2018 TRANSFORMATION & QUALITY STRATEGY

Trillium Community Health Plan
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Section 1

Transformation and Quality Program Information
A. CCO governance and program structure for quality and transformation:
i. Describe your CCO’s quality program structure, including your grievance and appeal system and utilization review:

Trillium Community Health Plan is a coordinated care organization (CCO) that provides services to Oregon Health Plan (OHP) members in accordance with the laws, rules, regulations and contractual requirements that apply to the Oregon Health Plan.

To fulfill its responsibility to members, the community, and regulatory/accreditation agencies Trillium establishes a Quality Management and Improvement (QMI) Program. The QMI Program provides operational framework to assist in achieving the Triple Aim, maintaining oversight and monitoring of quality improvement activities focused to enhance domains of care (quality of care, services, safety, and experience) members receive across healthcare services. As a subsidiary of Centene Corporation, Trillium’s quality mission is to drive health care transformation through collaborative and sustainable strategies to achieve meaningful improvement in the community.

The QMI Program provides structure and key processes to objectively and systematically monitor and evaluate quality, safety, access, efficiency and effectiveness of care. Trillium focuses on opportunities to improve operational processes (e.g., health outcomes and satisfaction of members, practitioners and providers). The QMI Program supports accountability for quality of care and services provided to Trillium members.

QUALITY IMPROVEMENT COMMITTEE (QIC)
QIC voting membership is comprised of the Trillium Medical Director, Vice President, Director level staff as well as practitioners and quality office staff from Trillium provider panel. The committee chair is held by the Chief Medical Officer. Trillium quality staff and other staff may attend as ad hoc and are non-voting members. The committee meets at least 6 times a year to provide and promote oversight and direction for QMI Program goals and objectives. The committee documents the following in monthly meeting minutes:

- Policy decision recommendations providing evidence of review and consideration of changes in policies, procedures and Work Plan.
- Analysis and evaluation of results from quality improvement activities.
- Feedback and approval of action plans that improve the quality of health of the member.
- Appropriate follow-up in reviewing and evaluating actions to determine effectiveness of quality initiatives.

QIC roles and responsibilities include:

- Looking for opportunities to transform the quality of care for Trillium members.
- Identifying areas of improvement within the organization.
- Reviewing, advising and participating in discussions on areas of improvement.
- Collaborating with workgroups, as needed.
- Functioning as quality leaders to ensure information regarding improvement is dispersed and implemented among staff then communicated back to QIC as necessary.
- Reviewing, providing feedback and approving action plans, quality improvement projects, and other materials as appropriate.
- Reviewing, providing feedback and approving:
  - Program Descriptions, Work Plans and Annual Evaluations.
  - Model of Care.
Other items as needed.

- Promoting safe clinical practices and delivery of care to ensure member safety, including clinical guidelines and criteria.
- Ensuring regular communication to Committee members regarding decisions made by other groups that impact the committee or Trillium.
- Reviewing subcommittee minutes.
- Providing periodic feedback and education to peers regarding status of quality management initiatives.

Accountability to the Board of Directors:

Regular Board presentations are scheduled regarding Trillium’s Quality Management activities to encourage Board engagement, feedback and oversight. Presentations include such topics as review of the annual Quality Improvement Plan, a mid-cycle status report on its progress, and departmental presentations.

QUALITY MANAGEMENT SUBCOMMITTEES

Trillium’s quality management subcommittees are dedicated to ensuring safe clinical practices and implementation of quality management and improvement activities. The quality subcommittees report directly to QIC.

**Credentialing and Peer Review Committee (CPRC):** an integrated medical and behavioral health committee responsible for all credentialing and re-credentialing decisions regarding practitioner/provider ability to deliver care, decisions based on whether credentialing information collected and verified meets Trillium panel participation requirements, and whether the practitioner/provider is approved to participate in Trillium’s panel.

- CPRC membership represents primary care, behavioral health and specialty practitioners participating in Trillium's network. CPRC members provide advice and expertise for credentialing decisions.
- The Trillium Medical Director serves as a voting committee member.
- CPRC convenes monthly to monitor potentially adverse credentialing and re-credentialing information; determines peer review activities; reviews, modifies and approves all credentialing and re-credentialing policies, procedures and related documents at least annually. The CPRC provides oversight of delegated credentialing and re-credentialing and makes decisions regarding practitioners not meeting Trillium’s established approval criteria.

**Trillium Pharmacy and Therapeutics Committee (P&T) for Medicaid:** develops, maintains and follows policies and procedures for formulary management activities including objective evaluation, review and guidance for therapeutic use of drugs contained in Trillium formularies. The committee meets, at minimum, quarterly depending on quantity of drugs requiring review to maintain formularies.

- Trillium committee voting members include practicing primary care and specialty practitioners, and at least one practicing clinical pharmacist.
- Committee members are responsible for exercising professional judgment in making formulary management decisions based on clinical/scientific evidence and analyses including cost.
**Other Quality Committee Participation**

Quality and Health Outcomes Committee (QHOC)

Trillium designates at least 4 staff to participate as members of the Oregon Health Authority QHOC. QHOC meets at monthly and serves as a forum for communication of the clinical and quality aspects of implementation of the Oregon Health Plan (OHP). Participants from Trillium include a representative from the following areas: clinical (physical and behavioral health), dental, and quality.

Trillium Medical Director and Licensed Behavioral Health staff provide leadership with implementation of the QMI Program goals and objectives. Directors collaborate with QMI staff and participate on Quality Committees, various sub-committees, and work teams to ensure QMI activities are consistent with healthcare standards and clinical appropriateness. Directors are involved in key aspects of medical and behavioral healthcare components of the QMI Program including:

- Liaison between Trillium medical and behavioral healthcare practitioners, specialists and providers.
- Review medical and behavioral health QMI policies and procedures.
- Assist in analysis of utilization data for problem identification, to prioritize development, and to implement and evaluate corrective action plans.
- Monitor continuity and coordination of medical and behavioral healthcare.
- Review and make decisions regarding:
  - Medical necessity denials.
  - Potentially cosmetic or experimental procedures.
  - Benefit exceptions.
  - Out-of-network practitioners.
  - Appropriateness of new technology.
  - Individual needs and the assessment of local delivery system when UM criteria are not appropriate for member.
  - Adoption and update of clinical practice guidelines.
  - Results of quality improvement activities.
  - Member experience with service.
  - Coordination of services for members with complex and chronic conditions.

