Trillium HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

Clinical Advisory Committee Meeting Minutes

Date October 4, 2024

Meeting Called By	Dr. Michael Smith, Chief Medical Officer
Type of Meeting	Web-Ex Meeting 1:00pm – 2:30pm

EXTERNAL ATTENDEES - VOTING MEMBERS/NON-VOTING MEMBERS

	Present	NAME	Present	NAME	Present
Hillary Faulk-Vaughn, Chair PAMH Clinical Director **Voting Member**	☒	Dr. Robby Adams, MD Vice-Chair Medical Director, Various **Voting Member**	☒	Ann Phelps Wilson Clinical Pharmacist, Novant Health NHRMC **Voting Member**	☒
Dr. Terri Duncan, PhD Director of Bladen County DHHS **Voting Member**	☐	English Albertson Primary Health Choice, CSO Provider Council President **Voting Member**	☒	Ryan Estes Coastal Horizons, COO **Voting Member**	☒
Natasha Holley Integrated Family Services Clinical Director **Voting Member**	☐	Tracey Simmons-Kornegay Public Health Director Duplin County Health Dept **Voting Member**	☐	Sharlena Thomas RHA Behavioral Health Services State Clinical Director **Voting Member**	☐
Michael Martin ABC Pediatrics **Voting Member**	☐	Dr. Ritesh Patel, PharmD PORT Health - Independent Contractor **Voting Member**	☐	Dr. Ian Bryan, MD ENC Pediatrics Owner/Director **Voting Member**	☒
Dr. Michael Lang, PhD Chair of Psychiatry at ECU Health Brody School of Medicine **Voting Member**	☐	Dr. Hany Kaoud, MD PORT Health Medical Director **Voting Member**	☐	Dr. Carol Gibbs Therapeutic Alternatives (Psychiatrist) **Voting Member**	☐
Dr. Johnnie Hamilton Clinical Director Dixon Social Interactive Services, Inc. **Voting Member**	☐	Dr. Beth Pekarek Medical Director for Daymark (Eastern) **Voting Member**	☒	Dr. Robert McHale Medical Director for Monarch **Voting Member**	☒
Laura McRae TFC Senior Director Pinnacle Family Services **Voting Member**	☐	Erin Warlick Clinical Director Advantage Behavioral Healthcare, Inc. **Voting Member**	☐		☐
Amy Moore Dixon Social Interactive Services, Inc. (Alternate for Dr. Hamilton) **Voting Member**	☒		☐		☐

INTERNAL TRILLIUM ATTENDEES, PRESENTERS, GUESTS - NON-VOTING MEMBERS

NAME	Present	NAME	Present	NAME	Present

Dr. Michael Smith Chief Medical Officer Trillium - **Non-voting Member**	☒	Dr. Arthur Flores Deputy Chief Medical Officer Trillium - **Non-voting Member**	☒	Jason Swartz Pharmacy Director Trillium – **Non-voting Member**	☐
Dr. Paul Garcia Staff Physician (Alternate for Dr. Smith) Trillium - **Non-voting Member**	☒	Khristine Brewington VP Network Management Trillium – **Non-voting Member**	☒	Julie Kokocha Director of Network Accountability (Alternate for Khristine) Trillium – **Non-voting Member**	☐
Dr. Olive Cyrus Quality Manager Director Trillium – **Non-voting Member**	☒	Dr. LaDonna Battle Executive Vice President of Care Mgmt. & Population Health Trillium – **Non-voting Member**	☒	Amanda Morgan QM Coordinator Trillium – **Non-voting Member**	☐
Benita Hathaway VP Population Health & Care Mgmt. Trillium – **Non-voting Member**	☒	Trudy Paramore Admin Asst – Medical Affairs Trillium – **Non-voting Member**	☒	Cham Trowell Director of UM for Behavioral Health Trillium – **Non-voting Member**	☒
Dr. Anthony G. Carraway Medical Director Trillium – **Non-voting Member**	☐	Dr. Isa Cheren Medical Director Trillium – **Non-voting Member**	☒	Dr. Taylor Goodnough Medical Director Trillium – **Non-voting Member**	☐
Dr. Venkatalakshmi Doniparthi Medical Director Trillium – **Non-voting Member**	☒	Tracy Snowden-Muller Administration Pharmacy Dir. Trillium – **Non-voting Member**	☒	Richard Peters Pharmacy Director Trillium – **Non-voting Member**	☒
Fonda Gonzales VP of Quality Management Trillium – **Guest – Non-voting**	☒				

AGENDA

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

Discussion	• Dr. Smith called the Clinical Advisory Committee (CAC) Meeting to order.
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 items identified for follow-up		

2. **Agenda topic: Agenda Review and Approval**
   Presenter(s): Dr. Michael Smith

Discussion	• A quorum was present for today's meeting. • Dr. Smith shared the agenda was updated with additional items for discussion.
Conclusions	• The agenda for October 4, 2024, was approved with a motion from Dr. Bryan and a second from Amy with all members in favor.

