

**Trillium**  
HEALTH RESOURCES

## Clinical Advisory Committee Meeting Minutes

Transforming Lives. Building Community Well-Being.

Date: December 03, 2021

### Meeting Called By

Dr. Garcia for 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 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 checked="" 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 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 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 type="checkbox"/>
Jason Swartz Trillium Health Resources Pharmacist	<input checked="" type="checkbox"/>	Benita Hathaway Trillium Health Resources Vice Pres. Population Health & Care Mgmt. Guest	<input checked="" type="checkbox"/>	Krissy Vestal Trillium Health Resources Head of Performance Improvement Guest	<input checked="" type="checkbox"/>
Rasheedah Pittman Trillium Health Resources Administrative Assistant – Network Management	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

### AGENDA

#### 1. Agenda topic: Welcome/Call to Order

Presenter(s): Dr. Paul Garcia for Dr. Michael Smith

<b>Discussion</b>	<ul style="list-style-type: none"> <li>The meeting was called to order by Dr. Garcia for Dr. Smith at 1:00pm</li> <li>A quorum was present</li> <li>Hillary was having technical difficulties; therefore, Dr. Garcia will be hosting the meeting.</li> <li>Gary opened discussion on Trillium's recruitment of positions via publications and how it effects providers competitively who are already having difficulty filling vacancies.</li> </ul>
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<b>Conclusions</b>	<ul style="list-style-type: none"> <li>There were no questions or concerns identified for follow-up or items recommended for corrective action.</li> </ul>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<ul style="list-style-type: none"> <li>There were no action items noted for follow-up</li> </ul>			

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

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

<b>Discussion</b>	<ul style="list-style-type: none"> <li>The October 1, 2021 Meeting Minutes were approved with one correction to the New Zealand CPG follow-up item with a motion by Gary and second by Hillary and all members in favor.</li> <li>There were no other changes to the agenda</li> </ul>		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>There were no questions or concerns identified for follow-up or items recommended for corrective action.</li> </ul>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<ul style="list-style-type: none"> <li>There were no action items noted for follow-up</li> </ul>			

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

Presenter(s): Dr. Garcia for Hillary Faulk-Vaughan

<b>Discussion</b>	<ul style="list-style-type: none"> <li>Dr. Smith/Dr. Garcia – Schedule a meeting with CAC physicians and others knowledgeable on ECT to discuss endorsement of the New Zealand ECT CPG. Open. This meeting was scheduled and cancelled due to lack of participation. A future meeting will be scheduled with the CAC MDs and Dr. Lang.</li> <li>Dr. Smith – F/u with sharing Trillium's internal organization chart with the network. Open. This item will be listed for follow-up at the next meeting in Dr. Smith's absence.</li> <li>Dr. Smith/Dr. Garcia – Discuss the use of Clozaril at the next CMO Meeting. Closed. This item will be discussed at the next CMO meeting.</li> </ul>		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>All follow-up items that are pending will be followed-up on at the next scheduled meeting.</li> </ul>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<ul style="list-style-type: none"> <li>Schedule meeting to discuss the New Zealand ECT CPG</li> <li>F/u with sharing Trillium's org chart with the Network</li> </ul>	Dr's Smith/Garcia Dr. Smith	Feb. Mtg. Feb. Mtg.	

4. Agenda topic: Annual DHB Performance Measures with that Quarters DMH Measures

Presenter(s): Vanessa Gibbs

<b>Discussion</b>	<ul style="list-style-type: none"> <li>Vanessa presented and reviewed the Annual DHB Performance Measures in detail. This information included 30-day readmissions for MH &amp; SU, follow-up after hospitalization 7 day and 30 day MH, initiation and engagement and call center statistics. Additional data included was claims to out of network providers, inpatient days and average length of stay, inpatient utilization MH and penetration rate. Intensive outpatient and partial hospitalization utilization MH, outpatient/ED utilization MH were discussed along with all of these same measures with the SU population. There are no standards to meet currently, but we will be getting information compared to other MCO's in the future.</li> </ul>		
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	A significant increase in preventative care for children was noted and probably related to the COVID pandemic. The last quarter data for DMH Measures was also reviewed. Vanessa also shared that these reports were submitted to the state in November.		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>There were no questions or concerns identified for follow-up or items recommended for corrective action.</li> </ul>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<ul style="list-style-type: none"> <li>There were no action items noted for follow-up</li> </ul>			

