



Transforming Lives. Building Community Well-Being.

Clinical Advisory Committee Meeting Minutes

Date: June 03, 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 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 type="checkbox"/>
Dr. Joshua Pagano Cherry Hospital Forensic Psychiatrist	<input 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 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"/>	Fonda Gonzales Director of Quality Management - Guest	<input checked="" type="checkbox"/>
Dr. Terri Duncan Director of Bladen County Dept. of Health & Human Services	<input type="checkbox"/>		<input type="checkbox"/>		<input 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 1:00p Dr. Garcia was on vacation. Dr. Greer had a conflicting appointment. Griffin was out of town. 				
Conclusions	<ul style="list-style-type: none"> A quorum was not present for today’s meeting. No official voting was conducted. There were no other questions or concerns identified for follow-up or items recommended for corrective action. 				
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2. Agenda topic: Review and Approval of Previous Month’s Meeting Minutes and Agenda Presenter(s): Dr. Garcia for Dr. Smith



Discussion	<ul style="list-style-type: none"> The April 1, 2022 Meeting Minutes will be emailed out for an official vote of approval due to not having a quorum at today's meeting. There were no 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. 				
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3. Agenda topic: Follow-up Items from Previous Meeting

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

Discussion	<ul style="list-style-type: none"> Susan – Forward Feb Meeting Minutes to Dr. Smith for signature. Completed. Dr. Garcia – Add CAC Bylaws revisions to June agenda. Completed. The Bylaws are listed on the agenda. Fonda – Present CAC Bylaw revisions. Completed. Dr. Garcia – Add CAC Meeting WebEx or Face-to-Face meeting discussion to June's agenda. Open. This item will be discussed at the August meeting and added to the August agenda. 						
Conclusions	<ul style="list-style-type: none"> All follow-up items that are pending will be followed-up on at the next scheduled meeting. 						
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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. The TCL QIA did not meet the metric (Measurement #39) for the set goal of 98% for this reporting period and have not met it since Nov 2021, but has been steadily increasing. Not meeting our targeted goal was attributed to transferring members from Bladen and Halifax counties and the transitioning of Trillium's software platform and staffing issues with the current provider. The MST QIA Measurement #9 did meet the goal of 14%, but is slowly increasing. There is one intervention open involving training catchment area DSS'. *****Amanda shared that there are MST providers in all catchment area counties available to provide this service. that continues. due to claims lag. There was also no new data for the Decreasing ED Visits QIA due to claims lag. Measurement #16 (local data) for the MH 1-7 Day Follow-up QIA did not meet the metric. We continue to await state data for Measurement #14, #15 & #16. This project has been on-going since 2018 (baseline data) and Dr. Garcia said he continues to meet with hospitals and providers to educate them and obtain feedback on ideas for improvement. Dr. Greer asked if all the MCOs across the state were meeting the metric and Amanda shared we were receiving score cards from the state, but haven't received one in a while. There are a few MCOs that do meet this metric with either DMH or DHB. Fonda has had discussions to inquire what the other MCOs are doing to improve this metric. Some MCOs have an alternative service definition. Trillium has not been able to implement an alternative service definition due to funding. There are many barriers for providers when the metric was changed from 0-7
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	<p>days to 1-7 days. Telehealth should have increased the measurement, but is not being utilized enough. Peer support services need to be engaged with members and follow them through the hospitalization admittance and discharge process in efforts to improve and/or meet this metric. Staying in contact with transient members continues to be a challenge (constantly moving/homeless, cell phone numbers change/disconnected, etc.). Sharlena explained the NC-Notify participation process that hospitals can implement, but not all of them participate.</p> <ul style="list-style-type: none"> • Discussion of Interventions for QIAs – There were no new interventions presented for discussion in the QIA Grid presentation. 				
<p>Conclusions</p>	<ul style="list-style-type: none"> • Amanda shared the QIA acronyms (Quality Improvement Activity - QIA, Multi Systemic Therapy -MST, etc.) and gave an overview to assist Dr. Duncan with services and attempts for improvement. • Dr. Adams shared one of the things he sees happening in the hospitals is that they receive a child with one of the new versions of Medicaid, but they feel they would be better served with an enhanced service. He shared that his understanding is that the member would have to first switch back to Trillium before they would qualify for whatever service they would like to refer them to. He went on to say that this process seems to take a while and they aren't able to switch their insurance while they are in the hospital. Dr. Adams shared he's been told that it takes up to a month to make this happen and in the meantime members are not receiving the care they need and are falling through the cracks. Dr. Smith agreed that they would have to be under Trillium to receive enhanced services through the Tailored Plan (TP) and he believes the state has shared that the process takes 72 hours. Gary stated the state has put out a process to be able to switch members. He checked with Jason for a turnaround time from the time an application is submitted to switch to an enhanced service provider and confirmed it takes 3 days to one week to make this transition happen. He shared his experience has been a relatively quick turnaround time and the key is learning the process and holding people accountable. • Dr. Duncan asked what the process is for a hospital to become a participating hospital. Amanda shared it is her understanding if a member is admitted and has an MH or SU diagnosis then they are counted in the metric for the MH & SU 1-7 f/u QIAs. Trillium will receive the claim and therefore there is not a sign up process. Sharlena shared that not all hospitals participate in NC Notify. This is a system where the hospitals feed EHR information of their member's hospitalization to providers allowing them to outreach members. The issue with NC Notify is that the data coming in is not necessarily data code related, but rather narrative code related and sometimes there is no narrative at all. This issue may have been resolved, there was discussion on assuring that participating hospitals enter diagnosis narratives and numeric narratives for providers to better filter the information. 				
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5. Agenda topic: Trillium Information Update