	• 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 items identified for follow-up		

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

Discussion	• Susan – Post June 7, 2024 minutes to Trillium's SP site & forward to Communications to post to Trillium's Website. Completed. • Susan - Email annual forms to membership to complete/return. Completed. • Dr. Smith - F/u on Trillium's intent to adjust rates for SAIOP and SACOT for State and uninsured. Open and moved to December meeting. • Dr. Lang - F/u on ECU Dental School's wait time for appointments and if they have satellite dental offices. Open and moved to December meeting. • **Public Comment:** Proposed Temporary Adoption of Rule 10A NCAC 27G.3605, Medication Units and Mobile Crisis – Emailed to CAC 9/23/24.
Conclusions	• All open follow-up items will be carried forward to the next meeting until completion. • There were no other questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
• F/u on Trillium's intent to adjust rates for SAIOP and SACOT for State and uninsured	Dr. Smith	Dec Mtg.
• F/u on ECU Dental School's wait time for appointments and if they have satellite dental offices	Dr. Lang	Dec Mtg.

4. Agenda topic: Meeting Minutes Review and Approval
Presenter(s): Dr. Michael Smith, Hillary Faulk-Vaughn

Discussion	• August 2, 2024 minutes were presented for review and approval.
Conclusions	• The August 2, 2024 minutes were approved as written with a motion by Dr. Bryan and a second by Hillary with all members in favor. • There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
• Post August 2, 2024 minutes to Trillium's SP site & forward to Communications to post to Trillium's Website	Susan	ASAP

5. Agenda topic: QIA Review
Presenter(s): Amanda Morgan

Discussion	• There is currently no data collected to present for the newly implemented PIPs.
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 items identified for follow-up		

6. **Agenda topic: Trillium Updates and Information**
   Presenter(s): Dr. Michael Smith

Discussion	• **Tailored Plan (TP) Update** TP went live on July 1, 2024 and is going well. There have been some issues that we are addressing for resolution. We experienced an overwhelming number of phone calls to all of our lines and have had to add additional staff to assist with answering calls. The incoming calls have decreased somewhat and we've been able to move borrowed staff back into their assigned jobs. We continue to stay on top of our SNOW tickets assigned by the Department. Dr. Battle shared that the Department is asking for trauma informed licensed clinicians to volunteer and support the Western part of the state. Trillium is assessing their clinicians and asking for volunteers to travel to Ground Zero to support this effort. We are also looking at other ways we can support once Vaya and Partners give us specific needs from the Care Management realm. We will be ready to assist once a needs assessment is completed from Care Management to Care Management. Trillium has 295 members located in the Western part of the state and we are actively focusing on our members obtaining dispositions and making sure they are taken care of. • **Staffing Updates** There are still vacancies in Care Management and Network on recruitment. There are no consolidation updates to report.
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 items identified for follow-up		

7. **Agenda topic: Clinical Practice Guidelines & QMIP Review**
   Presenter(s): Dr. Cyrus

Discussion	• **Clinical Practice Guidelines (CPGs)** Dr. Cyrus stated the consolidation of the CPGs from Trillium, Sandhills and Eastpointe is completed and posted on Trillium's website. A Provider Bulletin is coming out soon with the link to view the CPGs. • **Quality Management Improvement Program (QMIP)** The QMIP was completed and reviewed by the Quality Improvement Committee (QIC) in August 2024. This document describes Trillium's approach to quality management and improvement and outlines how our responsibilities to members, providers, practitioners, stakeholders and community partners will be fulfilled. The QMIP is an annual document drafted by Trillium and outlines the quality program in effect at the organization. Edits made to this document were made to update Trillium's status to a Management Behavioral Health Organization (MBHO) and prepare for Health Plan submission to NCQA. This plan also reflects some TP status updates adding new committees (Health Equity Council, Sentinel Events Review Committee, Delegation Oversight Committee, PAC, LTSS, Drug Utilization Review and Pharmacy Therapeutic Subcommittee). Health

	Population content was included. TCL QM specific activities and tasks and changes to measures were based on technical specific updates by the state.
Conclusions	• The QMIP did not require a formal vote. • 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 items identified for follow-up		

