

ECHO[®] SURVEY: ADULT

2020-2021

(Data collected January - April 2022)

Completed by:

Jennifer Kelly,
Quality Management Coordinator

Data Used:

- CAHPS ECHO Reports (Adult)
from 2019, 2020 and 2021
- CAHPS ECHO Report Raw Data (Adult)
from 2019, 2020 and 2021

Completed: July 7, 2022



TABLE OF CONTENTS

Executive Summary	3
Background.....	3
Statistically Significant Findings	3
Other Findings.....	4
Conclusions.....	4
Introduction.....	5
Purpose of the Survey	5
Instrument.....	5
Analysis.....	5
Results Sources	5
Concerning Report Interpretation	6
Sample Size and Statistical Significance.....	6
Measuring Importance	7
Statistical Testing.....	8
Statistical Term Definitions	8
<i>Statistical Significance</i>	8
<i>Correlations</i>	8
<i>Binomial Test</i>	8
Overall Comparisons	10
Overall Satisfaction.....	10
Overall Health Self-Ratings.....	11
Key Areas of Interest	12
Strengths.....	12
Opportunities for Improvement.....	12
CAHPS Composites	13
Composite Score Summary	13
Composite-related Questions.....	14
<i>Getting Treatment Quickly</i>	14
<i>How Well Clinicians Communicate</i>	15
<i>Getting Treatment and Information from the Plan</i>	16
<i>Perceived Improvement</i>	17
<i>Information about Treatment Options</i>	18
Care Coordination	19
Single-Item Measures	21
Opportunities for Improvement	25
Next Steps	25

EXECUTIVE SUMMARY

Background

The report presents a summary of the annual Experience of Care and Health Outcome (ECHO®) Adult Survey for the purposes of capturing and summarizing LME/MCO member perceptions of the care they received and assist in the development of quality improvement strategies. For the 2020-2021 survey (referred to as Survey Year 2021 in this report), 666 survey requests were sent to randomly selected Trillium members who received at least one service through Trillium in the twelve months ending in June 2021. This effort produced 82 returned surveys-- a 12.3% response rate; however, there were only 53 usable returns (8.0%). Fewer data were available for most questions because of missing responses.

While this study includes those receiving services in the 20-21 Fiscal year, the survey was administered between January 3, 2022 and April 4, 2022 and the State report was completed in May 2022.

- 🌱 This report primarily presents results in the following forms:
- 🌱 Comparisons of Trillium's 2021 results to Trillium's 2019 and 2020 survey years' results and to statewide 2021 results. These comparisons are provided for each question as well as the CAHPS composites.
- 🌱 Analyses to help guide the prioritization of improvement efforts and strategies. The sections with these results include *Key Areas of Interest* and priority matrices that appear in three places, each following the results from the questions and composites related to its priority matrix.

This report summarizes the 2021 NC CAHPS® 3.0 Adult Medicaid ECHO Report. Information such as, but not limited to, the survey instrument, trend analysis, and priority matrices are available in the State report and are not included in this summary. This report should be reviewed in conjunction with the report received by the State.

Statistically Significant Findings

Three of the more than 40 differences analyzed between 2021 Trillium and 2021 statewide results reached statistical significance. Two of these reflect positively-Care Coordinators are responding in a timely manner for Trillium and members are being given as much information as they want to manage conditions at a higher rate as compared to the State. The third reflects confidential information being kept private at a lower rate than across State responses. Only two of the more than 80 comparisons between Trillium's 2021 and Trillium's 2019 and 2020 results reached statistical significance. Both of these comparisons indicate improvement from 2019 to 2021 in members' ability to get help by telephone as well as Care Coordination responding in a timely manner.

The consistently low number of usable responses each year hampers statistical detection of other real differences and calls into question whether the few significant differences reflect real differences.

Other Findings

Though few differences reached statistical significance there are general trends and findings to highlight.

Overall Satisfaction. Over the past three years, Trillium members' *Overall Satisfaction* rating has increased after a slight decrease in 2020. The change from 2019 to 2021 (65.5% to 78.4% respectively) does not reach statistical significance. The statewide scores for the same period have remained stable (68.4% to 71.4%). None of the Trillium vs. statewide differences approach statistical significance for any of the three years.

Self-reported Health. The percent of members reporting "Good" to "Excellent" mental health has increased from 53.2% to 64.7% from 2019 to 2021, where the 2021 statewide results are less favorable at 55.9%. Self-ratings of overall health follow the same pattern, increasing for Trillium members from 54.0% to 56.9% from 2019 to 2021, where the 2021 statewide results are 55.9%.

Composites. CAHPS computes and reports of five composites to assess LME/MCO achievement in five domains including Getting Treatment Quickly, How Well Clinicians Communicate, Getting Treatment and Information from the Plan, Perceived Improvement, and Information about Treatment Options. Within most domains, Trillium results are less favorable than in 2020, but all remain roughly equivalent to the statewide results.

Areas of Strength and Opportunities for Improvement. These areas of interest are identified at the individual question level in the report, but the Strengths includes two questions from *How Well Clinicians Communicate*. Other strengths with a single question from additional composites are also included. The Opportunities for Improvement include single questions from multiple composites, including *Information about Treatment Options* and *How Well Clinicians Communicate*; other improvement opportunities are identified as well.

Conclusions

The survey's low response rate combined with the resulting small sample size, distance Trillium from having solid confidence in survey results and consequently the conclusions. Though Trillium's *Overall Satisfaction* score has increased over the past three years and the 2021 rating is higher than the statewide results, there seems to be limited confirmation of these findings in the more detailed results.

INTRODUCTION

Purpose of the Survey

Experience of Care and Health Outcome (ECHO®) Surveys are administered annually to assess member perceptions of the care they received through the North Carolina LME/MCOs and assist in the development of quality improvement strategies. The survey was sent to a random sample of members from each LME/MCO who received at least one service through the LME/MCO within the year prior to July 2021.

Instrument

NC DHB chose to use the ECHO survey produced by the Consumer Assessment of Healthcare Providers and Systems (CAHPS), version 3.0. This version has both an adult (age 18 and older) and a child format. Each format contains over 50 questions designed to “provide specific details and insights into the counseling and treatment members receive as well as the quality of health care services provided by their health plan.” This report is exclusive to the Adult survey and findings. The survey was conducted and analyzed by DataStat, Inc.

Analysis

Of the 666 surveys sent to a random sample of members who received services in the past year and were 18 years of age or older, 82 surveys (12.3%) were returned and 53 (8.0%) were usable. Five domains of member experience, including *Getting Treatment Quickly*, *How Well Clinicians Communicate*, *Getting Treatment and Information from the Plan*, *Perceived Improvement*, and *Information about Treatment Options*, are measured by multiple questions from the survey, defined by the CAHPS report provided by NC DHB. Aggregate data for North Carolina were provided by the CAHPS report.

