

Date: October 1, 2021

Meeting Called By Dr. Michael Smith, Chief Medical Officer
Clinical Advisory Committee (CAC)
WebEx

Type of Meeting 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"/>	Kristine Brewington Trillium Health Resources VP of Network Management	<input type="checkbox"/>	Glenn Buck Vice Chairperson PORT Human Services Clinical Director	<input type="checkbox"/>
Dr. Joshua Pagano Cherry Hospital Forensic Psychiatrist	<input checked="" type="checkbox"/>	Griffin Sutton Tidal Neuropsychology PLLC Director	<input checked="" type="checkbox"/>	Dr. Robby Adams Various Providers Medical Director	<input checked="" type="checkbox"/>
Sharlena Thomas RHA State Clinical Director	<input checked="" type="checkbox"/>	Natasha Holley Integrated Family Services Clinical Director	<input type="checkbox"/>	Amanda Morgan Trillium Health Resources QM Coordinator	<input checked="" type="checkbox"/>
Dr. Diana Antonacci Psychiatrist	<input type="checkbox"/>	Gary Bass Pride in NC Executive Officer	<input checked="" type="checkbox"/>	Julie Kokocha Director – Network Accountability	<input checked="" type="checkbox"/>
Fonda Gonzales Trillium Health Resources Quality Management Director Guest	<input checked="" type="checkbox"/>	Ryan Estes Coastal Horizons Treatment Operations Director	<input checked="" type="checkbox"/>	Benita Hathaway Trillium Health Resources Vice Pres. Population Health & Care Mgmt. Guest	<input checked="" type="checkbox"/>
Cham Trowell Trillium Health Resources Head of Utilization Management	<input checked="" type="checkbox"/>	Jason Swartz Trillium Health Resources Pharmacist	<input checked="" type="checkbox"/>		<input 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"> 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 action items noted for follow-up 			

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 August 6, 2021 Meeting Minutes were approved as written with a motion by Hillary and second by Ryan. • There were no other changes to the agenda 	
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"> • There were no action items noted for follow-up 		

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

Presenter(s): Hillary Faulk-Vaughan

Discussion	<ul style="list-style-type: none"> • Dr. Garcia – Add Annual Review of UM Plan to the Oct Agenda. Completed. The review of the Annual UM Plan is on today's agenda and will be presented by Cham Trowell. • Dr. Garcia – Add Annual Review of QAPI Plan to the Oct Agenda. Completed. The review of the Annual QAPI (formerly the QM Plan) is on today's agenda and will be presented by Fonda Gonzales. • Dr. Garcia – Add Annual Review of the CAC Charter to the Oct Agenda. Completed. The review of the CAC Charter is on today's agenda and will be presented by Dr. Garcia. • Amanda – Validate whether penny claims are counted in the data for 1-7 day f/u QIAs. Completed. Penny claims are counted in the data for the 1-7 day f/u QIAs. • Amanda – Share penny claims discussion at Aug QIC meeting. Completed. The penny claims discussion was shared at the Aug QIC meeting. • Dr. Garcia – Ensure the Vanderbilt ADHD First Edition Screening Tool is added to the website. Completed. The Vanderbilt ADHD First Edition Screening Tool was added to the Trillium website and is accessible. • Dr. Garcia – Follow-up on any expansion of the Shore Program beyond Wilmington. Completed. Dr. Garcia spoke with Brenda Caldwell with RHA and there are no plans to expand, but they are open to expansion in the future. • Dr. Smith/Dr. Garcia – Schedule a meeting with CAC physicians and others knowledgeable on ECT to discuss endorsement of the New Zealand ECT CPG. Pending. This meeting was scheduled and cancelled due to lack of participation. A future meeting will be scheduled with the CAC MDs and Dr. Lang. • Dr. Smith/Dr. Garcia – Discuss the use of Clozaril at the CMO meeting. Completed. This will hopefully be discussed at next month's CMO meeting. 	
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"> • Schedule meeting to discuss the New Zealand ECT CPG 	Dr. Smith/Dr. Garcia	Dec Mtg.

