

Clinical Advisory Committee By-Laws

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Trillium
HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

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COMMITTEE OVERVIEW

The goal of the Trillium Health Resources “Trillium” Clinical Advisory Committee (CAC) is to identify clinical practices that are likely to improve clinical and quality outcomes and enhance patient experience. The Clinical Advisory Committee receives updates and recommendations from several Trillium committees and groups, as well as information about current clinical initiatives for which feedback is being sought.

The members of the Clinical Advisory Committee (CAC) should be knowledgeable of best practice and evidence based practices in their respective areas of clinical expertise and discipline. The CAC must also be familiar with the many aspects of Trillium Health Resources operations that impact the services to recipients such as network capacity, stability, and the quality of care that the Practitioners/Providers deliver. The CAC relies on a bi-directional exchange of information from its membership as well as input from other committees.

After review of issues that come before it, the CAC may make recommendations regarding the delivery of clinical care in the Trillium Health Resources network. These recommendations are taken by the Trillium Chief Medical Officer to the Trillium Health Resources Executive Committee for review and decision.

MISSION

The Trillium Health Resources Clinical Advisory Committee serves to promote evidence based practices for all populations served within the network. The Clinical Advisory Committee shall facilitate open exchange of ideas, share values, goals, and vision and promote collaboration and mutual accountability among providers. The Clinical Advisory Committee strives to achieve best practices to empower members/recipients within our community to achieve their personal goals and / or promote recovery. The goal of the Clinical Advisory Committee is to identify clinical practices that are likely to improve clinical quality outcomes and enhance member experience.

The mission of the Trillium Health Resources Clinical Advisory Committee is founded in a set of core values. All members must embrace these core values, which serve as the foundation of the clinical practices for the Trillium Health Resources provider network.

INTEGRITY

Provide accurate and truthful representation of issues and ideas at all times.

COMPETENCE

Honor responsibilities to achieve and maintain the highest level of professional competence.

PROFESSIONAL CONDUCT

Maintain collaborative professional relationships. All interactions should be directed to improving the quality of life of the individuals who receive supports and services from the network agency.

INDIVIDUAL VALUE, DIGNITY, AND DIVERSITY

Provide supports and services that promote respect and dignity of each individual supported regardless of race, gender, gender identity, culture, creed, or religious beliefs. .

SOCIAL JUSTICE

Assure that the right of individuals and those who make decisions regarding services have complete and accurate information on which to make choices.

SOCIAL CAPITAL

Clinical Advisory Committee members support the importance of social relations and the role of cooperation and confidence to get collective results.

PARTNERSHIP

Clinical Advisory Committee members will work together in partnership to develop and achieve desired outcomes.

COMMITTEE OBJECTIVES

The objectives for which this Committee is formed are as follows:

1. To provide feedback and recommendations to Trillium about its clinical initiatives and clinical performance.
2. To recommend new service initiatives to address service gaps and provide insight into the annual gaps and needs analysis.
3. To make recommendations for clinical training and clinical education for the Trillium clinical network.
4. To review, evaluate, and provide input into the selection of evidenced-based clinical practice guidelines, relevant to members and based on literature review. Review the

monitoring of adherence to selected elements of the guidelines and provide feedback and assistance to practitioners/ providers as needed. To review and advise Trillium Health Resources regarding the annual Quality Management & Improvement Plan (QMIP), and to review the goals, and objectives of the Trillium Health Resources QM Department.

5. To review and advise Trillium Health Resources regarding the annual Utilization Management (UM) plan, and to review the goals, and objectives of the Trillium Health Resources UM Department.

The Clinical Advisory Committee is one of the key committees of Trillium Health Resources and, as such, has responsibilities to consumers and families in representing their interests and challenges by identifying evidence based practices, key indicators, initiatives and requirements. The CAC membership has been designed to represent the diversity of the network, taking into consideration dimensions of geographical location, licensure, specialty, and practice type (e.g. LIP, agency, facility). The Clinical Advisory Committee offers an opportunity for involvement of representatives of relevant medical systems and other health care practitioners in Trillium's quality improvement program.

Minutes from Clinical Advisory Committee are maintained on Trillium's intranet site and are posted on the Trillium Health Resources website Committees page.

CLINICAL ADVISORY COMMITTEE BY-LAWS

ARTICLE I

The name of this Committee is the Trillium Health Resources Clinical Advisory Committee.

ARTICLE II

The meetings of the Clinical Advisory Committee shall be held at such locations as may be designated by the CAC.

ARTICLE III

Membership of the CAC shall consist of the following:

Section 1. Provider Representatives

Only provider agency staff authorized to make decisions for their agency may serve on the Clinical Advisory Committee. In most cases, representatives should be from different agencies, although it is the person who is elected, not the agency.

Section 2. Non-Provider Representatives

Non-provider representative members shall be permitted who bring clinical expertise that may benefit Trillium Health Resources.

All voting members must be licensed physicians and / or clinicians (practitioners) with the exception of Qualified Intellectual and Developmental Disabilities Professionals.