Results Sources

Reporting of Trillium-specific question-level responses were generated by analysis of the Trillium-specific raw ECHO® survey data from the last three years (2019 through 2021). Using raw data provided the ability to conduct analyses that were not addressed in the CAHPS reports.

Reporting of statewide question-level responses were extracted from the North Carolina 2021 CAHPS¹ report provided by the State.

¹ DataStat (2021) North Carolina Health Resources NC CAHPS® 3.0 Adult Medicaid ECHO® Report, Ann Arbor.

It was necessary to use these pre-compiled results because statewide raw data are not available to the LME/MCOs, so the CAHPS reports are the only available source for the statewide information.

Reporting of all composite results were extracted from the North Carolina CAHPS reports from 2019², 2020³ and 2021. The composite results were also computed from the raw ECHO survey data, following as closely as possible the method described in the CAHPS reports with one exception. The CAHPS composite computations include a case-mix adjustment that was not available to Informatics. This adjustment is described in the CAHPS reports.

[Case-mix adjusted scores] control for differences in the member population across plans...Case-mix adjustment is applied to mitigate the effect of differences in individual plan member populations. The variables chosen for case-mix adjustment are beyond the control of the plans and have been shown to affect plan results and health care ratings. For example, individuals with higher levels of education generally rate lower for satisfaction.⁴

Additional Results Available

Additional detail for Trillium results, statewide results, and other individual LME/MCO results can be found in the standard reports produced by DataStat and referenced in this report.

CONCERNING REPORT INTERPRETATION

Sample Size and Statistical Significance

Because there were only 53 usable surveys returned by Trillium members, fifty three is the maximum sample size for any analysis in this report. Even assuming a best-case scenario, i.e., the sample is truly representative of all our members, this means that the 95% confidence interval around any Trillium result reported stretches from 12.2% below that result to 12.2% above that result⁵. For example, if Trillium level of achievement is reported as 75% on a question, this means that, in the best-case scenario, we can be 95% certain that Trillium's true achievement level is somewhere between 62.8% and 87.2%. Since none of the questions are answered by all 53 participants, these confidence intervals are always wider.

² DataStat (2019) North Carolina Health Resources NC CAHPS® 3.0 Adult Medicaid ECHO® Report, Ann Arbor.

³ DataStat (2020) North Carolina Health Resources NC CAHPS® 3.0 Adult Medicaid ECHO® Report, Ann Arbor.

⁴ 2021 NC CAHPS® 3.0 Adult Medicaid ECHO® Report, page 10.

⁵ This example confidence interval (C.I. = $\pm 12.2\%$) reflects the mean confidence intervals for two response patterns: 1) for a question with 50% favorable percentage (95% C.I. = $\pm 13.5\%$, N = 70) and 2) a question with an 80% favorable percentage (95% C.I. = $\pm 10.8\%$, N = 70)

For example, the primary *Overall Satisfaction* question was answered in only 37 surveys and produced a 2021 Trillium achievement score of 78.4%, which means the 95% confidence interval ($\pm 13.3\%$) ranges from 65.1% to 91.7%. ⁶

Few of the differences shown in this report reach the level of statistical significance. The cause of this may be the small sample size of Trillium survey respondents, which make it difficult to detect real differences where they do exist. Alternatively, few significant differences may have been found because there really are few differences. Both reasons almost certainly played a role, but without a larger sample to begin with, it is impossible to determine which most affected which findings.

Measuring Importance

This report and all the annual CAHPS reports discuss the importance of questions and composites to identify which areas may be most useful for the LME/MCO to address. For instance, if an achievement score on a question is very low, Trillium may place a high priority on addressing that area if it is important to our members, but a lower priority if it is not important to our members.

The survey does not directly ask members to rate the importance of areas addressed by the survey. Instead, importance is estimated by correlating members' answers on the questions and scores on the composites with their answer to the *Overall Satisfaction* question (Q28) mentioned above. The rationale for using this technique is that if a score is highly correlated with *Overall Satisfaction* ratings, that score must have a very strong influence on members' overall satisfaction.

For example, if the correlation between the composite achievement score *Getting Treatment and Information from the Plan* and *Overall Satisfaction* is .70 (a very high correlation, since the highest possible correlation is 1.00), then *Getting Treatment and Information from the Plan*, would be considered highly important to members. Alternatively if the question about whether the member was told about self-help or member-run programs is correlated with *Overall Satisfaction* is .05 (a very low correlation, since .00 indicates no relation between the two questions), then being told about self-help or member-run programs would not be considered important to members. The implication is that a low achievement score on *Getting Treatment and Information from the Plan* would likely require immediate attention, while making sure members were told about alternative programs would not. The CAHPS suggests a correlation of .40 with *Overall Satisfaction* be considered the boundary between lower and higher importance correlations.

⁶ As a comparison, on the same question, the 2021 State achievement score of 71.4 is computed from 210 survey responses, producing a 95% confidence interval of $\pm 6.1\%$ (65.3% to 77.5%).

Statistical Testing

The percentages presented represent the number of “achievements” over the total number of responses for each composite/question. The CAHPS defines which responses are achievements for each relevant question. For example, for the questions asking how often services were provided in a timely manner, responses of “Always” and “Usually” are considered achievements; responses of “Sometimes” or “Never” are not.

As noted in the CAHPS report, some questions received low numbers of responses. Statistical findings should be interpreted cautiously for questions with 30 or fewer responses.

The 2021 NC CAHPS® 3.0 Adult Medicaid ECHO Report is the source for all of the percentages and Ns included in charts below. Statistical comparisons were computed by Trillium Health Resources (THR) Informatics.

Statistical Term Definitions

Statistical Significance

For the purposes of this report, a statistically significant finding indicates that there is a 5% or lower probability that the result would occur as it does due to random error/variance—roughly the probability of tossing a coin 100 times and getting 58 or more heads⁷. For example, a statistically significant difference in two percentages (e.g., between the statewide and the Trillium achievement scores for a composite) indicates that it is *unlikely* that the difference occurred by random chance.

Correlations

Correlation coefficients represent the strength of the relationship between variables. A higher coefficient means a stronger relationship. A positive correlation coefficient means that if one variable is higher, then there is an increased probability the other variable will be higher. A negative correlation coefficient indicates that as one variable increases the other decreases.

Binomial Test

Binomial tests are used to determine if an observation differs from an expected distribution. The observed proportions of “successes” are compared to the expected probability of success. In this report, binomial tests are used to determine if Trillium’s achievement scores differ from North Carolina’s achievement scores. Trillium’s achievements are treated as successes and statewide

⁷ If 100 sessions were conducted with unbiased coins (each session with 100 coin tosses), only five of the 100 sessions (5%) would produce more than 58 heads. If another coin is tossed 100 times and 59 heads are produced, since this happens less than 5% of the time, it is more likely that the coin is biased toward heads because it happens so rarely with an unbiased coin. In other words, there is strong evidence that there is something systematic other than just chance that produced results that extreme and unlikely. That is the standard of statistical significant use throughout this report.

achievement scores are used as the expected probability of success. Since the binomial tests in this report compare Trillium to the statewide achievement scores, the statewide achievement scores used for these comparisons were adjusted to exclude the Trillium cases.