#### 5. Agenda topic: ECHO Survey Analysis

Presenter(s): Krissy Vestal

<b>Discussion</b>	<ul style="list-style-type: none"> <li> <b>ECHO Survey 2019-2020 Recommendations</b>            The ECHO survey is administered annually and assesses Medicaid Members perceptions of care and assists with quality improvement strategies using a random sample of members chosen. The two groups surveyed were adults 18+ and parents/guardians of children ages 12-17 who have received MH/SU/IDD Services prior to July 2020.         </li> <li> <b>Adult Survey Results</b>            Out of the 571 surveys sent out, 70 useable Adult surveys were returned. Trillium's overall response rate was 12.3% which was an increase from 2018-2019 year. Trillium received a 62.5% satisfaction rating and it is important to note in our QAPI work plan there is a goal for the ECHO survey to obtain a positive response equal to or greater than 85% for overall satisfaction. There are five domains assessed in this survey. Each domain has two to six questions. Krissy reviewed each domain and shared there is low reliability due to the decreased sample size. There are no statistically significant differences in the State scores and Trillium's yearly scores in the composite domains. There is also a Care Coordination section and a Single Item section included. If we determine the need to try to impact overall satisfaction there are some opportunities for improvement that we can work on and these were reviewed in detail.         </li> <li> <b>Child Survey Results</b>            Of the 571 surveys sent to guardians, 64 useable surveys were returned. Trillium's overall response rate was 11.2% which is a significant decrease from the previous year. The overall satisfaction rate was 64.2%. This goal as stated above is on the QAPI Work plan. The Child Survey only includes four domains for satisfaction and Krissy reviewed those in detail. There are two to five questions in each domain. A Care Coordination and Single Item Section are included for the Child Survey. There are no statistically significant differences in the State scores and Trillium's yearly scores in the composite domains. If we determine the need to try to impact overall satisfaction there are some opportunities for improvement that we can work on and these were reviewed in detail.         </li> <li> <b>Recommended Action Items</b> </li> </ul>
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	<p>For the Adult Survey – for questions Q3, Q7, Q19, Q20 &amp; Q29 it was recommended to include a spotlight on these items in the Member Newsletter. In relation to questions Q3, Q7, Q10, Q19, Q21, Q22 &amp; Q29 it was recommended that the Provider Communication Bulletin feature an article reminding providers of the importance of these items. For the Child Survey – some strategies will overlap from the Adult survey to the Child Survey. For questions Q21, Q32, Q33 &amp; Q35 it was recommended that the Member Newsletter will feature an article spotlighting these items. For questions Q15 &amp; Q17 it was recommended that the Provider Communication Bulletin will feature an article reminding providers about the importance of the items. Krissy asked for thoughts and recommendations. Benita asked if the ECHO Surveys would continue moving forward. It was assumed that this survey will not be used next year. She also shared that some of the recommendations can be addressed in provider training and adding this information to the materials specifically the Training Plan for the Tailored Plan.</p>	
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>There were no other questions or concerns identified for follow-up or items recommended for corrective action.</li> </ul>	
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>
<ul style="list-style-type: none"> <li>There were no action items noted for follow-up</li> </ul>		

