGs	Dr. Garcia	June Mtg

9. **Agenda topic: Open Agenda**
   Presenter(s): All Members

Discussion	• Dr. Garcia noted that he will be on vacation and unable to attend our June 4, 2021 meeting.
Conclusions	• N/A

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

Meeting Adjourned

Next Meeting Date: June 4, 2021
(All meetings convene from 1:00pm – 2:30pm)

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

ACCEPTED BY: Hillary Faulk-Vaughan, Chair — Date: 9/29/2021