



Date: August 6, 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	<input checked="" type="checkbox"/>	Dr. Kimberly Greer Trillium Health Resources Staff Psychologist	<input checked="" type="checkbox"/>	Dr. Paul Garcia Trillium Health Resources Deputy Chief Medical Officer	<input checked="" type="checkbox"/>
Hillary Faulk-Vaughan Chairperson PAMH. Clinical Director	<input checked="" type="checkbox"/>	Khristine Brewington Trillium Health Resources VP of Network Management	<input type="checkbox"/>	Glenn Buck Vice Chairperson PORT Human Services Clinical Director	<input checked="" type="checkbox"/>
Dr. Joshua Pagano Cherry Hospital Forensic Psychiatrist	<input checked="" type="checkbox"/>	Griffin Sutton Tidal Neuropsychology PLLC Director	<input type="checkbox"/>	Dr. Robby Adams Various Providers Medical Director	<input checked="" type="checkbox"/>
Sharlena Thomas RHA State Clinical Director	<input type="checkbox"/>	Natasha Holley Integrated Family Services Clinical Director	<input checked="" type="checkbox"/>	Amanda Morgan Trillium Health Resources QM Coordinator	<input checked="" type="checkbox"/>
Dr. Diana Antonacci Psychiatrist	<input checked="" type="checkbox"/>	Gary Bass Pride in NC Executive Officer	<input checked="" type="checkbox"/>	Julie Kokocha Director – Network Accountability	<input checked="" type="checkbox"/>
Ryan Estes Coastal Horizons Treatment Operations Director	<input checked="" type="checkbox"/>	Christie Edwards Vice Pres. Clinical Operations Guest	<input checked="" type="checkbox"/>	Benita Hathaway Trillium Health Resources Vice Pres. Population Health & Care Mgmt. Guest	<input checked="" type="checkbox"/>
Ashley Rhea Trillium Health Resources Member Services Director Guest	<input checked="" type="checkbox"/>	Chris Hartnett Trillium Health Resources BH Crisis Line Manager Guest	<input checked="" type="checkbox"/>	Rebecca White Trillium Health Resources Member Services Supervisor Guest	<input checked="" type="checkbox"/>

AGENDA

1. Agenda topic: Welcome/Call to Order

Presenter(s): Hillary Faulk-Vaughan

Discussion	<ul style="list-style-type: none"> The meeting was called to order by Dr. Smith at 1:00pm A quorum was present 		
Conclusions	<ul style="list-style-type: none"> N/A 		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> N/A 			

2. Agenda topic: Review and Approval of Previous Month's Meeting Minutes and Agenda

Presenter(s): Dr. Smith

Discussion	<ul style="list-style-type: none"> The June 4, 2021 Meeting Minutes were approved as written with a motion by Gary and second by Robby. The Annual Review of QM Plan, Annual Review of UM Plan & Clinical Advisory Committee Charter were tabled until the October meeting. 		
Conclusions	<ul style="list-style-type: none"> There were no other changes to the agenda 		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> Add Annual Review of UM Plan to Oct agenda 	Paul Garcia	Oct Mtg.	
<ul style="list-style-type: none"> Add Annual Review of QM Plan to Oct agenda 	Paul Garcia	Oct Mtg.	
<ul style="list-style-type: none"> Add Annual Review of CAC Charter to Oct agenda 	Paul Garcia	Oct Mtg.	

3. Agenda topic: Follow-up Items from Previous Meeting

Presenter(s): Hillary Faulk-Vaughan

Discussion	<ul style="list-style-type: none"> Susan – Email April 9, 2021 minutes to committee for formal vote. Completed. Dr. Garcia – Share UM Department feedback from CAC members with UM Director – Completed. Dr. Garcia – Contact Dr. McCall for additional guidance on CPGs – Completed. Ryan - Share outcome decision regarding remote staff maintaining HIPAA compliance. Completed. Khristine - F/u with Finance staff on prior notice for rate changes. Completed. 		
Conclusions	<ul style="list-style-type: none"> All follow-up items that are pending will be followed-up on at the next scheduled meeting. 		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> N/A 			

4. Agenda topic: QIA Review – Information and Discussion

Presenter(s): Amanda Morgan

Discussion	<ul style="list-style-type: none"> Review of QIA Grid – Amanda presented and reviewed the summary of the active Trillium QIAs. She reviewed the new and existing interventions for each QIA. Discussion of Interventions for QIPs – Not knowing members are in the hospital and/or discharged from the hospital is a barrier in meeting the 7-day follow-up appointment. Providers can do so much more in terms of preparation if they are made aware of hospitalizations and discharges in advance. There have been instances where hospitals have notified providers the day after discharge and at that point providers are unable to engage even if they wanted to. Hospitals need to assure there is connection for members after discharge and communicate better with providers. Discharge planning is completed at the hospital with no involvement from the provider. Hospitals also need to be available for provider contact. A recommendation was made for hospitals to dedicate one phone number/line specifically for provider calls for member continuity of care. ADT feeds is a requirement for the Tailored 		
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	Plan and Dr. Smith shared this is being worked on with the hospitals. Hillary asked if shadow/penny claims were counted/included in the data. Shadow/penny claims are billed at every contact to verify adherence to the model aside from the monthly billing. If shadow/penny claims are not included this would greatly skew the data specifically for ACTT, Child First and FTC members.	
Conclusions	<ul style="list-style-type: none"> Amanda will share the above responses/recommendations from CAC members at the September Meeting with hospitals. 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"> Validate whether penny claims are counted in the data for 1-7 f/u QIAs 	Amanda Morgan	Oct Mtg.
<ul style="list-style-type: none"> Share responses from CAC members at the Sept meeting with hospitals 	Amanda Morgan	Oct Mtg.
<ul style="list-style-type: none"> Share penny claims discussion at Aug QIC meeting 	Dr. Smith	Oct Mtg.

