

Date July 28, 2020

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 * 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"/>	Catreta Flowers * CFAC	<input checked="" type="checkbox"/>	Vacant * IDD Provider	<input 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 checked="" 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 * Treatment Ops Director Coastal Horizons SU & MH Adult Provider	<input checked="" type="checkbox"/>	Diane Berth * Licensed Independent Practitioner	<input checked="" type="checkbox"/>
Ron Lowe * Northern Regional CFAC	<input type="checkbox"/>	Lindsay Joines * SU Provider Coastal Horizons	<input checked="" type="checkbox"/>	Julie McCall QM Coordinator Trillium	<input checked="" type="checkbox"/>
Dr. Paul Garcia Medical Director of UM (Alternate for Dr. Smith)	<input type="checkbox"/>	Amanda Morgan QM Coordinator Trillium	<input checked="" type="checkbox"/>	Stephanie Kolle Senior Data Analyst Trillium	<input checked="" type="checkbox"/>

*Represents Voting Members

AGENDA

1. Agenda topic: Introductions, Agenda, Minutes

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> Introductions were made by each member January 28, 2020 minutes were approved as written There were no changes to the agenda 				
Conclusions	<ul style="list-style-type: none"> N/A 				
Action Items	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td colspan="2"> <ul style="list-style-type: none"> N/A </td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	<ul style="list-style-type: none"> N/A 	
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2. Agenda topic: Follow-up Items

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> Miriam G. - Add link and comment to the QIC general committee orientation - Completed - Krissy will confirm Diane - Add QIP Peer Review to Work Plan - Completed Ryan - Present Provider QIP in January - Completed
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	<ul style="list-style-type: none"> Krissy - F/u on QOC category versus Questionable Business Practices for providers - Completed Krissy - F/u on number of EOR's within Trillium - Completed Susan/Krissy - Send COI & Confidentiality Forms to Dr. Roberto & reminder to all members to complete - Completed 				
Conclusions	<ul style="list-style-type: none"> N/A 				
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<ul style="list-style-type: none"> N/A 					

3. Agenda topic: Retirement of Elizabeth Leggett

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> Elizabeth, Vice Chair, is retiring on 7/31/2020 and will no longer serve on GQIC. There is no other candidate available from BCDC for replacement at this time. 				
Conclusions	<ul style="list-style-type: none"> N/A 				
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<ul style="list-style-type: none"> N/A 					

4. Agenda topic: Nominations and Vote for New Vice Chair

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> Diane opened nominations for the seat of Vice Chair. Anka volunteered for the seat and all members were in agreement. Susan will update the GQIC Membership Terms List. 				
Conclusions	<ul style="list-style-type: none"> N/A 				
Action Items	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Susan Massey</td> <td>Oct Meeting</td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	Susan Massey	Oct Meeting
Person(s) Responsible	Deadline				
Susan Massey	Oct Meeting				
<ul style="list-style-type: none"> Update GQIC Membership/Terms List 					

5. Agenda topic: Annual Review/Revision of Bylaws

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> Diane presented the by-laws for the annual review and to make any needed revisions. On Page 2 under Missions enrollees will be changed to members for consistency. Fonda shared NCQA requires us to show how QIC feeds through GQIC and that the by-laws may need to be revised in the future to meet this requirement. The by-laws were approved by the members with the correction noted. There were no other questions or concerns identified for follow-up or items recommended for corrective action. 				
Conclusions	<ul style="list-style-type: none"> N/A 				
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Krissy Vestal	Oct Meeting				
<ul style="list-style-type: none"> Pg 2-Missions - change enrollees to members 					

6. Agenda topic: Confidentiality and Conflict of Interest Forms

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> The electronic version of the COI and Confidentiality Forms were emailed to all members for completion. This new version allows members to sign electronically. Please complete and return forms
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	to Susan Massey. For questions or concerns with the forms contact Susan Massey or Krissy Vestal for assistance.		
Conclusions	<ul style="list-style-type: none"> N/A 		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> F/u on receipt of all member forms 	Susan Massey	Oct Meeting	

