

Date July 26, 2022

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 Head of Performance Improvement Trillium	<input checked="" type="checkbox"/>
Kimberly Ennis * Hospital Representative ECU Medical Center	<input checked="" type="checkbox"/>	Lucy Wilmer* Central Regional CFAC	<input checked="" type="checkbox"/>	Dee Pankey Thompson* IDD Provider GHA Autism Supports	<input checked="" type="checkbox"/>
English Albertson * IDD Provider/Provider Council Representative Primary Health Choice	<input type="checkbox"/>	Vacant * Network Prescriber	<input type="checkbox"/>	Frank Messina * Southern Regional CFAC	<input type="checkbox"/>
Fonda Gonzales, LCMHC Director of Quality Management Trillium	<input checked="" type="checkbox"/>	Louise Winstead * MH Adult Provider Monarch	<input checked="" type="checkbox"/>	Diane Berth * Licensed Independent Practitioner	<input checked="" type="checkbox"/>
Martha Green * Northern Regional CFAC Halifax Hospital	<input type="checkbox"/>	Lindsay Joines * SU Provider Coastal Horizons	<input type="checkbox"/>	Rashel Lauret * MH Child Provider NC Rapid Source	<input type="checkbox"/>
Dr. Paul Garcia Staff Physician (Alternate for Dr. Smith)	<input type="checkbox"/>	David Tart * SU Provider Integrated Family Services	<input checked="" type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input 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 and population served. A quorum was present for today's meeting. Diane shared there is a Network Prescriber seat open and recommendations are welcomed. 		
Conclusions	<ul style="list-style-type: none"> The meeting was opened and committee member details were shared. 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 items identified for follow-up. 			

2. Agenda topic: Agenda Review and Approval

Presenter(s): Diane Berth

Discussion	The agenda was presented and approved with no changes with a motion by Rachel and a second by Dee.		
Conclusions	<ul style="list-style-type: none"> The agenda was unanimously approved as written by all members. 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 items identified for follow-up 			

3. Agenda topic: Follow-up Items

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> Susan – Forward Jan 26, 2022 Minutes to Diane for signature & post signed minutes to Trillium Website. Completed. The minutes were signed and posted. Krissy – F/u with requesting additional data from the Training Department. Completed. Krissy shared that 30 people viewed the GQIC training out of 400+ providers. GQIC is representative of Trillium's provider Network. 		
Conclusions	<ul style="list-style-type: none"> All open follow-up items from the May 2, 2022 meeting were completed. Dr. Smith shared that we may need representation of a pharmacist and other types of specialty care on this committee in the future. We may not need all disciplines represented on this committee and this will be discussed by Fonda and Dr. Smith at a later date to make a determination of what disciplines are needed. The GQIC is a requirement around accreditation and allows feedback from the network on quality initiatives. Fonda also shared that with implementation of TP we will have to evaluate some of our committees, but not necessarily all. 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"> There were no items identified for follow-up. 			

4. Agenda topic: Meeting Minutes Review and Approval

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> The May 02, 2022 minutes were presented and approved as written with a motion by Louise and second by Rachel with all members in favor. The Jan 25, 2022 minutes were presented and approved as written with a motion by David and a second by Louise with all members in favor. 		
Conclusions	<ul style="list-style-type: none"> The May 02, 2022 minutes will be emailed to the Communications Department to post to Trillium's website. The Jan 25, 2022 minutes were approved in today's meeting due to not having a quorum at our previous meeting and will be emailed to the Communications Department to post to Trillium's website. 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"> Forward GQIC May 02, 2022 & Jan 25, 2022 minutes to Yanira Nunez to post on the Trillium website 	Susan	ASAP
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5. Agenda topic: Annual Forms

Presenter(s): Susan Massey

Discussion	<ul style="list-style-type: none"> A determination is being made with regard to signing Annual Forms. Susan will send out an email informing this committee of the status of this requirement once a decision has been made. 				
Conclusions	<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	<table> <tr> <th>Person(s) Responsible</th><th>Deadline</th></tr> <tr> <td> <ul style="list-style-type: none"> Email members on the decision around signing annual forms </td><td>ASAP</td></tr> </table>	Person(s) Responsible	Deadline	<ul style="list-style-type: none"> Email members on the decision around signing annual forms 	ASAP
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6. Agenda topic: GQIC 2022-2023 GQIC Bylaws Approval

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> The GQIC 2022-2023 Bylaws were presented with changes in language made for consistency purposes throughout Trillium's other documents as well as NCQA language and requirements. A motion was made by Rachel to accept the 2022-2023 GQIC Bylaw changes as presented with a second by Lucy. All members were in favor. 				
Conclusions	<ul style="list-style-type: none"> Diane shared that the bylaws may be revised/updated at any time throughout the year. There were no questions or concerns identified for follow-up or items recommended for corrective action. 				
Action Items	<table> <tr> <th>Person(s) Responsible</th><th>Deadline</th></tr> <tr> <td> <ul style="list-style-type: none"> There were no items identified for follow-up. </td><td></td></tr> </table>	Person(s) Responsible	Deadline	<ul style="list-style-type: none"> There were no items identified for follow-up. 	
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<ul style="list-style-type: none"> There were no items identified for follow-up. 					

