Trillium HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

Clinical Advisory Committee Meeting Minutes

Date April 21, 2023

Meeting Called By	Dr. Michael Smith, Chief Medical Officer
Type of Meeting	Face-to-Face w/WebEx Availability 1:00pm – 3:00pm

ATTENDEES

NAME	Present	NAME	Present	NAME	Present
Dr. Michael Smith Chief Medical Officer Trillium Health Resources **Non-Voting Member**	☒	Dr. Paul Garcia Staff Physician Trillium Health Resources **Non-Voting Member**	☒	Dr. Kimberly Greer Staff Psychologist Trillium Health Resources **Non-Voting Member**	☒
Dr. Arthur Flores Deputy Chief Medical Officer Trillium Health Resources **Non-Voting Member**	☒	Khristine Brewington VP of Network Management Trillium Health Resources **Non-Voting Member**	☐	LaDonna Battle Care Mgmt. Population Health Officer Trillium Health Resources **Non-Voting Member**	☐
Jason Swartz Pharmacist Trillium Health Resources **Non-Voting Member**	☒	Benita Hathaway VP Population Health & Care Management Trillium Health Resources **Non-Voting Member**	☒	Julie Kokocha Director – Network Accountability Trillium Health Resources **Non-Voting Member**	☒
Amanda Morgan QM Coordinator Trillium Health Resources **Non-Voting Member**	☒	Trudy Paramore Admin Asst – Medical Affairs Trillium Health Resources **Non-Voting Member**	☐	Cham Trowell UM & Transition of Care Coordinator Trillium Health Resources **Non-Voting Member**	☐
Hillary Faulk-Vaughan Chair PAMH Clinical Director **Voting Member**	☒	Glenn Buck Vice Chair PORT Human Svs Clinical Dir. **Voting Member**	☐	Dr. Robby Adams Medical Director – Various Providers **Voting Member**	☒
Dr. Diane Antonacci Psychiatrist **Non-Voting Member**	☐	Dr. Terri Duncan Dir. of Bladen County Dept. of Health & Human Services **Voting Member**	☐	Sharlena Thomas RHA State Clinical Director **Voting Member**	☐
Griffin Sutton Tidal Neuropsychology, PLLC Director **Voting Member**	☐	Natasha Holley Integrated Family Services Clinical Director **Voting Member**	☒	Gary Bass Pride in NC Executive Officer **Voting Member**	☐
Ryan Estes Chief Operating Officer – Coastal Horizons **Voting Member**	☒	Dr. Ian Bryan ENC Pediatrics **Voting Member**	☒	Dr. Ritesh Patel PORT Health **Voting Member**	☒

Dr. Hany Kaoud Pride of NC **Alternate for Gary Bass**	☒				

AGENDA

1. **Agenda topic: Welcome/Call to Order**
   Presenter(s): Dr. Michael Smith

Discussion	• The meeting was called to order by Dr. Smith
Conclusions	• A quorum was present for today's meeting. • There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	**Person(s) Responsible**	**Deadline**
• 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): Hillary Faulk-Vaughan

Discussion	• Hillary extended a warm welcome to all members. • February 2, 2023, Meeting Minutes were approved as written with a motion by Ryan and a second by Dr. Adams with all members in favor. • There were no changes to the agenda.
Conclusions	• Susan will post the February 2, 2023, Meeting Minutes to SharePoint (SP) and forward to Communications to post on Trillium's website. • There were no other questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	**Person(s) Responsible**	**Deadline**
• Post February 2023 Meeting Minutes to SP & send to Communications to post on Trillium's Website	Susan	ASAP

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

Discussion	• Susan – Post December 2, 2022, minutes to SP and send to Communications to post on Trillium's website – Completed. • Susan – Add Dr. Duncan to the agenda – Completed. • Susan – Send updated invite to CAC members for April face-to-face meeting – Completed. • Dr. Garcia – Add discharge planning discussion to Apr Agenda – Completed. • Sharlena – Email Apr agenda discussion topics to Dr. Smith/Dr. Garcia – Open. – forward discussion topics to Dr. Smith/Dr. Garcia for June mtg. • Dr. Garcia – Add discussion topics from Sharlena to June agenda – Open. • Dr. Smith – Public Comment – Behavioral Health Treatment for Autism Spectrum Disorder – Completed – Emailed to CAC 3/7/2023. • Dr. Smith – Public Comment – Routine Cost in Clinical Trial Services for Life Threatening Conditions – Completed – Emailed to CAC 3/7/2023. • Public Comment – Private Duty Nursing Over Age 21 – Emailed to CAC 3/7/2023.