A voting member is anyone appointed or elected to the Clinical Advisory Committee. Each member of the Clinical Advisory Committee has one vote per person. There shall be no substitutions for voting members of the CAC. Only Provider Representatives may be voting members.

Section 3. Trillium Health Resources Representatives

This will include the Trillium Chief Medical Officer, Deputy Chief Medical Officer, Senior Staff Psychologist, Director of Pharmacy, and Vice President Network Management, Director of Network Accountability and the Executive Director of Care Management and Population Health. Other Trillium staff may attend on an ad hoc basis.

ARTICLE IV

Section 1: Management

The management and control of the Clinical Advisory Committee shall be vested and exercised by the CAC.

Section 2: Membership in the Clinical Advisory Committee

The members of the Trillium Clinical Advisory Committee shall be appointed by current Trillium Health Resources Clinical Advisory Committee, based upon their knowledge of best practice and evidence based practices in their respective areas of clinical expertise and discipline. Consideration should be given to maintaining a committee that represents a diversity of community providers.

Each member will be appointed to a three-year term. Terms shall coincide with the fiscal year. After serving one three year term, a representative shall be eligible for one more consecutive term.

When a vacancy occurs in the CAC through a resignation or when a current member reaches the end of the term, replacement appointments will be made by the chair and vice chair, taking into consideration advice from the Trillium Chief Medical Officer about maintaining appropriate diversity in the membership.

Section 3: Clinical Advisory Committee Meetings

The Clinical Advisory Committee shall meet at least once every quarter at a time and place designated by the Chair with input from the Committee members. Special meetings of the CAC shall be called upon written request of three (3) members of the Committee, or may be called at the discretion of the Chair. Written or oral notice of each meeting shall be given at least five (5) days prior thereto.

Section 4: Annual Planning Meeting

An Annual Planning meeting of the Clinical Advisory Committee may be held once each year at a time and place recommended by the Chair and at the discretion of the Chair and CMO.

Section 5: Notices

A person designated by the Chair, shall prepare and cause to be sent or published all notices herein mentioned.

Section 6: Quorum

A quorum at any regular or special meeting shall consist of not less than a simple majority of the Clinical Advisory Committee members, in person or via technology.

Section 7: Voting

All matters considered at a meeting shall be decided by a majority vote of voting members present, and all votes taken by voice, unless a roll call vote is requested.

The Chair shall not vote except in case of a tie, in which event he/she shall cast the deciding vote. Written votes may be requested by any member.

Section 8: Attendance at CAC Meetings

If two consecutive meetings or a pattern of absences occurs for a member of the CAC, the Clinical Advisory Committee may terminate that member's participation on the CAC.

Section 9: Conflict of Interest

All Clinical Advisory Committee members shall sign a conflict of interest statement that ensures that a member will excuse him/herself from discussion and voting if the individual or the individual's agency has a vested interest in the decision.

ARTICLE V

Section 1: Officers

The officers of the Clinical Advisory Committee shall be a Chair and Vice Chair.

Section 2: Election

The members of the Trillium Clinical Advisory Committee shall be appointed by current Trillium Health Resources Clinical Advisory Committee, based upon their knowledge of best practice and evidence based practices in their respective areas of clinical expertise and discipline. Subsequently, at the start of each fiscal year in July, the nomination of officers shall be considered and voted on, utilizing the process described in Article VI. Nominees must confirm that they are in agreement with the nomination.

The officers of the organization shall hold office for a term of one (1) year or until their successors are chosen and qualified. The officers may, if properly elected, serve more than one (1) term of office, not to exceed three (3) consecutive years in the same office.

Section 3: Duties

The officers of the organization shall perform such duties as may be required of them by the Clinical Advisory Committee.

- a. **Chair** – shall preside at all meetings of the CAC. He/she shall appoint the chairs of any standing committees. Only current CAC members may be elected to serve as Chair.
- b. **Vice Chair** – shall succeed to the Chair in case of a vacancy in that office. He/she shall preside at all meetings in the absence of the Chair. He/she shall undertake such other responsibilities as the Chair may assign. Only current CAC members may serve as Vice Chair.
- c. A Trillium Health Resources staff member designated by the chair shall handle such correspondence of the CAC as is necessary. He/she shall also keep a record of the proceedings of all the membership and Clinical Advisory Committee meetings and will be responsible for distributing minutes and posting them onto the Trillium Health Resources website. He/she shall keep all records of the CAC.

ARTICLE VI

On an annual basis, the Trillium Chief Medical Officer, after meeting with the active Chair and Vice Chair of the Committee about their interest in continuing in their roles, and consulting with other Committee members, will propose a slate of officers for the following year to the Committee. Approval will be by a majority vote of those in attendance.

ARTICLE VII

Committees – The Clinical Advisory Committee will create sub-committees or workgroups as needed.

ARTICLE VIII

These by-laws may be altered or amended by a two-thirds (2/3) vote of a quorum of the membership, notice of which proposed amendment or amendments has been given to the Clinical Advisory Committee along with notice of the meeting itself. Amendments must be submitted in writing at least 15 days in advance of the full membership meeting.

Alterations or amendments to the Bylaws are subject to the approval of the Trillium Health Resources Executive Committee.