

Meeting Called By	Diane Berth				
Type of Meeting	Web-Ex				
ATTENDEES					
NAME	Present	NAME	Present	NAME	Present
Dr. Michael Smith Chief Medical Officer Trillium	<input checked="" type="checkbox"/>	Rachel Jordan * ICF/IDD Provider QM Director - Carobell	<input checked="" type="checkbox"/>	Krissy Vestal Performance Improvement Manager Trillium	<input checked="" type="checkbox"/>
Kimberly Ennis * Hospital Representative Vidant Medical Center	<input checked="" type="checkbox"/>	Lucy Wilmer* Central Regional CFAC	<input type="checkbox"/>	Dee Pankey Thompson* IDD Provider GHA Autism Supports	<input checked="" type="checkbox"/>
English Albertson * IDD Provider Director of Program Operations Monarch	<input checked="" type="checkbox"/>	Dr. Anka Roberto * Network Prescriber UNC - Wilmington & Coastal Horizons	<input type="checkbox"/>	Frank Messina * Southern Regional CFAC	<input checked="" type="checkbox"/>
Fonda Gonzales, LCMHC Director of Quality Management Trillium	<input checked="" type="checkbox"/>	Ryan Estes * SU & MH Adult Provider Treatment Ops Director Coastal Horizons	<input checked="" type="checkbox"/>	Diane Berth * Licensed Independent Practitioner	<input checked="" type="checkbox"/>
Ron Lowe * Northern Regional CFAC	<input checked="" type="checkbox"/>	Lindsay Joines * SU Provider Coastal Horizons	<input type="checkbox"/>	Rashel Lauret * MH Child Provider NC Rapid Source	<input checked="" type="checkbox"/>
Dr. Paul Garcia Deputy Chief Medical Officer (Alternate for Dr. Smith)	<input checked="" type="checkbox"/>	David Tart SU Provider Integrated Family Services	<input checked="" type="checkbox"/>	Daniel Daughtridge Director of Performance Improvement for Monarch/Guest	<input checked="" type="checkbox"/>

*Represents Voting Members

AGENDA

1. Agenda topic: Open Meeting and Introductions

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> Diane opened the meeting and each participant introduced themselves sharing the role of their agency, population served, communication between GQIC and their agency and their role as members on the committee. Suggestions on how to increase committee involvement were also shared. All new members were welcomed and thanked for their willingness to participate as members of GQIC. 		
Conclusions	<ul style="list-style-type: none"> The meeting was opened and committee member details were shared. 		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> N/A 			

2. Agenda topic: Agenda and Meeting Minutes

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> The January 26, 2021 meeting minutes were presented and approved as written with a motion from Ryan and a second from Ron. 	
Conclusions	<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"> N/A 		

3. Agenda topic: Follow-up Items

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> Krissy - Add Provider Agency Member recommendations on timely incident reporting to April meeting agenda - Completed Krissy - Krissy will send an email out requesting a volunteer to present a QIP at the April meeting - Completed Diane/Krissy - Finalize the sub-committee at the April Meeting and add to the agenda - Completed Krissy - Request bio from candidate with a deadline for submission - Completed Krissy - Email ballot and bios to members for official vote when last bio is received - Completed Anka - Check to see if UNCW vaccine sessions were recorded and available - Pending - the vaccine sessions were recorded, but the link was not shared. Anka will follow-up on this item at the July GQIC meeting. Krissy - Innovations Waiver late incident reporting update - Completed - the subcommittee was created. Krissy proposed to the subcommittee to view Trillium's desk top protocol for reporting and discuss any recommendations at the July meeting. The protocol was finalized by Trillium and there has been improvements in data since implementation with our numbers being 85% and above (last few quarters) for incidents being reported within 72 hours for Innovations Waiver members. All were in agreement with this proposal. Krissy - 7-day Follow-up Super Measure Interventions - Completed - interventions will be shared during the QIA discussion. 	
Conclusions	<ul style="list-style-type: none"> Follow-up items not completed will be added as a follow-up item for the next meeting. Frequently Used Acronyms were included in the April GQIC Meeting Documents for clarification. Diane shared if there were any questions on these by committee members to please ask or contact Krissy for clarification. 	
Action Items	Person(s) Responsible	Deadline

4. Agenda topic: Provider QIP Presentation

Presenter(s): Daniel Daughtridge for English Albertson (Monarch)