8. Agenda topic: Hurricane Helene Update
Presenter(s): Dr. Smith

Discussion	• Dr. Smith shared there is a daily call with the state and the TPs to get daily updates on the impacted counties from Hurricane Helene and most of those are in the Vaya catchment area. All of their staff have been contacted and are okay. They are not all able to work due to not having power or internet. The state asked if there are more statewide providers that they may not know about. Dr. Smith asked members to let us know if they have providers in that area that are impacted that the state is unaware of. Dr. Patel stated that Easter Seals is with PORT Health and has several group homes and staff there. There were a couple of group homes that could not get medication and a plane was coordinated to fly emergency meds to them. Easter Seals staff there are also dealing with spotty service and connection issues. Dr. Smith asked Dr. Patel if they were able to contact all their staff in that area and Dr. Patel responded that he believes everyone was contacted and are okay. Dr. Smith said that many folks are moving east and it will be difficult to find community placement. There will probably be a statewide impact on that. We are hearing from the I/DD Advocacy Community that residents have been relocated to facility settings and they want to make sure that they can move back into a community setting. The residents have been given the assurance that they will be able to move back to their community setting when resources are available. There is a pharmacy open in every county and they are working on mobile clinics. As of today, there are 187 pharmacies open in the 25 counties. Walmart is opening a mobile pharmacy in Boone with a soft opening today. Walgreens is planning to open mobile locations in Hendersonville and Ashville next week. CVS and Spruce Pine in Mitchell County will open. Khristine encouraged everyone to read the Communication bulletins. The Network Bulletin is scheduled to be sent out this afternoon. We are trying to stay updated on all the opportunities for people to volunteer and donate and also updating all on what is happening with members and providers. Trillium sent out an Urgent Communication Bulletin requesting residential support providers to enter information into a Smartsheet letting us know if they have any bed availability in their group homes so we can share that with Vaya and Partners just in case some members have to be relocated. We also took additional steps to have staff reach out to providers. A banner was displayed upon opening Provider Direct encouraging any residential supports to please put their information in the spreadsheet so we can provide those opportunities to Vaya. Hillary asked on the phone calls

	with DHHS if anyone has discussed trying to break down the Medicaid county of origin barriers that will likely come up if folks are moving out of the area into the eastern part of the state. She stated it is likely that the DSS' are not equipped to be able to handle those requests and DSS is the mechanism from which this happens. Many providers in the state would be willing to absorb as many folks as they could but not for an extended period of time providing high intensity services with no reimbursement. Hillary asked if this has been discussed at the state level. Dr. Smith responded that this has not been discussed. He shared that there has been discussion of bypassing or fast tracking credentialing for NC Medicaid for providers outside of NC that are willing to help. CMS is allowing some of the fast tracking to occur. Dr. Smith stated most of the DSS' are open in the impacted areas with 4 or 5 still closed and some planning to open up on Monday. Hillary shared for those who are providing ACTT, CST or IPS the Institute for Best Practices is planning a support call on Tuesday at 2:30pm for those Teams in the West that are community based. Dr. Smith said if anyone has additional resources to share to please send to Susan to include in the minutes. We are dealing with physical health issues and are prioritizing those who have electricity dependent medical conditions, dialysis is one of those priority areas. There are 13 primary care dialysis facilities open out of 14. The one that was not open was severely flooded and it will be a while before they are up and running. They are moving their patients to other clinics. As of yesterday, all but 48 of their 1,000 patients had been contacted/reached. There are also a lot of people that are oxygen dependent and the state is also focusing efforts there as well. The state has established a disaster help line if anyone needs to reach out and talk to someone. Counseling is being offered in shelters and volunteers are needed. The search and recovery stage is ongoing.
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 items identified for follow-up		

9. Agenda topic: CAC Business
Presenter(s): Dr. Smith, Dr. Garcia, Cham

Discussion	• **Drug Utilization Review (DUR)/Pharmacy & Therapeutic (P&T) Subcommittee– Jason Swartz** The DUR/P&T Committee met last week. There were 3 items up for review. The first was the quarterly PDL changes for the State Medicaid Program. There was nothing major to report other than Invokana is moving from preferred to non-preferred with 10 patients affected. The other 2 items reviewed were 2 new pharmacy edits for the Pharmacy System, GLP1 and DPP4 inhibitor duplication therapy edits. These 2 products should not be used together and our PBM was noticing member duplication for these medications. We discussed whether or not to make it a hard or soft edit and we voted to make it a soft edit in which the claim would stop at the pharmacy. The pharmacy would have to do their due diligence and check

with the physician, enter the proper DUR codes and the claim can still go through. We will monitor that edit to see how many we continue to receive that still come through as a duplication of therapy and will act on that through DUR making providers aware if needed. At the time of the meeting there were 8 members with this duplication and since then a total of 30 members were found with this duplication so this edit is needed. The second edit reviewed was a proposal on refill accumulation, the idea that members would get refills early continuously and potentially stock pile medications. There was good discussion on this, but in the end we voted not to pursue this one as it could interfere with med synching and other processes such as mail order where they may be sending it out early.