Directors provide clinical expertise in the review and subsequent reporting of the following:

- Performance aligned with key indicators for quality improvement.
- Quality and utilization of clinical care and services provided by hospitals, practitioners and ancillary providers.
- Evaluation of continuity and coordination of care including over- and underutilization of services and pharmaceuticals.
- Monitoring and evaluating member and practitioner/provider satisfaction information.
- Review of indicators measuring member care outcomes.
- Evaluating access to routine, urgent, and emergent care.
- Access and availability to medical and behavioral healthcare.

**Utilization:**

The UM Program seeks to advocate the appropriate utilization of resources, using the following program components: 24-hr nurse triage, prior authorization/precertification, second opinion, concurrent review and retrospective review for both medical and behavioral health care services, care management, disease management, maternity management, preventive care management and discharge planning activities.
Additional program components implemented to achieve the program’s goals include tracking utilization of services to guard against over- and underutilization of services and interactive relationships with practitioners to promote appropriate practice standards. Referrals to hospital discharge planners and dialogue with the primary care provider (PCP) regarding long-term needs are initiated promptly. The PCP is responsible for assuring appropriate utilization of services along the continuum of care. To assure standardized application of criteria and decision-making, clinical review staff are assessed and receive annual training for guidelines, criteria, and authorization list. The Plan monitors, reviews, and analyzes utilization data at least annually. Corrective action is taken when outliers are identified, and the results of the corrective action are reevaluated within six months of implementation. Issues not resolved in the time frame determined are forwarded to the Utilization Management (UM) Committee, or Credentialing or Peer Review Committee for individual provider issues, as appropriate for investigation and resolution.

One method used for monitoring and analyzing utilization is CentelligenceTM Insight – with Web-based reporting and management KPI Dashboards capability. It includes advanced capabilities for provider practice pattern and utilization reporting – supporting both QI staff and providers with summary and detailed views of clinical quality and cost profiling information. This capability gives providers the practice and peer level profiling information needed for continuous clinical quality improvement. Insight software also supports both HEDIS and hybrid HEDIS reporting.

Grievance/Appeal System:
Directed by the Chief Medical Officer, the integrated QMI team is responsible for quality management and improvement activities to analyze, process and resolve grievances, appeals and hearings.

Grievance & Appeals Coordinators (GACs) log and process member grievances and appeals, and then refer those pertaining to potential quality of care issues to a Medical Director for investigation and resolution. The GACs evaluate complaints and grievances by type, location, and provider to identify trends indicating potential areas in need of further analysis and intervention. Administrative member grievances are also tracked and resolved by GACs which may include coordination with other departments or entities for resolution. GACs also log and process member appeals, which require coordination of clinical review to determine whether medical necessity is established to approve a service. Member appeals also include review of services rendered to determine if payment is justified based on a certain set of criteria.

Medical Directors and licensed health professionals are involved in grievances that are clinical in nature. The GACs are responsible for adhering to timeliness standards in accordance with state and federal laws.

Trillium Behavior Health supports the QMI Program through delegated management of Trillium members’ behavioral health benefit. This includes care coordination and prior authorizations.

Trillium is required to submit quarterly grievance and appeal summary reports (Medicaid only) to the State approximately 45 days after the quarter ends.

ii. Describe the organizational structure of the CCO for developing and managing its quality and transformation activities (please include a description of the connection between the CCO board and CAC structure):
The Trillium Board of Directors (Board) is the governing body of Trillium, who retain final authority and responsibility for the transformation, quality and safety of healthcare services provided to members.

Trillium takes a grass-roots approach to development of transformational activities, engaging the community via Trillium’s extensive committee structure including the Clinical Advisory Panel, the Compensation Advisory Committee, the Finance Advisory Committee, the Community Advisory Council, and the Rural Advisory Council. All of these committees are Board-chartered, and report directly to the Board. Most have voting members on the Board. As evidenced throughout this document, these community-led committees are the inspiration and drivers for most of the transformation activities described in the 2018 TQS.

The Board assigns accountability of the quality management and improvement functions to the Trillium Quality Improvement Committee (TQIC) as an action body, empowering TQIC to make operational decisions. The TQIC membership includes representatives from Behavioral Health, Primary Care, Pediatrics, Dental, and the Community Health Clinic, as well as subject matter experts from Trillium. As outlined in this plan, semiannual reports as relates to grievances will be made to the Community Advisory Council.

The Community Advisory Council (CAC) provides input and makes recommendations to the Trillium Board on the strategic direction of the organization, including strategies and mechanisms for health system transformation, oversight of the Community Health Improvement Plan, and direction-setting for the annual Trillium Prevention Plan. This highly engaged CAC is made up of Oregon Health Plan (OHP) members, parents of OHP members, stakeholders and community members.

The council is intended to engage consumers throughout Lane and Western Douglas County in improving the way their health needs and the health needs of their community are being met. Two CAC members serve as representatives on the Trillium Board. One of the representatives is a consumer member of the CAC, and the other a non-consumer, community leader member of the CAC. These representatives are full voting members of the Board of Directors and are responsible for ensuring good two-way communication between the CAC and the Trillium Board regarding CAC activities and recommendations, as well as assisting the Board in its work to communicate with the larger community.

The Rural Advisory Council (RAC) provides critical input and makes recommendations to the Trillium Board regarding the important needs of our rural areas. The RAC’s goal is to help Trillium remain responsive to our members in rural communities. The council is intended to engage consumers in improving the way the health needs of individuals and communities are being met in Lane County’s vital rural areas.