Discussion	<ul style="list-style-type: none"> • Daniel presented his agency's project developed using the Plan, Do, Study, Act template with regard to improving person centeredness. This project was initiated from a need to focus more on treatment plan quality specifically updating the plans regularly and assuring person centeredness in the plans. The project was written to address the goal of having 92% of their plans contain person centered elements and having the plans updated every 90 days. Agency staff were retrained in July 2020 to include outpatient clinicians and enhanced services staff and anyone that dealt with treatment plans. Targeted peer reviews for each staff were also conducted reviewing treatment plans and providing feedback. From Oct-Dec 2020 data increased from 50% to 62% with a goal of 92% for person centeredness. Treatment Plan updates were at 82%. From Jan-Mar 2021 data increased to 70.5% in terms of person centeredness. Treatment Plan updates are at 86% and almost to the 92% goal. Our target for this project is through June and we are still hoping to see more growth and increased data. Daniel noted that it took nine plus months to get to this point, but in the process they continue to make improvements. • Frank asked Daniel what Monarch is doing to expand on their residential homes. English shared that Monarch has not expanded their agency in years. When a vacancy occurs it is due to someone moving into a higher level of care or a similar situation. The turnover, especially in their ICF group homes, is not that great and most of the time when there is a vacancy there is a member in one of their regular group homes needing that level of care. English invited Frank to call her to discuss this issue further. 		
Conclusions	<ul style="list-style-type: none"> • English and Diane extended appreciation to Daniel for his willingness to present Monarch's project to the committee. • A volunteer for a provider QIP presenter for the July GQIC will need to be determined. 		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> • F/u will provider members to present their agency QIP at the July GQIC meeting. 	Diane	ASAP	

5. Agenda topic: Subcommittees

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> • There are three volunteers for the Innovations Waiver Late Reporting Subcommittee. Krissy shared plans and the goal for this subcommittee in the follow-up section. Diane shared that other providers have relayed that the IRIS System is not user friendly and reported other issues within the system. This may be a topic of discussion for this committee. Sub-committee members will review the protocol for Innovations Waiver Late Reporting and come back in July with recommendations to address targeted issues. Members can still join and Diane extended an invitation to our newest members in the meeting today. 		
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	<ul style="list-style-type: none"> There was only one volunteer for the GQIC Work Plan-Measurable Goals Subcommittee and during today's meeting Rashel volunteered to be on the subcommittee as well. The subcommittee's focus will be to create the 21-22 Work Plan making goals more measurable in the process. Diane will follow-up with an email to the members for additional volunteers (one more is needed). 									
Conclusions	<ul style="list-style-type: none"> Subcommittee discussions will be addressed again at the July GQIC Meeting. Sub-Committee members are as follows: 									
	<table border="1"> <tr> <td>Innovations Waiver late reporting</td> <td>GQIC Work plan-measurable goals</td> </tr> <tr> <td>Rachel Jordan</td> <td>Lindsay Joines</td> </tr> <tr> <td>English Albertson</td> <td>Rashel Lauret</td> </tr> <tr> <td>Kimberly Ennis</td> <td></td> </tr> </table>	Innovations Waiver late reporting	GQIC Work plan-measurable goals	Rachel Jordan	Lindsay Joines	English Albertson	Rashel Lauret	Kimberly Ennis		
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6. Agenda topic: Screening Tools QI-7

Presenter(s): Michael Smith

Discussion	<ul style="list-style-type: none"> Screening tools located on Trillium's website shared and reviewed with the committee members. Dr. Smith asked for feedback on the current screening tools and any other recommendations for additional screening tools were welcomed. Ryan recommended the Vanderbilt for ADHD Screening Tool and this will be added to the website. Others suggestions can be emailed to Dr. Smith. 						
Conclusions	<ul style="list-style-type: none"> The Vanderbilt Screening Tool will be added to Trillium's website. 						
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7. Agenda topic: Perceptions of Care Analysis

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> Krissy shared a PowerPoint presentation on the Perceptions of Care Analysis results. The Consumer Perceptions of Care Surveys were administered back in August/September of 2020. These surveys are administered annually to members who have received Medicaid or State Funded Mental Health or Substance Abuse services. The surveys are broken up into different age ranges (adults 18 and older, youths ages 12-17, and family or members/guardians for children 11yrs old and younger). The 2020 administration period was different than previous years due to COVID. There were 533 responses received and analyzed. Overall findings showed the Outcomes had the lowest percentage of all the domains across all the surveys (adult, youth & child). The questions "I do better at school or at work" and "my child is doing
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	<p>better in school” had the lowest positive percentage across all surveys. Trillium created a small study group to drill down and discuss this information to access any action items for improvement. The top concerns identified were school performance, work performance and access to care/treatment planning. The group, with QIC’s, approval recommended researching resources and training and sharing these with the network through communications from Trillium and our website. The survey analysis will be published on Trillium’s website as well. Fonda shared that this is the one and only survey that Trillium administers that is not evidenced based or a national tool survey. Krissy welcomed any other recommendations for improvement or feedback from the committee.</p>	
Conclusions	<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"> N/A 		