5. Agenda topic: Call Center Clinical Decisions Support Tools Annual Review

Presenter(s): Ashley Rhea

Discussion	<ul style="list-style-type: none"> The Call Center Clinical Decisions Support Tools are reviewed annually by the Clinical Advisory Committee. Ashley presented a PowerPoint presentation on the screening tools used in the Call Center to make clinical decisions. There have been no changes made since the last review at Clinical Advisory Committee and QIC. Rebecca White and Chris Hartnett have joined the meeting today as part of the Member Services Team. The Screening Triage & Referral Form (STR) is the primary clinical decision support tool for determining level of urgency for the member's situation. The level of urgency determines the required resulting appointment. The STR is entered electronically into the system and snapshots of the electronic screens were shared. All Trillium Clinical Decision Support Tools are developed and required by the Division of Health Benefits (DHB) and the Department of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). 	
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 		

6. Agenda topic: Trillium Information Update
 Presenter(s): Dr. Smith, Kristine Brewington

Discussion	<ul style="list-style-type: none"> • NCQA Update and Status – Trillium was awarded the full NCQA MBHO Accreditation for one year and we are in the process of compiling documents for our re-survey to obtain two more years of that accreditation. The due date (internally) for most of the documents is September 1st with mid-September as our date for document submission. NCQA will review our documents and send back any questions they have. Trillium will have a week to respond to those questions. A virtual on-site review is the next step in the process which will take place in November. There are less than 20 elements (out of originally 80+ elements) that we are being re-surveyed on and should not be as time consuming, but we continue putting a lot of importance on our re-survey response. • EQR Update – In December, Trillium will be in the process of our External Quality Review for 2021. Documents will be submitted in November with a virtual on-site on December 16th. For the 2020 EQR review, we submitted our response to their recommendations and all were accepted and Trillium was issued a positive review. • Tailored Plan Update – Trillium was awarded the Tailored Plan with awards being announced July 26th. Every LME/MCO was awarded a Tailored Plan contract. There have been some realignments in counties. Bladen County has voted to join Trillium. We are trying to get the State to waive the process for this alignment so we can get Bladen County moved quickly into starting the Tailored Plan. There were four counties yet to be determined and pending the merge of Cardinal and Vaya and the State's decision to approve. Trillium is working on a draft implementation plan required for the Tailored Plan. There are numerous pre and post awards. The go-live date is still July 1, 2022. As part of the Tailored Plan deliverables there may be some things that will need to be presented to this committee on an expedited basis. There may be emails sent to the committee for feedback. As required by the Tailored Plan we have implemented some realignments and as a result QM, UM, Population Health & Pharmacy have transitioned to Medical Affairs reporting to Dr. Smith. • Network Prescriber Recruitment for GQIC – Our current Network Prescriber is moving out of state and GQIC is recruiting for the Network Prescriber vacancy which is a required seat on the committee. Dr. Smith asked members to share with him names of any prescribers that may want to look at quality issues (grievances, complaints, appeals & educational trainings in the Network) on a quarterly basis for the GQIC. Three candidate names were proposed and Dr. Smith will follow-up with each to discern interest in joining GQIC.
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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 		

7. Agenda topic: CAC Business

Presenter(s): Dr. Smith/Dr. Garcia

Discussion	<ul style="list-style-type: none"> Annual Review of Screening Tools – Dr. Garcia Dr. Garcia presented an in-depth overview of Trillium's Screening Tools. This is one of the areas required to be reviewed in our lookback period for NCQA. First reviewed were the Substance Use Screening Tools and there were no recommendations made from the committee to add any additional screening tools. Also reviewed, was the Behavioral Health Screening Tools and Dr. Garcia shared a recommendation for discussion regarding adding the Vanderbilt ADHD First Edition to our screening programs. The second and third edition are fee based. Ryan said his agency utilizes this tool because there is a teaching component they like. There was no opposition to adding the Vanderbilt ADHD First Edition to Trillium's screening tools and therefore was endorsed by the committee. 	
Conclusions	<ul style="list-style-type: none"> Trillium tries to use screening tools that are open source and free for use. This committee endorsed the use and addition of the Vanderbilt ADHD First Edition to Trillium's Screening Tool Program. 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"> Ensure the Vanderbilt ADHD First Edition Screening Tool is added to the website. 	Dr. Garcia	Oct Mtg.