7. Agenda topic: Work Plan Review

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> Diane presented and reviewed the updated 2019-2020 Work Plan in detail. There were no questions or concerns identified for follow-up or items recommended for corrective action. Diane shared that for the 2020-2021 Work Plan the only item changed was the date for the new year. Work will continue on the previous year's goals and objectives. There were no suggestions or deletions and the new Work Plan and it was approved unanimously. Annual Training Assessments Results Survey questions were included in the training assessment results to ascertain whether providers in the network are aware of GQIC, knew our purpose and how to contact us. Eighty percent responded that they were unaware of GQIC and it was felt that this needs to be addressed. Respondents felt they knew how to contact GQIC, but didn't know what they would be contacting us for. The vast majority of respondents also reported that they didn't know what information they could get from GQIC or what information they could provide to GQIC. The majority of respondents also noted that the best way to receive information from or about GQIC would be via email. Trillium sent an email out to the network inviting interest in HRC and GQIC and Diane is eager to see how many respond. A suggestion was made for a brief who, what, why and where for providers regarding GQIC to make our committee more known in the network. The history and mission also needs to be presented along with projects GQIC is currently working on. Miriam will be returning to present at the October meeting on My Learning Campus which is a new platform and although this was not included in the survey questions of which most responded they have not accessed, we can certainly report any training needs to the Training Department that were made known to us. In the future, the role of GQIC and its activities will be expanded upon, but at this point we are unaware of what this will look like. Diane will create a blurb regarding GQIC and send out to the committee for response. Once approved and finalized Krissy will send it to be included in the Network Bulletin. Network Bulletin Blurb about Committee An email was sent to providers for anyone interested in involvement with GQIC. Due to COVID-19 any blurb sent out may not draw attention at this time. At this point we need to ascertain how we can assist providers in navigating through requirements while maintaining safety. There are members that know of free
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testing sites for COVID-19, but for one reason or another (working two jobs, etc.) are unable to go and get tested. Anka noted that on the mental health side regarding tele-health services members are more comfortable being in their homes while receiving services they need. Many members do not have access to the technology needed for tele-health services. They either do not have internet services or a provider that provides tele-health. Providers are being trained nationwide on how to competently provide tele-health services to members. At this time Trillium's Training Department does not provide tele-health training, but there are many links on our website to COVID-19 services and trainings. DHHS and DHB have offered tele-health trainings and informational sessions. Other MCO's as well as Trillium have participated in the sessions. An MCO is identified to present a case and explains how they handled it and what the barriers were. Eastern AHEC also offers a free training opportunity on-line with continuing education credits. Ryan is interested in knowing which providers have paused their services due to COVID-19. Some psychiatrists are not as technologically savvy and have paused work with agencies during this time and this could be creating gaps in the network. There are 50% to 60% new members seeking services and this trend seems to fluctuate pretty routinely. He suggested analyzing claims data to pinpoint exactly how many new members are entering the network. Amanda shared that the Perception of Care Survey that is being implemented soon includes some tele-health questions. It will be interesting to see the overall results on these questions. In order to assess this Trillium will need to gather more data with regard to the following questions asked:

- ° Does Trillium offer tele-health training?
- ° Which providers have paused their work with the network due to COVID-19?
- ° How has providers leaving or pausing the network affected gaps in services?
- ° What are the global trends across the network?
- ° How many new members are in the network?
- ° What are the provider training needs during COVID-19 to better serve members?
- ° What is Trillium doing to improve the issue of how to engage in therapy?
- ° What are the barriers (technology, lack of training) for services for members and providers?
- ° Is there an issue we can address or propose a solution with delivery of services?
- ° Does training impact the ability for providers and members to receive tele-health training?

