

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 management 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.

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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 subcommittees, 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:

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- 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 **Microstrategy** – 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

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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 your CCO's organizational structure 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 2019 TQS.

The Board assigns accountability of the quality management and improvement functions to the Trillium Quality Improvement Committee (QIC) as an action body, empowering QIC to make operational decisions. The QIC 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, semi-annual 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.

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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 your CCO uses its community health improvement plan as part of its strategic planning process for transformation and quality:

Trillium aligns the TQS with the community health improvement plan, CCO 2.0 requirements, quality measures, and cost containment measures.

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, community mental health programs, 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. Trillium also convenes a variety of collaboratives, engaging providers, service agencies, traditional health workers and providers of social determinants in the discussion of transformation and innovation.

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B. Review and approval of TQS

- i. Describe your CCO's TQS development 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 2019 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 2019, 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 2019 TQS with specific focus on those areas built on their work. The Executive Committee and Board reviewed and provided input and approval in March. Regular reports will be made on the TQS progress and challenges. Committees will also have opportunity to receive reports and evaluate performance.

C. OPTIONAL

- i. Describe any additional CCO characteristics (for example, geographic area, membership numbers, overall CCO strategy) that are relevant to explaining the context of your TQS:
Add text here.

Section 2: Transformation and Quality Program Details

A. Project or program short title: 1A Utilization of oral health services

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Primary component addressed: Access

- i. Secondary component addressed: Social determinants of health
- ii. Additional component(s) addressed: Add text here
- iii. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: Access: Availability of services

- i. Additional subcomponent(s) addressed: Integration of Care

D. Background and rationale/justification:

CMS reported common challenges in addressing disparities in the utilization of oral health services included

- Lack of transportation to oral health providers
- Language barriers
- Lack of awareness of oral health benefits
- Gaps in oral health literacy

Integrating oral health into a physical and/or behavioral health setting, at schools, or even at a community center where people feel comfortable, provides opportunities to address fear and misconception and provide access and referral opportunities.

E. Project or program brief narrative description:

Through support (monetary and educational) Trillium will facilitate the colocation and integration of oral health into multiple settings: primary care homes, behavioral health primary care homes, and low-income housing community centers. Utilization of services will be tracked by the CCO as a whole as well as by assigned DCO. Reporting will be broken out by preventive and treatment, with the aim of increasing preventive services rather than treatment.

F. Activities and monitoring for performance improvement:

Activity 1 description: Increase the percent of patients with one or more visits in a 12-month period

Short term or Long term

Monitoring activity 1 for improvement: Quarterly monitoring

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
40%	50%	12/31/2019	20% (Oregon 2015)	N/A

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A. Project or program short title: [1B Readability of denial letters](#)

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Primary component addressed: [Access](#)

- iv. Secondary component addressed: Integration of care (physical, behavioral and oral health)
- v. Additional component(s) addressed: [Add text here](#)
- vi. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [Access: Cultural considerations](#)

- ii. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

Trillium's Community Advisory Council (CAC) provided feedback that our denial letters are confusing and that members don't know what their options are moving forward.

E. Project or program brief narrative description:

With input from the CAC, Trillium will overhaul our denial letters to be more readable and clearer about how to navigate the health care system.

F. Activities and monitoring for performance improvement:

Activity 1 description: Implementation of a new letter template

Short term or Long term

Monitoring activity 1 for improvement: Tracked by action log, reported to Board of Directors

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Incomplete	Complete	12/31/2019		

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A. Project or program short title: [1C ED utilization for oral health](#)

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Primary component addressed: [Access](#)

- vii. Secondary component addressed: Integration of care (physical, behavioral and oral health)
- viii. Additional component(s) addressed: [Add text here](#)
- ix. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [Access: Quality and appropriateness of care furnished to all members](#)

- iii. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

Inappropriate ED utilization continues to be an issue in Lane County. In 2018, our Clinical Advisory Panel created a workgroup to identify causes and make recommendations for improvement. One cause of inappropriate ED utilization is dental caries and abscesses. The highest utilizers of the ED for dental issues is males in their early 20s.

E. Project or program brief narrative description:

Create a dashboard to monitor ED utilization for oral health issues. Identify areas for improvement and address quarterly with the Dental Care Organizations. One initiative will be to partner with Lane Community College’s oral health program to target teenage males for preventive treatment in a school-based setting.