8. Agenda topic: Network Adequacy and Accessibility/Gaps and Needs Surveys

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> Krissy reminded committee members of the Network Adequacy and Accessibility formerly Gaps and Needs Surveys. The survey will run through May 1st and feedback is welcomed and needed. Please share with staff, community members and stakeholders and encourage folks to participate by completing the survey. 	
Conclusions	<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"> N/A 		

9. Agenda topic: Trillium QIP/QIA Updates

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> Krissy presented and reviewed Trillium’s 5 active QIP’s/QIA’s in detail. Interventions were reviewed and updated measurements were shared and discussed. Once the goal for a QIP/QIA is met it must be continued for 12 months (maintenance period) before the project can be closed. Krissy noted that there is a new training posted on My Learning Campus related to our 1-7-day Super Measure Follow-up QIP/QIAs. In an effort to improve the 1-7-day follow up QIP/QIA scores we have started meeting with providers with the first meeting held in March and another scheduled for June. We discussed the goals and brainstormed ideas to support the providers in meeting these goals. The plan is to continue to meet on a quarterly basis moving forward in an effort to monitor these measures more closely. We continue trending up with these measures, but still are not meeting our targeted goals. Daniel shared that Monarch has utilized Patient Ping in Stanley County and is now expanding it across the State. Patient Ping is a hospital patient tracker that can be utilized if the hospital 	
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	participates that allows for access to up-to-date hospitalization information. There is a cost for this service. Fonda stated Trillium utilizes a similar system called EPIC. In the future, it is hoped that everyone will be inter-connected with the upcoming Health Connex System implementation and will allow real-time follow-up.	
Conclusions	<ul style="list-style-type: none"> • Daniel will share information on Patient Ping with Dr. Smith • There were no questions or concerns identified for follow-up or items recommended for corrective action. • All current interventions will continue. 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> • Share info on Patient Ping with Dr. Smith 	Daniel	ASAP

10. Agenda topic: GQIC Data Review of 3rd Quarter Data

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> • Krissy presented and reviewed the GQIC 3rd Quarter Data in detail. This report encompasses data from January to March 2021. The unduplicated members served count for this quarter is 33,525. There were 27 grievances reported for this quarter. The MH category leads in grievances by service area. There were no grievances reported in the Quality of Office Site category this quarter. Two of the grievances on behalf of members with an IDD only service area regarded attitude and service issues. One grievance for Quality of Care (QOC) was reported in February with an IDD service area only. Krissy will follow-up on why this particular grievance was reported separately. There were 24 grievances against providers and three against the LME (1-Access, 1-billing & 1-QOC). For the twelve QOC grievances seven were not investigated, three were unsubstantiated and two were partially substantiated. The QOC summary was added to the report as requested by this committee sharing each QOC grievance by month and the resolution. The majority of the grievances were given a final disposition by the LME. The decrease in incident events after April 2020 is attributed to the change in services due to COVID most specifically Day Treatment. There was a total of 535 incidents reported for this quarter (447-Level II and 88-Level III). The majority of incidents were among the CMH population due to behavior and restrictive interventions. The majority of deaths were reportedly due to terminal illness/natural causes, but 73 deaths for this Fiscal Year (FY) are still pending and remain as Unknown Causes until the death is verified. Two deaths have been confirmed due to COVID-19. Member Deaths and Suicides was included in this report per committee request and there were two death attributed to suicide this FY. The most commonly reported member injuries were attributed to trips and falls at 27%. There were three Other Events this quarter and all were attributed to expulsion. Routine Monitoring was also included in reporting as requested by the committee. Acronyms for this section are defined. The types of reviews are listed as well as the total reviews for each month with
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	a total of 78 for the quarter. Positive Trends and areas needing improvement were included in the summary.	
Conclusions	<ul style="list-style-type: none"> The definition of Substantiated, Partially Substantiated and Unsubstantiated will be noted in the next quarterly report as requested by the committee. This topic will be allotted 15-20 minutes on future agendas. There were no questions or concerns identified for follow-up or items recommended for corrective action. All current interventions will continue. 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> F/u on why the IDD QOC grievance was reported separately. Include a note defining Substantiated, Partially Substantiated and Unsubstantiated in the next quarterly report Allow 15-20 minutes for Quarterly Data Report going forward 	Krissy	Jul Mtg
	Krissy	Jul Mtg
	Krissy	Jul Mtg

