



Trillium

HEALTH RESOURCES

Clinical Advisory Committee Meeting Minutes

Transforming Lives. Building Community Well-Being.

Date: December 2, 2022

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 type="checkbox"/>	Dr. Paul Garcia Trillium Health Resources Staff Physician	<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 checked="" type="checkbox"/>	Glenn Buck Vice Chairperson PORT Human Services Clinical Director	<input checked="" type="checkbox"/>
Arthur Flores Trillium Health Resources Deputy Chief Medical Officer	<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 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 Trillium Health Resources Director – Network Accountability	<input type="checkbox"/>
Jason Swartz Trillium Health Resources Pharmacist	<input checked="" type="checkbox"/>	Benita Hathaway Trillium Health Resources Vice Pres. Population Health & Care Mgmt.	<input type="checkbox"/>	Dr. Terri Duncan Director of Bladen County Dept. of Health & Human Services	<input checked="" type="checkbox"/>
LaDonna Battle Trillium Health Resources Care Mgmt. Population Health Officer	<input type="checkbox"/>	Trudy Paramore Trillium Human Resources Admin Asst. Medical Affairs	<input checked="" type="checkbox"/>	Sharon Cook-McEwen Trillium Health Resources UM Director	<input checked="" type="checkbox"/>
Holly Cunningham Trillium Health Resources Director of Practice Mgmt. Guest	<input checked="" type="checkbox"/>	Vanessa Gibbs Trillium Health Resources Informatics Mgr. Guest	<input checked="" type="checkbox"/>		

AGENDA

1. Agenda topic: Welcome/Call to Order

Presenter(s): Dr. Michael Smith

Discussion	<ul style="list-style-type: none"> The meeting was called to order by Dr. Smith at 1:00pm
Conclusions	<ul style="list-style-type: none"> A quorum was not present for today's meeting. There were no questions or concerns identified for follow-up or items recommended for corrective action.



24-Hour Access to Care Line - 877.685.2415
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Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> There were no action items identified for follow-up 		

2. Agenda topic: Review and Approval of Previous Month's Meeting Minutes and Agenda
Presenter(s): Dr. Michael Smith

Discussion	<ul style="list-style-type: none"> The October 7, 2022, Meeting Minutes were approved as written with a motion by Terri and a second by Robby with all members in favor of the motion. There was one change to the agenda under Item #8 Annual Review of Screening Tools QI7 was changed to reflect QI6. 		
Conclusions	<ul style="list-style-type: none"> Susan will post the October 7, 2022, minutes to SharePoint (SP) Committees Page and send to Yanira to post on Trillium's website Susan will correct the agenda to reflect QI6 instead of QI7 on Item #8. 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"> Post October 7, 2022, minutes to SP and send to Yanira for Trillium Website 	Susan	ASAP	
<ul style="list-style-type: none"> Correct agenda item #8 to QI6 instead of QI7 	Susan	ASAP	

3. Agenda topic: Follow-up Items from Previous Meeting
Presenter(s): Dr. Michael Smith

Discussion	<ul style="list-style-type: none"> Susan – Post Aug 2022 CAC minutes to SP and send to Yanira for Trillium Website. Completed. The CAC Bylaws were finalized and posted to SharePoint and Trillium's Website. Dr. Garcia – Add CAC Meeting WebEx or Face-to-Face meeting location to December's agenda. Completed. This item is on today's agenda for discussion regarding an annual face-to-face meeting location. The group discussed this issue and decided to hold the Annual CAC face-to-face meeting at the Trillium Jacksonville location. Hillary - Forward Dr. Odibo's contact info to Dr. Garcia. Completed. Hillary emailed this information to Dr. Garcia during today's meeting. Dr. Garcia – Add UM Decision Support Tools to Dec Mtg. agenda. Completed. This item is on today's agenda for Sharon to present and review. 		
Conclusions	<ul style="list-style-type: none"> All pending follow-up items will be addressed at the next scheduled meeting. Dr. Garcia asked for other recommendations for Primary Care Practitioners or Pharmacists. Recommendations may be emailed to Paul.Garcia@Trilliumnc.org Dr. Smith shared he contacted Dr. Lang who is the Chair of Psychiatry at ECU and heads their Med Psych Program. He is interested in membership and all members agreed with following the process for membership. Glenn shared that their two pharmacists have been in discussion with Dr. Garcia, and they are interested in membership (Sarah Hall & Ritesh Patel). Glenn will email their contact information to Dr. Smith/Dr. Garcia 		