F. Activities and monitoring for performance improvement:

Activity 1 description (continue repeating until all activities included): Dashboard creation and monitoring

Short term or Long term

Monitoring activity 1 for improvement: Utilization per 1000 member months and cost PMPM for ED utilization for dental caries and abscesses

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
1.03/1000	.98/1000	12/31/2018		
\$.36 PMPM	\$.30 PMPM	12/31/2018		

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A. Project or program short title: [1D Report on rate of second opinions](#)

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Primary component addressed: [Access](#)

- x. Secondary component addressed: Utilization review
- xi. Additional component(s) addressed: [Add text here](#)
- xii. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [Access: Second opinions](#)

- iv. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

Concern was raised by OHA that members were not being seen for second opinions in what was felt to be a reasonable timeframe.

E. Project or program brief narrative description:

Initially, gather information on frequency of second opinion occurrences in our provider network. This is inherently challenging for a number of reasons:

- There is not a specific code for a “second opinion,” thus making data collection on a claims-based/coding occurrence fashion very difficult
 - Method to be explored will be to search for multiple/repeat occurrences of a “New” patient encounter for the same member in the same specialty taxonomy within a 12-month lookback period.
 - Confounding variables could include a simple transfer of care within a specialty group for continuity of care, a decision by the treating specialist to transfer care within that taxonomy for differing expertise or subspecialty access, a new problem that requires additional attention within the same specialty, and other concerns.
- Notwithstanding the above and/or additional challenges with data collection, if this initial query produces an adequate number of encounters to study, the next step would be to examine a subset of these visits and do a chart review of the initial and repeat visits to determine:
 - Time frame between initial and second/recurrent specialty visit
 - Establish what would be a “reasonable” time period between these visits according to the severity of the condition
 - One month for routine issues
 - One-two weeks for urgent issues
 - Within one week for critical issues
 - Track/record this data
 - Evidence in the chart for any indication of intent or reason for a “second opinion”
 - Dissatisfaction with provider
 - Dissatisfaction with rendered opinion/diagnosis
 - Other
 - If quality of care issues surface in this review, refer to appropriate pathway in the health plan to address

F. Activities and monitoring for performance improvement:

Track the above and examine/report on:

- Specialty taxonomy of second opinions
 - Pattern, recurrence, frequency, concerns
- Reason(s) for second opinion requests

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- Similar to above
- Target any outliers or frequent taxonomy occurrences to assess for capacity issues or other pertinent interventions
- Other options could include a provider survey regarding second opinion occurrence/behavior/frequency if above data gathering efforts are unsuccessful

Activity 1 description (continue repeating until all activities included): Monitor rates of second opinions

Short term or Long term

Monitoring activity 1 for improvement: Percent of specialty claims that are second opinions

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Unknown (see above)	12-month look back	12/31/2019	TBD	TBD

Activity 2 description: Provider survey if initial data gathering efforts prove unsuccessful or uninterpretable

Short term or Long term

Monitoring activity 2 for improvement: Add text here

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Unknown (see above)	Date of survey	12/31/2019	TBD	TBD

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A. Project or program short title: [1E Same-Day NEMT](#)

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Primary component addressed: [Access](#)

- xiii. Secondary component addressed: [Choose an item.](#)
- xiv. Additional component(s) addressed: [Add text here](#)
- xv. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [Access: Timely access](#)

- v. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

Trillium’s contract with its non-emergent medical transportation vendor requires they make available same-day transformation whenever possible. However, due to access issues, members often cannot get same-day transportation to their primary care office. Trillium’s Community Advisory Council provided an analysis of same-day transportation challenges to our Board with recommendations for improvements.

Additionally, LTD provided a report on same/next day rides requested and denied in October 2018. That report showed an average 4,760 same or next day ride requests per month and an average of 25 denials for lack of capacity per month over a period of 6 months.

E. Project or program brief narrative description:

Address issues with vendor, including training on benefits, appointment scheduling process, and network expansion. Improve monitoring process of same/next day rides. Assess member satisfaction with services. Establish NEMT committee with internal stakeholders and vendor.

F. Activities and monitoring for performance improvement:

Activity 1 description (continue repeating until all activities included): Address issues with vendor, including review of vendors training materials on benefits and appointment scheduling process, and modifying if needed. Confirm most recent trainings include appropriate information.

