

ECHO[®] SURVEY: CHILD

2020-2021

(Data collected January - April 2022)

Completed by:

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Data Used:

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

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EXECUTIVE SUMMARY

Background

The report presents the results of the annual Experience of Care and Health Outcome (ECHO®) Child 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 64 returned surveys-- a 9.6% response rate; however, there were only 48 usable returns (7.2%). Fewer data were available for most questions because of missing responses.

While this report is for 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 is a summary of the 2021 NC CAHPS® 3.0 Child 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. Trillium scores were higher than statewide scores in all of these comparisons. Care coordination questions accounted for two of the three differences. The last question producing statistically significant favorable differences related to providers spending enough time with members.

None of the more than 80 comparisons between Trillium's 2021 and Trillium's 2019 and 2020 results reached statistical significance. The consistently low number of usable responses each year hampers statistical detection of other real differences.

Other Findings

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

Overall Satisfaction. The Trillium *Overall Satisfaction* score has changed little from 2019 to 2021 (65.7% to 62.5% respectively). The statewide scores for the same period have increased slightly over that time (65.8% to 67.4 %). None of the Trillium vs. statewide differences approach statistical significance for any of the three years.

Self-reported Health. The percent of Trillium members reporting “Good” to “Excellent” mental health has increased from 59.0%% in 2020 to 63.0% in 2021, not reaching statistical significance. This score remains higher than the statewide 2021 result of 58.2%. Trillium members’ self-ratings of overall health declined from 2019 to 2021 surveys (83.7% to 73.9% respectively) with 2021 statewide results of 76.1%.

Composites. CAHPS computes and reports four composites to assess LME/MCO achievement in four domains including *Getting Treatment Quickly*, *How Well Clinicians Communicate*, *Getting Treatment and Information from the Plan*, and *Perceived Improvement*. Trillium and statewide 2021 composite scores are roughly equivalent for all four composites. Trillium did receive a higher composite score in all areas, but none are statistically significant.

Areas of Strength and Opportunities for Improvement. These areas of interest are identified at the individual question level in the report, but Strengths are primarily drawn from *How Well Clinicians Communicate* as well as *Care Coordination*. Opportunities for Improvement include multiple questions related to *Perceived Improvement* and one question from *Getting Treatment Quickly*. There are also questions not included in a composite referenced in Strengths and Opportunities for Improvement.

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. That being said, care coordination remains a very solid strength according to the results—both in terms of absolute high percentage scores and relative to statewide percentage scores. In most other areas, Trillium and statewide results differ little—even where statewide results may fall short in members’ perceptions. Improvement opportunities have been identified from the survey data to help focus additional information gathering and improvement efforts.

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 Child 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 under 18 years of age, 64 (9.6%) surveys were returned and 48 (7.2%) were usable. Four domains of member experience, including *Getting Treatment Quickly*, *How Well Clinicians Communicate*, *Getting Treatment and Information from the Plan*, and *Perceived Improvement*, 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. 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.

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

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 48 usable surveys returned by Trillium members, forty-eight 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 12.7% below that result to 12.7% 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 62.3% and 87.7%. Since none of the questions are answered by all 48 participants, these confidence intervals are always wider. For example, the primary *Overall Satisfaction* question was answered in only 40 surveys and produced a 2021 Trillium achievement score of 62.5%, which means the 95% confidence interval ($\pm 15.0\%$) ranges from 47.5% to 77.5%.⁶

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

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

⁴ 2021 NC CAHPS® 3.0 Child Medicaid ECHO® Report, page 11.

⁵ This example confidence interval (C.I. = $\pm 12.7\%$) reflects the mean confidence intervals for two response patterns: 1) for a question with 50% favorable percentage (95% C.I. = $\pm 14.1\%$, N = 48) and 2) a question with an 80% favorable percentage (95% C.I. = $\pm 11.3\%$, N = 48)

⁶ As a comparison, on the same question, the 2021 State achievement score of 67.4% is computed from 261 survey response, producing a 95% confidence interval of $\pm 5.7\%$ (61.7% to 73.1%).

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 (Q29) 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.

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 2019-2021 NC CAHPS® 3.0 Child Medicaid ECHO Reports are 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 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.

⁷ If 100 sessions were conducted with unbiased coins (each session with 100 coin tosses), only five of the 100 session (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.

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	Overall Satisfaction Score
2021	State	261	67.4%
	Trillium	40	62.5%
2020	State	314	64.0%
	Trillium	53	64.2%
2019	State	368	65.8%
	Trillium	70	65.7%

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.

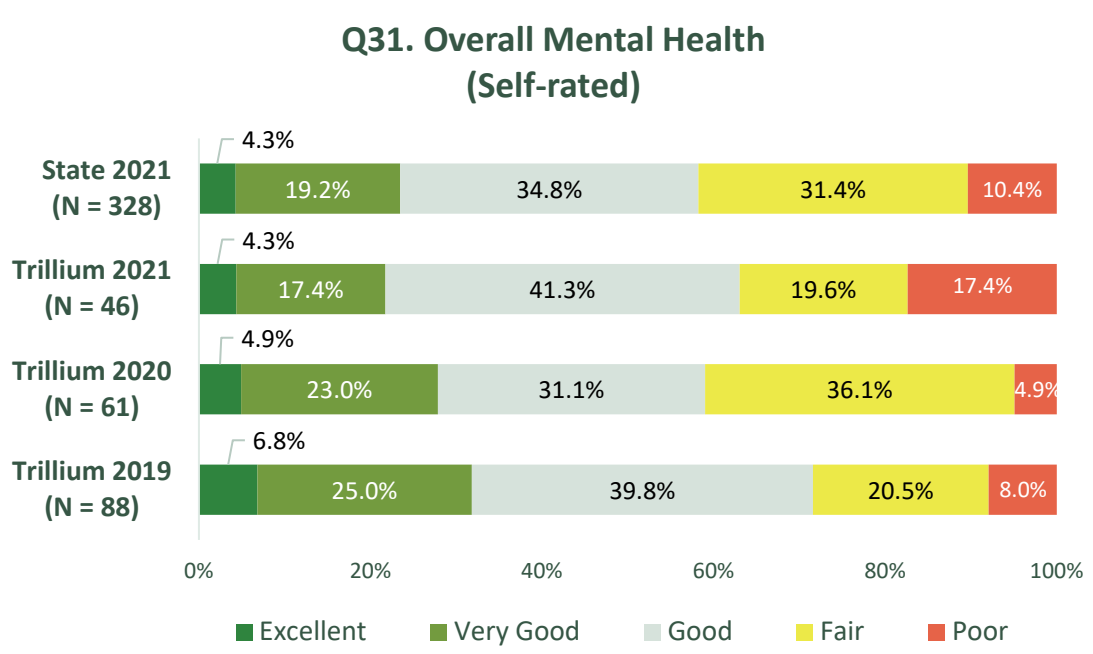
Trillium received an *Overall Satisfaction* Rating (based on Question 29 of the survey) of 62.5%. Respondents were asked the following question:

"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?"