	• Dr. Smith – Public Comment – Community Health Worker (CHWs) Strategy Paper – Completed – Emailed to CAC 2/20/2023. • Dr. Smith – Public Comment – NC Medicaid CCP No. 11B-9 Thymus Tissue Transplantation – Completed – Emailed to CAC 3/21/2023. • Dr. Smith – Public Comment – Respite – Completed – Emailed to CAC 4/6/2023. • Dr. Smith – Public Comment – 3H-1 Home Infusion Therapy – Completed – Emailed to CAC 4/14/2023. • Dr. Smith – Public Comment – 8H-6 Community Transition – Completed – Emailed to CAC 4/14/2023.
Conclusions	• All open follow-up items will be carried over to the next meeting until completion. • There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
• Email discussion topics to Dr. Smith/Dr. Garcia for June meeting	Sharlena	ASAP
• Add Sharlena's discussion topics to June agenda	Dr. Garcia	ASAP

4. Agenda topic: Review of QIA Grid
Presenter(s): Amanda Morgan

Discussion	• **TCL QIA - Amanda** a. Measurement #50 (Mar 2023) is new and was presented to QIC for review. The threshold of 98% (or higher) was *not met* for Mar 2023. The delegated entity is continuing to experience staffing/hiring issues; however, they are in the process of training staff recently hired. • **Utilization of ED QIA - Amanda** a. Measurement #13 for Oct-Dec is new and was presented to QIC. The project goal for Measure #1 and Measure #3 were not met. • **Mental Health 1-7 Day Follow-up QIA - Amanda** a. Validated State data was received for Measurement #18 (Jul-Sep 2022); DHB and DMH did not meet the project goal of 45%. • **Substance Use 1-7 Day Follow-up QIA - Amanda** a. Validated State data was received for Measurement #18 (Jul-Sep 2022) for DMH; DMH did not meet the project goal of 45%. b. Tracking of DHB SU data has been added back to the QIA as a method to continue to monitor for adherence and validation of DHHS rates/percentages. DHB SU did not meet the project goal of 45% from Oct 2021-Dec 2022. • **1-7 Day Follow-Up Additional Discussion – All Members** Hillary shared the CAC has been discussing the 1-7 F/u QIAs and brainstorming ideas to help support efforts for these QIAs and provide clinical guidance to the Network. CAC has discussed developing some type of criteria to recommend how discharge planning from hospitals is conducted. This is in efforts to ensure the best possible outcomes for members connecting in engagement and adverting the revolving door

to the ED. Dr. Garcia shared that in the past we have tried many different interventions to support us in meeting the goals for 1-7 follow-up and have concluded that we cannot achieve meeting the goals on our own. We have reached out and discussed concerns with hospitals and providers. Liquidated damages will be applied for not meeting these measures and this takes money out of the system. The PIP Team is working on the next phase for the two new 1-7 Follow-up PIPs which is to identify two interventions as opposed to the many interventions implemented in the QIAs that did not assist in meeting the goals. He asked for recommendations from members to standardize the discharge process as well as how Trillium can promote the process so that everyone is on board. Ryan suggested pinpointing which providers (a handful) are doing most of the intakes within the Network and incentivize them to where they can have better access for intakes. On any given day there are twenty people walking in and providers have the bandwidth to intake only five or six of them. The others are given an appointment for a later date that they do not keep because that is the nature of the clients we work with. If providers staffed their agencies to see twenty or more people per day with the amount of no shows and cancellations, they would go broke. If providers had a valued based income contract or a higher reimbursement rate for these particulars staff can be designated in each office for intake. This can be communicated to the hospitals that we have developed a model to help get members seen. It is much easier to get members in that are already established with a therapist as opposed to new intakes. If Trillium has data on statistics for days of the week that intake services are being sought/utilized more than others, this could be shared with providers to help with scheduling staff to better serve walk-ins. Dr. Smith stated that the 1-7 Follow-up measurements are being looked at by the state for all the MCOs moving towards Tailored Plan (TP). They are feeding data back to us from their measurements that do not align but are trending the same way. Dr. Smith shared a conversation with Hillary on developing a Clinical Practice Guideline (CPG) around 1-7 Day Follow-up but there were no CPGs found to model. In the absence of that this committee can develop our own CPG. Hillary shared her agency's experience of getting notification of discharge from the hospitals within an hour of discharge. Discharge planning starts at intake and an open line of communication needs to be implemented between the hospitals and providers for a successful plan of care for members. Ryan stated that members are normally discharged with three to seven days' worth of medication. Once members are out of meds, they typically contact the provider to say they need a refill which puts the provider in a predicament especially if the hospital has changed the members meds and prescribed a new med that is not in the member's medical record. Benita shared several years back Cherry Hospital developed a discharge protocol that encompassed the number of meds & refills given at discharge. She also stated that providers should be given a copy of the