#### 6. Agenda topic: QIA Review – Information and Discussion

Presenter(s): Amanda Morgan

<b>Discussion</b>	<ul style="list-style-type: none"> <li><b>Review of QIA Grid</b> – Amanda presented and reviewed the summary of the active Trillium QIAs. She reviewed the new and/or existing interventions for each QIA.</li> <li><b>Discussion of Interventions for QIPs</b> – Two new interventions related to training for TCLI staff and RI staff were added to the TCLI QIA template related to transitioning from the Incedo platform to the Connections platform. Glenn asked since the data isn't broken down by hospital on the Decreasing Inappropriate Utilization of the ED for Members QIA, how are we determining which hospitals/providers are doing well or not doing well. He also shared that maintaining a relationship with hospital doctors has been difficult and his agency has had several meetings with Nathan Harper, Medical Director of Inpatient Psychiatry at Vidant Medical Center to discuss these concerns. Dr. Garcia shared Trillium has an ED Disposition Team that is staffed on Tuesdays and Fridays. These are mostly members that are emergency department only, our UM Department usually follows our members who are inpatient. Glenn will have Dr. Kaoud contact Dr. Garcia for further discussion. Natasha shared the same sentiment with Mobile Crisis in that it is challenging to form relationships with individuals that are willing to work in partnership.</li> </ul>
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>There were no other questions or concerns identified for follow-up or items recommended for corrective action.</li> </ul>

Action Items	Person(s) Responsible	Deadline
• There were no action items noted for follow-up		

## 7. Agenda topic: Trillium Information Update

Presenter(s): Dr. Garcia for Dr. Smith, Krissy Vestal

Discussion	<ul style="list-style-type: none"> <li>• <b>NCQA Update and Status (Krissy)</b> - We are scheduled to receive the final results of our NCQA Re-Survey by December 23<sup>rd</sup>. Our re-survey went very well and we are anticipating receiving full 3 year accreditation.</li> <li>• <b>EQR Update (Dr. Garcia)</b> - This is still an abbreviated virtual review and will be conducted on December 16th. There are no additional updates to share from our last meeting update.</li> <li>• <b>Tailored Plan (TP) Update (Dr. Garcia)</b> – Tailored Plan implementation has been delayed until Dec 2022. Halifax County is officially aligned with Trillium. Bladen County is scheduled to join Trillium on February 1, 2022.</li> <li>• <b>Staffing Updates (Dr. Garcia)</b> – New Employee Orientation was conducted and we welcomed several new staff to fill in the Halifax region. Leza is retiring and Joy Futrell was appointed by the Governing Board as her successor and has agreed to accept this role. Richard Leissner, General Counsel resigned and his position is on recruitment.</li> </ul>	
Conclusions	<ul style="list-style-type: none"> <li>• There were no questions or concerns identified for follow-up or items recommended for corrective action.</li> </ul>	
Action Items	Person(s) Responsible	Deadline
• There were no action items noted for follow-up		

## 8. Agenda topic: CAC Business/COVID Update

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

Discussion	<ul style="list-style-type: none"> <li>• Hillary reported that the status of staff vaccination has remained the same for her agency with 87% vaccinated staff. There is a staff member that is planning to get vaccinated due to the mandate for weekly COVID testing from the state. Members are starting to get boosters and are at approximately 50% vaccinated. Staff members have left (one contracted COVID). Significant difficulties with hiring continues with licensed clinicians as the biggest barrier. We are in the process of trying to recruit students that will be graduating in May 2022 as interns. With reduced staff in inpatient facilities, we are seeing even greater disconnects in communicating with hospitals regarding discharges. One example is a member was discharged 4 days earlier than the stated discharge date with no meds and another was not competent to return home and this was made known to the hospital and they were discharged for home and he stabbed himself in the head within two hours and was back in the ED within 6 hours. We continue to call every day until we reach someone and are still not being successful. Hillary is in the process of submitting a formal complaint on one of the hospitals.</li> </ul>
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	<p>Holly Hill has been a challenge and Hillary has spoken with their Medical Director and Clinical Operations Director to discuss these concerns. Holly Hill is so short staff and using interim staff that they are having challenges as well. Dr. Garcia shared he has had difficulty communicating with Lighthouse and Holly Hill in the past. Glenn echoed that agencies are having staffing issues and most especially key positions resulting in a fragile infrastructure. Dr. Garcia inquired if these massive vacancies across the provider network were due to the vaccine mandates or COVID. Dr. Adams shared that nurses in the hospitals are leaving left and right becoming traveling nurses for more pay. Gary felt that there are a variety of reasons for the staff shortages across the network and his agency is not mandating vaccination due to the fragile infrastructure. Gary also shared that they are looking at putting incentives into place and that may be an area they will be addressing soon. Hillary asked Trillium's Leadership to consider how fragile agencies are when the state of emergency ends with expectations of resuming normal protocols and supporting us in a smooth transition, recognizing that when we do return to the office there is still a pandemic in process that providers are faced with. It was also noted that Medicaid Transformation during the pandemic has been a challenge, but we are working through it figuring it out as we go. Glenn stated there have been individuals vaccinated for COVID and have still contracted it.</p>		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>There were no questions or concerns identified for follow-up or items recommended for corrective action.</li> </ul>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<ul style="list-style-type: none"> <li>There were no action items noted for follow-up</li> </ul>			