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 – The lack of communication around the discharge process was expressed by members of this committee. The quarterly meeting was held with the discharging providers and hospitals impacted by the super measures and concerns voiced by the CAC meeting members were shared. Trillium encouraged the discharging providers and hospitals to assure efforts to contact the clinical home and/or the follow-up provider as early as possible to begin the discharge planning process. We also shared the recommendation to establish a provider line to help ensure continuity and coordination of care. There was no feedback from providers on improvements they could implement to improve the super measures. The provider focus and response was that other MCOs plan to absorb the liquidated damages, but Trillium has not made that determination. 				
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 border="1"> <thead> <tr> <th data-bbox="1003 898 1300 970">Person(s) Responsible</th><th data-bbox="1300 898 1458 970">Deadline</th></tr> </thead> <tbody> <tr> <td data-bbox="1003 970 1300 1008">• There were no action items noted for follow-up</td><td data-bbox="1300 970 1458 1008"></td></tr> </tbody> </table>	Person(s) Responsible	Deadline	• There were no action items noted for follow-up	
Person(s) Responsible	Deadline				
• There were no action items noted for follow-up					

5. Agenda topic: Trillium Information Update

Presenter(s): Dr. Smith, Khristine Brewington

Discussion	<ul style="list-style-type: none"> • NCOA Update and Status – Trillium has submitted documents for the re-survey that occurred September 21st. This was a huge undertaking addressing points that we wanted to score higher on. We are anticipating a response on October 13th. If they have any questions about the information submitted they will ask us for clarification and we will have approximately a week to respond (due back on October 22nd). Part of our submission was a file review for Complex Care Management. We submitted universal files for them to randomly choose to review. That file list should be received from them on October 25th. Then we will have a virtual file review on November 8th. Our final report is due on December 23rd. We do anticipate scoring well enough to advance to the next level obtaining our full 3 year MBHO accreditation. Our next phase in our journey with NCOA will be applying for Health Plan Initial Accreditation when we become a Tailored Plan. We have hired a position for the Head of Healthcare Accreditation which will focus on looking at the healthcare standards and moving us into that next phase. • EQR Update – This is still an abbreviated virtual review and will be conducted in December. There are no additional updates to share from our last meeting update. • Tailored Plan (TP) Update – Trillium continues to meet with the State as they are defining and redefining the criteria we are expected to meet. We are working with their consultants and our consultants
------------	--

	<p>discussing and planning the vast changes we will be undergoing. Internally we have made some shifts in staffing patterns and programmatic changes. Some of the changes are clinical and some are not clinical. As these are more finalized these will be shared with this committee for review and input.</p> <ul style="list-style-type: none"> • Staffing Updates – As part of the TP preparation we have hired a Director of Pharmacy, Jason Swartz who was present for the meeting. Jason was introduced and shared that he came to Trillium from Cardinal, assisting them with their set up for TP. He has extensive pharmacy experience and hopes to get Trillium's system up and running. Gary shared there has been discussion of pushing the TP live date back due to multiple reasons (COVID, staff shortages, staff changes, etc.) and inquired if Dr. Smith could share any feedback with the group. Dr. Smith stated that he has heard the same rumors, but in the many different meetings with the state they are still holding true to the July 1st launch date. He also shared that the state could not (by themselves) make that change as it would require legislative approval through the general assembly and may be one of the reasons they are attempting to hold firm to the July 1st date. Once it is opened back up to the general assembly other changes could be made and could possibly make more turmoil. Ryan inquired if Trillium had set up the format for providers to request capacity funding. Fonda shared Trillium has created an internal workgroup that is developing that process and thinks (cannot confirm) the plan is due to the state (as to how to distribute funding) by the end of November. Ryan noted a disconnect in communication and Fonda shared there are disconnects with timelines and due dates found in that perspective which is unfortunate. Hillary asked if Trillium had an updated organizational chart that could be shared with provider agencies. Trillium updates their org chart monthly internally, but will inquire if this can be shared with the network. 		
Conclusions	<ul style="list-style-type: none"> • Hillary shared that access to Trillium's organization chart will be helpful to providers as there are so many changes in who to contact. Dr. Smith shared that Trillium is in the process of designing a system of universal departmental emails for staff and positions that do shift to other areas/departments. • 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"> • F/u with sharing Trillium's internal org chart with the network 	Dr. Smith	Dec Mtg.	