National barriers were noted as training and connection (internet, Wi-Fi) affordability. We can make efforts for provider training, we cannot make a difference with regard to members' connectivity issues. These questions will be compiled and sent out to the committee to review and respond. Additional information and data

	<p>will be gathered to discuss at the next meeting. At that time a decision can be made on whether or not to develop a sub-committee. In order to do real-time analysis the data set could potentially be a small number due to the claims lag to make some of these determinations. Providers have up to 90 days to submit their claims.</p> <ul style="list-style-type: none"> Potential Visitors at Last Meeting on My Learning Campus and Value Based Purchasing <p>Krissy shared Miriam will be presenting on the new My Learning Campus training portal at the October meeting. Holly will present on Value Based Purchasing at the October meeting as well.</p>									
Conclusions	<ul style="list-style-type: none"> N/A 									
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8. Agenda topic: Provider QIP Presentation

Presenter(s): Ryan Estes

Discussion	<ul style="list-style-type: none"> Ryan presented his agency QIP - Formalizing the HR Process. He shared how his agency determined QIPs and needs. His agency employs over 550 plus employees and recognized that their infrastructure was not equipped to do true onboarding of staff. Also recognized was that hiring at such an increased volume the level of experience for therapists had drastically shifted. They went from having very seasoned clinicians to relying much more on associate licensed professionals that were new to entering the workforce. Their QIPs are housed within their QI Committee lead by Lindsay Joines. QIPs can start organically at any point within the agency and then be recommended to be reviewed by the QI committee. This QIP was initially established to assist with a better mechanism for staff onboarding. This is still a work in progress and staff onboarding has improved with implementing a more formalized HR orientation process. The HR team brought in all new employees twice a month to go through full onboarding explaining policies and procedures. A staff member was hired in our QI Training Department to oversee on-going training needs (ongoing development of trainings/auditing trainings) to help bridge any gaps. The agency recently purchased Relias which is an onboarding training catalog tool. They are working with all sites to develop the different categories and job descriptions using the Relias tool to build a profile for each staff for what trainings they will have in the first week, first 30 days, first 90 days and then on-going training. The tool was purchased July 1st so this will all be rolled out within the next month. Ryan stated they are hopeful as an end result that this will improve retention. Satisfaction data from staff will be gathered as to content so it can then be adjusted if needed (too much, not what staff need, etc.). Diane asked where the baseline data for this QIP originated. Ryan explained that for
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	<p>several years staff were surveyed and one of the responses that was continuous was that strengthening the onboarding process was needed. Also, monitoring of training requirements for staff that are based in other areas is hard to manage and was identified while auditing files. The Relias tool also sends out reminders to staff to complete trainings and notifies management when the training has been completed, if completed on time or was a late submission. For all the content that Relias provides quizzes are built in and staff are required to have an 80% pass rate. There is also an option to implement a pre and posttest. For content that the agency provides quizzes are also built in and have been in the past.</p>		
Conclusions	<ul style="list-style-type: none"> N/A 		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> N/A 			

9. Agenda topic: Late Incident Reporting Discussion

Presenter(s): Krissy Vestal/Julie McCall/Amanda Morgan

Discussion	<ul style="list-style-type: none"> Krissy shared a PowerPoint overview to lead up to discussion on how to address late incident reporting. This is being shared with the committee in hopes of getting feedback for this quality related concern. The PowerPoint gives background for those that are not routinely involved in the incident reporting process. An updated IRIS Incident Report Training has been recorded and is available on My Learning Campus. Trillium has to submit to the state interventions or items for correction each time IW incident reporting timelines are not met (falls below 85%). Currently, Trillium communicates with providers on late reporting through the IRIS system and provides technical assistance (TA) when needed. There is also a statement in the IRIS system reminding providers of reporting timeframes and training is provided as well. Reminders are also included in the Network Communication Bulletin. One response from the provider perspective was that incident reporting is a monitoring process within agencies that requires administrative monitoring and on-going training. Coastal requires training and regular updates during supervision making incident reporting a priority with follow-up. Trillium did identify through data a few providers (4 or 5) within a year that did not comply with reporting and those providers were contacted and offered TA and training. Providers will discuss late incident reporting at their perspective agencies to gain feedback and suggestions to report at GQIC in October. 		
Conclusions	<ul style="list-style-type: none"> N/A 		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> Share and obtain recommendations from provider agency staff on timely incident reporting 	Provider Agency Members	Oct Meeting	