	member's discharge instructions. Hillary said they typically must request discharge instructions several times and sometimes it is received two weeks later if at all. This happens with folks on Clozaril that need labs within a week. Dr. Patel said most physicians are being reimbursed extra for not only TCM services but also if the patient comes in and gets the medication recommendation completed within 48 hours then seen within 7-14 days. They have a dedicated person that consistently reviews discharges daily and has openings for physicians, nurse practitioners and physician assistants to be able to see them. He also shared that they conducted a project on the pharmacy side since most members are discharging with med changes where members fill their prescriptions at a pharmacy in the created network that will connect with the physician and/or case manager. This was through a network called CPESN -Community Based Pharmacy Solution for All which exists in NC. This project keeps communication open between physicians, pharmacies, and case managers. Ryan inquired if it would skew the data if a member was discharged and seen the same day for an antidepressant by their primary care provider that bills Medicaid Direct versus billing through Trillium's Medicaid. Dr. Smith said this would skew the data. The conundrum of controlled substances being paid for in cash instead of filing insurance and controlled substances that are filled across state lines was discussed. There are regulations regarding controlled substances being taken across state lines and this varies state-to-state. Dr. Patel said if a prescriber is licensed in other states to dispense controlled substances and they have the additional controlled substances license that some states require they can prescribe controlled substances and have it shipped to a member who is out of state. The prescriptions must be mailed directly to the member.
Conclusions	• **TCL QIA** – This QIA will not transition to a PIP with TP implementation. There will be a TCL PIP, but not related to In-Reach. • **1-7 Day Follow-up MH QIA** – This QIA will transition to a similar PIP and will look slightly different with a new goal. This will be different for the Medicaid side and the DMH side of this QIA. • **1-7 Day Follow-up SU QIA** – This QIA will also transition to a similar PIP and will look slightly different with a new goal. • **MST QIA** – This QIA was closed out in March at QIC and is no longer being monitored. This QIA was not transitioning to a PIP with implementation of the TP. • A PIPs Partners Team was developed and have been meeting for the last several months with Dr. Garcia as the lead. The PIPs Team has been working to identify barriers for the QIA's that will transition to PIPs and produce corresponding interventions to address the barriers. • Recommendations for CPG for discharge planning were 1) discharge planning should start at admission, 2) open communication with prior providers of member, 3) communication with discharging provider as soon as identified, 4) communication should include medications, labs, STOH needs, discharge summary and discharge instructions, 5)

	discharge with a 30-day supply of medication with caveats around controlled substances, 6) partnering with a community pharmacy. • Hillary shared in the past they have coordinated with pharmacies to fill a 30-day supply of medication (controlled substances) if it is distributed to delivered to or picked up by the member on a weekly basis. • Dr. Smith & Dr. Garcia will compile the recommendations received in efforts to improve the metric and for the sake of our members. Additional recommendations may be emailed directly to Dr. Smith. • Amanda shared the PIPs Team are planning to have the two interventions completed by June 2023 for the new 1-7 Day Follow-up PIPs and will be submitting those to HSAG for feedback and technical assistance support to think through how to evaluate the interventions for effectiveness. • There were no other questions or concerns identified for follow-up or items recommended for corrective action.

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

5. Agenda topic: Trillium Update and Information
Presenter(s): Dr. Michael Smith

Discussion	• **Tailored Plan (TP) Update** Trillium was scheduled to go live with TP on April 1, 2023; however, the state moved the launch of TP to October 1st, 2023. The state felt that there may be a risk for continuity of care for members statewide. CMS has increased scrutiny of health plans going live throughout the country. CMS representatives attended some of our readiness reviews which has not happened in the past. Parts of TP did go live April 1st, we had a soft launch of Tailored Care Management and internal and external agencies are providing Tailored Care Management. This is a billable service for both Trillium and the external agencies. On April 1st we also began assigning members to Care Management either internally or externally. Some members had to receive Care Management through Trillium as required by the state. Many of these were TCL & Innovations members. Also on April 1st, Health Choice Members were moved into NC Medicaid expanding their benefits and remaining part of Trillium's population which will be the TP population. Undocumented immigrants moved under Trillium on April 1st. Our Transition of Care Department (TOC) oversees the movement of members from TP to a Standard Plan (SP) which happens more than movement from SP to TP. A team in our UM Department is working with the transitions and hopefully this will level out as we prepare to manage these members. The other change that is in the works is B3 Services which is our Medicaid savings that we use to provide certain services is moving to the 1915 Waiver I-Options. I-Options are entitled services where B3 services are not entitlements. This guarantees our Medicaid members get the services needed not dependent upon

	funding. CMS does have to improve the implementation of I-Options and we anticipate this happening but has not yet happened. • **Staffing Update** Trillium staff continue to work remote and productivity metrics continue being met. Offices continue to be maintained for staff to drop in when needed. We are in the process of establishing a Health Equity Council and we are soon to release our first Health Equity Report that shows what Trillium is doing to serve marginal and underserved populations. Trillium continues recruiting for needed positions for TP launch.
Conclusions	• There were no questions or concerns identified for follow-up or items recommended for corrective action.