RAC membership is made up of rural Oregon Health Plan (OHP) members, parents of OHP members and community members. Three RAC members serve on the Community Advisory Council with one serving as a representative to the Trillium Board. As with the CAC, the RAC representative is a full voting member of the Board of Directors and is responsible for ensuring good two-way communication between the RAC and the governing board regarding RAC activities and recommendations, as well as assisting the governing board in its work to communicate with rural areas of Lane and Western Douglas County.

iii. Describe how the CCO uses its community health improvement plan as part of its strategic planning process for transformation and quality.
Drafting the 2018 Trillium TQS: Intent and Principles

As Trillium created its plan for the 2018 TQS, these guiding principles were used as a roadmap:

- Examine all potential TQS projects to assure congruence with Trillium’s work as a CCO, including its Vision, Mission, Board-directed priorities and improvement initiatives.
- Maximize and elevate community involvement by utilizing Trillium’s extensive committee structure.
- Leverage work already in progress to support efficiency of effort and focus including examination and, where applicable, inclusion of
  - Committee Priorities and Recommendations to the Board of Directors
  - The Community Health Assessment and Improvement Plan
  - Other activities as identified, such as Trillium’s Equity Quality Improvement Plan, NCQA certification, and projects from the 2015-17 Transformation Plan that will be continued.

The 2016 Lane County Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) play an integral role within Trillium and are part of the fabric of this organization. Thus, commonality between the CHNA, CHA, and TQS include such foundational elements as;

- **Common Priority Issues**
  Within the 2016 Community Health Need Assessment’s Statement of Need, access to medical care was cited as one of several community issues related to access. In response, the Trillium Community Advisory Council and Rural Advisory Council identified Access to Care as one of their 2018 priority areas of focus. One of Trillium’s TQS components is fully rooted in this work.

- **Common Strategies**
  - Trillium’s TQS and the 2016 Community Health Improvement Plan incorporate common strategies, including those that
    - Strengthen cross-sector collaborations and align resource to improve the physical, behavioral, and oral health and well-being of our communities.
    - Encourage the implementation of programs to promote positive early childhood development and safe/nurturing environments.

- **Common Work**
  - Formed from the 2013-2016 Community Health Improvement Plan’s Equity Workgroup, the Lane Equity Coalition plays an important role in Trillium’s Health Equity Plan and is included in our Health Equity TQS component.

iv. **Describe how your CCO is working with community partners (for example, health systems, clinics, community‐based organizations, local public health, local mental health, local government, Tribes, early learning hubs) to advance the TQS:**

As described in section A.ii, Trillium incorporates a grass-roots approach to much of its transformational work, engaging the community via Trillium’s extensive committee structure including the Clinical Advisory Panel, the Compensation Advisory Committee, the Finance Advisory Committee, the Community Advisory Council, the Rural Advisory Council, the Quality Improvement Committee and the Compliance Committee. Committee membership is broad-based and consists of community providers, stakeholders or members. Meetings provide
a forum for identification of issues, evaluation of data, discussion, information sharing and problem solving. Most of the TQS components are driven by Trillium’s committee structure.
B. Review and approval of TQS
   i. Describe your CCO’s TQS process, including review, development and adaptation, and schedule:

Development Process:
The process for development of Trillium’s 2018 Transformation and Quality Strategy seeks to reflect the vision of the Collective Impact model, which at its foundation is to “bring people together, in a structured way, to achieve social change”. In 2017, under the direction of its Board of Directors, Trillium sought to achieve this by creating a more structured and meaningful role for Trillium’s community-led advisory committees, along with greater accountability. Each committee (the Clinical Advisory Panel, Community Advisory Council, Rural Advisory Council, Compensation Advisory Committee and the Finance Advisory Committee) now has Board-endorsed priorities with specific timelines for recommendations to be presented for consideration. Building on this, a majority of the 2018 Transformation and Quality Strategy components are clearly driven through these community-led advisory committees. Additionally, Trillium has three oversight committees (the Quality Improvement Committee, the Compliance Committee, and the Trillium Diversity and Health Equity Committee) that play an integral role in several TQS components. Consistent with the Collective Impact model, these actions are intended to support a culture that fosters relationships, trust, and respect.

Timeline for review, approval and evaluation:
In February and March of 2018, Trillium’s Community Advisory Council, Rural Advisory Council, Clinical Advisory Panel, Compensation Advisory Committee and Finance Advisory Committee all received a presentation about the Trillium 2018 TQS with specific focus on those areas built on their work. The Executive Committee and Board reviewed and provided input at their February meetings, with approval scheduled for March. Quarterly reports to the Board will be made on the TQS progress and challenges. Committees will also have opportunity to receive reports and evaluate performance.
Section 2

Transformation and Quality Program Details
TQS COMPONENT 1

<table>
<thead>
<tr>
<th>Primary Component:</th>
<th>Access</th>
<th>Secondary Component:</th>
<th>Choose an item.</th>
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</thead>
<tbody>
<tr>
<td>Additional Components:</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subcomponents:</td>
<td>Access: Availability of services</td>
<td>Additional Subcomponent(s):</td>
<td>Access: Timely access</td>
</tr>
</tbody>
</table>

NARRATIVE OF THE PROJECT OR PROGRAM

Name of Project

Recommendations to Medicaid Population

Brief Description

The Trillium Board of Directors has asked the Community and Rural Advisory Councils to complete the study and provide a summary on the root causes of no-shows in the Medicaid population, including available literature. Draft a proposal on how Trillium and/or its providers can impact and reduce the rate of no-shows, and present the proposal for consideration by the Trillium Board of Directors at its June 2018 meeting.

Once the report has been received and reviewed, Trillium Board representatives and staff will utilize the implementation strategies that hold possibility for reducing the rate of no-shows within thereby impacting the overall Directors determined they would Trillium Community Advisory Council and Rural Advisory 2018 priority areas of focus. Similarly, the Trillium Board of appointment recognized this as one of their Council identified Access to Care as one of their priorities.