6. Agenda topic: CAC Business

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

Discussion	<ul style="list-style-type: none"> • Annual Review of UM Plan – Cham Trowell Cham presented the UM Plan and UM Appraisal. She shared that there were no significant changes made in either document due to being in the middle of preparation for TP and continuing our accreditation. Our goals remain the same continuing to work with providers and providing
-------------------	--

	<p>direction and oversight and assisting members with navigating the system. Also, assuring we are approving services at the right time and for the right duration. This year has been a little more different in that we do not have a great number of denials due to the pandemic. Ryan shared, regarding the 5.4 million dollar, cut he would like Trillium to consider that elimination of state funding to use the modifier for COVID flexibilities and tele-therapy is essentially impacting the enhanced services that cannot be done using that flexibility. Intensive in-home and ACTT that are viewed individually are less concerning, but IOP and SACOT presents issues with having to bring back members in the middle of a raging pandemic and having to take uninsured members back into a group. They are having to make life changing decision as to whether they get the SU treatment and expose themselves to a public health risk. Providers should not be in a position to put members in this predicament and asked that Trillium take this into consideration when re-allocating funding.</p> <ul style="list-style-type: none"> Annual Review of the 2021-2022 Quality Assessment and Performance Improvement (QAPI) Plan – Fonda Gonzales Fonda presented and reviewed the 2021-2022 QAPI Plan. She shared that there were no overwhelming changes to the document. The most significant change was to the name of the document which was previously titled the Quality Management Plan. This was a term used in the TP and established for us to use. Other changes in the plan were around NCOA accreditation and assuring that we documented the activities that responded to that requirement. These have been added to the table of contents resulting in a lengthier document with expanded content on our Clinical Practice Guidelines (CPGs). The content has been expanded to ensure compliance with monitoring and timelines. The QAPI is posted to the website for accessibility and review. Annual Review of the CAC Bylaws – Dr. Garcia Dr. Garcia presented and reviewed the CAC Bylaws. There were no additional changes made to the bylaws and they were last updated in 2018. The Bylaws outline an overview of the committee and sets the format for how we conduct business. Dr. Garcia thanked all the members for their participation on the committee and feedback for changes can be emailed directly to him to be presented at our December meeting. Screening Tools Update – Dr. Garcia A future discussion is being scheduled to discuss The New Zealand ECT screening tool and adding this tool to Trillium's Clinical Practice Guideline section on the website for accessibility and review. 				
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	<table border="1"> <thead> <tr> <th data-bbox="997 1871 1295 1940">Person(s) Responsible</th><th data-bbox="1295 1871 1451 1940">Deadline</th></tr> </thead> <tbody> <tr> <td data-bbox="997 1940 1295 1974">• There were no action items noted for follow-up</td><td data-bbox="1295 1940 1451 1974"></td></tr> </tbody> </table>	Person(s) Responsible	Deadline	• There were no action items noted for follow-up	
Person(s) Responsible	Deadline				
• There were no action items noted for follow-up					

