

<b>TITLE</b>	Trillium Community Health Plan Clinical Advisory Panel (CAP) 1800 Millrace Drive Eugene, Oregon 97403
<b>DATE CHARTERED</b>	Authorizing Charter: August 1, 2012 Revision/Approval: June 5, 2017
<b>TIMELINE</b>	<p>This is a standing/ongoing panel.</p> <p>The Charter will be reviewed annually in January by the CAP members. Any amendments will be brought first to the Trillium Community Health Plan Executive Committee (EC) for approval with final approval by the CCO Governing Board.</p>
<b>MEETING FREQUENCY</b>	<p>The CAP meets face-to-face no less than once per month. Additional meetings will be held as needed and attendance can be virtual. In general, CAP meetings will be conducted in-person. However, in the event of unusual circumstances (such as inclement weather) the monthly CAP meeting may be conducted entirely via virtual means.</p> <p>Standing sub-committees will meet as directed.</p>
<b>SPONSOR</b>	Trillium Community Health Plan Governing Board.
<b>PURPOSE</b>	<p>Engage providers in the region to build networks of care that enhance patient outcomes consistent with the goals of the Triple Aim – improve patient outcomes, improve patient satisfaction and reduce cost. Coordinate with community leadership to define and advocate for:</p> <p>Primary Areas:</p> <ul style="list-style-type: none"> <li>• The goals and objectives for clinical delivery of services</li> <li>• Provide input to the CCO board regarding clinical credentialing and privileging criteria</li> <li>• Patient-centered standards, guidelines and protocols for delivery of care</li> <li>• Quality performance practices/ measures/metrics</li> <li>• Optimization of care processes</li> <li>• Evidence based practices</li> </ul> <p>Secondary Areas:</p> <ul style="list-style-type: none"> <li>• Provider development and support programs</li> <li>• Identification of opportunities to reduce overutilization of costly services</li> <li>• Clinical input on payment mechanisms which support the CCO care model</li> <li>• Identification of opportunities to direct funding to innovative cost saving and disease prevention programs</li> <li>• Integrated community health systems</li> <li>•</li> </ul>



	<ul style="list-style-type: none"> <li>•</li> <li>• Evidence based practices</li> <li>• Payment mechanisms which support the CCO care model</li> </ul>
<b>OVERSIGHT</b>	<p>Ensure broad community provider advocacy and engagement within the following domains:</p> <ul style="list-style-type: none"> <li>• Quality</li> <li>• In concert with community clinical leadership, design and implement sustainable care models and new service lines</li> <li>• Active engagement and leadership in the larger healthcare community regarding the development and implementation of healthcare reform</li> <li>• Improve clinical outcomes</li> <li>• Environment of care, including service excellence and patient experience</li> <li>• Transitions of care within and across the network</li> <li>• Electronic Medical Record/Health Information Exchange</li> <li>• Provider satisfaction/wellness</li> <li>• Shall make recommendations to the Executive Committee and the CCO Board regarding: <ul style="list-style-type: none"> <li>○ The implementation of clinical guidelines;</li> <li>○ Clinical impact of alternative payment models; Mechanisms to assess outcomes and the cost-effective utilization of services;</li> <li>○ Educational services for CCO providers.</li> </ul> </li> </ul>
<b>SCOPE</b>	All provider practices that contract with Trillium Community Health Plan.
<b>OPERATING PRINCIPLES</b>	<p>All members adhere to established CCO participant agreements/ground rules. CAP meetings are closed to the public, guests may attend at the discretion of the chair.</p> <p>The CAP will clarify its decision-making model. In order to model team-based care and gain a broad scope of perspective on the issues it is considering, the CAP will seek input from other supportive committees, such as the Compensation Advisory Committee, the Finance Advisory Committee or the Community Advisory Council, prior to making recommendations to the Board. Likewise, the CAP will provide input to other committees regarding the clinical impact of proposals under consideration.</p> <p>Recommendations will be presented to the Board for final approval prior to implementation.</p> <p>Fifty-one (51) % of CAP members constitutes a quorum. A majority of members present after a quorum has been established will be adequate to make all decisions. All CAP members are voting members.</p> <p>The Clinical Advisory Panel is staffed with appropriate management</p>