	<p>to proceed with the membership process. Gary feels that they would be a great addition to the team.</p> <ul style="list-style-type: none"> • Dr. Smith will make contact with the recommendations for pharmacists and the Primary Care Physicians and request their bios. The bios will be emailed to the membership for an official vote before our meeting in February. • 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"> • Send contact information on recommendations for Pharmacists to Dr. Smith/Dr. Garcia • Send bios out to membership for official vote on Dr. Lang, Sarah Hall & Ritesh Patel 	Glenn	ASAP
	Dr. Smith/Dr. Garcia	ASAP

4. Agenda topic: QIA Review – Information and Discussion

Presenter(s): Amanda Morgan

Discussion	<ul style="list-style-type: none"> • TCL QIA <ol style="list-style-type: none"> a. Measurement #45 (Oct 2022) is new. Threshold of 98% (or higher) was <i>not met</i> for Oct 2022; however, the rate did increase slightly since last month. b. The low rate continues to be attributed to the transition from the previous In-Reach provider to the new delegated entity for this activity. The new delegated entity is currently experiencing staffing/hiring issues; however, they are continuing to progress in their knowledge and training. • Utilization of MST QIA <ol style="list-style-type: none"> a. Measurement #11 for April-June 2022 is our most current measurement. The project goal of 14.7% was not met. b. The team is researching if member location is a factor in not meeting this measure. Our QM Data Analysts are pulling data to see if we can draw any conclusions on location being a factor. • Utilization of ED QIA <ol style="list-style-type: none"> a. Measurement #11 for April-June 2022 is our newest measurement. The project goal for Measure #1 and Measure #3 were not met. The project goal for Measure #2 was met. b. Trillium has met the project goal of 80% for Measure #2 for 12 consecutive months; in turn, QIC voted to close this section of the QIA and to discontinue monitoring of Measure #2. c. QIC recommended that the ED team begin tracking the time of day that members visit the ED; this is in an effort to determine if members are accessing (or able to access) their primary care provider or urgent care first, as opposed to going to the ED. This was shared with the ED team and they will begin requesting time of ED admission from the EDs, and add this tracking to the ED Smartsheet dashboard. • Mental Health 1-7 Day Follow-up QIA <ol style="list-style-type: none"> a. Validated State data has not yet been received for Measurement #15-18 for DHB, and Measurement #17-18 for DMH; therefore, these measurements represent local data at this time.
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	<ul style="list-style-type: none"> ● Substance Use 1-7 Day Follow-up QIA <ul style="list-style-type: none"> a. Validated State data has not been received for Measurements #15 for DHB, and Measurements #17 and #18 for DMH; therefore, these measurements represent local data at this time.
Conclusions	<ul style="list-style-type: none"> ● TCL QIA – this QIA will transition to a Performance Improvement Project (PIP) with the implementation of Tailored Plan (TP). Some of the QIAs will transition to PIPs and some of them will not. ● MST QIA – as of right now this QIA will not transition into a PIP with implementation of TP. ● ED QIA – Hillary shared her agency is struggling with ACTT recipients and ED visits. If an ACTT member gets to the point where involuntary commitment is necessary to be able to maintain their health and safety, the amount of time they stay in the ED never receiving a bed is causing significant issues and rapid re-IVCs with a potential to try to get admitted to the hospital. They stabilize long enough that they are not a risk to themselves or others, but they did not receive treatment just sat in the ED. This increases the amount of ED visits as they go back out into the community and decompensate within a week and go back to ED because they did not receive the level of care necessary. Dr. Smith shared for Measure #2 if members are hospitalized after an ED visit that is exclusion criteria, but for Measure #1 this increases our percentage of ED visits. This is an issue seen across the state and in rural hospitals in our catchment area. ED boarding is a national problem especially with kids, those with DSS involvement and adults and children with intellectual delays. Dr. Garcia shared the ED Disposition Team is working with these members and the average length of stay has decreased over the past year (5.45% to 5.2%), but there continues to be outliers. Some of the smaller EDs do not have psychiatric coverage and follow-up with their providers does not always occur. Outpatient commitment is an option and needs to be utilized more. There is a section on the IVC form to complete for this option. Hillary shared that when folks are discharged from the ED without treatment/medication they request outpatient commitments and Cherry Hospital is normally the only hospital that will comply. Some hospitals are not aware of outpatient commitments. Hillary inquired if anyone was working on more bed availability across the state. Dr. Garcia shared that ECU Health is opening a new psych unit in Greenville and planning to break ground in the new year. They are planning for over 100 beds to include pediatric beds as well. Glenn shared receiving push back from the Sheriff's Department on outpatient commitment pickups. Members need to be made aware that this is not a criminal process, it's a civil process for their health and safety and if they comply with outpatient treatment and keep in touch the process will go smoothly. Amanda shared that Measurement #1 only encompasses TP members and not Standard Plan (SP) members. The denominator for this QIA dropped significantly when SPs went live. Dr. Smith shared our population is more severely ill resulting in more ED visits. Amanda stated this QIA will not transition to a PIP with implementation of TP, but we will have a HEDIS measure related to the ED that Trillium will be