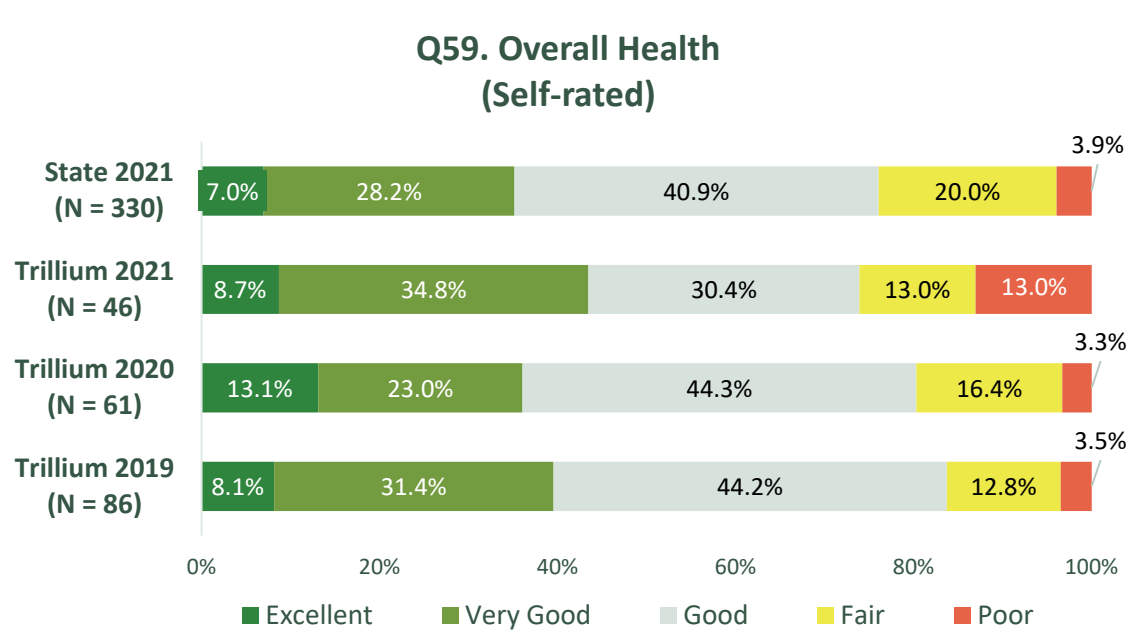
The Overall Satisfaction Rating was calculated by dividing the number of responses of 8 or more by the total number of responses. Trillium's 2021 score of 62.5% fell below the 85% Satisfaction benchmark set by the CAHPS report and was lower than the 2021 State score of 67.4%. There were no statistically 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 less than 10 responses were not included.

The standard for importance used in this section is a correlation of .48 or higher with overall member satisfaction. This is equivalent to two standard deviations below the mean of the two highest obtained importance correlations ($r = .620$ and $r = .765$). The mean was used because of the magnitude difference between the highest and every other correlations.

Strengths

Question	High Correlation with Member Satisfaction	5% Above State Results
Q15. Clinicians usually or always spend enough time with you	✓	✓
Q17. Told about side effects of medication	✓	✓
Q18. Usually or always involved in child's treatment as much as you wanted	✓	✓
Q51. Care Coordinator usually or always helps with answers to questions		✓
Q52. Care Coordinator usually or always helped find services and supports to manage child's care		✓

Opportunities for Improvement

Question	High Correlation with Member Satisfaction	2% Below State Results
Q7. Usually or always got appointment as soon as wanted	✓	
Q11. Usually or always seen within 15 minutes of appointment		✓
Q23. Given as much information as wanted to manage condition	✓	
Q34. Much better or a little better able to accomplish things compared to 1 year ago	✓	

CAHPS COMPOSITES

Composite Score Summary

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

The CAHPS reports provide 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	289	63.8%
	Trillium	2021	40	67.5%
		2020	48	68.3%
		2019	76	58.1%
How Well Clinicians Communicate	State	2021	264	87.0%
	Trillium	2021	40	93.2%
		2020	54	88.3%
		2019	72	89.0%
Getting Treatment and Information from the Plan	State	2021	106	39.2%
	Trillium	2021	18	45.8%
		2020	11	62.9%
		2019	35	37.2%
Perceived Improvement	State	2021	332	60.2%
	Trillium	2021	46	66.7%
		2020	64	58.8%
		2019	89	60.6%

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 four domains of member experience: *Getting Treatment Quickly*, *How Well Clinicians Communicate*, *Getting Treatment and Information from the Plan*, and *Perceived Improvement*. Each domain is comprised of two to five questions from the survey.

Three questions within the composites produced statistically significant results (one in *How Well Clinicians Communicate* and two in *Care Coordination*). All three questions have Trillium receiving higher achievement scores than the 2021 State scores.

Getting Treatment Quickly

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

Composite or Question	Entity	Survey Year	N	Achievement Score
Getting Treatment Quickly	State	2021	289	63.8%
	Trillium	2021	40	67.5%
		2020	48	68.3%
		2019	76	58.1%
Q3. Usually or always got help by telephone	State	2021	162	44.4%
	Trillium	2021	17	47.1%
		2020	26	50.0%
		2019	28	28.6%
Q5. Usually or always got urgent treatment as soon as needed	State	2021	145	66.9%
	Trillium	2021	19	78.9%
		2020	19	84.2%
		2019	31	58.1%
Q7. Usually or always got appointment as soon as wanted	State	2021	248	79.0%
	Trillium	2021	35	77.1%
		2020	44	79.5%
		2019	72	86.1%

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 ($p < 0.05$).

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.