Fisher's Exact Test

The Fisher's Exact Test is used in this report to test for significant differences between two samples (e.g., 2020 vs. 2021 Trillium achievement scores). Fisher's Exact Test traditionally was restricted to small samples (typically < 30) and t, z and chi-squared tests were used in larger samples. Since these other tests are estimates based on assumed distributions, personal computers were capable of the computations necessary, this was not the case for Fisher's Exact Test until recently. Computing capacity still limits the use of Fisher's Exact Test, but those limits have been pushed well beyond those in this study.

OVERALL COMPARISONS

Overall Satisfaction

Comparison of State and Trillium on the 0 to 9 Overall Satisfaction Rating by Survey Year

Survey Year	Entity	N	Achievement Score
2021	State	210	71.4%
	Trillium	37	78.4%
2020	State	263	70.3%
	Trillium	48	62.5%
2019	State	329	68.4%
	Trillium	55	65.5%

Notes. There are no statistically significant differences between Trillium and State results for any of the three years shown above.

The comparisons were made between Trillium and the State's achievement scores after the Trillium data were removed from the State data. The State bars in the graph include all LME/MCOs' data including Trillium, to be consistent with the CAHPS-produced reports.

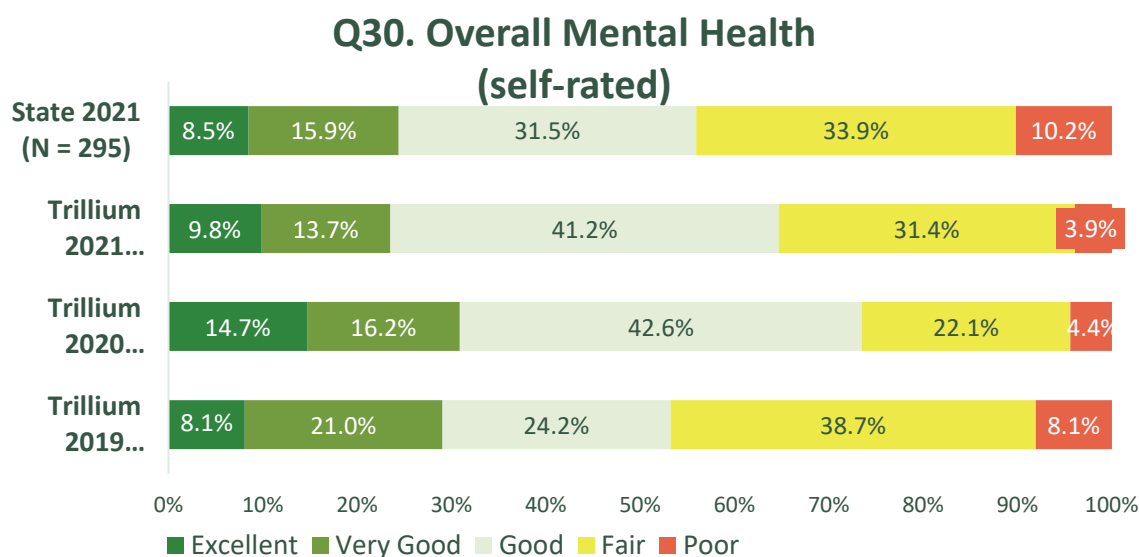
Trillium received an *Overall Satisfaction Rating* (based on Question 28 of the survey) of 78.4%. Respondents were asked the following question:

"Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your counseling or treatment in the last 12 months?"

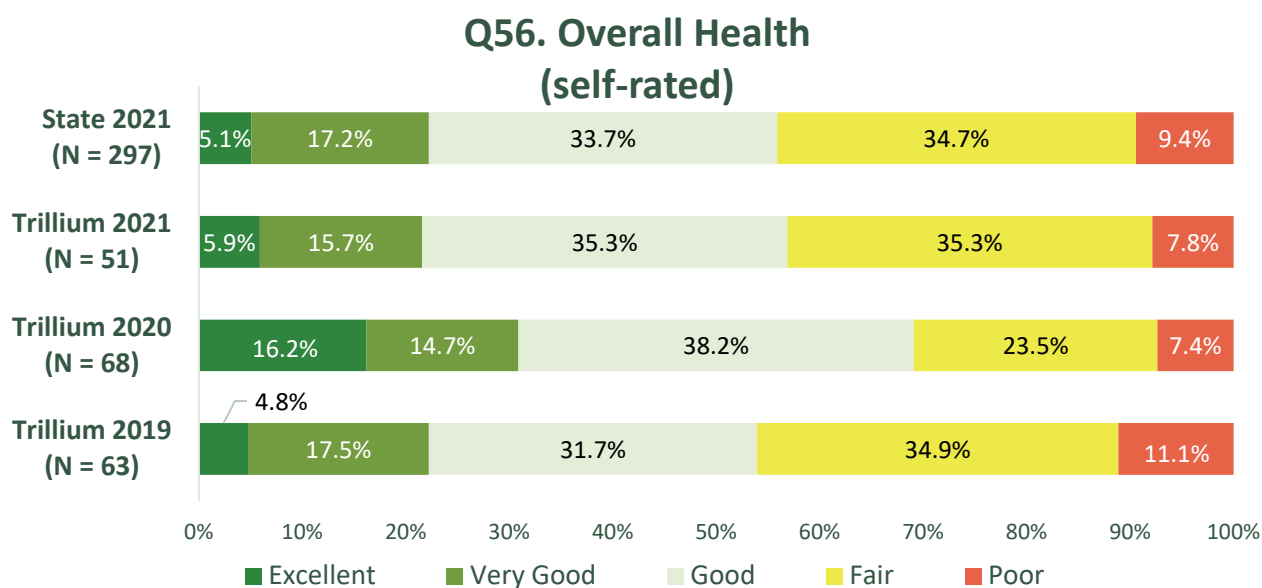
The Overall Satisfaction Rating was calculated by dividing the number of responses of 8 or more by the total number of responses. Trillium's score of 78.4% fell below the 85% Satisfaction benchmark set by the CAHPS report, but was an increase from the 2020 score of 62.5%; however, there were no statistically significant differences between Trillium's and the statewide achievement scores for any of the three years.

Overall Health Self-Ratings

Members were asked, “In general, how would you rate your overall mental health now?” on a scale from Poor to Excellent. The chart below compares 2021 Trillium response percentages to the 2021 statewide results as well as the Trillium results over the previous two surveys. None of the differences reached statistical significance.