	<p>monitoring. Gary noted if the denominator (Measurement #1) has changed and impacts the measurement then it seems like if the percentages did not change in July 2021, then this measurement is based upon a population that we are no longer tracking which skews the data. Amanda concurred that the data is skewed, and we have not explored making changes considering this project is ending in April 2023. The data went from 250,000 members to 90,000 members. Gary suggested the .66% will need to be increased for any future tracking purposes. For Measurement #3 Gary shared when we group populations together (Intensive In-Home & ACTT visits utilizing the ED) it also skews the data and suggested if we wanted to track these in future to track them separately.</p> <ul style="list-style-type: none"> • Mental Health 7 Day Follow-Up QIA – will transition to a PIP upon TP implementation and will look slightly different. • Substance Use 7 Day Follow-Up QIA – will transition to a PIP upon TP implementation and will look slightly different. • 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 action items identified for follow-up 		

5. Agenda topic: Trillium Information Updates

Presenter(s): Dr. Smith

Discussion	<ul style="list-style-type: none"> • TP Update – The TP Care Management go live was yesterday and there were a few hiccups in start-up which was expected. Our teams are moving forward with addressing any issues. All things considered the TP Care Management go live went well. Trillium is still on track for TP go live in April 2023. We are on target with our deliverables and their due dates. • Staffing Updates – Dr. Smith shared that no new key personnel have been onboarded. We are completely staffed with key personnel required in our contract with the state and other positions that our contract requires. We will continue hiring for other positions as we move into TP. The delay in “go live” pushed some of our funding back resulting in delays in hiring. • EQRO Update – Two weeks from now we will undergo our EQRO review. This review will focus on health & safety and any recommendations given to us last year. This virtual review will be held around the December 14th or 15th. • Eye-to- Eye Meeting Update – This meeting is scheduled for next week in Pinehurst and some Trillium staff will be attending. This meeting allows us to connect with folks across the state and discuss a variety of topics. • NCQA Update – We are moving towards NCQA Health Plan Accreditation. We are currently MBHO Accredited which does not meet requirements of what is needed for TP. We cannot get Health Plan Accreditation yet because we are not operating as a health plan. We have decided to pursue what is called Interim Health Plan Accreditation
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	where NCQA will review and focus on our policies, procedures, and processes to assure that all are in alignment with NCQA Standards. We felt this was the best option until we are functioning as a health plan. We are working on a renewal of MBHO which is stressful and entails a lot of additional work.	
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 identified for follow-up 		