Composite or Question	Entity	Survey Year	N	Achievement Score
How Well Clinicians Communicate	State	2021	264	87.0%
	Trillium	2021	40	93.2%
		2020	54	88.3%
		2019	72	89.0%
Q12. Clinicians usually or always listened carefully	State	2021	263	85.9%
	Trillium	2021	40	90.0%
		2020	54	92.6%
		2019	72	87.5%
Q13. Clinicians usually or always explained things	State	2021	263	90.1%
	Trillium	2021	39	89.7%
		2020	54	92.6%
		2019	71	91.5%
Q14. Clinicians usually or always showed respect	State	2021	264	90.2%
	Trillium	2021	40	92.5%
		2020	54	92.6%
		2019	71	93.0%
Q15. Clinicians usually or always spent enough time	State	2021	264	83.0%
	Trillium	2021	40	92.5%
		2020	54	79.6%
		2019	71	88.7%
Q18. Usually or always involved as much as you wanted in treatment	State	2021	264	84.8%
	Trillium	2021	40	90.0%
		2020	54	85.2%
		2019	71	87.3%

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 ($p < 0.05$).

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.

Composite or Question	Entity	Survey Year	N	Achievement Score
Getting Treatment and Information from the Plan	State	2021	106	39.2%
	Trillium	2021	18	45.8%
		2020	11	62.9%
		2019	35	37.2%
Q40. Delays in treatment while waiting for plan approval were not a problem	State	2021	85	31.8%
	Trillium	2021	17	35.3%
		2020	9	77.8%
		2019	26	34.6%
Q42. Getting help from customer service was not a problem	State	2021	44	47.7%
	Trillium	2021	4	
		2020	5	
		2019	16	43.8%

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 ($p < 0.05$).

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.

Perceived Improvement

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

Composite or Question	Entity	Survey Year	N	Achievement Score
Perceived Improvement	State	2021	332	60.2%
	Trillium	2021	46	66.7%
		2020	64	58.8%
		2019	89	60.6%
Q32. Much better or a little better able to deal with daily problems compared to 1 year ago	State	2021	331	65.9%
	Trillium	2021	46	69.6%
		2020	64	62.5%
		2019	88	63.6%
Q33. Much better or a little better able to deal with social situations compared to 1 year ago	State	2021	332	57.8%
	Trillium	2021	46	63.0%
		2020	63	55.6%
		2019	87	63.2%
Q34. Much better or a little better able to accomplish things compared to 1 year ago	State	2021	332	59.6%
	Trillium	2021	46	60.9%
		2020	61	62.3%
		2019	88	59.1%
Q35. Much better or a little better able to deal with symptoms or problems compared to 1 year ago	State	2021	331	59.5%
	Trillium	2021	46	65.2%
		2020	61	59.0%
		2019	88	63.6%







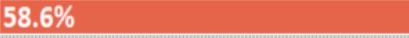





Notes. There are no statistically significant differences between Trillium and State for any of the 2021 composites, using two-tailed binomial test ($p < 0.05$).

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. Trillium sample sizes on these ten items ranged from two to twelve for the 2021 survey. 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's Informatics team 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	75	79.7%
	Trillium	2021	12	87.3%
		2020	14	95.8%
		2019	17	89.5%
Q49. Usually or always easy to get in touch with Care Coordinator when needed	State	2021	75	82.7%
	Trillium	2021	11	90.9%
		2020	14	100.0%
		2019	17	82.4%
Q50. Care Coordinator usually or always responds to calls in a timely manner	State	2021	75	82.7%
	Trillium	2021	11	90.9%
		2020	14	100.0%
		2019	17	94.1%
Q51. Care Coordinator usually or always helps with answers to questions	State	2021	74	83.8%
	Trillium	2021	11	100.0%
		2020	14	100.0%
		2019	17	88.2%
Q52. Care Coordinator usually or always helped find services/support with managing care	State	2021	74	74.3%
	Trillium	2021	11	90.9%
		2020	14	78.6%
		2019	16	81.3%
Q53. Care Coordinator usually or always asks how best to support me and my child	State	2021	74	82.4%
	Trillium	2021	11	90.9%
		2020	14	100.0%
		2019	17	88.2%

Q54. Usually or always given draft of Person Centered Plan to review prior to signing	State	2021	47	83.0%	
	Trillium	2021	7		
		2020	9	100.0%	
		2019	15	93.3%	
Q55. Usually or always satisfied with Person Centered Plan	State	2021	44	86.4%	
	Trillium	2021	7		
		2020	10	100.0%	
		2019	15	93.3%	
Q56. If not satisfied with Person Centered Plan, Provider/I suggested revisions that were usually or always added to plan	State	2021	6		
	Trillium	2021	2		
		2020	0		
		2019	1		
Q57. If request denied, Care Coordinator usually or always addressed appeal process	State	2021	29	58.6%	
	Trillium	2021	5		
		2020	2		
		2019	13	92.3%	
Q58. Usually or always satisfied with Care Coordinator	State	2021	73	80.8%	
	Trillium	2021	9	88.9%	
		2020	13	100.0%	
		2019	17	100.0%	

Notes. Red font in the "N" column indicates low reliability of the reported percentage because of low sample size. Percentages not reported where $N < 9$.

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 ($p < 0.05$).

Care Coordination composite was computed by THR Informatics; statistical comparisons were computed by THR Informatics.

SINGLE-ITEM MEASURES

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

Question	Entity	Survey Year	N	Achievement Score
Q11. Usually or always seen within 15 minutes of appointment time	State	2021	263	77.6%
	Trillium	2021	40	75.0%
		2020	54	87.0%
		2019	72	77.8%
Q17. Told about side effects of medication	State	2021	201	80.1%
	Trillium	2021	34	88.2%
		2020	38	76.3%
		2019	59	84.7%
Q19. Goals of counseling or treatment discussed completely	State	2021	262	83.6%
	Trillium	2021	40	85.0%
		2020	54	83.3%
		2019	70	91.4%
Q20. Usually or always got professional help wanted for child	State	2021	263	78.3%
	Trillium	2021	40	80.0%
		2020	54	87.0%
		2019	71	84.5%
Q21. Child usually or always had someone to talk to when troubled	State	2021	262	76.3%
	Trillium	2021	40	80.0%
		2020	54	75.9%
		2019	68	79.4%
Q22. Told about different kinds of treatment available	State	2021	261	63.2%
	Trillium	2022	40	67.5%
		2020	52	63.5%
		2019	70	72.9%

Note. 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 ($p < 0.05$).