Short term or Long term

Monitoring activity 1 for improvement: Percent of same/next day NEMT claims denied for lack of capacity

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
25/month	Fewer than 10	12/31/2019		

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A. Project or program short title: [2 Implementation of the Trillium Equity Quality Improvement Plan](#)

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Primary component addressed: [CLAS standards and provider network](#)

- xvi. Secondary component addressed: [Choose an item.](#)
- xvii. Additional component(s) addressed: [Add text here](#)
- xviii. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [Choose an item.](#)

- vi. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

The 2018 Trillium Cultural Competence Provider Survey provided the following data:

- 88% of Behavioral Health providers indicated cultural competence staff training.
- 50% of Medical providers indicated cultural competence staff training.
- 100% of Dental Care Organizations indicated cultural competence staff training.
- Overall, 25% of all respondents, including specialty, stated they do not train employees in cultural competence.

Providers were also asked about their knowledge of the National Culturally and Linguistically Appropriate Services (CLAS) standards and if staff are trained on CLAS. The following data charts showed that the CLAS standards were not well known:

Were you previously familiar with the CLAS document? (60 responses)

	Yes	%	No	%	Total
Medical Facilities	8	35%	15	65%	23
Behavioral Health	10	27%	23	73%	33
Dental	2	50%	2	50%	4
Total	20	29%	40	59%	60

Does your organization train on CLAS? (59 responses)

	Yes	%	No	%	Total
Medical Facilities	6	26%	17	74%	23
Behavioral Health	11	27%	21	73%	32
Dental	3	75%	1	25%	4
Total	20	34%	39	66%	59

E. Project or program brief narrative description:

Require providers to attest to CLAS training annually, and assist them by recommending free information resources.

F. Activities and monitoring for performance improvement:

Activity 1 description (continue repeating until all activities included): Provider attestation

Short term or Long term

Monitoring activity 1 for improvement: % of providers that attest to knowledge of CLAS Standards.

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Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
59%	80%	12/31/2019		

Activity 2 description: Collaborate with Trillium’s partners to improve CLAS cultural competence and health equity outcomes within the local community. See attached Trillium Equity Quality Improvement Plan for specifics.

Short term or Long term

Monitoring activity 2 for improvement: % that educate on CLAS

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
34%	50%	12/31/2019		

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A. Project or program short title: [3 Reduction in grievances about NEMT](#)

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Primary component addressed: [Grievance and appeal system](#)

- xix. Secondary component addressed: [Choose an item.](#)
- xx. Additional component(s) addressed: [Add text here](#)
- xxi. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [Choose an item.](#)

- vii. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

NEMT services are highly visible to members and include opportunities for highly publicized positive and negative interactions. As a result, it is one of the largest drivers of member satisfaction. Highest volume of our NEMT grievances are providers rude/inappropriate and provider late/no-show. Vendor currently addresses issues with transportation providers when there are grievances, and when there are multiple grievances with same provider.

E. Project or program brief narrative description:

Train NEMT vendor on customer service and trauma-informed interactions. Review vendor’s training on customer service for possible improvements. Identify additional interventions in RideSource Call Center committee meetings with vendor and transportation providers. Review vendor’s review of grievances for their identified interventions. Establish NEMT committee with internal stakeholders and vendor.

F. Activities and monitoring for performance improvement:

Activity 1 description (continue repeating until all activities included): Track attendance at education sessions

Short term or Long term

Monitoring activity 1 for improvement: Percent of NEMT staff trained

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
N/A	95%	12/31/2019	Add text here.	Add text here.

OHA Transformation and Quality Strategy (TQS) CCO: Trillium Community Health Plan

A. Project or program short title: [4A Member preferred language](#)

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Primary component addressed: [Health equity](#)

- xxii. Secondary component addressed: [Choose an item.](#)
- xxiii. Additional component(s) addressed: [Add text here](#)
- xxiv. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [Health Equity: Data](#)

- viii. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

Trillium performed a compliance audit of the implementation of CMS’s Mega Rule and discovered that member preferred language wasn’t populating in our case management program, so letters aren’t consistently being sent in the member’s preferred language. In addition, Trillium is not receiving preferred language consistently in the eligibility files from OHA. Last, Trillium does not consistently have preferred languages that comprise 5% or more of the population or total 1000 have materials on-hand in the preferred language.

E. Project or program brief narrative description:

Trillium will either provide letter writers access to another system with preferred language or will push preferred language to the case management program. Trillium will ensure that preferred languages that comprise 5% or more of the population or total 1000 have materials on-hand in the preferred language. Trillium will work with OHA to ensure that the eligibility file contains preferred language.

F. Activities and monitoring for performance improvement:

Activity 1 description (continue repeating until all activities included): Monitor that member materials are being sent in the preferred language

Short term or Long term

Monitoring activity 1 for improvement: Success rate for sending written materials in preferred language.