In a parallel question, members were asked to answer the question “In general, how would you rate your overall health now?” on a scale from Poor to Excellent. Results are similar to those above; again, none of the differences reached statistical significance.



KEY AREAS OF INTEREST

Trillium's Informatics team used Pearson's tests to correlate scores on individual questions with *Overall Satisfaction* (as defined by the CAHPS report). The Strengths chart below includes questions with "high" satisfaction ratings (85% or greater). The Opportunities for Improvement chart includes questions with less than 80% achievement. Questions with fewer than 30 responses are italicized. Questions with fewer than 10 responses were not included. While there may be additional scores that meet benchmark percentages, the questions with higher correlation with satisfaction were prioritized as Strengths and Opportunities for Improvement.

The standard for importance used in this section is a correlation of .45 or higher with overall member satisfaction. This is equivalent to two standard deviations below the highest obtained importance correlation ($r = .679$).

Strengths

Question	High Correlation with Member Satisfaction	5% Above State Results
Q7. Usually or always got an appointment as soon as wanted		✓
Q12. Clinicians usually or always explained things	✓	
Q18. Usually or always involved as much as you wanted in treatment		
Q29. A lot or somewhat helped by treatment	✓	
Q47. <i>My Care Coordinator responds to my calls in a timely manner.</i>		✓

Opportunities for Improvement

Question	High Correlation with Member Satisfaction	5% Below State Results
Q5. <i>Usually or always got treatment as soon as wanted, when needed right away</i>		✓
Q10. Usually or always seen within 15 minutes of your appointment	✓	✓
Q14. Clinicians usually or always spent enough time with you	✓	✓
Q25. Confidential information was kept private		✓

CAHPS COMPOSITES

Composite Score Summary

Composite domains consist of combined response scores from 2 – 6 individual questions. Composite questions and further breakdown of the results are included in the “Composite-related Questions” section of this report.

The CAHPS report provides a “Priority Matrix” which assigns each domain to a Top, High, Medium, or Low priority category for intervention based on the achievement scores and how highly the particular domain correlates with overall member satisfaction.

Composite	Entity	Survey Year	N	Achievement Score
Getting Treatment Quickly	State	2021	230	67.3%
	Trillium	2021	38	64.5%
		2020	50	67.6%
		2019	51	54.2%
How Well Clinicians Communicate	State	2021	214	87.4%
	Trillium	2021	38	87.4%
		2020	53	91.6%
		2019	56	84.4%
Getting Treatment and Information from the Plan	State	2021	91	36.4%
	Trillium	2021	14	38.3%
		2020	18	60.3%
		2019	17	43.6%
Perceived Improvement	State	2021	299	52.5%
	Trillium	2021	51	49.4%
		2020	68	56.7%
		2019	63	54.5%
Information about Treatment Options	State	2021	211	50.3%
	Trillium	2021	38	53.3%
		2020	53	50.1%
		2019	56	46.6%

Notes. Red font in the "N" column indicates low reliability of the reported percentage because of low sample size.

There are no statistically significant differences between Trillium and State for any of the 2021 composites, using two-tailed binomial test ($p < 0.05$).

There are no statistically significant differences between Trillium 2021 scores and either Trillium 2019 or 2020 scores, using two-tailed Fisher's exact test ($p < 0.05$).

Composite-related Questions

The CAHPS report defines five domains of member experience: *Getting Treatment Quickly*, *How Well Clinicians Communicate*, *Getting Treatment and Information from the Plan*, *Perceived Improvement*, and *Information about Treatment Options*. Each domain is comprised of two to six questions from the survey. Achievement bars were not included for questions with fewer than 9 responses on the 2021 Trillium ECHO Report.

Getting Treatment Quickly

This domain assesses whether members were able to access care in a timely manner.

This was a composite where Trillium and the State level data produced similar results overall. Though there were some questions that produced greater differences between 2021 Trillium and State achievement scores, none of these differences reached statistical significance. The only statistically significant difference found between Trillium 2021 and earlier years is the difference of 52.9% and 8.3% on Q3 between 2021 and 2019 respectively.

Composite or Question	Entity	Survey Year	N	Achievement Score
Getting Treatment Quickly	State	2021	230	67.3%
	Trillium	2021	38	64.5%
		2020	50	67.6%
		2019	51	54.2%
Q3. Usually or always got help by telephone	State	2021	111	56.8%
	Trillium	2021	17	52.9%
		2020	26	50.0%
		2019	12	8.3%
Q5. Usually or always got urgent treatment as soon as needed	State	2021	108	72.2%
	Trillium	2021	16	62.5%
		2020	23	82.6%
		2019	23	60.9%
Q7. Usually or always got appointment as soon as wanted	State	2021	200	76.0%
	Trillium	2021	30	86.7%
		2020	43	69.8%
		2019	46	78.3%

Notes. Red font in the "N" column indicates low reliability of the reported percentage because of low sample size.

There are no statistically significant differences between Trillium and State based on the two-tailed binomial test ($p < 0.05$).

A shaded Survey Year indicates that the achievement score is significantly different from the Trillium 2021 achievement score at the $p > .05$ level using the two-tailed Fisher's exact test.

How Well Clinicians Communicate

This domain assesses whether a member felt respected by and safe with their clinician and how well they felt their treatment was explained to them.

This was a composite where Trillium and the State level data produced identical results overall. All questions between 2021 Trillium and State achievement scores were within 5 percentage points, and none of these differences reached statistical significance. There were no statistically significant differences between Trillium 2021 results and previous years for any question.

Composite or Question	Entity	Survey Year	N	Achievement Score
How Well Clinicians Communicate	State	2021	214	87.4%
		2021	38	87.4%
	Trillium	2020	53	91.6%
		2019	56	84.4%
Q11. Clinicians usually or always listened carefully	State	2021	214	91.1%
		2021	38	92.1%
	Trillium	2020	51	88.2%
		2019	55	81.8%
Q12. Clinicians usually or always explained things	State	2021	214	84.6%
		2021	38	86.8%
	Trillium	2020	53	92.5%
		2019	56	87.5%
Q13. Clinicians usually or always showed respect	State	2021	214	91.1%
		2021	38	89.5%
	Trillium	2020	53	94.3%
		2019	55	89.1%
Q14. Clinicians usually or always spent enough time	State	2021	213	83.1%
		2021	38	79.0%
	Trillium	2020	53	92.5%
		2019	56	82.1%
Q15. Usually or always felt safe with clinicians	State	2021	213	93.0%
		2021	38	92.1%
	Trillium	2020	53	96.2%
		2019	55	87.3%
Q18. Usually or always involved as much as you wanted in treatment	State	2021	212	82.6%
		2021	38	86.8%
	Trillium	2020	53	88.7%
		2019	55	76.4%

Notes. There are no statistically significant differences between Trillium and State for any of the 2021 composites, using two-tailed binomial test ($p < 0.05$).