QUALITY ASSESSMENT

Evaluation Analysis:

<table>
<thead>
<tr>
<th>Problem Statement</th>
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<tbody>
<tr>
<td>The 2016 Lane County Community strategic issues upon which to Plan:</td>
</tr>
<tr>
<td>• How can we promote to live a healthy life?</td>
</tr>
<tr>
<td>• How can we promote healthy living? Within the CHNA’s Statement several community issues related Advisory Council and Rural Advisory 2018 priority areas of focus. Similarly, the Trillium Board of appointment no-shows within thereby impacting the overall Directors determined they would Trillium Community Advisory Council and Rural Advisory 2018 priority areas of focus. Similarly, the Trillium Board of appointment recognized this as one of their Council identified Access to Care as one of their priorities.</td>
</tr>
<tr>
<td>Health Needs Assessment (CHNA) prioritized two build its three-year Community Health Improvement access to economic and social opportunities necessary healthy behaviors and engage the community in</td>
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</tbody>
</table>

Health Needs Assessment (CHNA) prioritized two build its three-year Community Health Improvement access to economic and social opportunities necessary healthy behaviors and engage the community in
cause(s) of appointment no-shows and address the issue.

**Outcome Desired:**

By June 2018, the CAC and RAC will:
- Complete research and provide the Medicaid population which
  - A study of available national
    - Information received members.
  - Draft a proposal on how Trillium the rate of no-shows, including Once the report and recommendations staff will evaluate and determine the the end of the year, staff will make a implementation process. By report to the CAC/RAC regarding

<table>
<thead>
<tr>
<th>PERFORMANCE IMPROVEMENT</th>
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<tbody>
<tr>
<td><strong>Activity:</strong> The CAC/RAC Member Engagement sub-committee will complete its study and draft recommendation(s) utilizing an “equity lens” in collaboration with Lane County Public Health staff and the Trillium Health Equity Officer.</td>
</tr>
<tr>
<td>☒ Short-Term Activity or</td>
</tr>
<tr>
<td>☐ Long-Term Activity</td>
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<table>
<thead>
<tr>
<th>How activity will be monitored for improvement</th>
<th>Baseline or current state</th>
<th>Target or future state</th>
<th>Time (MM/YYYY)</th>
<th>Benchmark or future state</th>
<th>Time (MM/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) The CAC Representative to the Board will make regular reports on its progress.</td>
<td>Committee expectations have been communicated</td>
<td>A thorough study will be completed with actionable and realistic recommendation s about how Trillium and/or its providers can impact and reduce the rate of no-shows, including oral health.</td>
<td>09/2018</td>
<td>The Trillium Board and staff evaluate the CAC/RAC report, draft implementation strategies and report back to the CAC/RAC.</td>
<td>12/2018</td>
</tr>
<tr>
<td>0) The Trillium Health Equity Officer will report to Senior Management on its progress.</td>
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### TQS COMPONENT 2

<table>
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<th>Primary Component:</th>
<th>Access</th>
<th>Secondary Component:</th>
<th>Choose an item.</th>
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<tbody>
<tr>
<td>Additional Components:</td>
<td>Add text here.</td>
<td>Additional Subcomponent(s):</td>
<td>Add text here.</td>
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</table>

### NARRATIVE OF THE PROJECT OR PROGRAM

Start Smart for Baby (SSFB) team outreachs to all pregnant members to ensure that prenatal care, resources for babies and pregnant members, and postpartum care is provided. With the implementation of the SSFB team (consisting of MSWs, RNs, and Member Connection Representatives) Trillium will be able to improve the quality of care for pregnant members during pregnancy and postpartum.

### QUALITY ASSESSMENT

**Evaluation Analysis:** Trillium is selecting this project to focus on healthy pregnancies and full-term deliveries. 2016 Oregon’s Health System Transformation Final Report identified that although Trillium Community Health Plan (Trillium) met improvement target for timeliness of prenatal care (improvement target 90.7%, Trillium rate 91.5%), Trillium fell short of the 2016 benchmark for both measures associated with prenatal and postpartum care: timeliness of prenatal care (benchmark 93.0%, Trillium rate 91.5%) and postpartum care (benchmark 71.0%, Trillium rate 53.5%).

### PERFORMANCE IMPROVEMENT

**Activity:** Telephonic outreach and mail letter to outreach members (prenatal and postpartum). Telephonic support, community referrals, care coordination with other departments and providers. For difficult to reach members, in person outreach is completed utilizing our Member Connections Representative (MCR) via provider office or home. Outreach and engagement with multiple community agencies varying from prenatal, early childhood, preteen and family services. Telephonic outreach and mail to reach members. To meet policy metrics outreach must be completed within 7-14 days of notice of pregnancy. Create 17P journal to track members who are eligible for 17P shots, dosage of current use and pregnancy progress. Close and submit journal into Trucare for members who do not qualify or meet criteria to receive 17P intervention.

<table>
<thead>
<tr>
<th>How activity will be monitored for improvement</th>
<th>Baseline or current state</th>
<th>Target or future state</th>
<th>Time (MM/YYYY)</th>
<th>Benchmark or future state</th>
<th>Time (MM/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeliness of Prenatal Care</td>
<td>Baselines: 87.7%</td>
<td>91.7%</td>
<td>12/31/2018</td>
<td>93%</td>
<td>07/2019</td>
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## TQS COMPONENT 3

<table>
<thead>
<tr>
<th>Primary Component:</th>
<th>Access</th>
<th>Secondary Component:</th>
<th>Special health care needs</th>
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<tr>
<td><strong>Additional Components:</strong></td>
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<tr>
<td><strong>Subcomponents:</strong></td>
<td>Access: Quality and appropriateness of care furnished to all members</td>
<td><strong>Additional Subcomponent(s):</strong></td>
<td>Add text here.</td>
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</table>

## NARRATIVE OF THE PROJECT OR PROGRAM

Transitions of Care (TOC) assists members with post-hospitalization needs including: follow-up with PCP, reconciling medications post-hospitalization, assisting members with getting medications and necessary follow-up needed as well as providing community resources.

## QUALITY ASSESSMENT

### Evaluation Analysis:

Trillium is selecting this project to reduce readmissions and increase coordination of care and education for members that are hospitalized. Specific to the Medicaid population, 2016 Oregon's Health System Transformation Final Report identified that all-cause readmissions increased from MY 2015 (8.5%) to MY 2016 (10.5%). Specific to the dual population, Trillium plan all-cause readmission rate remained at 12% from MY 2015 to MY 2016. Process measure data are now being collected for both dual and Medicaid populations.