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
0%	100%	12/31/2019	Add text here.	Add text here.

OHA Transformation and Quality Strategy (TQS) CCO: Trillium Community Health Plan

A. Project or program short title: 4B Supervisor and above cultural competency training

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Primary component addressed: Health equity

- xxv. Secondary component addressed: Choose an item.
- xxvi. Additional component(s) addressed: Add text here
- xxvii. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: Health Equity: Cultural competence

- ix. Additional subcomponent(s) addressed: Add text here

D. Background and rationale/justification:

Trillium currently provides mandatory cultural competency upon hire, and voluntary training throughout the year for all employees save member-facing employees, for whom training is required. Our goal is to provide services to people of all cultures, races, ethnic backgrounds, sexual/gender orientations and religions, as well as those with disabilities, in a manner that recognizes, values, affirms and respects the worth of the individual members and protects and preserves the dignity of each. To improve cultural competency, build knowledge of health equity, and increase responsiveness of our system to address health disparities within Trillium, it is necessary that the entire organization share the same understanding and competency.

E. Project or program brief narrative description:

Trillium will develop activities for staff to equip supervisors, managers, directors and above with cultural competency training, familiarity with CLAS standards, and tools to use with staff to improve the responsiveness to diversity needs in all departments. The Trillium Training Team will execute department-focused supervisory and management training in 2019 to reach every management staff in every department.

- 1: Support the Trillium Diversity & Health Equity Committee (TDHEC), to meet monthly and strongly encourage all Trillium departments to participate; utilize the Health Equity Management Workgroup to advise and guide the work of the TDHEC.
- 2: Promote educational opportunities to educate staff on disparities due to homelessness, poverty, race/ethnicity, gender identity, age and developmental disabilities, among other topics devoted to the Social Determinants of Health (SDOH).
- 3: Support the development of “trauma informed care” training for staff and utilize trauma informed care methodology to support a healthy and inclusive work environment.

F. Activities and monitoring for performance improvement:

Activity 1 description (continue repeating until all activities included): Track training attendance

Short term or Long term

Monitoring activity 1 for improvement: Percent with completed training

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
N/A	100%	12/31/2019	Add text here.	Add text here.

OHA Transformation and Quality Strategy (TQS) CCO: Trillium Community Health Plan

Activity 2 description: Supervisory and management staff will evaluate the cultural competence/CLAS training they receive and will provide feedback to the Training Team on how to best train their staff effectively in cultural competence and health disparity issues.

Short term or Long term

Monitoring activity 2 for improvement: Test scores

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
TBD	80%	12/31/2019	Add text here.	Add text here.

OHA Transformation and Quality Strategy (TQS) CCO: Trillium Community Health Plan

A. Project or program short title: [5A Reporting on EHR measures to providers](#)

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Primary component addressed: [Health information technology](#)

- xxviii. Secondary component addressed: [Choose an item.](#)
- xxix. Additional component(s) addressed: [Add text here](#)
- xxx. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [HIT: Health information exchange](#)

- x. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

There exist several CCO incentive metrics that are EHR-based, requiring reporting one time a year. Annual reporting limits the opportunity for Trillium to partner with providers on monitoring progress toward improving rates.

E. Project or program brief narrative description:

As part of Trillium’s CCO incentive metric funding methodology, to qualify for earning incentives on EHR-based measures primary care providers must submit EHR data to the plan quarterly. In turn, Trillium reports out success rates for those measures, monitors aggregate performance, and tailors improvement initiatives based on quarterly results. Incorporating EHR measures into that reporting will allow for more timely interventions by providers.

F. Activities and monitoring for performance improvement:

Activity 1 description (continue repeating until all activities included): Import EHR data and produce provider-specific reports on performance.

Short term or Long term

Monitoring activity 1 for improvement: Quarterly dashboard of measures

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
1x per year	4x per year	12/31/2019	1x year	N/A

OHA Transformation and Quality Strategy (TQS) CCO: Trillium Community Health Plan

A. Project or program short title: [5B Quarterly Provider Reporting](#)

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Primary component addressed: [Health information technology](#)

- xxxi. Secondary component addressed: [Choose an item.](#)
- xxxii. Additional component(s) addressed: [Add text here](#)
- xxxiii. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [HIT: Analytics](#)

- xi. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

Add text here CCO committed to providing actionable analytics to provider groups in risk based contracts enabling providers to identify high risk members and areas of inefficiency in the delivery system.

E. Project or program brief narrative description:

Trillium will provide providers with quarterly reports on total cost of care and CCO metrics reporting.