There are no statistically significant differences between Trillium 2021 scores and either Trillium 2019 or 2020 scores, using two-tailed Fisher's exact test ($p < 0.05$).

Getting Treatment and Information from the Plan

This domain assesses whether a member was adversely impacted by delays in treatment while waiting for an authorization approval, and also how helpful they found customer service.

This was a composite where Trillium and the State level data produced similar results overall. Though there were some questions that produced greater differences between 2021 Trillium and State achievement scores, none of these differences reached statistical significance. There were no statistically significant differences between Trillium 2021 results and previous years for any question. Q41 produced too few responses for 2021 and 2019 to report percentages.

Composite or Question	Entity	Survey Year	N	Achievement Score
Getting Treatment and Information from the Plan	State	2021	91	36.4%
	Trillium	2021	14	38.3%
		2020	18	60.3%
		2019	17	43.6%
Q39. Delays in treatment while waiting for plan approval were not a problem	State	2021	67	44.8%
	Trillium	2021	14	50.0%
		2020	13	53.8%
		2019	13	30.8%
Q41. Getting help from customer service was not a problem	State	2021	43	32.6%
	Trillium	2021	3	
		2020	9	55.6%
		2019	7	

Notes. Red font in the "N" column indicates low reliability of the reported percentage because of low sample size.

Percentages not reported where $N < 9$.

There are no statistically significant differences between Trillium and State for any of the 2021 composites, using two-tailed binomial test ($p < 0.05$).

There are no statistically significant differences between Trillium 2021 scores and either Trillium 2019 or 2020 scores, using two-tailed Fisher's exact test ($p < 0.05$).

Perceived Improvement

This domain assesses member perception of their improvement in daily functioning as compared to 1 year prior to taking the survey.

This composite produced similar results overall between Trillium and the State level data. There were some questions that initially appeared to produce notable differences between 2021 Trillium and State achievement scores, but none of these differences reached statistical significance. There were no statistically significant differences between Trillium 2021 results and previous years for any question.

Composite or Question	Entity	Survey Year	N	Achievement Score
Perceived Improvement	State	2021	299	52.5%
	Trillium	2021	51	49.4%
		2020	68	56.7%
		2019	63	54.5%
Q31. Much better or a little better ability to deal with daily problems to 1 year ago	State	2021	296	57.1%
	Trillium	2021	50	50.0%
		2020	68	64.7%
		2019	62	58.1%
Q32. Much better or a little better able to deal with social situations compared to 1 year ago	State	2021	299	49.8%
	Trillium	2021	51	51.0%
		2020	68	58.8%
		2019	62	54.8%
Q33. Much better or a little better ability to accomplish things to 1 year ago	State	2021	295	49.2%
	Trillium	2021	50	52.0%
		2020	68	58.8%
		2019	63	52.4%
Q34. Much better or a little better ability to deal with symptoms or problems to 1 year ago	State	2021	296	54.4%
	Trillium	2021	50	54.0%
		2020	66	62.1%
		2019	60	48.3%

Notes. There are no statistically significant differences between Trillium and State for any of the 2021 composites, using two-tailed binomial test ($p < 0.05$).

There are no statistically significant differences between Trillium 2021 scores and either Trillium 2019 or 2020 scores, using two-tailed Fisher's exact test ($p < 0.05$).

Information about Treatment Options

This domain assesses whether members were informed of their different options for treatment, including self-help and consumer-run programs.

This composite produced similar results overall between Trillium and the State level data. There were some questions that initially appeared to produce notable differences between 2021 Trillium and State achievement scores, but none of these differences reached statistical significance. There were no statistically significant differences between Trillium 2021 results and previous years for any question.

Composite or Question	Entity	Survey Year	N	Achievement Score
Information about Treatment Options	State	2021	211	50.3%
	Trillium	2021	38	53.3%
		2020	53	50.1%
		2019	56	46.6%
Q20. Told about self-help or consumer run programs	State	2021	211	44.1%
	Trillium	2021	38	50.0%
		2020	53	43.4%
		2019	55	36.4%
Q21. Told about different treatments that are available for condition	State	2021	209	59.3%
	Trillium	2021	38	55.3%
		2020	53	56.6%
		2019	55	58.2%














Notes. There are no statistically significant differences between Trillium and State for any of the 2021 composites, using two-tailed binomial test ($p < 0.05$).

There are no statistically significant differences between Trillium 2021 scores and either Trillium 2019 or 2020 scores, using two-tailed Fisher's exact test ($p < 0.05$).

CARE COORDINATION

The ECHO survey includes ten questions related to member satisfaction with Care Coordination. Sample size on these ten items ranged from 3 to 12. Results should be interpreted with caution due to the low numbers of respondents. The CAPHS report did not provide a composite for the care coordination items. Trillium created a composite satisfaction score by calculating the proportion of positive responses to the total number of responses for all care coordination items.

Composite or Question	Entity	Survey Year	N	Achievement Score
Care Coordination	State	2021	106	66.3%
	Trillium	2021	12	87.3%
		2020	20	88.1%
		2019	22	78.3%
Q46. Usually or always easy to get in touch with Care Coordinator when needed	State	2021	106	86.8%
	Trillium	2021	12	91.7%
		2020	20	95.0%
		2019	22	72.7%
Q47. My Care Coordinator usually or always responds to my calls in a timely manner	State	2021	105	88.6%
	Trillium	2021	12	100.0%
		2020	20	95.0%
		2019	22	68.2%
Q48. Care Coordinator usually or always helps with answers to questions	State	2021	106	84.9%
	Trillium	2021	12	91.7%
		2020	20	95.0%
		2019	21	90.5%
Q49. My Care Coordinator usually or always helped me find resources to managing my care	State	2021	104	82.7%
	Trillium	2021	11	72.7%
		2020	20	85.0%
		2019	22	81.8%
Q50. Care Coordinator usually or always asks how best to support me	State	2021	106	87.7%
	Trillium	2021	12	83.3%
		2020	20	90.0%
		2019	22	81.8%

Q51. I was usually or always given a draft of my Person Centered Plan to review before being asked to sign	State	2021	79	89.9%	
	Trillium	2021	3		
		2020	11	90.9%	
		2019	12	83.3%	
Q52. I was usually or always satisfied with my Person Centered Plan	State	2021	84	89.3%	
	Trillium	2021	6		
		2020	14	92.9%	
		2019	13	84.6%	
Q54. If service request was denied, my Care Coordinator usually or always talked to me about the appeal process	State	2021	44	52.3%	
	Trillium	2021	4		
		2020	10	50.0%	
		2019	11	45.5%	
Q55. Usually or always satisfied with Care Coordinator	State	2021	101	91.1%	
	Trillium	2021	10	90.0%	
		2020	19	94.7%	
		2019	22	81.8%	

Notes. Red font in the "N" column indicates low reliability of the reported percentage because of low sample size.