7. Agenda topic: GQIC Work Plan

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> Diane presented and reviewed the updated 21-22 GQIC Work Plan. Each activity was reviewed in detail and Diane shared we are on target with fulfilling each goal set. The Work Plan is updated with recommended changes/revisions after each meeting. The 22-23 GQIC Work Plan was presented in track changes and reviewed in detail by Diane. There were no additional recommendations requested. The 22-23 GQIC Work Plan was approved as presented with a motion by David and a second by Louise with all members in favor. 				
Conclusions	<ul style="list-style-type: none"> Diane will finalize the 22-23 GQIC Work Plan There were no other questions or concerns identified for follow-up or items recommended for corrective action. 				
Action Items	<table> <tr> <th>Person(s) Responsible</th><th>Deadline</th></tr> <tr> <td> <ul style="list-style-type: none"> Finalize 22-23 GQIC Work Plan & obtain signatures from Diane and Frank </td><td>ASAP</td></tr> </table>	Person(s) Responsible	Deadline	<ul style="list-style-type: none"> Finalize 22-23 GQIC Work Plan & obtain signatures from Diane and Frank 	ASAP
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8. Agenda topic: Trillium QIP/QIA Updates

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> • TCL QIA <ul style="list-style-type: none"> a. Measurement #41 (Jun 2022) is new. Threshold of 98% (or higher) was not met for Jun 2022. b. The drop in rate is attributed to the transition from the previous In-Reach provider to the new-delegated entity for this activity. The new entity is not fully staffed; however, they are in the process of hiring and training staff. Per TCL management, state level staff have been notified of the change in delegated entity and are aware of the percentage drop. • Utilization of MST QIA <ul style="list-style-type: none"> a. Measurement #10 for Jan-Mar 2022 is new and was presented to QIC. The project goal of 14.7% was not met. b. The project timeframe has been extended. Trillium now expects to meet the goal for this project by January 2023. Trillium expects to maintain the goal for an additional 12 months and successfully close the project by January 2024. • Utilization of ED QIA <ul style="list-style-type: none"> a. Measurement #10 (Jan-Mar 2022) is new. The project goal for Measurement #1 was not met. The project goal for Measurement #2 was met (third consecutive quarter). The project goal for Measurement #3 was not met. b. QIC inquired if the ED Dashboard data and the QIA data for “follow-up treatment percentage after ED visits” was yielding similar results or if there were differences in the reporting; follow-up with the ED Team, will occur regarding this inquiry. • Mental Health 1-7 Day Follow-up QIA <ul style="list-style-type: none"> a. Validated state data has not been received for Measurement #15, #16 and #17; therefore, these measurements represent local data at this time. • Substance Use 1-7 Day Follow-up QIA <ul style="list-style-type: none"> a. In regards to DMH, validated state data has not yet been received for Measurement #15, #16, and #17; therefore, these measurements represent local data at this time. b. QIC discussed factors potentially contributing to the DMH SU rate decline from Jul 2021 through Jun 2022. Some possibilities that may have contributed to this decline include a COVID outbreak in Jan & Feb 2022, which could have interfered with members attending follow-up appointments. Additionally, Standard Plans (SP) went live in Jul 2021 and this could have affected the measure, as the level of acuity of our membership increased. There were also changes to state funded benefits in Oct 2021, which could have contributed to the decline as well. Lastly, it was noted that Halifax joined Trillium in Dec 2021 and Bladen in Feb 2022, which occurred during this declining timeframe. QIC inquired if there has been an overall decline in utilization of substance use services in general; an IT Ticket will be submitted regarding this inquiry. It is anticipated that this metric will improve when Trillium becomes a TP in Dec 2022.
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Conclusions	<ul style="list-style-type: none"> David inquired if the measures were changing with TP implementation and Fonda shared what the state was currently requiring and shared that Trillium will continue with some of the current QIAs, but will measure them differently. There were no other 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"> There were no items identified for follow-up 			

9. Agenda topic: Provider QIA Presentation

Presenter(s): No Provider Identified

Discussion	<ul style="list-style-type: none"> There was not a volunteer to present for this meeting. Diane asked anyone that may want to present his or her agency's QIA in Oct to please contact Krissy or Diane. 		
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"> Volunteers to present his or her agency's QIA in Oct may contact Krissy or Diane 		All Members	Before Oct Mtg.