F. Activities and monitoring for performance improvement:

Activity 1 description (continue repeating until all activities included): Quarterly reporting

Short term or Long term

Monitoring activity 1 for improvement: quarterly reporting on HBR, Cost by TOS, and CCO Metrics

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Completed data collaborative series of 3 in-person group seminars and 3 virtual working sessions for primary care clinics participating in risk based contracts.	Share first suite of monthly reports (member roster, member utilization detail, member utilization benchmark dashboards by TOS) with primary care clinics, facilitate first joint operating committee to review reports and discuss areas of opportunity, and continue collaborative series to review best practices in executing on analytical insights.	4/30/2019	Implement series of data and analytics enhancements to monthly reporting suite including CCO metrics and execute on action items discussed in Q1 & Q2 JOC meetings.	10/31/2019

OHA Transformation and Quality Strategy (TQS) CCO: Trillium Community Health Plan

A. Project or program short title: [5D Simple Screens](#)

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Primary component addressed: [Health information technology](#)

- xxxiv. Secondary component addressed: [Choose an item.](#)
- xxxv. Additional component(s) addressed: [Add text here](#)
- xxxvi. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [HIT: Patient engagement](#)

- xii. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

There are so many screening tools for behavioral health issues as well as social determinants of health. Patients are screened at multiple locations. Outside of SBIRT, there is little consistency in screening. Providers don't know that screenings were performed by providers outside their clinic, so the same screenings are performed multiple times on the same patient. There is no central repository of results/data that providers or Trillium can analyze to address population health needs.

E. Project or program brief narrative description:

Trillium is partnering with Simple Screens. Simple Screens uses tablets to screen patients for issues while waiting in the clinic waiting rooms. They integrate commonly used medical, behavioral, dental and social screening questionnaires to identify patient concerns and share this information across healthcare organizations. This sharing reduces duplication of efforts, streamlines efficiency of services and maximizes patient interaction. Abnormal screens are flagged and sent to organizations that specialize in the needed discipline. For screens that have a numerical risk score, these will be calculated and recommendations highlighted for treating providers.

F. Activities and monitoring for performance improvement:

Activity 1 description (continue repeating until all activities included): Monitor utilization

Short term or Long term

Monitoring activity 1 for improvement: % of members with a screening

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
TBD	TBD	Add text here.	Add text here.	Add text here.

Activity 2 description: Monitor member satisfaction.

Short term or Long term

Monitoring activity 2 for improvement: Feedback from members on reduction of duplicated screenings

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)

OHA Transformation and Quality Strategy (TQS) CCO: Trillium Community Health Plan

TBD	TBD	Add text here.	Add text here.	Add text here.
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OHA Transformation and Quality Strategy (TQS) CCO: Trillium Community Health Plan

A. Project or program short title: [6 Intensive Complex Case Management \(ICCM\)](#)

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Primary component addressed: [Integration of care \(physical, behavioral and oral health\)](#)

- xxxvii. Secondary component addressed: [Choose an item.](#)
- xxxviii. Additional component(s) addressed: [Add text here](#)
- xxxix. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [Choose an item.](#)

- xiii. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

Members with 5 or more chronic physical health conditions and 1 or more behavioral health conditions exhibit increased utilization of all health care services, and in particular of emergency room and inpatient hospital stays. One way to improve member health and decrease costs is to closely care manage the members through an intensive integrated care management process which is best done in the clinic to address social determinants of health and other health related needs using a team-based care model.

E. Project or program brief narrative description:

Trillium has worked closely with Lane County through a shared funding model to create and implement an Intensive Complex Care Management initiative. The project utilized several consulting agencies and engaged a number of provider organizations interested in doing this work. In 2018 Lane County funded start-up and consulting costs for Center for Family Development, a comprehensive BH Medical Home to provide ICCM services to approximately 350 complex members assigned to the Springfield Family Physicians Tier 5 PCPMH. The program is supported with a Value Based Payment to start on January 1 2019 and has specific outcome metrics associated with the work.

F. Activities and monitoring for performance improvement:

Activity 1 description (continue repeating until all activities included): Refer and follow up for warm handoffs the ICCM-designated patients to embedded oral health services at the Springfield Family Physicians Tier 5 Medical Home, in collaboration with Capitol Dental Organization.

Short term or Long term

Monitoring activity 1 for improvement: Percent of members with an oral health visit in 2019.

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
350	175 (50%)	12/31/2019	Add text here.	Add text here.