Presenter(s): Dr. Smith

<p>Discussion</p>	<ul style="list-style-type: none"> • TP Update – Trillium is making good progress working towards TP and have some readiness reviews already scheduled. These readiness reviews
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	<p>are similar to an audit and assists us and the state with answering questions and identifying other information needed to assure everything is in place to go live December 1st, 2022. A meeting is scheduled this afternoon for additional discussion and sometime in April our first readiness review is scheduled for Call Center. Only LME/MCOs can apply to be TP this first go-around and is on a four-year bid cycle. On the second go-around bid cycle only the LME/MCOs that have successfully operated as a TP and non-profits can apply/bid.</p> <ul style="list-style-type: none"> • Staffing Updates – As a follow-up item from a previous meeting Dr. Smith shared an overview of Trillium’s organizational chart. He shared changes are frequent and on-going to this document. Melissa Owens is now the Finance Officer replacing Joy as she moved to CEO. Sue Ann Forrest was hired as the Director of Government Relations and come with a wealth of experience. • COVID Update – Trillium’s return to office date is scheduled for the first working in May to allow staff to come into the office as they need to while continuing the working from home/remote option. • Rapid Response Team/Executive Response Team This is the process the state is using for kids in DSS custody that are stuck in an ED and the team meets to find an appropriate placement. The state is considering as a result of the Rapid Response Team (RRT)/Executive Response Team (ERT) developing a Child & Family Waiver. There is currently a Child & Family Well Being Division at DHHS now and they are looking at children that are involved in DSS foster care and developing a statewide program that works just with these kids. This would entail pulling them out of .the different LME/MCOs or out of the different Standard Plans and covering their care within this statewide health plan. This has not been decided and is still on the table. Trillium feels like kids should be treated locally and have a local plan that best addresses their needs. Gary shared that his agency provides Targeted Case Management and that RRTs are very helpful in finding the appropriate service and ensuring accountability. He hopes that the RRTs continue when/if a state plan is implemented. 				
Conclusions	<ul style="list-style-type: none"> • There were no questions or concerns identified for follow-up or items recommended for corrective action. 				
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6. Agenda topic: CAC Business/COVID Update

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

Discussion	<ul style="list-style-type: none"> • Provider Status – Dr. Garcia Due to time constraints there was no discussion on Provider Status. • CAC Subcommittee Development – Dr. Garcia Consideration of adding additional members representing physical health and pharmacy has been discussed. Trillium is required to have a pharmacy committee which we envision to be a subset of this committee. Recommendations for a pharmacist and/or primary care physician can be emailed to Dr. Smith or Dr. Garcia.
Conclusions	<ul style="list-style-type: none"> • There were no questions or concerns identified for follow-up or items recommended for corrective action.

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7. Agenda topic: Clinical Practice Guidelines

Presenter(s): Dr. Garcia

Discussion	<ul style="list-style-type: none"> Additional CPGs to Consider In efforts to research a guideline or best practice standard for follow-up after hospitalization, crisis facility visit and/or ED visit Trillium is considering resources listed in the HEDIS metrics going into TP. Feedback for additional CPGs may be emailed to Dr. Smith and/or Dr. Garcia. Frist Episode Psychosis CPGs – Dr. Garcia Dr. Garcia shared that this CPG was shared with the committee members and requested all review it and discuss any feedback and/or vote to implement this CPG at the next meeting. Monitoring CPGs Dr. Garcia asked for feedback/ideas on how to move from endorsing CPGs to monitoring member care based on CPGs. Recommendations can be emailed to Dr. Smith and/or Dr. Garcia. 	
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
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8. Agenda topic: Open Agenda

Presenter(s): All Members

Discussion	<ul style="list-style-type: none"> DSM V T Sharlena asked if Trillium will be doing anything differently with the release of the DSM V TR. Dr. Smith and Dr. Garcia will be discussing this in the near future. CAC Meetings Dr. Smith asked if the group wanted to continue to meet via WebEx as current or have in-person meetings as prior to COVID. Gary suggested keeping the meeting via WebEx and discussing this again at the June meeting. Dr. Smith shared he will go with the majority, but wants to ensure that if we continue to meet via WebEx that the CAC work continues to get done. Another option is to continue via WebEx and have one in-person meeting per year. 	
Conclusions	<ul style="list-style-type: none"> N/A 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> Add meeting (WebEx or in-person) to June agenda 	Dr. Garcia	ASAP

Meeting Adjourned

Next Meeting Date: June 3, 2022

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

Submitted by Susan Massey

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