Single-item Measures (continued)

Question	Entity	Survey Year	N	Achievement Score
Q23. Given as much information as wanted to manage condition	State	2021	261	71.3%
	Trillium	2021	40	70.0%
		2020	53	69.8%
		2019	71	73.2%
Q24. Given information about rights as a patient	State	2021	261	82.4%
	Trillium	2021	40	85.0%
		2020	53	86.8%
		2019	70	91.4%
Q25. Felt that they could refuse a specific type of treatment	State	2021	261	81.2%
	Trillium	2021	40	82.5%
		2020	54	87.0%
		2019	69	89.9%
Q26. Confidential counseling or treatment information was kept private	State	2021	256	94.9%
	Trillium	2021	40	95.0%
		2020	54	100.0%
		2019	69	98.6%
Q30. A lot or somewhat helped by treatment	State	2021	329	79.0%
	Trillium	2021	46	82.6%
		2020	63	79.4%
		2019	89	80.9%
Q31. Child's overall mental health is good to excellent	State	2021	328	58.3%
	Trillium	2021	46	63.0%
		2020	61	59.0%
		2019	88	71.6%
Q59. Child's overall health is good to excellent	State	2021	330	76.1%
	Trillium	2021	46	73.9%
		2020	61	80.3%
		2019	86	83.7%

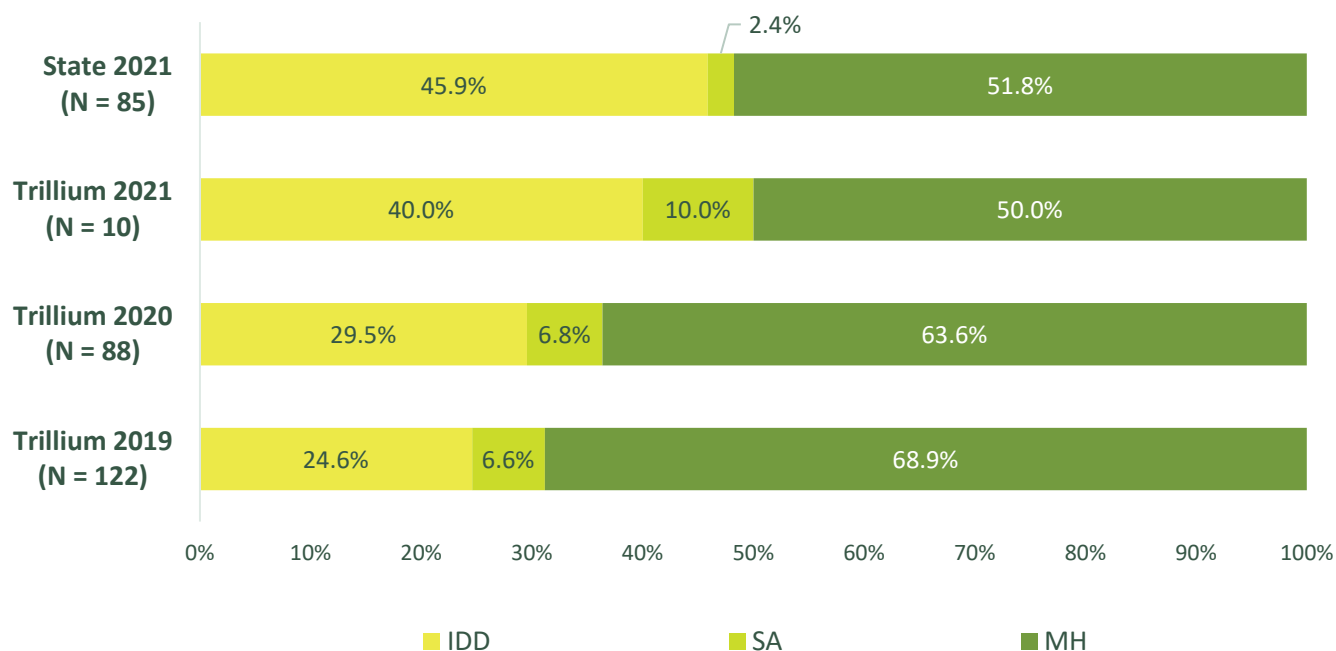
Note. There are no statistically significant differences between Trillium and State for any of the 2021 composites, using two-tailed binomial test ($p < 0.05$).

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

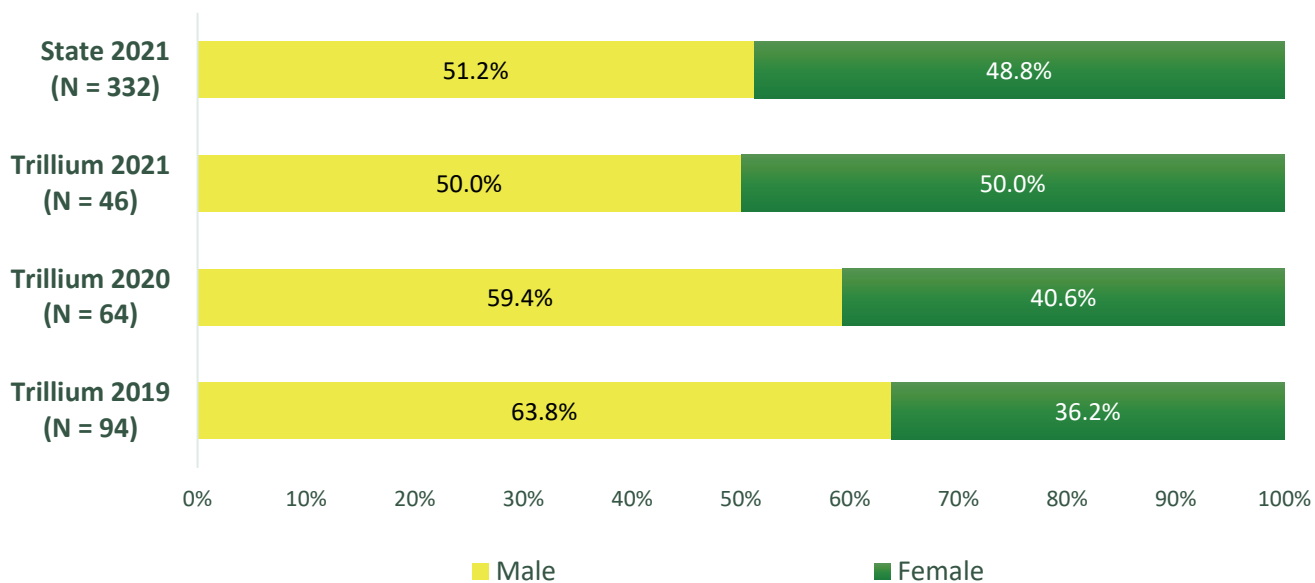
Demographics

Demographics are provided for informational purposes.