11. Agenda topic: NCQA Updates

Presenter(s): Fonda Gonzales

Discussion	<ul style="list-style-type: none"> A full, one year NCQA accreditation was achieved in September 2020. Trillium is completing a re-survey with NCQA in September 2021. Items to be re-surveyed on are those standards where Trillium received less than 100% at the time of the initial review. The goal of the re-survey is to obtain a full three year accreditation (from the initial accreditation date of September 2020). We continue to work on activities that will achieve that three year status. Changes are evident in the Network with regard to credentialing and the provider directory. Our current accreditation is as a Managed Behavioral Healthcare Organization. The Tailored Plan requires us to have Health Plan Accreditation so in the renewal of accreditation we will be working towards the Health Plan accreditation. You must be delivering Health Plan services in order to pursue this accreditation. 	
Conclusions	<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"> N/A 		

12. Agenda topic: Tailored Plan Updates

Presenter(s): Dr. Smith

Discussion	<ul style="list-style-type: none"> Dr. Smith shared we are in the process of transforming Medicaid throughout our State. Medicaid is being shifted from fee for service to a Standard Plan/Tailored Plan model. Standard Plans are either for profit or not for profit. There are four Standard Plans that will go live July 1st, of this year. These four will be State-wide and then there is one plan that is Regional and is a Provider-led Entity (PLE) that will go live with the others in those two regions. Trillium submitted a response to a RFA to become a Health Plan, 	
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	<p>that is called Tailored Plan. If awarded, we will be managing the whole person healthcare for those Medicaid members with Severe Mental Illness, Severe Substance Use Disorders and all of our Medicaid Members with IDD. We will also be managing children with Health Choice and the State Funded populations. For Medicaid it is whole person healthcare so we will be adding physical healthcare and pharmacy benefits and this is a huge undertaking moving from all Behavioral Healthcare to managing everything. We are required to have a Standard Plan Partner. We have chosen a Standard Plan Partner, but this has not yet been announced. Our response to the RFA (over 1,000 page document) was due February 2nd. We were able to get all twenty boxes of documents hand delivered to the State by the deadline. The awards will be announced on June 11th so technically, we are in the silent period. You may only bid on your region (your catchment area). The questions for the RFA are publicized on DHHS' website for anyone that is interested. While we will be losing members with Mild and Moderate MH and SA conditions. There are six regions that the Standard Plans will cover statewide. There are also two regions that the Regional Plans will cover.</p>				
<p>Conclusions</p>	<ul style="list-style-type: none"> • The Standard Plans are currently working in the IRIS system and being trained to use the old IRIS system for incident monitoring for implementation on July 1st. • Standard Plans will have the responsibility for the members that show up in the ED and all the Mild to Moderate members. • Trillium will not be managing all healthcare services until July 2023. • There are other details specific to reimbursement that will be worked out as far as plans, processes and protocols and these will be shared in the future. • There were no questions or concerns identified for follow-up or items recommended for corrective action. 				
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13. Agenda topic: Open Agenda/Round Table Discussion

Presenter(s): All Members

<p>Discussion</p>	<ul style="list-style-type: none"> • Quality of Life - Diane Diane requested this topic to be added to the July agenda. Specifically, how to measure quality of life and include it as an outcome measure for members that don't typically have the other HEDIS measures in place. • New Member Feedback - Fonda New member feedback and observations were welcomed as well as any other agenda topics to be added to the July meeting. Our goal is improvement and input helps us to accomplish this. • Tailored Plan Update - Dr. Smith In July more information can be shared regarding the Tailored Plan and the agenda needs to reflect additional time for discussion.
<p>Conclusions</p>	<ul style="list-style-type: none"> • N/A

Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> Add Quality of Life discussion to July Agenda Add additional time to agenda for Tailored Plan updates 	Krissy Krissy	Jul Mtg Jul Mtg

Meeting Adjourned**Next Meeting Date:** July 27, 2021

(All meetings convene from 10am - 12pm)

Supporting Document/Attachment for Minutes:

Meeting Minutes from previous meeting

Agenda

QIP Grid Oct 2020

GQIC Work Plan 2020-2021

3rd Qtr. GQIC Data Report

2020-2021 GQIC Member List

Innovations Waiver Late Incident Reporting Desktop Protocol

Frequently Used Acronyms List

Submitted by Susan Massey


Signature of
Diane Berth, Chair
Licensed Independent Practitioner

10/10/2021
Date