A shaded Survey Year indicates that the achievement score is significantly different from the Trillium 2021 achievement score at the $p > .05$ level using the two-tailed binomial test for Trillium vs. State comparisons and the two-tailed Fisher's exact test for between-year comparisons.

CAHPS ECHO reports are the sources for all the Ns and percentages reported above, except for the Care Coordination composite, which was computed by THR Informatics; statistical comparisons were computed by THR Informatics.

SINGLE-ITEM MEASURES

The ECHO survey contains 10 “Single-Item Measures” assessing a variety of safety, confidentiality, and cultural measures.

Two results reached statistical significance. Q22 Trillium 2021 results were significantly higher than the state while the Trillium 2021 results for Q25 were significantly lower.

Composite or Question	Entity	Survey Year	N	Achievement Score
Q10. Usually or always seen within 15 minutes of your appointment.	State	2021	214	72.9%
	Trillium	2021	38	68.4%
		2020	53	75.5%
		2019	57	70.2%
Q17. Was told what side effects of medicines to watch for	State	2021	196	79.1%
	Trillium	2021	33	84.9%
		2020	48	83.3%
		2019	50	74.0%
Q19. Someone discussed whether to include your family or friends in your counseling or treatment	State	2021	213	57.3%
	Trillium	2021	38	60.5%
		2020	53	50.9%
		2019	55	50.9%
Q22. Given as much information as wanted to manage condition	State	2021	209	78.5%
	Trillium	2021	38	92.1%
		2020	53	77.4%
		2019	54	79.6%
Q23. Was given information about your rights as a patient	State	2021	210	86.2%
	Trillium	2021	36	86.1%
		2020	51	92.2%
		2019	56	85.7%
Q24. Felt that they could refuse a specific type of treatment	State	2021	212	69.8%
	Trillium	2021	37	70.3%
		2020	51	82.4%
		2019	54	83.3%
Q25. Confidential counseling or treatment information was kept private	State	2021	208	93.3%
	Trillium	2021	36	83.3%
		2020	51	90.2%
		2019	54	90.7%
Q29. A lot or somewhat helped by treatment received	State	2022	295	84.8%
	Trillium	2022	51	88.2%
		2020	68	77.9%
		2019	62	80.6%

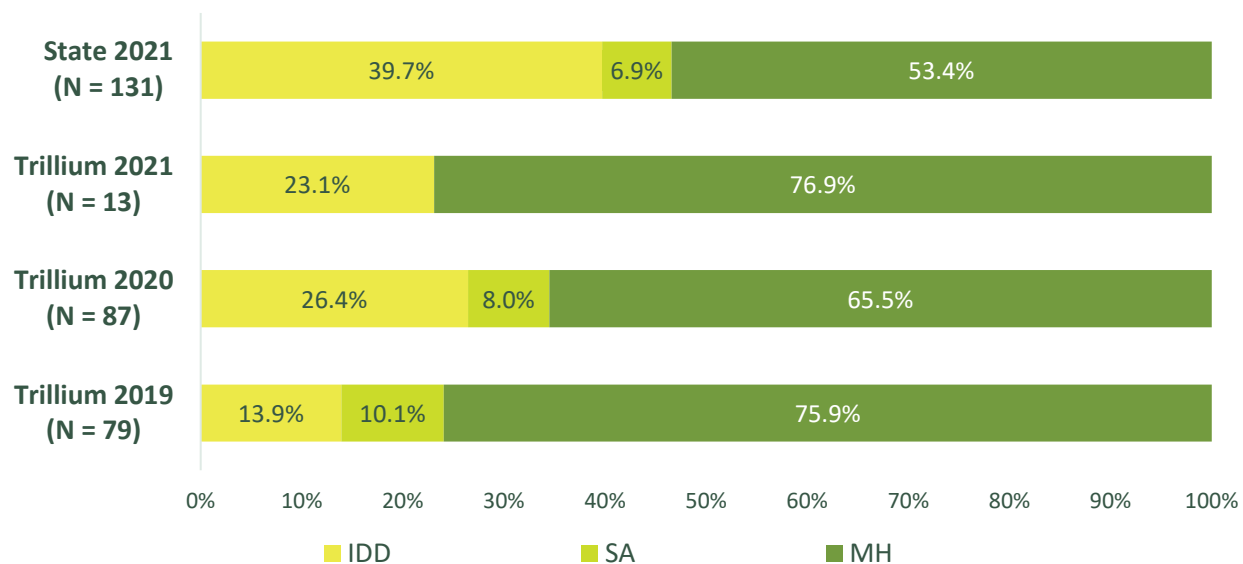
Notes. A shaded Survey Year indicates that the achievement score is significantly different from the Trillium 2021 achievement score at the $p > .05$ level using the two-tailed binomial test.

There are no statistically significant differences between Trillium 2021 scores and either Trillium 2019 or 2020 scores, using two-tailed Fisher's exact test ($p < 0.05$).

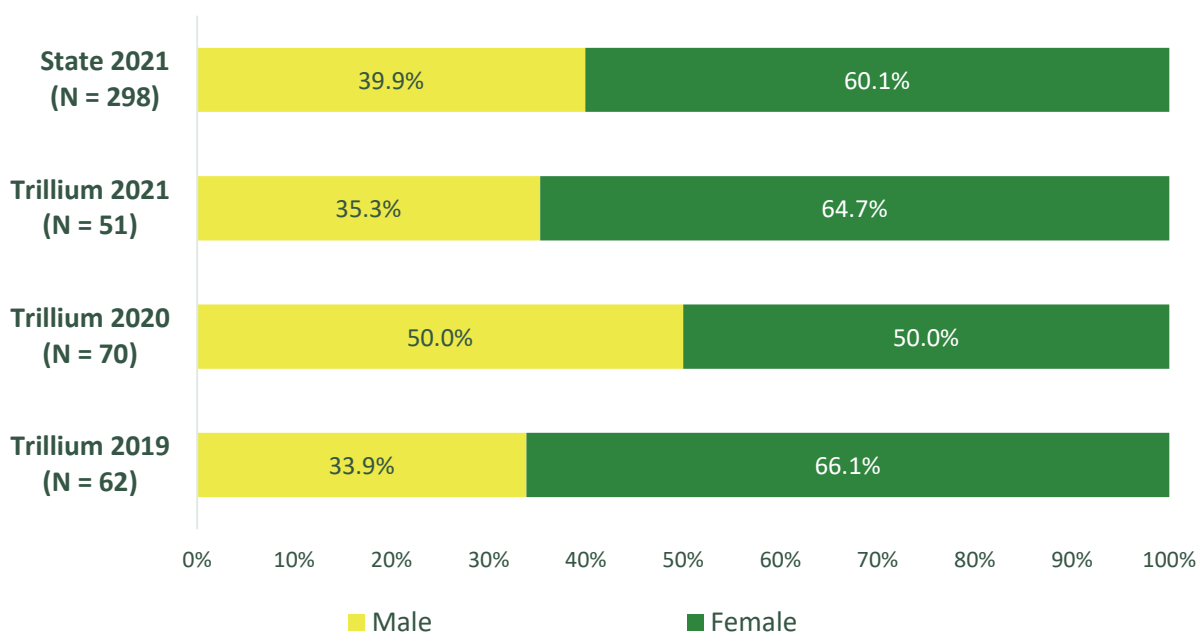
Demographics

Demographics are provided for informational purposes.