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

6. Agenda topic: CAC Business
Presenter(s): Dr. Michael Smith

Discussion	• **Welcoming New Members** Dr Smith welcomed everyone to the CAC, especially our new members. Each member introduced themselves, sharing their title and affiliation. Dr. Smith shared the CAC provides clinical input to our operations at Trillium and is made up of clinical leaders (internal staff) and network providers that have an operational role in their agency. This committee is a requirement of our accreditation and input from our members is appreciated. This committee meets every other month usually on the first Friday unless there is a holiday or scheduling conflict. The CAC has not met face-to-face since February 2020, but continues to meet virtually.
Conclusions	• There were no questions or concerns identified for follow-up or items recommended for corrective action.

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

7. Agenda topic: Clinical Practice Guidelines
Presenter(s): Dr. Paul Garcia

Discussion	• **Discuss Proposed Medicaid Direct PIP – Metabolic Monitoring for Children and Adolescents on Antipsychotics** This new project is for one of our HEDIS measures for children on two or more antipsychotics to assure they are receiving metabolic monitoring (glucose check, cholesterol check, etc.). The age range for this PIP is from one to seventeen years old. The PIP Team continues to meet to form a diagram and develop barriers to develop interventions. Hillary shared they are researching a home-based blood test for their adult population specifically for Clozaril patients in efforts to get data without scheduling for labs. Dr. Bryan shared there are guidelines requirements to follow from the American Academy of Pediatrics. His practice refers

	patients to the hospitals and has no issue with receiving the results. These guidelines are also for Medicaid, and this is a benefit because not every practice follows the American Academy of Pediatrics Guidelines even though they should. Dr. Bryan did serve kids on antipsychotics when working with Vidant. He was one of the only providers comfortable dealing with foster kids who happened to be on antipsychotics coming out of different inpatient settings. He hopes to bring that population into his new practice because there are not a lot of local providers to serve these children. Generally, he has seen children on one antipsychotic and occasionally saw children on two or more. Dr. Swartz shared he oversees a PIP around children receiving psycho-social care at the time of or before starting an antipsychotic. We anticipate increasing the baseline for this by 5%. This is a HEDIS measure as well. The state has given us a number, but providers and members are not identified which is frustrating. Dr. Bryan stated Vidant tries to get social determinants of health background information. Providers are not comfortable asking questions around this for fear of a positive response and not having resources to direct these families to. Some offices are overpacked with patients they are trying to serve.
Conclusions	• Dr. Greer said with TP implementation we can reach the zero to two population and take advantage of early intervention and assessment before they reach a more critical level of need for antipsychotic medication. • There were no other questions or concerns identified for follow-up or items recommended for corrective action.

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

8. Agenda topic: Open Agenda
Presenter(s): All Members

Discussion	• There were no open agenda items recommended for discussion.
Conclusions	• There were no questions or concerns identified for follow-up or items recommended for corrective action.

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

Meeting Adjourned

Next Meeting Date: June 2, 2023, this meeting will be virtual from 1pm-2:30pm

Supporting Document/Attachment for Minutes:
CAC Minutes – Feb 2023
CAC Agenda – April 2023
Public Comment Period – Behavioral Health Treatment for Autism Spectrum Disorder – Emailed to CAC 3/7/2023.

Public Comment Period – Routine Cost in Clinical Trials Services for Life Threatening Conditions – Emailed to CAC 3/7/2023.
Public Comment Period – Private Duty Nursing Over Age 21 – Emailed to CAC 3/7/2023.
Public Comment Period – NC CHHS' Community Health Worker (CHWs) Strategy Paper – Emailed to CAC 2/20/2023.
Public Comment Period – NC Medicaid CCP No. 11B-9 Thymus Tissue Transplantation – Emailed to CAC 3/21/2023.
Public Comment Period – Respite – Emailed to CAC 4/6/2023.
Public Comment Period – 3H-1 Home Infusion Therapy – Emailed to CAC 4/14/2023.
Public Comment Period – 8H-6 Community Transition – Emailed to CAC 4/14/2023.
QIA Grid & Graphs – Apr 2023