6. Agenda topic: CAC Business

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

Discussion	<ul style="list-style-type: none"> Nominations for Additional Physician and Pharmacy Members for CAC – This was addressed in Section #3 Follow-Up Items from Previous Meeting. Please refer to that section. Public Comment Period for Draft 2A-1 Acute Inpatient Service – Emailed to CAC Membership on 11/16/22 – Public comment periods are shared with this committee and other Trillium committees to ensure opportunity for feedback into the Medicaid Program. Feedback can be submitted directly or sent to Dr. Smith before the deadline for submission to the state. 	
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 identified for follow-up 		

7. Agenda topic: Annual Review of DHB Performance Measures along with DMH Measures

Presenter(s): Vanessa Gibbs

Discussion	<ul style="list-style-type: none"> Vanessa presented and reviewed DHB Performance Measures and DMH Measures Trillium submitted to the state. There is a wealth of measures included in the reports and she focused on highlights worth mentioning. DHB measures are Medicaid measures reported annually in November. The FY for 2021-2022 was the first year that SPs went live, and this did impact the data with the significant decrease in the denominator. DHB Annual Measures for A1 Readmission Rates for Mental Health decreased by 8 percentage points since last FY. AI Readmission Rates for Substance Abuse decreased by 3.4 percentage points since last FY. D2.1 MH Utilization (any MH Service for ages 3+) increased by 11.63 percentage points since last FY. D4 Persons Served Substance Abuse increased by 3.14 percentage points from last year. D5 Persons Served MH increased by 7.56 percentage points from last FY. D6 Integrated Care – Adults increased 13.14 percentage points over the past two years. These are the percentage of adults that received a preventative care visit. Vanessa also reviewed the quarterly measures and noted that some of these measures are State Funded, Medicaid Funded and some are combined funded and basically include all members we serve. 	
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	Increases in these measures are attributed to the drop in persons served and the Omicron pandemic.	
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 identified for follow-up 		

8. Agenda topic: Annual Review of Behavioral Health Screening Tools Q16

Presenter(s): Dr. Garcia for Dr. Greer

Discussion	<ul style="list-style-type: none"> Dr. Garcia presented and reviewed the Behavioral Health Screening Tools posted on Trillium's website used in screening for possible presence of a co-existing MH disorder in members who have a SU disorder. This annual review is an NCOA requirement. He shared the screening tools are available for providers and practitioners to use in the assessment process and they assists greatly with ruling out disorders for the diagnosis process. Dr. Garcia asked for feedback from members on whether they use these screening tools and if there were other screening tools they would like to recommend adding to the website. Hillary shared her agency does utilize these screening tools and her nephew's primary care practitioner utilizes the child screening tools as well. 	
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 identified for follow-up 		

