Terry W. Coplin, CEO

Trillium Community Health Plan®

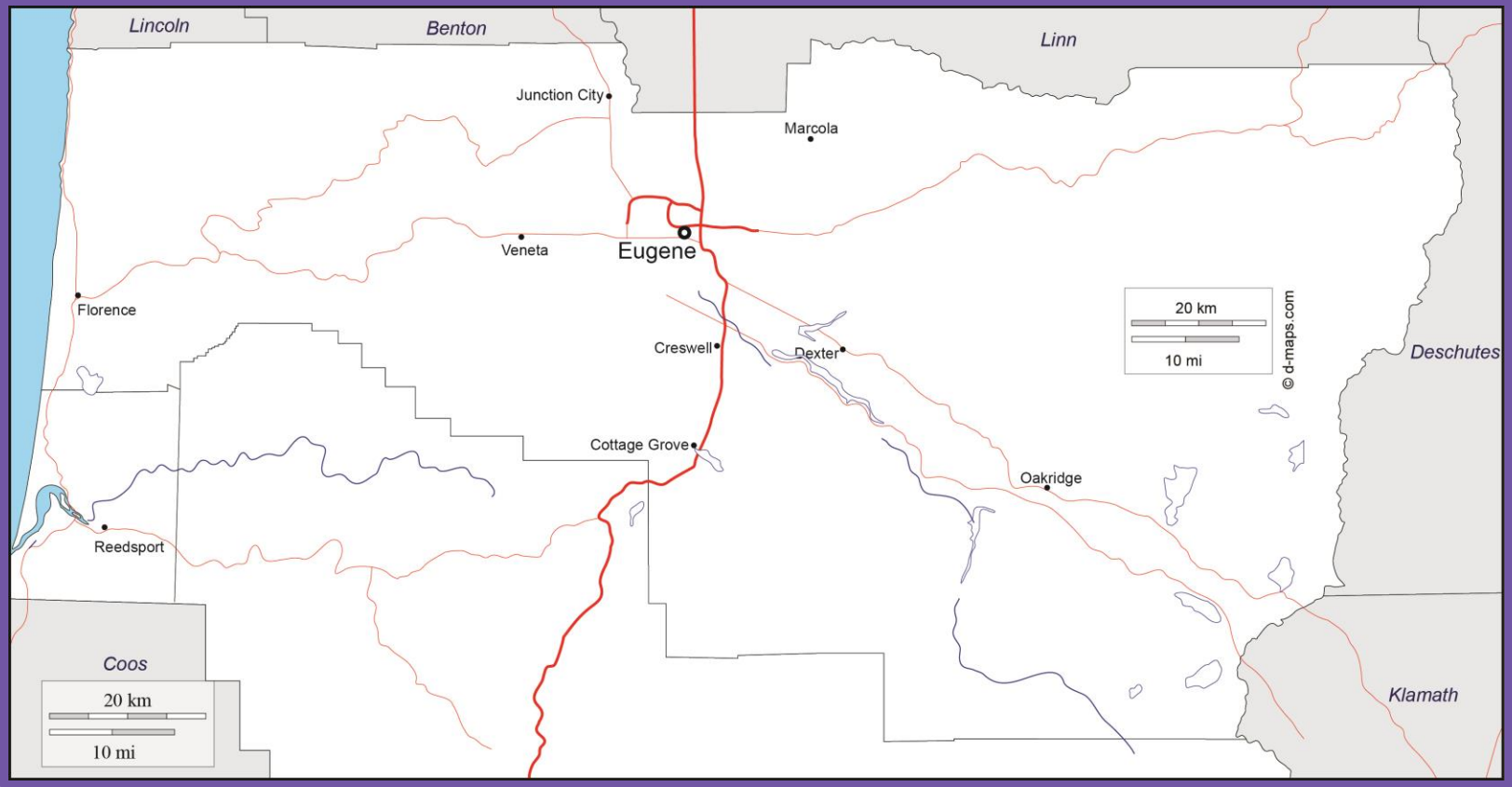
Trillium History

- Lipa-created in 1996 by local physicians
- Parent company-Agate Resources,Inc.
- Trillium-established in 2006
- Coordinated Care Organization-2012

Mission, Vision and Values

- **Our Vision** is healthy communities where everyone has access to high value healthcare.
- **Our Mission** is to support community based, physician led systems of care that improve the health of the population and patient experience with cost efficiency and sustainability.
- Integrity, Enthusiasm, Stewardship, Community, Knowledge and Innovation are our **Fundamental Values.**

A county the size of Connecticut



Member Demographics

Age Group	Members
Adults	61,123
Children	34,223
Total	95,346

Languages other than English: Spanish, Vietnamese,Russian,Italian,Cantonese

Trillium Board of Directors

- 22 members representing providers, behavioral health, dental, hospitals, consumers and public health.
- Board minutes available on website
- Two public meetings scheduled annually

Community and Rural Advisory Councils

Monthly meetings open to the public

First 10 minutes reserved for public comment

CAC-Metro council=18 members

RAC-Rural council=10

Reedsport CAC=3

Work Groups

- Prevention
- Member Engagement
- Health Disparities

Risk and Profitability

- Revenues tripled over the last three years due to increase in membership
- Risk arrangements with providers reconciled each quarter by date of service
- Reserves are maintained to fund the risk based capital requirements of the state.
- 40% of surplus earnings paid in taxes
- Administrative costs are 8%