7. 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 – Trillium continues to internally encourage vaccination for staff. We are currently still working remotely. The majority of our employees have been vaccinated. Coastal Horizons implemented a mandatory vaccine policy for their staff on November 15th. Testing status is only available for those with medical or religious exemption. Ryan reported 80% of their staff are fully vaccinated and they continue to closely monitor these efforts. Coastal has become a vaccination site and they are working with New Hanover Schools on testing and vaccination of students and faculty within the school system. Any Horizons member is able to receive the vaccine and testing at two of their sites. As a side note, Coastal Horizons is still understaffed and they have implemented pay increases and sign on bonuses to address this shortage. Hillary reported 50% of their members are vaccinated and 95% of their team members are vaccinated. They've held vaccine clinics and have even had their psychiatrists pick up members and take them to get vaccinated. Psychiatrists also educate clinicians on the virus, vaccine and benefits. She reported they have not mandated the vaccine for staff due to staffing shortage concerns. Gary reported his agency continues educating staff and following the CDC guidelines (masks, social distancing, get vaccinated, get tested). They have not mandated vaccinations for staff. Sharlena reported her agency sent a survey out to their staff asking the reasons why they were not vaccinated. The majority of responses (at the time of the survey) was that the vaccine was "not FDA approved" and "I'm not aware of what is in the vaccine". Her agency has not mandated vaccination due to staffing shortages and has implemented sign on and retention bonuses in an attempt to recruit and retain staff. Members feel they are not competing with one another, but definitely with non-health fields with starting wages of \$15 per hour. Gary shared his concerns that provider agencies are boots on the ground and if shortages continue then the system will fail. It's important that providers are able to pay staff appropriately and competitively and have the skills to do good clinical work. Trillium sent out a communication that included an open position they are recruiting. Gary felt that this was outside the spirit of partnership as provider agencies are struggling with recruiting and maintaining staff. This is heavily under discussion within the provider community and is felt that recruiting through a communication bulletin is simply not the right way advertise openings at the MCO level. The provider agencies cannot compete with salaries and benefits offered at MCOs. Dr. Smith shared Trillium has hired a Diversity Equity and Inclusion Director that has been working on this issue internally. One method is targeting recruitment at historically black and other minority universities for our positions to increase our diversity and our pool of candidates as well. Hillary
------------	--

	<p>requested Trillium to be mindful of agency staffing shortages when we go back into the office and with additional changes/mandates that are requested by the MCO. Ryan shared that community based services is a 1-3 year career before clinicians (social workers) go into private practice and maintaining interns that are hired after graduating is a difficult task. We have to create an environment that keeps staff in community mental health. It's not lucrative or glamorous and in the midst of a pandemic is almost impossible. Fonda shared her concerns with recruitment is that we all are in a whole new arena with the Tailored Plan and there are not candidates with the knowledge, skills and abilities out there. She also shared that a lot of new positions she has/is recruiting for are remote in North Carolina so in order to draw interest from candidates from the Western and Central part of the state willing to do the work the salaries had to be competitive to those regions. Ryan shared a tangible solution in that Family Centered Treatment (FCT) is putting together one service definition that is getting adopted and that other states allow similar to MST non-licensed professionals to do that model because of the level of fidelity that is being overseen with it. His concern is that 2.5 therapists are needed to serve for FCT. We are requiring licensed individuals for work that could be completed by Batchelor level professionals.</p>		
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	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> N/A 			

8. 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 – Dr. Garcia Dr. Garcia contacted Dr. McCall who is involved in the Shore Program with RHA to inquire if the Shore Program is going to expand. There are no plans to expand at this time, but this option is open for future consideration. ECT Practice Guidelines Discussion – Dr. Garcia Dr. Garcia attempted to set up a meeting with Dr. Waldrop, Dr. Lang and some of our attending physicians on the call today and was not fruitful in this task. Dr. Waldrop actually retired last month so he will not be available. Dr. Garcia plans to contact Dr. Lang and set up another meeting to include CAC member physicians to discuss endorsement of the ECT CPGs. Clozaril Practice Guidelines Open Discussion – Dr. Garcia Dr. Smith and Dr. Garcia will inquire about Clozaril Practice Guidelines at the next CMO meeting and will include Jason Swartz in the discussion. The use of Clozaril is not as high as it could be at 4.42% in 2017 for members with schizophrenia and psychotic disorders. Our goal
-------------------	--

	is to increase the use as it is a benefit to members if they take the medication.		
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	Person(s) Responsible	Deadline	
<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. Garcia	Dec Mtg.	
<ul style="list-style-type: none"> Discuss the use of Clozaril at the CMO meeting 	Dr. Smith/Dr. Garcia	Dec Mtg.	

9. 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: December 3, 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

 MA-LPA, HSP-AA 3/25/2022
 Date