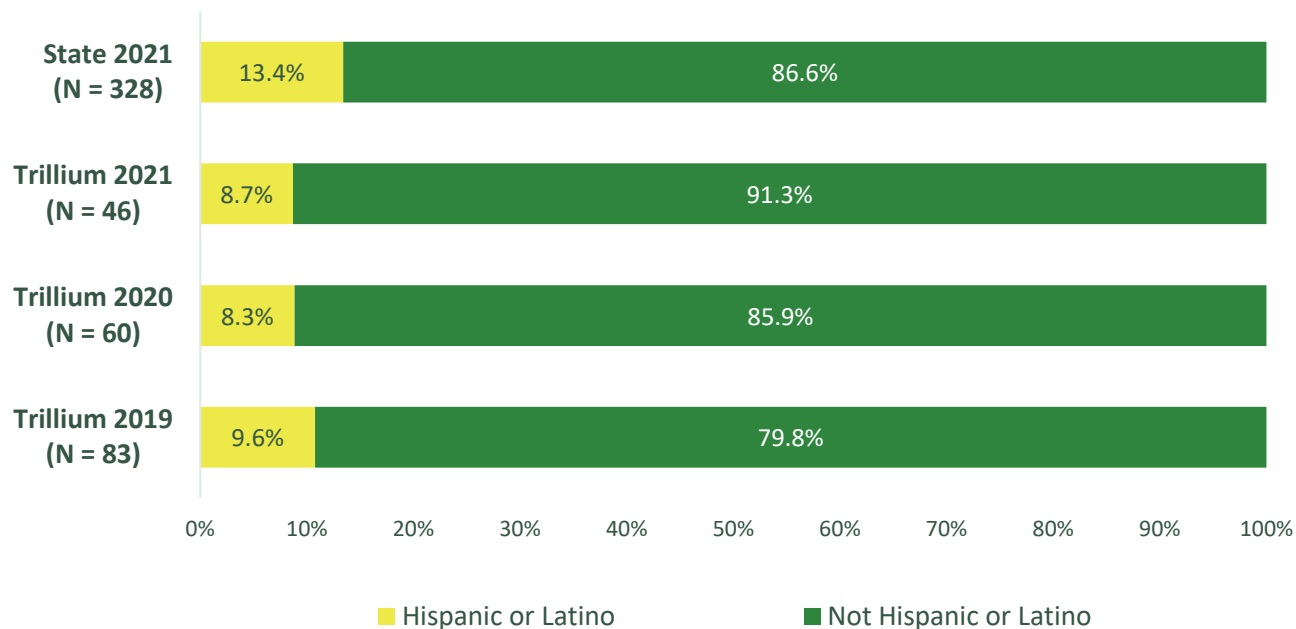
Care Coordination Service Category



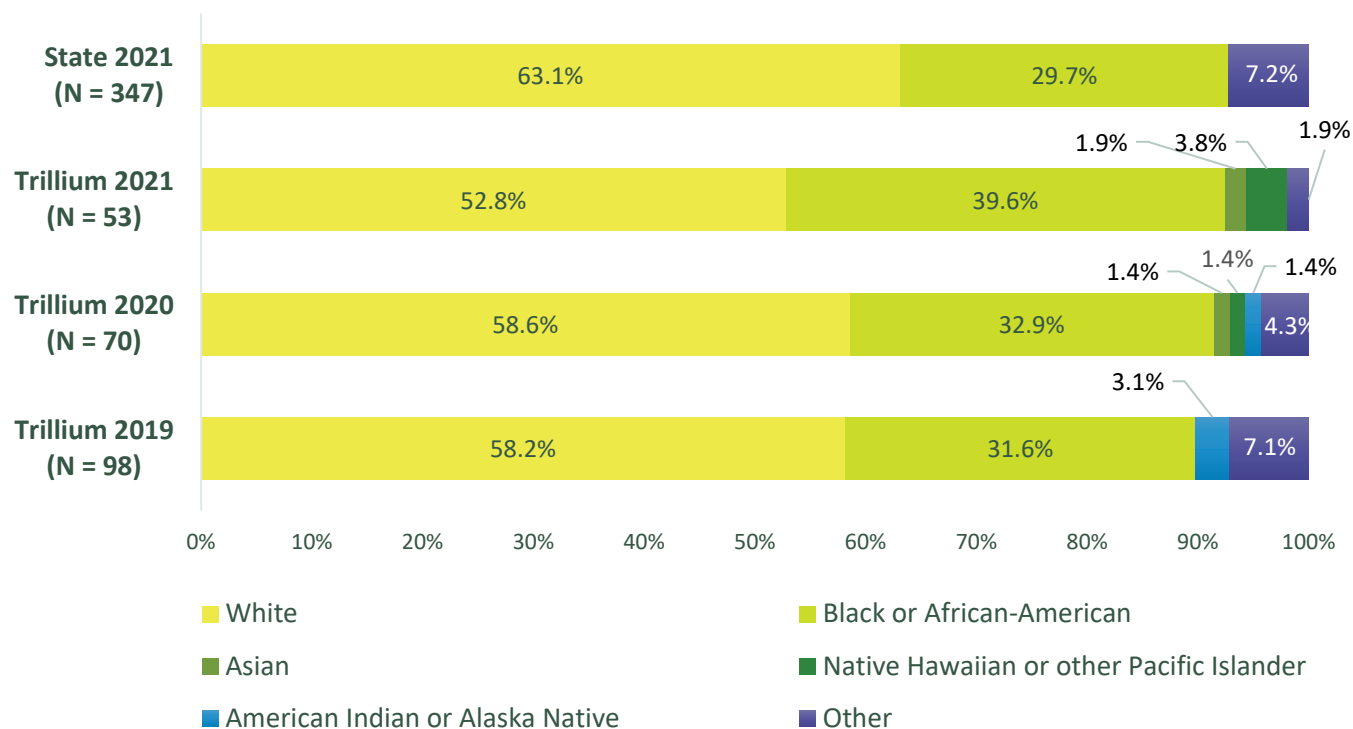
Gender of Child



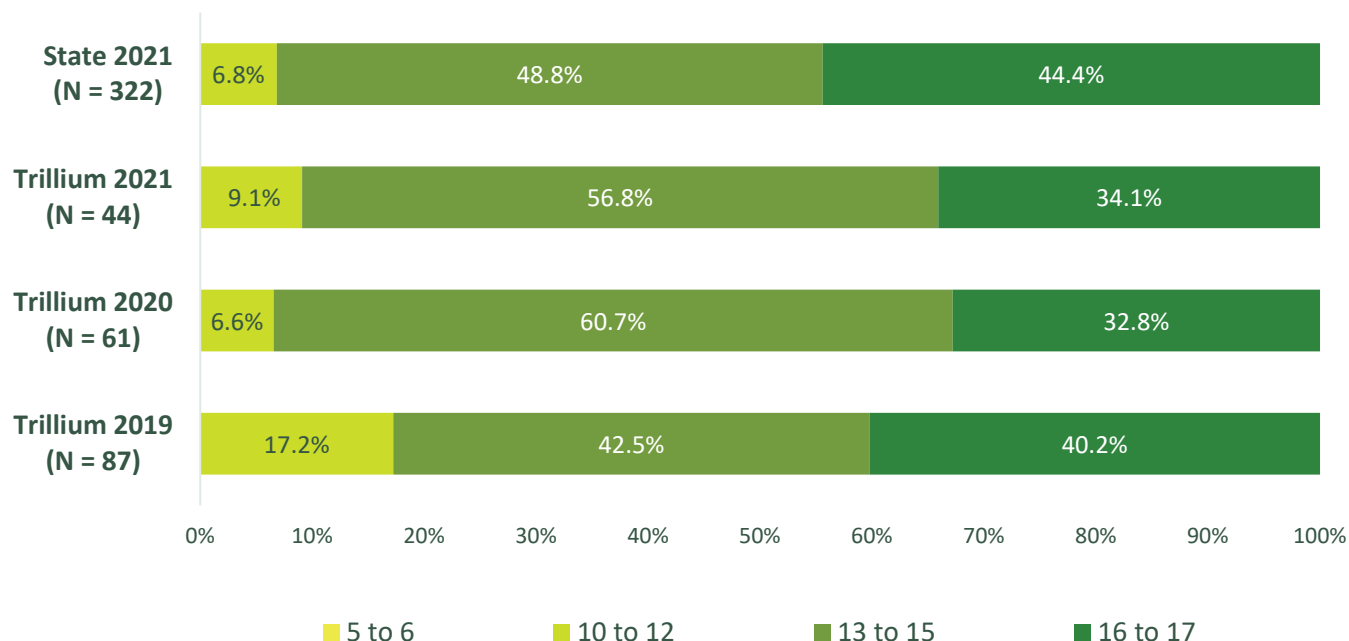