10. Agenda topic: GQIC 4th Quarter Data Report

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> Krissy presented and reviewed the GQIC's 4th Quarter Data Report Apr-Jun 2022. The average number of grievances per month is 13 with a running total of 161 grievances for the fiscal year. There was a total of 36 grievances for the quarter (Apr-Jun 2022) with an average of 12 per month. There were 138 grievances for FY 20-21 and the average number of grievances per month was 12. Most grievances have been on behalf of members (92%) this quarter, consistent with previous quarters. Of identified service areas, members assigned to the MH-only category led in the number of grievances, accounting for 42% of all grievances. Approximately 40% of this quarter's grievances were due to attitude and service concerns. The 9 grievances against the LME this quarter were due to access, attitude and service concerns, quality of care issues, and billing and financial problems. Last FY, the LME averaged about three grievances per quarter, or 10% of grievances. There were no grievances in the quality of provider site category. One quality of care grievance was investigated and found to be unsubstantiated. Approximately 52% of grievances against providers were due to quality of care concerns. For the Monthly Summary of Quality of Care Grievances Diane asked if there was a way to share this information in a different format to show if there are repeat offenders. Krissy stated she could share the Excel spreadsheet presented at HRC instead of the above format, which will give a little more information for each grievance. Fonda shared our internal Compliance Committee reviews trends with red-flagged providers. This quarter's percentage of investigated grievances is higher than last FY's average of 65% of grievances investigated. Approximately 85% of investigated grievances have been unsubstantiated this quarter. There were 		
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	four substantiated grievances and none that were partially substantiated. The average this FY is 201 incidents per month, still lower than the combined average of 227 incidents per month for FYs 18-21 but slightly higher than last FYs average of 194 incidents per month. Approximately 82% of incidents in this quarter were Level II events, on trend with last year's 83%. The majority of incidents were among the CMH population. There was one CSU event this quarter. The top two events this quarter were restrictive interventions and member behavior. Most restrictive interventions were physical restraint – standing (emergency) events. The most frequent member behavior was aggressive behavior, accounting for almost a third of member behavior events. As a result of Trillium's Network Monitoring Department technical assistance (TA) was given to three providers, no POCs were requested and there were no positive trends noted.		
Conclusions	<ul style="list-style-type: none">There were no additional 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">F/u with new format for Monthly Summary of Quality of Care Grievance Info		Krissy Vestal	Oct Mtg.

11. Agenda topic: Tailored Plan and Trillium Updates

Presenter(s): Fonda Gonzales/Dr. Smith

Discussion	<ul style="list-style-type: none"> Tailored Plan/Trillium Updates – Dr. Smith The go-live date for Tailored Plan (TP) has been moved to Dec 1, 2022. We did have our second readiness review on Jul 13th & 14th, and covered the majority of our functional areas. There will be other readiness reviews with an upcoming Pharmacy review with no scheduled date at this point. The go-live date for our Pharmacy Benefits will be April 1, 2023. Our External Quality Review (EQR) is scheduled for Dec 2022 with documents due in Oct. We are going to ask if EQR will consider our readiness reviews as the EQR review since there is so much going on in Dec. We are also in the middle of the process of pursuing NCQA Health Plan Accreditation and is required by year three of our contract cycle. We also are working on cyber security and records security certification, which is called our SOC2 Type 2. This must be obtained by year two of our contract. We've added several new management staff as required by TP. 		
Conclusions	<ul style="list-style-type: none"> David shared that kids in foster care are best served locally and a statewide plan puts them all over the place. Moving to a statewide plan is a little premature. Dr. Smith shared that the General Assembly is in and out of session right now, but focused more on Medicaid expansion and not foster care so statewide foster care is not on the agenda. 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"> N/A 			

12. Agenda topic: Open Agenda/Round Table Discussion

Presenter(s): All Members

Discussion	<ul style="list-style-type: none"> There were open agenda items for discussion
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Conclusions	<ul style="list-style-type: none"> There were no open agenda items for discussion 		
Action Items		Person(s) Responsible	Deadline
<ul style="list-style-type: none"> N/A 			

Meeting Adjourned**Next Meeting Date:** October 26, 2022

(All meetings convene from 10am – 12pm)

Supporting Document/Attachment for Minutes:**Meeting Minutes from previous meeting****Agenda****QIA Grid & Graphs Jul 2022****4th Qtr. 21-22 GQIC Data Report Apr-Jun 2021****GQIC Work Plan 2021-2022****GQIC Work Plan 2022-2023****Jan 25, 2022 GQIC Minutes****GQIC Bylaws***Submitted by Susan Massey*