9. Agenda topic: Annual Review of Utilization Management Decision Support Tools

Presenter(s): Sharon Cook-McEwen

Discussion	<ul style="list-style-type: none"> In conducting utilization review of service requests, Trillium applies clinical review criteria/decision-making criteria established by the North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS) and the North Carolina Division of Health Benefits (DHB). The clinical review criteria/decision-making criteria utilized are guided by and developed from: <ul style="list-style-type: none"> DHB Clinical Coverage Policy 8A, Enhanced Mental Health and Substance Abuse Services DHB Clinical Coverage Policy 8A-1, Assertive Community Treatment (ACT) Program DHB Clinical Coverage Policy 8B, Inpatient Behavioral Health Services DHB Clinical Coverage Policy 8C, Outpatient Behavioral Health Services DHB Clinical Coverage Policy 8D-1 and 8D-2, Psychiatric Residential Treatment Services and Residential Treatment Services DHB Clinical Coverage Policy 8E, Intermediate Care Facilities for Individuals with Intellectual Disabilities 	
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	<ul style="list-style-type: none"> • DHB Clinical Coverage Policy 8P, North Carolina Innovations • DMH/DD/SAS Service Definitions • Trillium Alternative Service Definitions • B3 Service Definitions • DMH/DD/SAS Implementation Updates – Service Definition Updates applicable at the time of Clinical Review • American Society of Addiction Medicine (ASAM) Criteria • Level of Care Utilization System (LOCUS and CALOCUS) Criteria • Supports Intensity Scale (SIS) • Early Childhood Service Intensity Instrument (ECSII) 	
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 identified for follow-up 		

10. Agenda topic: Review of Value Based Purchasing (VBP) Program

Presenter(s): Holly Cunningham

Discussion	<ul style="list-style-type: none"> • Holly presented and reviewed the VBP Program that her unit (Practice Management under the Network Department) coordinates and monitors. She gave an introduction on VBP goals and TP VBP requirements and reviewed updates on new and existing VBPs. The TCL Stable Housing Initiative (11/1/22 – 6/30/22) is a new project. There was \$255k allocated to incentivize TCL providers to transition TCL members to housing and to retain housing. There are four projects in development, HEDIS VBP for Clinically Integrated Networks/CCH/Physical Health HEDIS Measures; NC Core Pilot (IPS); PRTF VBP Youth Community Reintegration and Continuity of Care Initiative and Project Transition. Holly shared updates and gave a status on all the on-going VBPs. The FBC 7 Day Follow-Up (7/1/21-6/30/22) has not had another payout because Trillium has not received data from DHB for Dec 2021. Q3 and Q4 we are still waiting on data from DMH and DHB. Holly shared that there are a number of great VBP resources on Trillium's My Learning Campus for additional information. 	
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 identified for follow-up 		

11. Agenda topic: Clinical Practice Guidelines (CPGs)

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

Discussion	<ul style="list-style-type: none"> • Additional CPG to Consider for the Network This is an open agenda item for additional CPG recommendations for consideration to add to our website. Dr. Garcia shared there is a CPG that the Veteran's Administration (VA) has adopted for Traumatic Brain Injury as one option we can consider, but it does not address pediatrics. When we become a TP, we will also need to consider adopting physical health CPGs and how to coordinate this with our SP partner. Recommendations for CPGs can be sent to Dr. Garcia, Dr. Flores, or Dr.
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	Smith. Hillary inquired if there were any CPGs for Treatment Resistance Depression. Dr. Garcia will research this and follow-up with Hillary at the Feb meeting. We did endorse ECT as a CPG which can be very effective for refractory depression, but there are only a few agencies that utilize it. There were no other CPGs recommended for endorsement.	
Conclusions	<ul style="list-style-type: none"> • Dr. Smith recommended an official vote to endorse the Behavioral Health Screening Tools QI6, UM Decision Supports Tools and even our CPGs (agenda items #8, #9 & #11) and to review these annually in December. A motion to endorse the BH Screening Tools, UM Decision Support Tools and CPGs was made by Glenn and seconded by Gary with all members in favor. • Dr. Smith shared we want to make sure that CPGs posted on our website reflect the committee's attempt at guiding our Network in appropriate care. • 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 on CPG for Treatment Resistance Depression 	Dr. Garcia	Feb Mtg.

12. Agenda topic: Open Agenda

Presenter(s): All Members

Discussion	<ul style="list-style-type: none"> • No open agenda items were discussed. 	
Conclusions	<ul style="list-style-type: none"> • N/A 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> • There were no action items for follow-up 		

Meeting Adjourned

Next Meeting Date: February 3, 2023

(All meetings convene from 1:00pm – 2:30pm)

Submitted by Susan Massey

All supporting documents are proprietary. Contact Susan Massey with any questions.