Ethnicity of Child



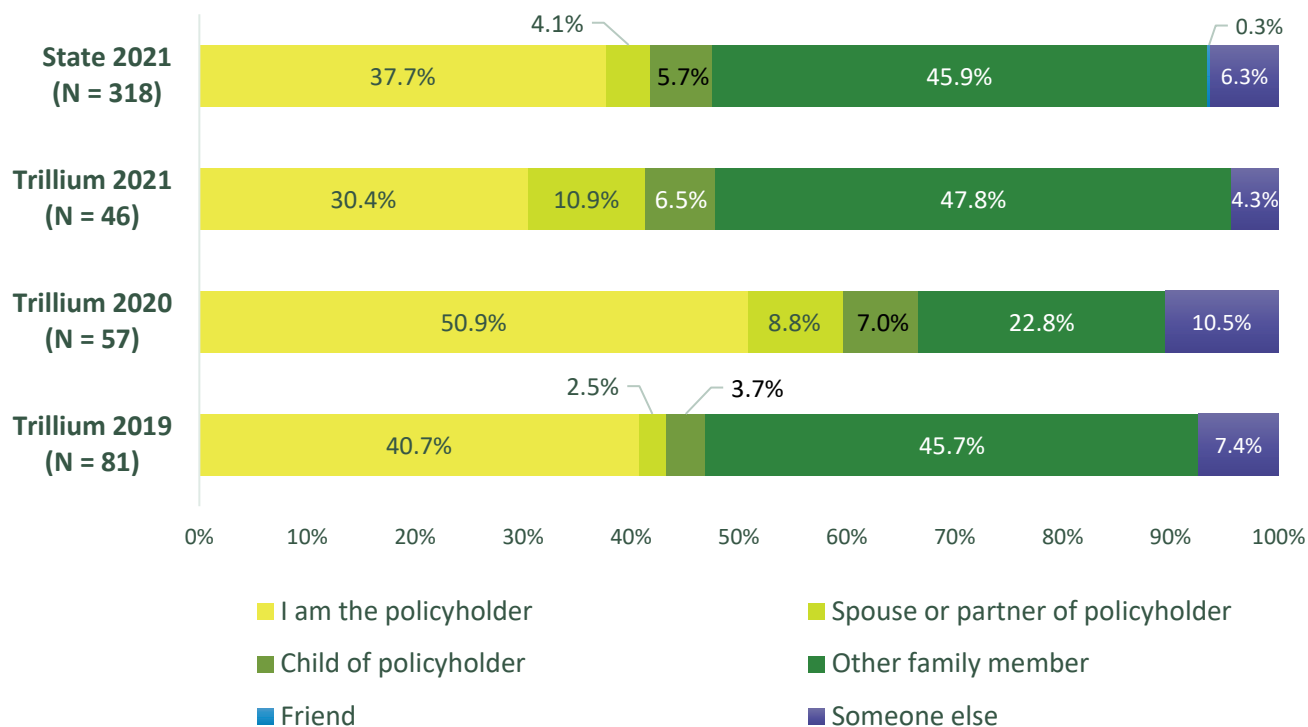
Race of Child



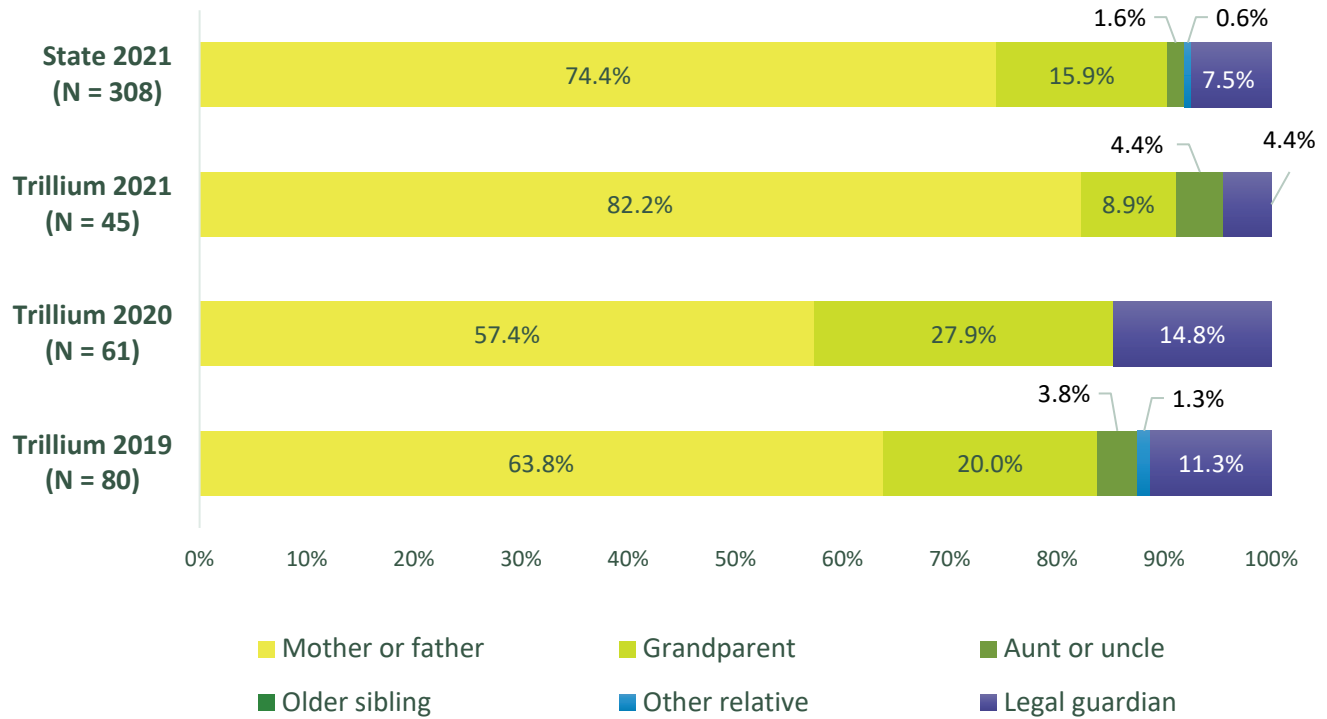
Age of Child