Activity 2 description: Refer and follow up for warm handoffs the ICCM-designated patients to embedded behavioral health services at the Springfield Family Physicians Tier 5 Medical Home, in collaboration with Center for Family Development.

Short term or Long term

Monitoring activity 2 for improvement: Number of members with a behavioral health visit in 2019.

OHA Transformation and Quality Strategy (TQS) CCO: Trillium Community Health Plan

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
350	175 (50%)	12/31/2019	Add text here.	Add text here.

Activity 3 description: Address SDOH issues in the ICCM-designated patients at the Springfield Family Physicians Tier 5 Medical Home, in collaboration with Center for Family Development.

Short term or Long term

Monitoring activity 3 for improvement: Number of ICCM members who met with a social worker or community health worker in 2019.

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
350	175 (50%)	12/31/2019		

OHA Transformation and Quality Strategy (TQS) CCO: Trillium Community Health Plan

A. Project or program short title: 7 PCPCH Tiers 4 and 5

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Primary component addressed: Patient-centered primary care home

- xl. Secondary component addressed: Choose an item.
- xli. Additional component(s) addressed: Add text here
- xlii. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: Choose an item.

- xiv. Additional subcomponent(s) addressed: Add text here

D. Background and rationale/justification:

Trillium understands there is significant value in partnering with providers to achieve PCPCH program tier 4 and 5 STAR status in supporting network-wide care transformation and managing total cost of care.

E. Project or program brief narrative description:

In 2018 we introduced a new CCO incentive metric funding methodology that encourages providers to become PCPCH, or increase their PCPCH tier. This methodology continues in 2019. Quality also provides technical support and resources for providers interested in becoming PCPCH-recognized. In 2018, 1 provider group increased their tier from 4 to 5 STAR, and 12 provider groups not PCPCH-recognized in 2017 obtained recognition in 2018. In 2019, our focus will reside on increasing the number of provider groups recognized at tier 4 and 5 STAR.

F. Activities and monitoring for performance improvement:

Activity 1 description (continue repeating until all activities included): Incentivize increasing tiers

Short term or Long term

Monitoring activity 1 for improvement: Percent increase of 4 & 5 tier clinics

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
61%	68%	12/31/2019	Add text here.	Add text here.

OHA Transformation and Quality Strategy (TQS) CCO: Trillium Community Health Plan

A. Project or program short title: [8 ACT Program](#)

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Primary component addressed: [Severe and persistent mental illness](#)

- xliii. Secondary component addressed: [Choose an item.](#)
- xliv. Additional component(s) addressed: [Add text here](#)
- xlv. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [Choose an item.](#)

- xv. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

Trillium has dedicated time and resources to determine the best course of action for the health and stabilization of the SMPMI population. We have increased our ACT capacity with our providers and have made contingent plans should we need more capacity in the future. Our ACT providers are embedded in our governance structure through various committees and serve as our advocates and experts for the SPMI population.

E. Project or program brief narrative description:

With the combination of ACT team expansion, the Choice program coming under Trillium Behavioral Health (TBH) effectively being in-house and with our SPMI Care Coordination we expect to have a significant decrease in ACT members utilizing the emergency departments.

F. Activities and monitoring for performance improvement:

Activity 1 description (continue repeating until all activities included): Decrease the ED utilization for people in ACT versus those not in ACT

Short term or Long term

Monitoring activity 1 for improvement: ED utilization for people in ACT vs. those with SPMI who are not in ACT

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
60% reduction of ACT ED usage over non-ACT in participants that were in the program for 12-months.	65% reduction in ED cost vs non-ACT SPMI of ACT participants who have been in the program for 12-months.	12/31/2019	70% reduction in ED cost vs non-ACT SPMI	12/31/2020

OHA Transformation and Quality Strategy (TQS) CCO: Trillium Community Health Plan

A. Project or program short title: [9 Trillium Resource EXchange \(T-REX\)](#)

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Primary component addressed: [Social determinants of health](#)

- xlvi. Secondary component addressed: [Choose an item.](#)
- xlvii. Additional component(s) addressed: [Add text here](#)
- xlviii. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [Choose an item.](#)

- xvi. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

During the CHIP/CHNA process, Trillium identified a need for documentation of community resources. Extensive work was done to catalogue resources and provide links to agencies. However, that list quickly became outdated. Relying upon agencies to update their own information resulted in out-of-date and inaccurate information.