Key Partners

- Lane County
- Healthcare providers
- Hospitals and healthcare facilities
- Social service providers
- Dental Care Organizations=Advantage Dental, ODS, Willamette Dental, Capitol Dental
- Ridesource-LTD
- Senior and Disabled Services
- Others

Community Health Improvement Plan (CHIP)

- With significant work by our CAC, the Lane County Community Health Improvement Plan (CHIP) – "Lane County's Healthy Future" was completed and approved in April 2013.
    1. Advance and Improve Health Equity
    2. Prevent and Reduce Tobacco Use
    3. Slow the Increase of Obesity
    4. Prevent and Reduce Substance Abuse and Mental Illness
    5. Improve Access to Health Care

Access to Care Plan

- 1-PM/PM for new member assignment
- 2-Grants for two new Community Health Centers (CHC)
- 3- Transformation Grants to increase capacity at existing clinics and establish new clinics
- 4-Consultation Services to improve work flow and increase efficiency

Tobacco Prevention

$1.33 per member per month investment

Tobacco

- QTIP-Tobacco cessation for pregnant women provided through WIC program
- Good Behavior Game-Evidence based classroom management tool. 200 classroom teachers, 14 out of 15 school districts
- Tobacco Cessation Counselors-50 tobacco treatment specialists trained, plus one trainer

Obesity Prevention

Obesity

- BMI Surveillance in Schools- Collection of baseline data to help measure the success of interventions
- Coordinated Approach to Child Health (CATCH)-use of best-practices regarding nutrition, physical activity and screen-time in child-care settings. We have trained 140 childcare providers and have reached approximately 900 children.
- VERB Summer Scorecard-Summer activities for tweens (9-13 year olds) with rewards for participation. Shown to increase physical activity levels.

Mental Health Promotion

Ultimate Goal: Reduce the incidence/prevalence of the following behavioral health conditions: depression, bi-polar disorder, post-traumatic stress disorder, attention deficit hyperactivity disorder, substance abuse.

Family Check-ups: intensive intervention that helps high-risk families address the challenges of parenting before they lead to problem behaviors

The Triple P: Parenting Education & Support

Level 1: Universal communication campaign

Level 2: Brief screening & intervention in Primary Care

Level 3: On-line parenting education series

Integration of Physical and Behavioral Health

- Discussions with community partners prior to CCO Legislation
- Shared understanding of integration
- Trillium and Lane County co-located staff to better coordinate services

Trillium Integration Incubator Project (TIIP)

- TIIP program sites have committed to providing innovative integrated care to nearly 17,000 Trillium members.
- Financial model
  - Start-up grants
  - Ongoing fee for service billing
  - PMPM alternative payment methodology
- Four primary care medical homes integrating behavioral health
- Four behavioral health clinics integrating primary care

Trillium University

- Annual provider conferences
  - Tools for successful integration
- Focus on behavioral health
  - SBIRT
  - Depression screenings
- Integration Strategies for PCPCH
- Health Literacy

Quality Measure 1

ADOLESCENT WELL CARE

- **The only measure not met.**
- **Better performance, but not good enough** - Trillium provided more services to more members and increased our performance rate compared to 2013 performance. We are headed the right direction.
- **Major expansion in 2014** - There were 2300 new adolescent members who qualified for the denominator in 2014, and we provided over 800 more exams than 2013.

	2013	2014
	2430	3263
Improvement Target	26.8%	29.8%
Final Rate	26.8%	28.7%

Quality Measure 1

ADOLESCENT WELL CARE

- **Member Incentives** – Trillium launched a pilot member incentive program and provided $15 gift cards as tools to facilitate adolescent engagement, scheduling, and appointment completion. The pilot was a success.
- **Super Saturdays** – Trillium provided member incentives, special mailings, and targeted phone outreach for multiple special events called “Super Saturdays” held by pediatric groups aimed at improving adolescent well care screening rates. In combination with member incentives, over 300 adolescents received their annual exams in Q4 2014.

Quality Measure 2

Patient Centered Primary Care Home (PCPCH) Enrollment

- **Quality pool criteria** – This is a vital measure to ensure 100% of our quality pool is earned. Trillium barely passed the 60% minimum.
- **Expansion member assignment** – Getting expansion members assigned to PCPCHs was a challenge.
- **New access points not recognized as PCPCHs** – Trillium partnered with the CHC of Lane County to open a new facility, and assigned 5,000+ members. While the CHC is a Tier-3 PCPCH, the new facility was not recognized as such due to the 12-month minimum time period new clinics must wait before beginning the accreditation process.
- **Waiver for supporting new access point development?** – Trillium is still partnering in the community to create new access points to provide thousands of members with medical homes. None of these facilities will be recognized this year, and as a result our 2015 quality pool is at risk.

	2013	2014
Final Rate	85.3%	60.7%

Quality Measure 3

ED UTILIZATION

- By the skin of our teeth – Trillium just barely met the ED Utilization metric.
- Legacy utilization was the driving force – While Trillium increased membership by 30,000 members, it was the legacy members who were driving ED utilization rates.

	2013	2014
	31,089	44,185
Improvement Target	54.4/1,000 member months	50.6/1,000 member months
Final Rate	51.3/1,000 member months	50.6/1,000 member months

- EDIE/PreManage – Trillium is exploring EDIE/PreManage as a tool the CCO and providers can use to address the challenge of knowing when members go to the ED.

Questions