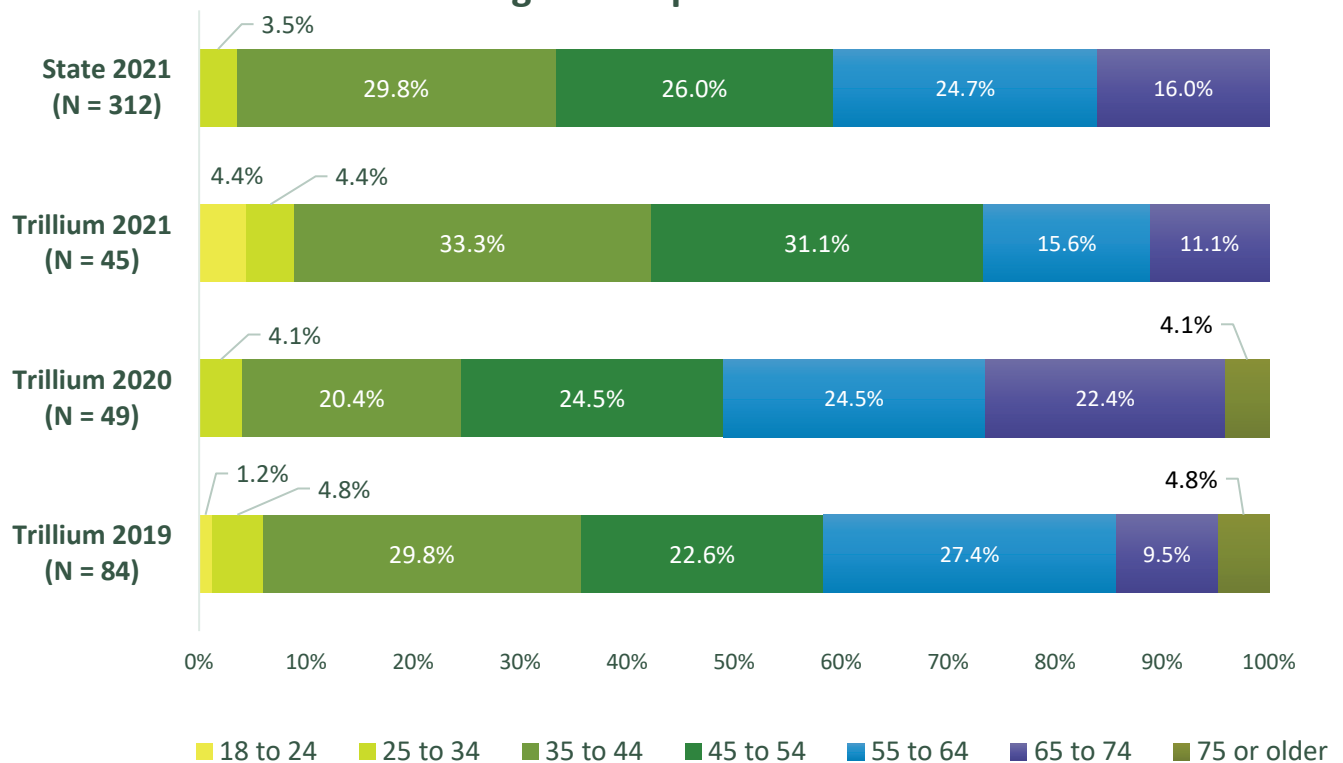
Respondent Relation to Policyholder



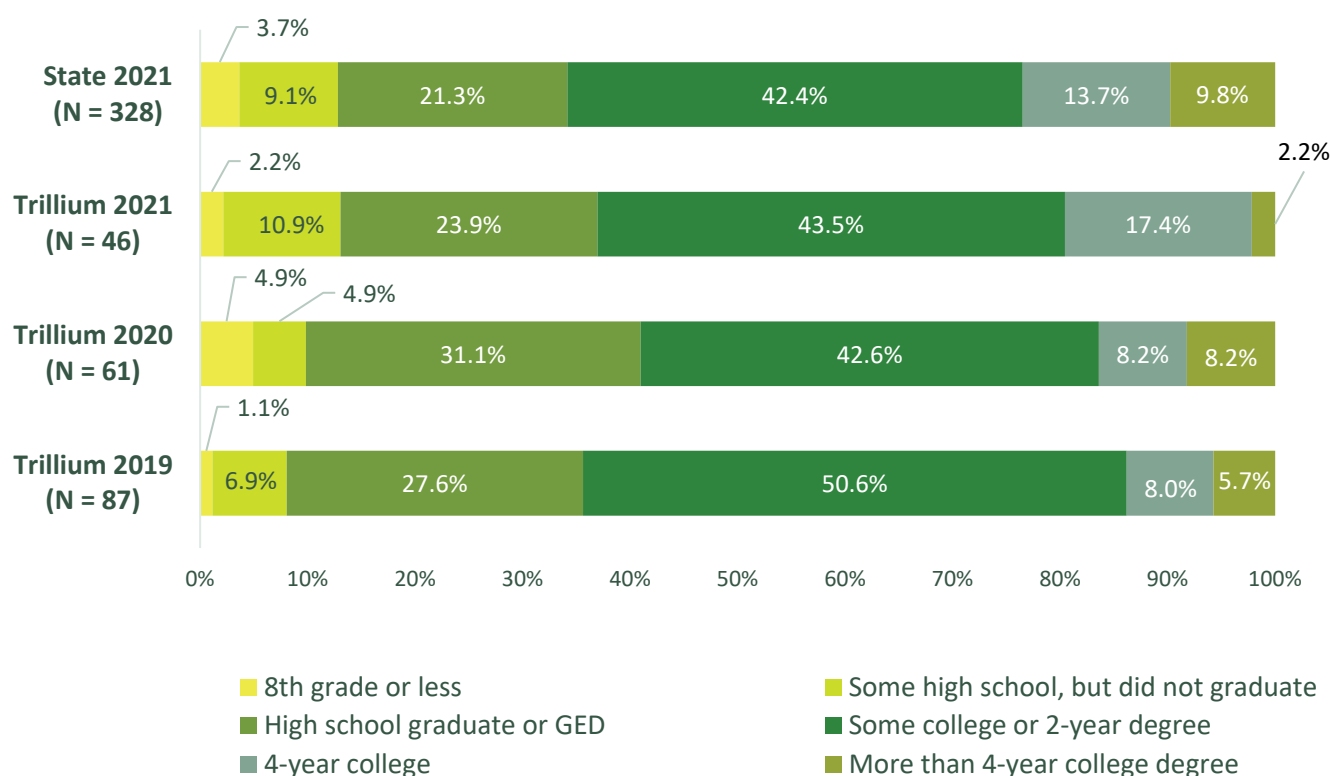
Respondent Relation to Child