E. Project or program brief narrative description:

Trillium is contracting with a vendor that actively engages social service agencies and updates an online searchable database. The vendor also provides the ability to log into a secure portal to refer a client to an agency and monitor follow-up. Trillium will make the web-based tool available on our website. The data on what kind of referrals took place (housing, transportation, food) and how successfully individuals connected with resources will help inform our CHNA.

F. Activities and monitoring for performance improvement:

Activity 1 description (continue repeating until all activities included): Monitor use of referral tool

Short term or Long term

Monitoring activity 1 for improvement: Utilization by SDOH

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
TBD	TBD	12/31/2019	TBD	12/31/2019

Activity 2 description: Monitor success rates

Short term or Long term

Monitoring activity 2 for improvement: Success rate of connection with services by SDOH

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
TBD	TBD	12/31/2019	TBD	12/31/2019

OHA Transformation and Quality Strategy (TQS) CCO: Trillium Community Health Plan

A. Project or program short title: [10 Intensive Complex Case Management \(ICCM\)](#)

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Primary component addressed: [Special health care needs](#)

- xlix. Secondary component addressed: Integration of care (physical, behavioral and oral health)
 - l. Additional component(s) addressed: [Add text here](#)
 - li. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [Choose an item.](#)

- xvii. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

Members with 5 or more chronic physical health conditions and 1 or more behavioral health conditions exhibit increased utilization of all health care services, and in particular of emergency room and inpatient hospital stays. One way to improve member health and decrease costs is to closely care manage the members through an intensive integrated care management process which is best done in the clinic to address social determinants of health and other health related needs using a team-based care model.

E. Project or program brief narrative description:

The Intensive Community Care Management (“ICCM”) Program is intended to invest in the implementation of care teams for high-cost complex members where upstream interventions focus on the reducible costs of emergency room visits, inpatient, outpatient, and diagnostic imaging costs. The ICCM primary care team (“ICCM Team”) is comprised of individuals who can assist the member in all levels of care and who carry the diagnostic responsibility and treatment modalities forward. The ICCM Team is also the tracking team that discovers and decreases barriers to service including social determinants of health, enlists auxiliary services and specialty care, and coordinates partnerships with the necessary agencies and services to ensure integrated and full spectrum care.

Team based care provides a wraparound service model for members with highly complex chronic care needs. The ICCM model implemented through collaboration with Center for Family Development (a comprehensive BH Medical Home) and Springfield Family Physicians (a Tier 5 PCPMH) will provide ICCM services to approximately 350 complex members. The model provides for team based care with Traditional Health Workers, social workers, BH therapists, and a full medical team to care manage these members. The model also uses an ICCM-specific patient registry to manage population health, and the program is supported with a Value Based Payment to start on January 1 2019 and has specific outcome metrics associated with the work.

F. Activities and monitoring for performance improvement:

Activity 1 description (continue repeating until all activities included): Improve prevention rates

Short term or Long term

Monitoring activity 1 for improvement: % of members engaged in ICCM program: as defined as 2 community or clinic based visits with any member of the ICCM team on an annual basis, including 1 visit with PCP and 1 with Oral Health.

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
28%-PCP visit 1%-Dental visit	98%	12/2019	Add text here.	Add text here.

** Benchmark is the same as Target

OHA Transformation and Quality Strategy (TQS) CCO: Trillium Community Health Plan

Activity 2 description: % of members with closed care gaps and/or improved screenings as per CCO incentive measures.

Cigarette Smoking prevalence, colorectal cancer screening, controlling hypertension, depression screening/follow up plan, Diabetes HbA1C Poor Control, ED utilization among members with mental illness, Drug/Alcohol Screening, Contraceptive use for unintended pregnancy, oral evaluation for adults with diabetes.

Baseline or current state		Target / future state		Target met by (MM/YYY Y)	Benchmark / future state	Benchmark met by (MM/YYY Y)
Cigarette screening	36%	Cigarette screening	54%	12/2019	Add text here.	Add text here.
Colorectal cancer	29%	Colorectal cancer	61%			
Depression Screening	5%	Depression Screening	54%			
Drug & Alcohol (SBIRT)	12%	Drug & Alcohol (SBIRT)	0%			
Eff. Contraceptive Use	29%	Eff. Contraceptive Use	54%			
Controlling Hypertension		Controlling Hypertension	71%			
Diabetics A1C		Diabetics A1C	22%			
Oral Health/adults w/ Diabetes		Oral Health/adults w/ Diabetes				
ED among members w/ Mental Illness		ED among members w/ Mental Illness				

** Benchmark is the same as Target based on CCO/OHA scoring. To be refined in June 2019 when scores are released.

OHA Transformation and Quality Strategy (TQS) CCO: Trillium Community Health Plan

A. Project or program short title: 11 Frequent Users Systems Engagement (FUSE)

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Primary component addressed: Utilization review

- lii. Secondary component addressed: Choose an item.
- liii. Additional component(s) addressed: Add text here
- liv. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: Choose an item.