## PERFORMANCE IMPROVEMENT

### Activity:

Outreach to member and PCP post-hospitalization to complete TOC process including:
- Outreach attempts to include 3 in 7 days with the first outreach within 72 hours post discharge.
- Assessment is completed with member to assess potential post discharge needs.
- Medication Reconciliation: Medications are reconciled and reviewed with member.
- Request discharge summary faxed to PCP: Email is sent to PC requesting they send out members D/C papers to PCP
- Create or update members’ care plans.
- Comprehensive summary is sent to Case Manager via email to notify them of member’s recent discharge.
- Get Well Card sent to Medicare (dual) members.

<table>
<thead>
<tr>
<th>How activity will be monitored for improvement</th>
<th>Baseline or current state</th>
<th>Target or future state</th>
<th>Time (MM/YYYY)</th>
<th>Benchmark or future state</th>
<th>Time (MM/YYYY)</th>
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<tbody>
<tr>
<td>Plan All-Cause Readmissions</td>
<td>10.5%</td>
<td>Pending release of</td>
<td>12/2018</td>
<td>Pending release of</td>
<td>12/2019</td>
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☐ Short-Term Activity or
☑ Long-Term Activity
<table>
<thead>
<tr>
<th>(CCO Metrics, Medicaid)</th>
<th>State Benchmark</th>
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**TQS COMPONENT 4**

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<tr>
<th>Primary Component:</th>
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<th>Secondary Component:</th>
<th>Health equity and data</th>
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<tr>
<td>Subcomponents:</td>
<td>Access: Cultural considerations</td>
<td>Additional Subcomponent(s):</td>
<td>Add text here.</td>
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**NARRATIVE OF THE PROJECT OR PROGRAM**

Member cultural, ethnic, racial and linguistic needs and preferences are assessed through CAHPS survey results on respondent race and ethnicity, US census data on resident language preference and race distribution for the health plan’s service area, and member data provided by OHA. However, it is unknown whether members of the CCO’s sub-populations receive services at the same rate as the entire CCO population. It is anticipated members of some of the racial and ethnic segments of the CCO’s population experience barriers that cause them to use Member Connections Representative and peer support worker services at a lower rate than the general CCO population.

**QUALITY ASSESSMENT**

**Evaluation Analysis:**

**Race/Culture/Ethnicity**

The most recent census data for race available is the 2016 population estimate. The census data for the service area shows racial composition to be 90% White, 8% Hispanic/Latino, and 2% for others. The data we evaluated from the member survey and the state’s resources is similar.

**Differential Use**

Trillium will assess the rate at which members of the identified racial and ethnic groups in the CCO’s population use Member Connections Representative/peer support worker services. This will be compared with the rate at which these services are used by the CCO’s total population, to suggest improvement efforts to increase access to and use of these services.

**PERFORMANCE IMPROVEMENT**

**Activity**

The CCO will use data that identify members by race and ethnicity, as well as use of Member Connections Representatives services, to determine if and what improvement efforts should be undertaken to increase access and use of community health worker services by these members.

- Step 1: Map use of Member Connections Representative services by race and ethnicity.
- Step 2: Identify any areas of concern and conduct improvement projects.

<table>
<thead>
<tr>
<th>How activity will be monitored for improvement</th>
<th>Baseline or current state</th>
<th>Target or future state</th>
<th>Time (MM/YYYY)</th>
<th>Benchmark or future state</th>
<th>Time (MM/YYYY)</th>
</tr>
</thead>
</table>

☑ Short-Term Activity or ☐ Long-Term Activity
| Measure and re-measure members’ use of CHW services, by race and ethnicity. | Not yet known | Determine if there are disparities in use of community health worker. | 08/2018 | Identify and conduct one improvement project | 12/2018 |
**TQS COMPONENT 5**

<table>
<thead>
<tr>
<th>Primary Component:</th>
<th>Access</th>
<th>Secondary Component:</th>
<th>Choose an item.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Components:</td>
<td>None</td>
<td>Additional Component(s):</td>
<td></td>
</tr>
<tr>
<td>Subcomponents:</td>
<td>Access: Second opinions</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>NARRATIVE OF THE PROJECT OR PROGRAM</th>
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<tbody>
<tr>
<td>Name of Project</td>
</tr>
<tr>
<td>Process Improvement:</td>
</tr>
<tr>
<td>Brief Description</td>
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<table>
<thead>
<tr>
<th>QUALITY ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation Analysis:</td>
</tr>
<tr>
<td>Historically, Trillium has monitored opinions primarily utilizing understanding of member improvement process for data Outcome Desired:</td>
</tr>
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<td></td>
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<table>
<thead>
<tr>
<th>PERFORMANCE IMPROVEMENT</th>
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<tbody>
<tr>
<td>Activity:</td>
</tr>
<tr>
<td>☒ Short-Term Activity or ☐ Long-Term Activity</td>
</tr>
<tr>
<td>How activity will be monitored for improvement</td>
</tr>
<tr>
<td>Medical Management VP (or designee) will</td>
</tr>
</tbody>
</table>
track progress on a monthly basis.

**Activity:** A small scale PDSA cycle will be completed on one process improvement recommendation and follow up steps for 2019 will be drafted.

<table>
<thead>
<tr>
<th>How activity will be monitored for improvement</th>
<th>Baseline or current state</th>
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<th>Time (MM/YYYY)</th>
<th>Benchmark or future state</th>
<th>Time (MM/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Management VP (or designee) will track progress monthly.</td>
<td>PDSA cycle not yet initiated.</td>
<td>PDSA cycle initiated.</td>
<td>10/2018</td>
<td>PDSA cycle completed. Follow-up steps drafted for 2019.</td>
<td>12/2018</td>
</tr>
</tbody>
</table>

☒ Short-Term Activity

☐ Long-Term Activity
NARRATIVE OF THE PROJECT OR PROGRAM

Trillium Community Health Plan (Trillium) monitors member and practitioner satisfaction with the UM process annually through its Quality Improvement Committee. This analysis helps the organization determine if the UM process is negatively impacting satisfaction. When member or practitioners concerns with UM are identified, Trillium ascertains the root cause and initiates actions to improve member and/or practitioner satisfaction with UM. This report describes the monitoring methodology, results, analysis, and action.