- **Annual Review of UM Appraisal - Cham**
  Cham presented and reviewed the 2023-2024 UM Appraisal in detail. She shared there were approximately 625 ER visits per month and approximately 7, 510 members were treated. This is not statistically significant from last year considering consolidation. Timeliness for UM decision making was approximately 99.62% which is great. Denial notices were at 97.7%, which is also good. We had about 236 out of network requests and there was no significant change on that. One of the ways we measure member experience is through our grievances and we had a grand total of 121 grievances which is very much in line with the grievances from last year. Cham reviewed the appraisal goals.
- **Annual Review of UM Clinical Decisions Support Tools - Cham**
  The UM Clinician Decisions Support Tools (I/DD and MH SU) were included in the upload for this meeting and are an overview of Clinical Coverage Policy (CCP). We update these on an annual basis as CCPs change and were 100% on these.
- **Annual Review of UM Plan 2024-2025 – Cham**
  Cham reviewed the UM Plan 2024-2025 in detail. She stated the UM Plan is centered on our commitment to work in partnership with our Medicaid members, our State Funded recipients and our Medicaid Direct members assisting them in achieving their desired outcomes while ensuring rapid access to highest quality of care. Our process is a whole person centered process for our UM Team promoting the delivery of medically necessary services. Cham reviewed goals and objectives in detail.
- **Community Pharmacy Enhanced Services Network (CPESN) – Dr. Patel**
  CPESN is a clinically integrated network that started in North Carolina. We currently have one participating pharmacy in every county. Most of these pharmacies are local and known within the community. Enhanced pharmacy services provided by CPESN include complete medication reviews with chronic care management, clinical medication synchronization, medication reconciliation, personal medical record and face-to-face access.
  Discussion
  Dr. Garcia asked how this decreases ER visits. Dr. Patel responded that when patients present at the ER simply for medication refills we focus on having a plan in place for those patients so when they do need refills we exercise a 30 day emergency refill protocol, but also having that relationship with the

providers the patients are seeing ahead of time to ensure we are able to get those patients a few days of meds that are needed. A lot of our sites are certified to do injections on site which helps coordinate the patient being able to come to us. An open line of communication also helps the patient come to us before they present at an ED especially for refills. Dr. Patel reviewed CPESN cost savings and results and shared they have demonstrated a $3 savings for every dollar spent. Dr. McHale asked about Sublocade injections and Dr. Patel responded they can definitely inject Sublocade in the pharmacies with a prescription and continue the care for those patients. Dr. McHale asked if there was a list of the pharmacies that participate in injections and Dr. Patel responded that he would send a list to Jason to share with the membership. Vivitrol and birth control injections are also included on the list. Hillary asked if Dr. Patel will share this presentation with the group and he agreed.

- **Collaboration Across Systems – Fonda**
  One of the items Quality Management over sees is the NCQA Accreditation Process. One of the items on our NCQA Health Plan Survey is to review and discuss how we collect data on potential opportunities to improve coordination of care between our medical care and our behavioral health care systems. There are some focus areas NCQA gives us for the topics and items they want us to drill down into and that includes exchange of information, appropriate diagnosis\treatment and referral for behavioral health disorders, appropriate use of psychotropic medication, management of coexisting medical and behavioral health conditions. NCQA wants us to look at prevention programs surrounding behavioral health and lastly look at our available data related to folks who have serious mental illness or serious emotional disturbance (SMI or SED category). Trillium has established an interdepartmental workgroup internally to talk about this data they want us to evaluate and the compilation of the reports. NCQA fortunately gives us some guidance on our opportunities as far as referring HEDIS measures that we could use to help us with the focus areas they have identified. Fonda shared how the workgroup has identified potential measures for each of the focus topics previously mentioned for feedback and barriers that we might experience in evaluating these measures as we work towards completion of this part of the survey. This requires us to collect data on an annual basis for the focus areas identified and discuss whether there are barriers or opportunities for each of these. If we identify something and decide there isn't an opportunity for improvement and don't take any action on it, we do not get downgraded or lose any points on our survey. NCQA just wants us to go through the process and evaluate the data based on the focus areas. There are a couple of areas that the workgroup has not decided how to address them and Fonda will bring those back to the committee at the December meeting. For today's purposes, she wanted to share the topics mentioned to see if there was any feedback from the group. The first focus area is diagnosis, treatment and referral for behavioral health disorders. The first HEDIS measure is the anti-depressant medication management. We know this is important because we know that folks that have a depressant