8. Agenda topic: COVID-19 Update

Presenter(s): Dr. Smith, All Members

Discussion	<ul style="list-style-type: none"> Current Status on Network Feedback from CAC Members – Ryan shared his agency was conducting in-person IOP for the last couple of months and are now heading back to at least some virtual groups. His concern is that his agency will move back to continuing to have virtual groups for members that prefer it and in-person for those members that cannot be safely maintained through tele-therapy. Agency management continues to discuss this issue. Hillary shared they have re-implemented temperature checks at the door for every person and held vaccination clinics. When members come into the office they have to regulate who has been vaccinated and who has not to maintain safety. Gary shared compliance with vaccination is low in the East and because of that his agency never deviated from checking temperatures, wearing mask and social distancing. They are not conducting any groups at this point. Josh shared mandatory vaccination for all state employees was just announced at Cherry Hospital. It's a difficult task to mandate something that is not FDA approved. Providers are having a 	
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	<p>difficult time recruiting licensed clinical staff during the pandemic. Agencies are so desperate for licensed clinicians and providers are finding that some of their staff are double dipping while remote and because of this policies have had to be implemented to resolve this issue. Ryan shared that the Medicaid rates are so poor that we can't compete with private practice at this point and that it's going to eventually collapse the Medicaid system causing class action lawsuits due to inaccessibility. There is going to become a point when the 1-7 day follow-up requirement won't be feasible. It's not a worker shortage, it's a payment shortage and Medicaid providers cannot pay higher competitive rates without Medicaid's floor increasing. This is prominent from the west to the east. Trillium is not mandating vaccines at this point and have pushed back our return to office date to January 2, 2022 due to our buildings having cubicles and most offices are shared. For some staff that do go into the office to print documents or work there are safety precautions that must be adhered to.</p>				
Conclusions	<ul style="list-style-type: none"> • Dr. Smith asked members to share the issue of low Medicaid rates as compared to private practice with our representatives. • There were no questions or concerns identified for follow-up or items recommended for corrective action. 				
Action Items	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th><th>Deadline</th></tr> </thead> <tbody> <tr> <td>• N/A</td><td></td></tr> </tbody> </table>	Person(s) Responsible	Deadline	• N/A	
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• N/A					

9. Agenda topic: Clinical Practice Guidelines

Presenter(s): Dr. Smith, Dr. Greer, Dr. Garcia

Discussion	<ul style="list-style-type: none"> • Clinical Practice Guidelines for the Trillium Network ➤ Further Discussion on Clinical Practice Guidelines for First Episode Psychosis in our Network. Specifically the NIMH Raise Study Dr. Garcia contacted Dr. McCall who is involved in the Shore Program with RHA. This is based on research for recovery after an initial Schizophrenic episode. This utilizes coordinated specialty care for people 15 to 30 years old. They can be in the program for up to 3 years with the goal being to decrease the duration on untreated psychosis. On average a person can have 72-74 weeks of psychosis before they are actually treated. According to Dr. McCall this program has decreased psychosis in their particular populations by 80%. Ryan said they do refer members to this program. Hillary refers members to this program as well when there is strong family support and stated it is an incredibly effective and proven model. Dr. Garcia will follow-up with Dr. McCall on whether there are plans to expand this program beyond Wilmington. A Clinical Practice Guideline for First Episode Psychosis, ECT and the use of Clozaril are requirements for our Tailored Plan contract. We need to look for CPGs on these topics that we can adopt. • ECT Practice Guidelines Discussion Dr. Garcia spoke with Dr. Lang regarding the New Zealand ECT CPG and he didn't indicate that there were any other national guidelines. Many practitioners get their training from Duke and implement their
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	protocols. Dr. Smith will send a communication to all the physicians on the CAC along with Dr. Lang and a few others that are knowledgeable on ECT to discuss the New Zealand CPG further and present back to the committee with a recommendation for endorsement. All members were in agreement. In addition, Dr. Smith and Dr. Garcia will bring up the use of Clozaril at the next CMO meeting and follow-up with recommendations to this committee.		
Conclusions	<ul style="list-style-type: none"> • Dr. Smith and Dr. Garcia will follow-up on CPGs for Clozaril and First Episode Psychosis. • 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"> • F/u on any expansion of the Shore Program beyond Wilmington 		Dr. Garcia	Oct Mtg.
<ul style="list-style-type: none"> • Schedule a meeting with CAC physicians and others knowledgeable on ECT to discuss endorsement of the New Zealand ECT CPG. 		Dr. Smith/Dr. Garcia	Oct Mtg.
<ul style="list-style-type: none"> • Discuss the use of Clozaril at the CMO meeting 		Dr. Smith/Dr. Garcia	Oct Mtg.

10. Agenda topic: Open Agenda

Presenter(s): All Members

Discussion	<ul style="list-style-type: none"> • N/A 		
Conclusions	<ul style="list-style-type: none"> • N/A 		
Action Items		Person(s) Responsible	Deadline
<ul style="list-style-type: none"> • N/A 			


Meeting Adjourned

Next Meeting Date: October 1, 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

11/2/2021
Date