QUALITY ASSESSMENT

Evaluation Analysis: CAHPS questions are used to assess member satisfaction with the UM process, including access to specialists, and obtaining care and treatment.

PERFORMANCE IMPROVEMENT

Activity:
- Medical Management (MM) team to continue outreach to resolve barriers to care
- Contract with third party vendor for home visits
- Monitor provider network for new practitioners and contract them with credentialing process
- Hold collaborative events/activities with providers and office representative’s processes focusing on transitions of care and care coordination
- Continue utilizing transitions of care and care coordination teams to better serve the member population.
- The Quality Improvement Committee will monitor analysis of trends for appeals and grievances and provide feedback to Quality department on a semi-annual basis.

<table>
<thead>
<tr>
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<th>Time (MM/YYYY)</th>
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</thead>
<tbody>
<tr>
<td>Monitoring on a semi-annual basis for trends, etc., by the Quality Improvement Committee.</td>
<td>No baseline currently.</td>
<td>Evaluate trends at least twice per year, provide feedback for improvement</td>
<td>09/2018</td>
<td>Research and draft at least one strategy for improvement.</td>
<td>12/2018</td>
</tr>
</tbody>
</table>
**Primary Component:** Fraud, waste and abuse  
**Secondary Component:** Choose an item.

**Additional Components:** None

**Subcomponents:** Choose an item.

<table>
<thead>
<tr>
<th><strong>NARRATIVE OF THE PROJECT OR PROGRAM</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Name of Project</strong></td>
</tr>
<tr>
<td><strong>Process Improvement:</strong></td>
</tr>
<tr>
<td><strong>Fraud, Brief Description</strong></td>
</tr>
<tr>
<td>Trillium will promote continuous</td>
</tr>
<tr>
<td>process improvement from the Compliance Committee at each meeting</td>
</tr>
<tr>
<td>• Seeking out recommendations:</td>
</tr>
<tr>
<td>• Seeking to partner that address Fraud,</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>QUALITY ASSESSMENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evaluation Analysis:</strong></td>
</tr>
<tr>
<td><strong>Problem Statement</strong></td>
</tr>
<tr>
<td>Trillium strives to provide high responsibilities related to fraud, Compliance staff examined all Fraud, Waste and Abuse (FWA), simplification and coordination was created which provides the Having established a more organized level towards excellence by pursuing specicvenues.</td>
</tr>
</tbody>
</table>

1. The Trillium Compliance Committee, which meets quarterly, will have a standing agenda item entitled “FWA Program Status and Opportunities for Improvement”. During this item, Trillium staff will engage Compliance to Committee members to identify at least one area of potential improvement per quarter, with the goal of implementing at least one improvement process idea in 2018.

2. Trillium staff will seek to partner with the Oregon Health Authority on strategies to improve State claims not related FWA. OHA/CCO collaboration seek out training for its issues and systems related to FWA. For example, out to urgent or emergency care hold potential for on this issue may be helpful. Trillium will also staff from OHA.

**Outcome Desired:**

- Quarterly engagement on one area for process improvement, one improvement process
- Increased partnership collaboration on the issue Trillium staff.

- with the Compliance Committee to identify at least with the goal of implementing at least idea in 2018.
- with OHA to address issues related to FWA, including of out of State claims and seeking training for
**PERFORMANCE IMPROVEMENT**

**Activity:** The quarterly Compliance Committee meetings will include the agenda item, “FWA Program Status and Opportunities for Improvement”.

<table>
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<th>Benchmark or future state</th>
<th>Time (MM/YYYY)</th>
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</thead>
<tbody>
<tr>
<td>Agendas will reflect the topic</td>
<td>Discussion at Q4 2017 meeting produced an improvement idea.</td>
<td>Each quarterly meeting in 2018 will include improvement process discussion.</td>
<td>12/2018</td>
<td>At least one improvement idea will be implemented in 2018.</td>
<td>12/2018</td>
</tr>
<tr>
<td>Notes from OHA/CCO meetings/ Compliance VP report to Exec Team and/or Compliance Committee</td>
<td>Discussion of out of State claims has been suggested at the Contracts &amp; Compliance meeting / OHA has offered FWA training for CCO staff</td>
<td>Examination of out of State claims initiated</td>
<td>09/2018</td>
<td>FWA training from OHA requested</td>
<td>12/2018</td>
</tr>
</tbody>
</table>
TQS COMPONENT 8

Primary Component: Health equity and data
Secondary Component: CLAS standards and provider network

Additional Components:

Subcomponents: Health Equity: Cultural competence

Additional Subcomponent(s):

NARRATIVE OF THE PROJECT OR PROGRAM

Name of Project
Implementation of the Trillium Equity Quality Improvement Plan

Brief Description
Take steps to integrate the Trillium Equity Quality Improvement Plan into organizational culture and practice

QUALITY ASSESSMENT

Evaluation Analysis: Problem Statement

In 2016, Trillium completed a survey of its contracted providers to assess the cultural responsiveness of its system. The survey was Trillium surveyed 112 contracted entities and response rate). Major findings of the 2016 survey

- appropriate materials and services are not always however there have been significant increased their commitment to addressing

- train employees on cultural competence, and with this training.

- represented a significant increase in knowledge of importance of language access compared to the 2014 to be done. To facilitate progress, the Trillium in consultation with the Office of Equity and Authority, created the Trillium Equity Quality annually.

- Continued implementation of goal of improving cultural competency increasing responsiveness of the Trillium's contracted entities.

PERFORMANCE IMPROVEMENT

Activity: Develop activities for Trillium staff to improve cultural awareness, create an open environment for compassionate communication, and increase educational opportunities on cultural diversity and health equity. Nurture an organizational culture that supports cultural competence and health equity. See attached Trillium Equity Quality Improvement Plan for specifics.