	disorder medication is one of the primary modes of treatment to improve outcomes for the member and so managing the medications for those individuals will hopefully result in a positive outcome for the member. The second possibility for the same focus area is follow-up care for children who have been prescribed ADHD medication. This has the same approach when children are prescribed ADHD medication we need to ensure they have adequate follow-up. The second area relating to management for medical and behavioral health coexisting conditions is metabolic monitoring for children and adolescents who are on antipsychotics. This may have been a focus area this committee looked at prior to us going live as a TP, but now that we are a TP it would be tailored to the specific HEDIS measure. The last one is in regard to the SMI or SED category. There is a HEDIS measure recommended by NCQA for diabetes screening for people with Schizophrenia or bipolar disorder who are using antipsychotic medications. Some of the medications prescribed for these mental health diagnoses could complicate or trigger secondary symptoms such as diabetes so it's important to make sure these are managed accordingly and that we are not causing more harm than good with the prescriptions of psychotic medications. Fonda asked if there are any questions or insights the membership would like to share as we are moving these forward for our specific category of coordination of behavioral health and medical care. Dr. Cheren said the focus of antidepressants sounds like it should come from a primary care practice or pediatric practice where they are looking to make sure there are lower risks and she's curious to know how that would fit with our population. Fonda responded that our HEDIS measures are all administratively measured so we will use our physical health standard plan partner claims and our behavioral health TP claims and share that with our HEDIS vendor who will then give us our rate of performance as it relates to these specific measures. At the end of the day these are TP member and we are still responsible for managing their physical health. Dr. Cheren said most of our members have more than one diagnosis. Fonda responded that there were two focus areas one of them the anti-depressant medication management and the other one was children with ADHD medication and we can choose one or both. Dr. Cheren feels that it wouldn't tell us anything to look at anti-depressant medication management because that's our area anyway. Dr. Cheren asked if the concept of screening for diabetes with certain behavioral health diagnoses was backed up the US Task Force recommendations as well. Fonda shared it is a HEDIS measure available to use but is not sure of the details of how this gets calculated and whether they have factored in national evidenced based rules around this criteria. Fonda assumed that since NCQA has considered that. There is a process for HEDIS measures where they offer organizational input to ensure they factor in those national guidelines. Dr. Pekarek said we certainly should be looking at the screening for diabetes and asked if we were going to be giving feedback to providers on the members. It's important to keep the lines of communication open especially if medications need to be altered. The goal NCQA has outlined for us is to look at it from the perspective of is there an opportunity to improve the coordination of care

	between the medical provider and the behavioral health care provider. One of our first steps is to pull the data to see how we compare as a health plan to the national standards for this particular measure. In the event there is some opportunity for improvement, at that point we would discuss how we want to approach that which could potentially include giving gap reports to providers to ask the question if there are other alternative medications to consider. Dr. Patel stated for diabetes unfortunately a lot of the medication in the mental health world have the side effect of metabolic disease enhancement. He asked that Fonda share the HEDIS measure sheet with him to begin working towards ways pharmacy can assist with this. Fonda added the link in the chat and suggested Dr. Patel to search the SSD acronym on the website. Hillary asked if measuring for diabetes is based on paid lab claims or would you also ask for reporting from providers on if they screen. Fonda responded that the way this is calculated is based on administrative claims data and there wouldn't be any supplemental records reviews. Fonda will share the recommendations received with the workgroup and will present two more items for discussion at the December meeting.
Conclusions	• There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	**Person(s) Responsible**	**Deadline**
• Share list of pharmacies participating in conducting injections to the CAC members	Jason	ASAP

10. Agenda topic: Open Agenda Discussion
Presenter(s): All Members

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

• There were no items identified for follow-up		

Next Meeting Date: December 6, 2024
(All meetings convene from 1pm – 2:30pm)

Supporting Document/Attachment for Minutes:
Agenda Oct 2024
Meeting Minutes – Aug 2024
UM Appraisal – 2024
UM Tailored Plan Program Description – July 2024
IDD Clinical Tools
MH SU Clinical Tools
CPESN NC PowerPoint Presentation
Public Comment: 10A Medication Units and Mobile Crisis

Submitted by Susan Massey