#### 9. Agenda topic: Clinical Practice Guidelines

Presenter(s): Dr. Garcia

<b>Discussion</b>	<ul style="list-style-type: none"> <li> <b>Clozaril Practice Guidelines Open Discussion – Dr. Garcia</b>            The APA did release a new CPG for the treatment of Schizophrenia. In that CPG (312 pages) 3 chapters are devoted to Clozaril. There is a plethora of information in these 3 chapters. Dr. Garcia recommended that we adopt these 3 chapters for our CPGs at least initially. These chapters include Clozapine for aggressive behavior, Clozapine for suicidal risks and Clozapine for treatment of resistant Schizophrenia. The guidelines are the latest from 2021.         </li> <li> <b>Upcoming CPGs – Dr. Garcia</b>            In the future a new CPG will be Interventions and Modalities with a possible link to the Clozaril network that can be accessible through the CPGs for our providers.         </li> <li> <b>ECT Practice Guidelines – Dr. Garcia</b>            In this same EPA guideline there is a chapter on utilizing ECT with a neuroleptic for patients with Schizophrenia. This is another treatment modality to utilize for patients that are not responding to even Clozaril.         </li> </ul>
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	Dr. Garcia asked the physicians on the call to review the CPGs (New Zealand) sent to them. He will try to schedule a meeting in the New Year. In the meantime, Dr. Garcia will continue to reach out to Dr. Lang to get his perspective. Currently, the EPA has adopted the guidelines, but are not necessarily endorsing them.	
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>There were no other questions or concerns identified for follow-up or items recommended for corrective action.</li> </ul>	
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>
<ul style="list-style-type: none"> <li>Schedule a meeting with CAC physicians and others knowledgeable on ECT to discuss endorsement of the New Zealand ECT CPG.</li> </ul>	Dr. Garcia	2022

#### 10. Agenda topic: Open Agenda

Presenter(s): All Members

<b>Discussion</b>	<ul style="list-style-type: none"> <li>Gary shared United is not credentialing the Family Nurse Practitioners that were grandfathered in under the old Sunset Bill. If other providers have Family Nurse Practitioners that were grandfathered in and are prescribing medication you may want to check to assure you will be paid, especially with United.</li> </ul>	
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>
<ul style="list-style-type: none"> <li>N/A</li> </ul>		

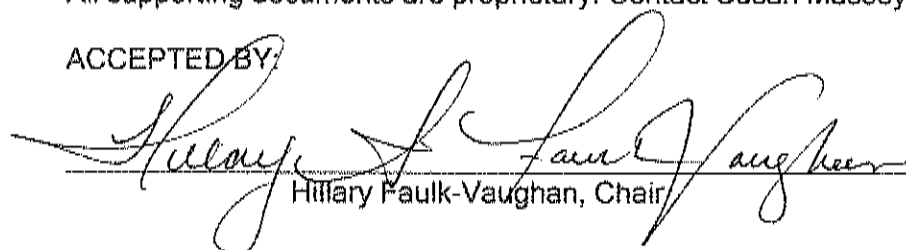
Meeting Adjourned: Motion by Gary, Second by Robby, all members were in favor.

Next Meeting Date: February 4, 2022

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

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

ACCEPTED BY:

 MA CPA HSPA 3/25/2022  
Hillary Faulk-Vaughan, Chair Date