☐ Short-Term Activity or ☐ Long-Term Activity
**Activity:** Collaborate with Trillium’s partners to improve cultural competence and health equity outcomes within the local community. See attached Trillium Equity Quality Improvement Plan for specifics.

**Short-Term Activity** or **Long-Term Activity**

**Activity:** Set in motion strategies to improve the responsiveness of the provider system to address health disparities. See attached Trillium Equity Quality Improvement Plan for specifics.

**Short-Term Activity** or **Long-Term Activity**

<table>
<thead>
<tr>
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<th>Time (MM/YYYY)</th>
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</thead>
<tbody>
<tr>
<td>1) Internal Trillium Equity Committee convened and meeting monthly.</td>
<td>Has been initiated.</td>
<td>Regular meeting schedule set and kept.</td>
<td>12/2018</td>
<td>Meeting schedule set and kept. Attendees evaluation of effectiveness completed.</td>
<td>12/2018</td>
</tr>
<tr>
<td>2) Convene quarterly Lunch and Learn events that are open to staff and Trillium contractors. Presentations and speakers share data and information about diversity topics and lived experience.</td>
<td>Lunch and Learn events in place and have been well received. Will continue to support staff and contractor’s growth through these educational opportunities.</td>
<td>Quarterly Lunch and Learn events presented to staff and open to contractors.</td>
<td>By 12/2018</td>
<td>Quarterly events presented. Meeting evaluations completed.</td>
<td>12/2018</td>
</tr>
<tr>
<td>3) Utilize the Lane Equity Coalition as a quarterly educational event for community members to learn about cultural competence and empowerment skills.</td>
<td>Initiated and has shown promise.</td>
<td>Quarterly educational events presented</td>
<td>By 12/2018</td>
<td>Quarterly educational events presented. Meeting evaluations completed.</td>
<td>12/2018</td>
</tr>
<tr>
<td>4) Re-assessment of provider system using the Cultural and Linguistic</td>
<td>First survey completed in 2014</td>
<td>5% overall improvement in cultural competence and language</td>
<td>12/2018</td>
<td>5% overall improvement in cultural competence and language</td>
<td>12/2018</td>
</tr>
<tr>
<td>Competence Survey</td>
<td>language access responsiveness</td>
<td>access responsiveness</td>
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<tr>
<td>5) Include a question about CLAS standards to establish 2018 baseline.</td>
<td>No question included in survey</td>
<td>Question added for 2018, with intention to increase by 10% by 2020.</td>
<td>12/2018 Increase knowledge and application of CLAS standards by 10% from 2018 to 2020</td>
<td>12/2020</td>
<td></td>
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<tr>
<td>TQS COMPONENT 9</td>
<td></td>
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<tr>
<td><strong>Primary Component:</strong> Health information technology</td>
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<tr>
<td><strong>Secondary Component:</strong> Choose an item.</td>
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<tr>
<td><strong>Additional Components:</strong></td>
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</tr>
<tr>
<td><strong>Subcomponents:</strong> HIT: Health information exchange</td>
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<tr>
<td><strong>Additional Subcomponent(s):</strong></td>
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</tbody>
</table>

**NARRATIVE OF THE PROJECT OR PROGRAM**

**Name of Project**
Expansion of Pre-Manage

**Brief Description**
Trillium will support expansion direction. of Pre-Manage for its clinics and will take actions to align itself with State’s direction.

**QUALITY ASSESSMENT**

<table>
<thead>
<tr>
<th>Evaluation Analysis:</th>
<th>Problem Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trillium has invested significant time and money towards adoption of a region-wide Health Information Exchange, have but there is still much work to be done. Not all access to important information and other health-related services. is to expand the use of Pre-Manage. Trillium has determined the best course of action and align itself with the State’s direction.</td>
<td></td>
</tr>
<tr>
<td>Outcome Desired: Increase by 10% the number of clinics utilizing Pre-manage.</td>
<td></td>
</tr>
<tr>
<td>Alignment with State and direction to assure greater system and cost priorities efficiencies.</td>
<td></td>
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</tbody>
</table>

**PERFORMANCE IMPROVEMENT**

**Activity:**
Work with Collective Medical Technologies to provide on-boarding to new clinics.
Track the work of the State related to Health Information Technology by participating or attending State-level committee meetings, tracking minutes of those meetings and aligning our direction with theirs. Evaluate information learned for potential application to Trillium, for example implementation of a shared care plan.

<table>
<thead>
<tr>
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<th>Benchmark or future state</th>
<th>Time (MM/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trillium Analytics will track the number of clinics on-boarded by CMT</td>
<td>20 clinics are live. 12 clinics are in on-boarding process.</td>
<td>10% increase</td>
<td>12/2018</td>
<td>10% increase</td>
<td>12/2018</td>
</tr>
</tbody>
</table>

☒ Short-Term Activity
☐ Long-Term Activity
### NARRATIVE OF THE PROJECT OR PROGRAM

**Name of Project**

PCPCH/Integration of Care/SPMI/Value-Based Payment models

**Brief Description**

Trillium will support the delivery of integrated, quality care through a variety of mechanisms, including driven (i.e. provider services support from Trillium staff) and community contractors – as represented by the Clinical Advisory Panel and the Compensation Committee – to construct proposals that help Trillium:

- Reach 100% of all PCP practices at OHA Tier 3 or higher
- Assure that at least 51% of SPMI patients have access to integrated primary care
- **Achieve reduction in total cost of care for the SPMI population**
- **Improve discharge days of discharge** planning for mental health admissions, with a goal of >90% seen within seven days of discharge
- Further integrate care to include Oral Health
- Promote value-based payment mechanisms that incorporates analytics, outcome measures, and Primary Care clinics, with the goal for implementation in 2019.

### QUALITY ASSESSMENT

**Evaluation Analysis:**

While Trillium currently has a solid network of Patient Centered Primary Care Homes, there is room for improvement. As such, the year 2018 will bring efforts focused on further PCP Home improvement, as described above.