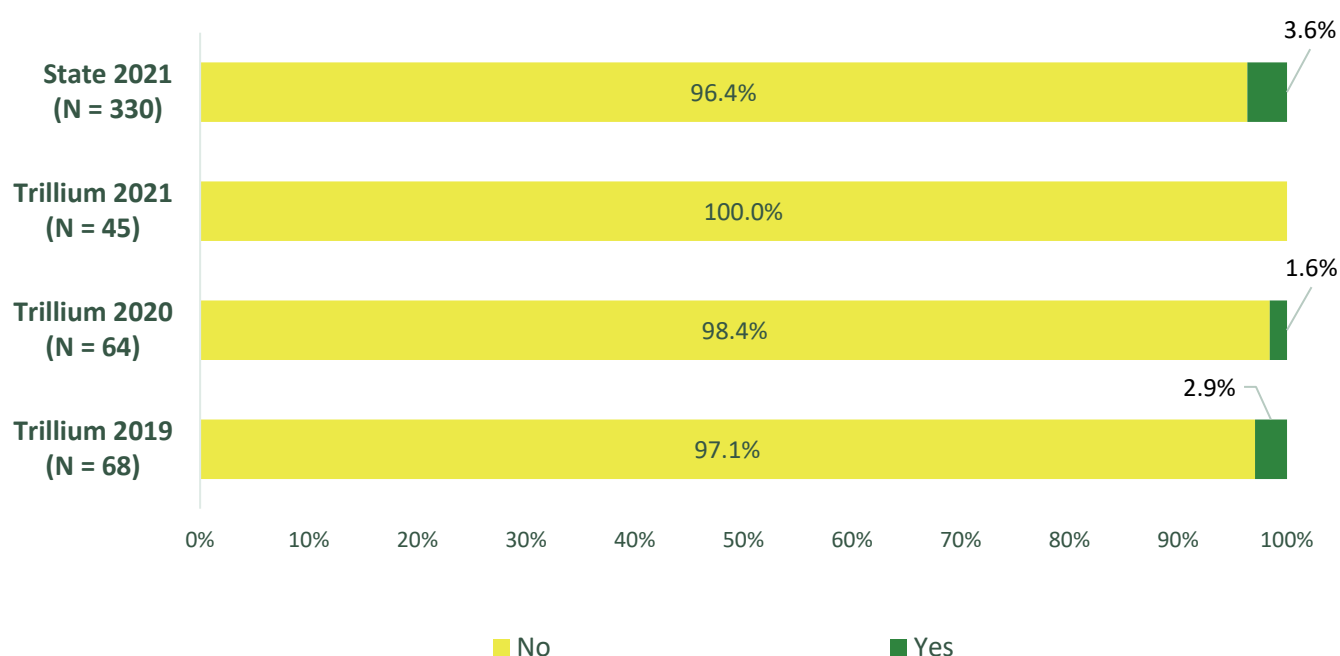
Age of Respondent



Education Level of Respondent



Got Help to Complete the Survey



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.