- xviii. Additional subcomponent(s) addressed: Add text here

D. Background and rationale/justification:

Frequent User System Engagement (FUSE) seeks to assist the most vulnerable, potentially homeless adults to thrive and live with dignity, rather than cycle through institutions. Targeting this population can reduce stress on hospitals, jails and police because frequent users often utilize a disproportionate amount of public resources.

E. Project or program brief narrative description:

Trillium is partnering with Lane County, Eugene and Springfield Police, Health and Human Services and ShelterCare to use traditional health workers to do outreach and engagement with the goal of housing first and re-engagement with social services. In 2018, the FUSE outreach team enrolled 39 homeless individuals from the FUSE target list. Of these, 12 individuals exited outreach to a permanent destination, including reunification with family, independent housing, rapid rehousing, and permanent supportive housing. For 2019, FUSE seeks to increase the number of individuals who engage with a THW, reach a permanent destination and reconnect with social services.

F. Activities and monitoring for performance improvement:

Activity 1 description (continue repeating until all activities included): High-use members' system engagement

Short term or Long term

Monitoring activity 1 for improvement: Utilization/1000 by TOS and Cost PMPM

Type of Service	Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Prescriptions	2,492	↑ 8%	12/31/2019	Add text here.	Add text here.
Emergency Department	949	↓ 10%	12/31/2019		
Behavioral Health	443	↑ 8%	12/31/2019		
Primary Care	443	↑ 8%	12/31/2019		
Inpatient Stays	89	↓ 20%	12/31/2019		
Cost PMPM	\$1, 843	↓ 50%	12/31/2019		

Activity 2 description: Expansion of program

Short term or Long term

OHA Transformation and Quality Strategy (TQS) CCO: Trillium Community Health Plan

Monitoring activity 2 for improvement: Number of members engaging with FUSE

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
39	50	12/31/2019	TBD	Add text here.

OHA Transformation and Quality Strategy (TQS) CCO: Trillium Community Health Plan

A. Project or program short title: [12 Value Based Payment Models](#)

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Primary component addressed: [Value-based payment models](#)

- lv. Secondary component addressed: [Choose an item.](#)
- lvi. Additional component(s) addressed: [Add text here](#)
- lvii. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [Choose an item.](#)

- xix. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

CCO 2.0 requires CCOs to reach 70% of payments covered by Value Based Payment (VBP) by 2024. Trillium has had alternative payment models for years but hasn't typically either held providers to a downside risk or tied payment to quality outcomes.

E. Project or program brief narrative description:

Trillium will add quality components with downside risk to existing contracts. The first areas of focus will be:

- Pediatric providers participating in a shared savings model will adopt quality components.
- Primary care providers participating in a Total Cost of Care (TCoC) reimbursement arrangement where payment is tied to cost and utilization performance. Trillium will add quality components to these agreements.

Trillium will also engage both hospital systems in the discussion and development of VBPs.

F. Activities and monitoring for performance improvement:

Activity 1 description: VBP for pediatric providers

Short term or Long term

Monitoring activity 1 for improvement: Adolescent well-care visits

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
42.6%	Exceed OHA 2018 target of 49.4%	12/31/2019	Meet OHA 2019 target will be released in June 2019	Add text here.
Current provider contracts do not include incentives for adolescent well care visits	Partner with pediatric providers to develop incentives	12/31/2019	Include incentives for metrics in provider contracts	12/31/2020

Activity 2 description: VBP executed with physical or behavioral health providers

Short term or Long term

OHA Transformation and Quality Strategy (TQS) CCO: Trillium Community Health Plan

Monitoring activity 2 for improvement: Signed and executed agreements (10% increase) by 12/31/2019.

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
1 agreement – ICCM	Add quality metrics to the 3 existing TCoC agreements	12/31/2019	4 agreements	12/31/2019

Activity 3 description: Hospital representation on Trillium’s Compensation Advisory Committee

Short term or Long term

Monitoring activity 3 for improvement: At least one hospital in attendance by 7/1/2019

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Representative from PeaceHealth currently attends	Attendance from McKenzie Willamette and PeaceHealth	7/1/2019.	Attendance from majority of contracted hospital systems	12/31/2019