- Proposals for actionable recommendations are considered and presented to the Trillium Board for
- will address strategies to:
  - Reach 100% of all PCP practices at OHA Tier 3 or higher
  - Assure that at least 51% of SPMI patients have access to integrated primary care
  - **Achieve reduction in total cost of care for the SPMI population**
  - **Improve discharge days of discharge** planning for mental health admissions, with a goal of >90% seen within seven days of discharge
  - Further integrate care to include Oral Health
Move to value-based payment mechanisms for Primary Care clinics that incorporate targeted incentives, with the goal for implementation in 2019.

Once recommendations are received, the Board and staff will evaluate and create an implementation plan and timeline.

**PERFORMANCE IMPROVEMENT**

**Activity:**
The primary work effort will occur during Committee meetings, which will focus on development of proposals to address the goals and outcomes described above.

**Activity:**
Staff Liaisons to committees will provide operational expertise.

**Activity:**
Organizational resources, including analytics, will be made available to support successful creation of actionable proposals to address issues.

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<th>Time (MM/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Committee Chairs will report to the Board regarding progress</td>
<td>Committee expectations have been communicated</td>
<td>Realistic, data-informed, and actionable recommendations will be provided to the Trillium Board that hold potential for improvement in the percentage of clinics at Tier 3 or higher, access to quality care for the SPMI population, further integration of care, and cost of care reduction.</td>
<td>09/2018</td>
<td>The Trillium Board and staff evaluate the reports and create an implementation timeline for at least two strategies focused on PCP Home improvement.</td>
<td>12/2018</td>
</tr>
<tr>
<td>2) Staff Liaisons will report to Senior Management Team on progress</td>
<td>Committee expectations have been communicated</td>
<td>Same as above.</td>
<td>09/2018</td>
<td>Same as above.</td>
<td>12/2018</td>
</tr>
</tbody>
</table>
### TQS COMPONENT 11

<table>
<thead>
<tr>
<th>Primary Component:</th>
<th>Utilization review</th>
<th>Secondary Component:</th>
<th>Social determinants of health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Components:</td>
<td>Special Health Care Needs; Health Equity; HIT</td>
<td>Additional Subcomponent(s):</td>
<td>HIT: Patient</td>
</tr>
</tbody>
</table>

**NARRATIVE OF THE PROJECT OR PROGRAM**

**Name of Project**

Three-pronged approach The three-pronged approach will address challenges related to the ED utilization rate, the level of patient engagement, and transportation issues.

**Brief Description**

> Joint Workgroup to The Trillium Panel, Community Advisory Council, Rural Advisory Council, Finance Advisory

Advisory Committee will convene a joint workgroup designed to support an approach that addresses ED utilization. The charge of the workgroup is to address ED Utilization

**Information**

> Improving the level The Clinical Advisory Panel will create recommendations for Board consideration that include:

- Study ED Utilization
  - Health equity data
- Work together to draft strategies and interventions that hold potential to impact ED utilization rates and achieve a sustainable reduction in ED utilization, including use of Pre-Manage (Components: HIT: Exchange, Utilization, Special Health Care Needs, Health Equity: Data).

**Addressing Social Determinants of Health, specifically transportation**

- Complex Case Management services, with input from the CAC/RAC as to what is most effective from a member’s perspective and in accordance with Trillium’s accreditation body for health plans, including use of Health Information Technology (Components: Special Health Care Needs, Social Determinants of Health, HIT: Patient Engagement)

**Addressing Social Determinants of Health**

- The Transportation Panel and Rural Advisory Council will study the unique transportation challenges for those Trillium and experiences. Analytics will provide stratification of special needs and the high utilizer population are of approaches to impact. There is no single “Silver Bullet”. Progress takes time

**Problem Statement**

- The challenges facing those with complex and thus require a variety of needs and the high utilizer population are of approaches to impact. There is no single “Silver Bullet”. Progress takes time on how to effectively impact three key areas: and transportation challenges for those Trillium and experiences. Analytics will provide stratification of
data by race, ethnicity, and language disparities.  
Outcome Desired: as a tool to uncover any potential health  
community partners (via it’s committee  
engagement, and transportation challenges  
populations.  
with stratification of data by race,  
available for each focus area.  
complete with actionable  
to address the three areas.  
Trillium Board and staff evaluate and identify  
for at least one strategy to address the issue.

### PERFORMANCE IMPROVEMENT

<table>
<thead>
<tr>
<th>Activity</th>
<th>Short-Term Activity or Long-Term Activity</th>
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<tbody>
<tr>
<td><strong>Activity:</strong> A workgroup will be convened with representatives from the CAP, CAC, RAC, COMP, and Finance Committee to study ED utilization rates, isolating potential root causes for “frequent flyers” and draft realistic and actionable interventions to make progress towards reducing utilization and overall cost of care. Analytics support will be provided.</td>
<td></td>
</tr>
<tr>
<td><strong>Activity:</strong> The CAP will study the current environment as relates to Trillium’s patient engagement system and supports. Working with the CAC and RAC, the CAP will draft recommendations on putting into place an effective tracking system and Complex Case Management services.</td>
<td></td>
</tr>
<tr>
<td><strong>Activity:</strong> The CAC/RAC will utilize the 2018 Trillium Equity Quality Improvement Plan, specifically Objective 3 (see attached) to survey, analyze and improve the cultural competence of the transportation provider system. Additionally, the CAC/RAC will complete a needs and gap analysis of the transportation system, including rural services, and propose recommendations for improvement.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>3) Finance/ COMP/ CAC/RAC/ CAP Representatives to the Board will make regular reports on progress.</td>
<td>Committee expectations have been communicated</td>
<td>Realistic, data-informed, and actionable recommendations will be provided to the Trillium Board.</td>
<td>09/2018</td>
<td>The Trillium Board and staff evaluate and create an implementation timeline for at least one strategy per area.</td>
<td>12/2018</td>
</tr>
<tr>
<td>4) Staff Liaisons will report to Management on progress.</td>
<td>Committee expectations have been communicated</td>
<td>Same as above.</td>
<td>09/2018</td>
<td>Same as above.</td>
<td>12/2018</td>
</tr>
</tbody>
</table>