	<p>and analytic services representation.</p> <p>At the discretion of the Chair, representatives of any CCO participant may attend CAP meetings as observers.</p> <p>The CAP will charter sub-committees—as well as convene ad hoc “project teams”—as needed.</p> <p>When conflicts arise, the members will discuss and resolve the conflict with the CAP Chair. If unable to resolve, the CCO CEO will resolve the difference in the best interests of the Trillium Community Health Plan.</p>
<p><b>CHAIR AND VICE CHAIR</b></p>	<p>The CAP will review a slate of nominees for Chair, from which it will select a Chairperson and Vice Chairperson.</p> <p>Both the CAP Chair and the CAP Vice Chair will hold their positions for a 2-year term. They may be nominated for reappointment for one additional term.</p> <p>The CAP Chair will represent the CAP in all matters. The CAP Chair is accountable for:</p> <ul style="list-style-type: none"> <li>• Convening and leading meetings</li> <li>• Developing, prioritizing and approving meeting agendas</li> <li>• Ensuring engagement of CAP members</li> <li>• Facilitating conflicts among CAP members</li> <li>• Providing leadership to CAP members</li> <li>• Ensuring regular communication to CAP members regarding decisions made by other groups that impact this CAP</li> <li>• Providing recommendations and an annual report to the Governing Board on behalf of the CAP</li> <li>• Oversight and appointment of CAP sub-committees and the CAP member who chairs them</li> </ul> <p>The CAP Vice Chair is accountable for:</p> <ul style="list-style-type: none"> <li>• Partnering with the CAP Chair to achieve the duties listed above.</li> <li>• Covering the duties of the Chair in his/her absence</li> </ul> <p>The CAP Vice Chair will be considered by the CC membership as a potential nominee for the CAP Chair role.</p>
<p><b>MEMBER ACCOUNTABILITY</b></p>	<p>Each council member is responsible for fully and actively participating on the team in order to achieve the goals of the team as described in this Charter—accepting his/her responsibilities diligently and carrying his/her share of the team’s work.</p> <ul style="list-style-type: none"> <li>• The members should advocate for innovation in the community and among their peers</li> <li>• The members should act as a liaison for the community and for their individual groups</li> <li>• The members should look for avenues to transform care</li> </ul>

	<ul style="list-style-type: none"> <li>• The members should have commitment to the community and the CCO</li> <li>• Members will be expected to be active contributors to the accomplishment of the CAP's agenda, both during meetings and in their practice/organizational settings.</li> <li>• Each CAP member's performance will be evaluated annually. Continued participation on the CAP will be contingent on the extent and value of their contributions to the work of the CAP. . In the event a member has not been an active participant (i.e. attendance at less than 50% of the meetings), the CAP Chair may contact them to determine their interest in continuing for the remainder of their term. If poor participation continues, a member may be replaced at any time by a simple majority vote of CAP members.</li> <li>•</li> </ul>
<p><b>CAP MEMBERSHIP</b></p>	<ul style="list-style-type: none"> <li>• The Trillium CCO Compliance Officer will be an ad hoc member who receives the minutes.</li> <li>• Total membership shall not be more than 17 members</li> <li>• A representative and proportional number of providers from Cottage Grove, Eugene and Florence to include a minimum of: <ul style="list-style-type: none"> <li>• 4 Primary Care Providers (one from PHMG, OMG, LIPP, CHC)</li> <li>• 3 Surgical Specialty Providers</li> <li>• 2 Medical Specialty Providers</li> <li>• 3 Behavioral Health Providers</li> <li>• 1 Hospitalist</li> <li>• 1 Allied Health/Expanded Care Provider</li> <li>• 1 Public Health Officer/ Designee</li> <li>• 1 Community Service Organization</li> <li>• 1 Practicing Dentist</li> <li>• 1 Post Acute or LTC member</li> </ul> </li> <li>• Support Staff Non-Voting Members: Trillium Medical Director, Behavioral Health Director, Analytic/Finance, Senior Services, and necessary Administrative Support. The explicit responsibility of the support staff is to assist the committee with an understanding of the regulatory rules that pertain to their area of expertise.</li> </ul> <p>Individual CAP members may be considered as representing more than one required constituency.  CAP Provider members should be credentialed and provide services to CCO members. Retired providers will be considered for membership on an individual basis as long as s (he) provided services to CCO members prior to retirement.</p>
<p><b>SELECTION PROCESS</b></p>	<p>Any CCO provider is entitled to submit their name for consideration as a CAP member. Organizations participating in the CCO are also</p>

	<p>eligible to submit nominations for CAP membership.</p> <p>The CAP will review and select nominees to fill vacancies in accordance with the CAP membership requirements, and forward their recommendation to the CCO Governing Board for consideration and approval.</p>
<b>TERMS</b>	<p>Panel members serve a term of 3 years (one year defined as July – June) and will not serve more than 3 consecutive terms. Initial terms will be staggered to provide for both regular turnover and continuity in committee membership.</p> <p><u>Annual Recruitment</u>  The CAP Chair is responsible for ensuring CAP member vacancies are announced in April.  The nominating and selection process takes place in May, with new member recommendations presented to the Governing Board in June.  The selection process is concluded in June to ensure new members effective start date is July 1.</p> <p><u>Special Circumstances</u>  In the event a member cannot complete their term; the Committee Chair may initiate a recruitment to fill the vacant slot. Once a replacement is chosen, they will serve until the original member's term is complete. At that time, if the replacement wishes to continue as a member and is in good standing with the Committee, they may be appointed to the Committee. The partial term served shall not count towards their term limit.</p>
<b>MONITORING EFFECTIVENESS</b>	<p>The CAP Chair will present an annual summary of the Clinical Advisory Panel's outcomes and accomplishments and plans/future goals to the CCO Board.</p>