10. Agenda topic: Trillium QIP Updates

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> Due to time constraints members were instructed to review the QIP grid and follow-up via email to Krissy for any questions or concerns. 		
Conclusions	<ul style="list-style-type: none"> N/A 		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> N/A 			

11. Agenda topic: 3rd & 4th Quarter Data Report

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> Due to time constraints members were instructed to review the 3rd and 4th Quarter Data Report and follow-up via email to Krissy for any questions or concerns. 		
Conclusions	<ul style="list-style-type: none"> N/A 		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> N/A 			

12. Agenda topic: NCQA & Tailored Plan (Medicaid Transformation) Update

Presenter(s): Dr. Smith

Discussion	<ul style="list-style-type: none"> NCQA document submission was completed in June with over 200 individual documents included. The on-site review with NCQA is scheduled for August 3rd, but will be virtual due to COVID-19. Two surveyors will be reviewing credentialing files and complex case management files. Utilization Management or Appeals files will not be reviewed because Trillium uses NCQA accredited delegees for these areas. With URAC individual pieces or departments are accredited, but NCQA accreditation encompasses the entire agency. NCQA looks at things very differently than URAC for example QIAs/QIPs need data to show that this is an area that needs improvement, setting a hypothesis and interventions then monitoring the data to see if improvement is made. After the virtual on-site we have up to 60 days to receive their response and the outcome will be shared with GQIC accordingly. COVID-19 has affected this process as Trillium has had to move to a completely remote workforce with a return to the office date around January 4th, 2021. Mid-August will be a voluntary return to work option with a maximum of 15% occupancy allowed in any of the buildings at one time and implementing strict social distancing guidelines. No employees have tested positive to date. Medicaid Transformation is back on the table. Standard Plans will go live July 2021 passed by the General Assembly. The RFA for Tailored Plans will most likely be released in October of this year (2020) and will not be due until late December or early January 2021. This date has not officially been set yet, but it is hoped that Tailored Plans will go live October 2022. Trillium's RFA for the Tailored Plan was pended due to COVID-19 and will start back up after the NCQA on-site. Diane asked if the results of the NCQA accreditation process has any bearing on determination of the Tailored Plan RFA. Dr. Smith said that it would. NCQA accreditation is required as a Tailored Plan. The only other MCO 		
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	that has submitted their survey for NCQA accredited is Partners. Trillium can certainly use NCQA accreditation to show how we have pulled together to change our structure and processes. Trillium is seeking the Managed Behavioral Health Organization (MBHO) accreditation which will give us a really big head start on the Tailored Plan.		
Conclusions	• N/A		
Action Items	Person(s) Responsible	Deadline	
• N/A			

Meeting Adjourned

Next Meeting Date: October 27, 2020
(All meetings convene from 10am - 2pm)

Supporting Document/Attachment for Minutes:

Meeting Minutes from previous meeting

Agenda

2019-2020 Provider Dev. Survey

GQIC 3rd & 4th Qtr Report

GQIC Specific Questions 2019-2020

2019-2020 GQIC Work Plan

2020-2021 GQIC Work Plan

Trillium QIP Grid

GQIC Bylaws


Confidentiality Form

Conflict of Interest Form

Submitted by Susan Massey



Signature of
Diane Berth, Chair
Licensed Independent Practitioner


Date