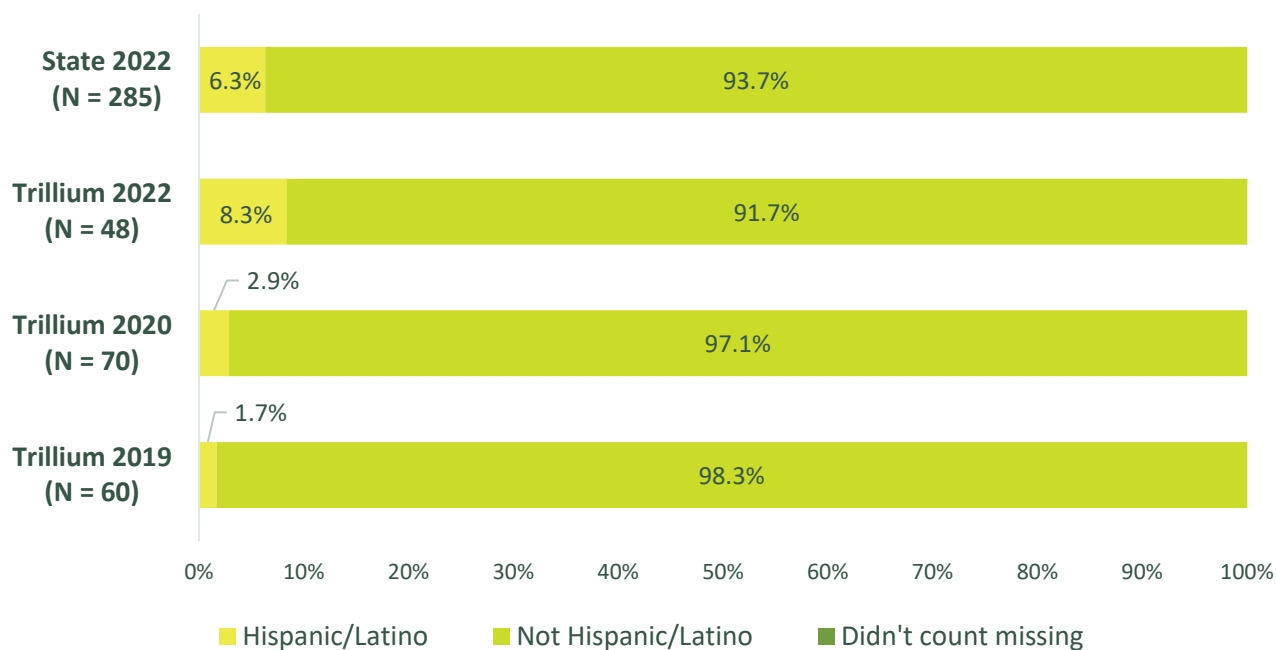
Service Category



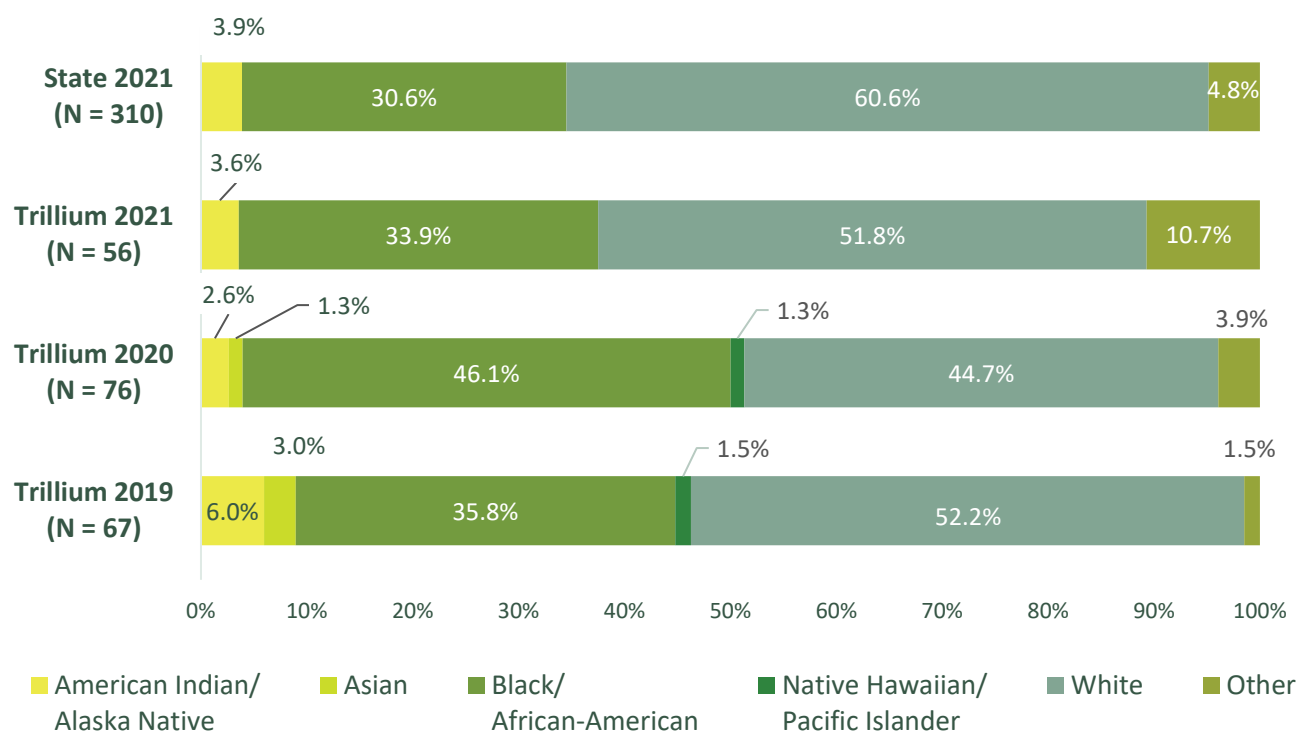
Gender



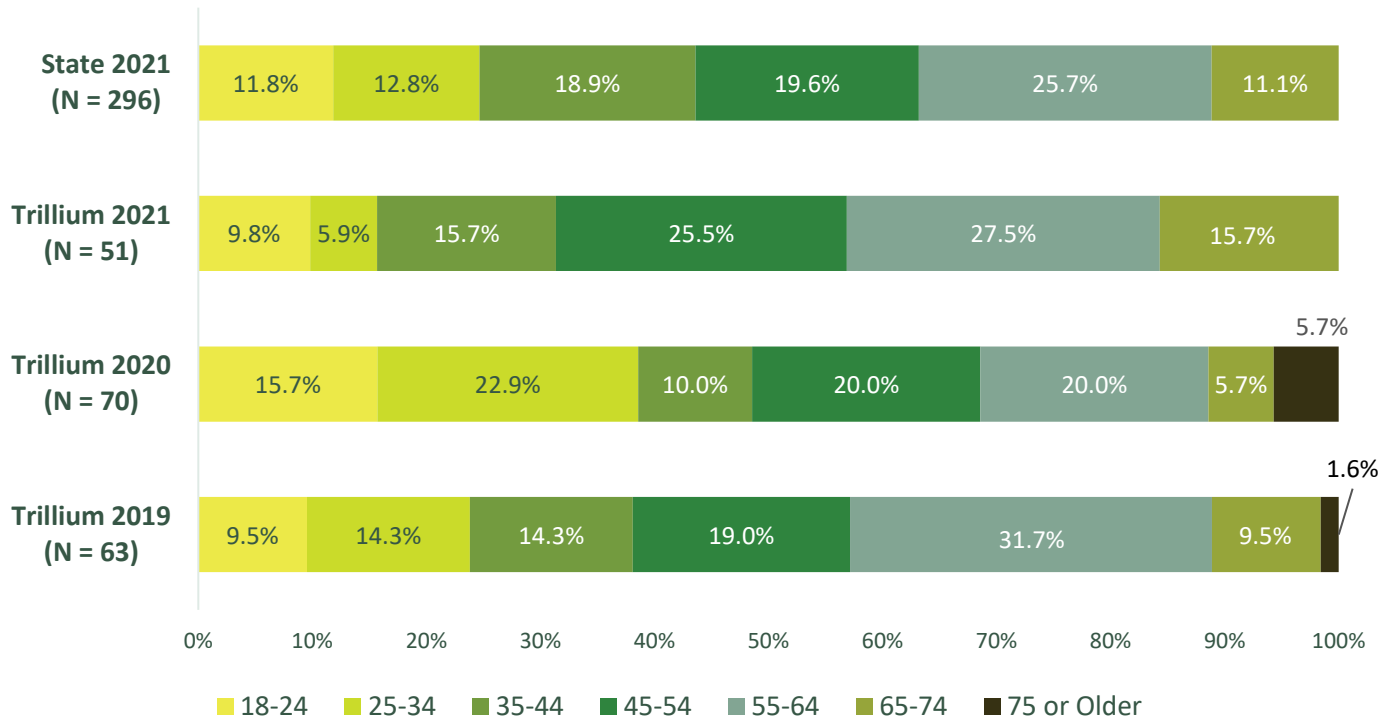
Ethnicity



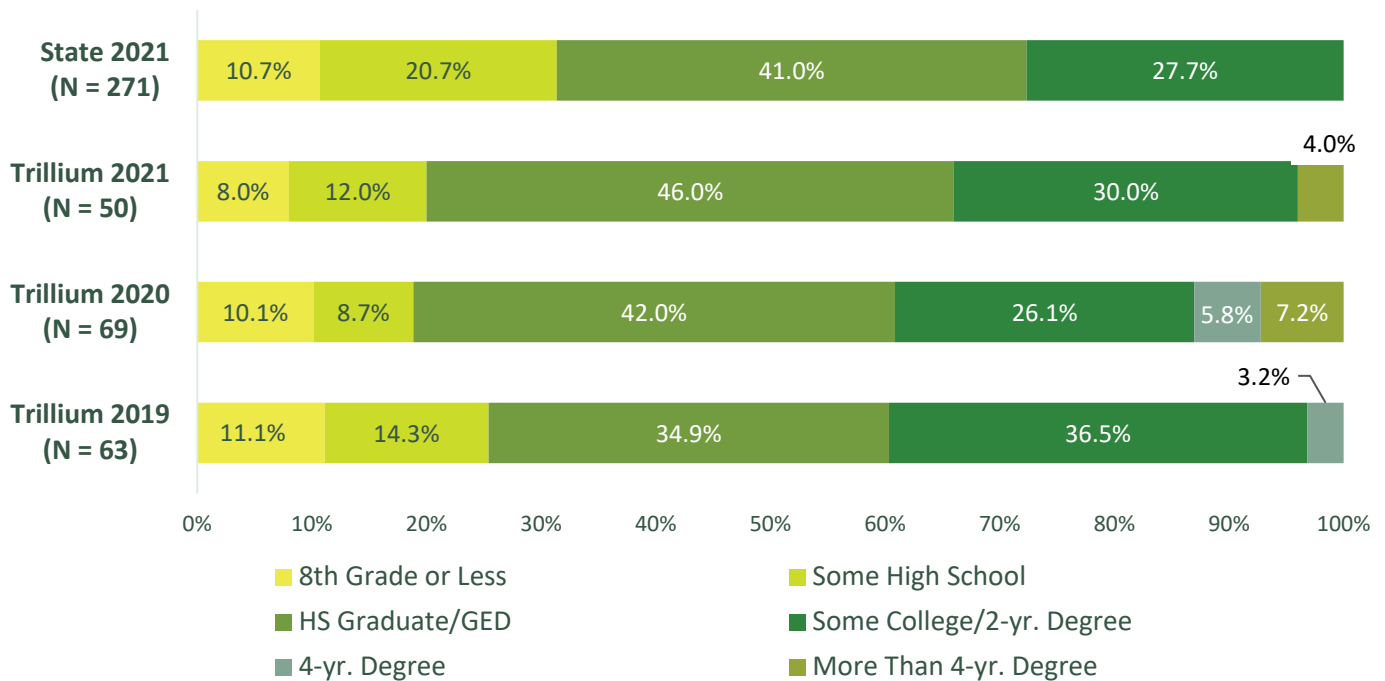
Race



Age



Education Level



OPPORTUNITIES FOR IMPROVEMENT

Trillium's identified Strengths and Opportunities for Improvement (see page 12) are based on such small numbers of survey responses that the distinctions made between Strengths and Opportunities for Improvement have little validity (i.e., because of limited data and wide confidence intervals, we cannot be 95% certain that a calculated strength is not in reality an area most in need of improvement). It is reasonable to conclude that there is an inadequate amount of data to take action on the Opportunities for Improvement listed. Additional survey options are needed to ensure that Trillium is able to accurately assess satisfaction of members and target areas for improvement. Trillium should also investigate opportunities to increase member survey participation rates.

NEXT STEPS

1. This report will be shared with QIC in August 2022.
2. Create internal member satisfaction surveys to begin with Tailored Plan implementation to accurately determine action items and improve satisfaction of members.
3. Trillium will review internal survey processes and investigate opportunities to increase member participation.