



## **CCO Report to Oregon House Committee on Healthcare**

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### **Trillium CCO Structure**

Trillium is a subsidiary of Agate Resources, Inc. a private C Corp. started by local physicians in 1996. Our roots can be traced back to Lipa (Lane Independent Practice Association) that included 350 physicians that became subcontractors to the local managed Medicaid plans in 1996. By the early 2000's most commercial plans had exited the market. At that time Lipa took over more than 30,000 lives, quickly developing claims processing and care management systems but operating under the insurance exemption Oregon allowed organizations serving Oregon Health Plan (OHP) members. In 2004 Lipa established Agate. In 2006 Trillium was created to help service the dual eligible population, requiring CMS approval as a Medicare Advantage Plan. Trillium launched the CCO in August of 2012. The Trillium CCO has grown from approximately 57,000 members at the end of 2013, to 96,000 members today. In March of 2015 we were designated the CCO for Reedsport (Coos County) and today provide access to 2,000 OHP members in that community.

### **Partners and Governance**

Trillium partners include Lane County, Senior and Disabled Services, the local provider system, healthcare facilities, social service agencies, transportation services and Dental Care Organizations. The Trillium Board of Directors consists of 22 members including two representatives from the Community Advisory Council and one member from the Rural Advisory Council. Monthly Board meeting minutes are available on our website and we have committed to scheduling two public meetings annually. In April Trillium Board members sponsored a Community Conversation on Children's Mental Health with attendance by consumers, providers and community members. Our Community and Rural Advisory councils (18 and 10 members respectively) are represented by consumers (51%), social service providers and other community partners. We elected to establish two distinct councils to provide a strong voice for the rural parts of Lane County. Lane County is the size of Connecticut, stretching from Oakridge to Florence. Currently, we are working to engage an active Community Advisory

Council in the Reedsport area. Our CAC/RACs provide essential guidance to our Board on issues identified in three work groups: Prevention, Member Engagement and Health Disparities. All meetings of the CAC and RAC are open to the public with the first ten minutes of each meeting reserved for public comment.

### **Financial Risk and Profitability**

Our membership has tripled over the last three years, and so have our revenues. Currently we have risk arrangements with our providers that are reconciled each quarter by date of service. As a licensed insurance company, under regulatory authority of the Oregon Insurance Division, Trillium must maintain reserves to fund the risk based capital requirements of the state. Risk based capital (RBC) is based on total revenue, total medical loss ratio and how reserves have been invested. We anticipate RBC requirements will exceed \$30m by the end of the year. Trillium pays approximately 40% of surplus earnings in taxes to the State and Federal government and manages administrative costs at 8%.

### **Healthcare Transformation (fundamental changes to the delivery system)**

As a health plan, Trillium recognized there were significant health challenges facing our community. In collaboration with Lane County, United Way and PeaceHealth we developed The Community Health Improvement Plan (CHIP). The plan was the result of an extensive community health assessment and community health improvement planning process from May 2012-April 2013. The CHIP identified five strategic focus areas including:

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 Healthcare

Trillium has invested transformation funds (\$1m) to increase access to primary care and \$1.33 per member per month (PM/PM) or nearly \$1m annually in prevention initiatives aimed at reducing tobacco use, obesity and improving mental health.

### **Access to Primary Care**

On January 1, 2014 the requirements for Medicaid eligibility were expanded and many previously uninsured people became eligible for the Oregon Health Plan (OHP). The State projected that Lane County would experience an increase of approximately 27,000 additional

OHP beneficiaries over a two year period (2014 and 2015). In reality, over 20,000 additional lives were assigned to Trillium during the first two months of 2014. That influx of new members put significant stress on the delivery system, particularly Primary Care. A higher than normal physician retirement rate in 2013, continued recruiting challenges, and a stressed physician panel made primary care medical home assignment for all OHP members a significant challenge. By April 2014, Trillium had approximately 12,000 unassigned adult OHP members from a total Lane County membership of approximately 77,000 lives.

Trillium implemented an action plan designed to increase access to primary care providers with completion targets scheduled and achieved by the end of 2014.

#### 1-New Member Assignment

Administrative intake cost to primary care offices for new members is greater than the cost of providing care to established patients. Payments to PCPs were increased (\$10 per new member) based on the number of additional members accepted by their practice.

#### 2-New Community Health Clinic (CHC)

Trillium provided \$900,000 in grant funding to Lane County to develop a fifth community health clinic, which accepted 6,000 members.

#### 3- Expansion Grants

Trillium issued an RFP seeking proposals to utilize \$500,000 in grants to create a practice structure designed to achieve specified quality measures and increase capacity. Primary Care Providers were incentivized to structure or redesign their practice to accept additional members. This measure provided assignment to 3,500 members.

#### 4-Transformation Consultation Services

Trillium provided professional consultation services to assist medical practice redesign with the goal of improving work flow and efficiency and to assist clinics in transforming into highly functioning patient centered medical homes.

By the end of 2014 we were able to make primary care assignments to nearly all of the unassigned members. As of April 1, 2014, Trillium closed to new OHP adult physical health members until PCP capacity could be demonstrated. These members were assigned to open card, fee for service through the State. However, Trillium provided behavioral and oral health services to these members.

On February 1, 2015, OHA rolled approximately 13,500 open card OHP members to Trillium CCO for physical health benefits. Additionally, since Trillium opened to new physical health members on January 1, 2015 we have increased our membership by several hundred each week.

This substantial influx of new OHP medical members continues to strain the capacity of our current primary care provider system similar to the stress in 2014. Trillium has identified both short and long term strategies to increase access to primary care.

- Identify members who are established with a primary care provider (PCP) to maintain continuity of care.
  - A letter was sent to members asking if they are established with a PCP and the name of their provider.
  - Additionally, clinics were asked to provide a list of patients with OHA (open card) so they can be assigned through Trillium. The response has been positive.
- Assist with expansion plans for new and existing clinics to provide additional capacity. Total projected over 6+ months: 22-24,000 members. Grants were provided in 2014 to assist behavioral health clinics in developing integrated on-site physical health capacity, primarily to serve SPMI members.
- Grants were provided in 2014 to assist in capacity development. One of these clinics opened in May, 2015.
  - Oregon Integrated Health – 1,500 members
- Grants are again being provided in 2015 to assist in capacity development. These clinics are projected to open in the fourth quarter.
  - New Community Health Clinic of Lane County – 6-8,000 members
  - Springfield Family Practice – 8,000 members
  - VIM Expansion (proposal) – 500 members
- The following existing clinics have agreed to accept new OHP members:
  - Oregon Medical Group/Pediatrics - 600 members
  - Existing Community Health Clinics of Lane County - 2,000 members
  - Transformation Consultation-Phase II Clinics – 1,000 members
  - River Road Clinic – 900 members

Additional PM/PM payment to providers for accepting new member assignment:  
A revised incentive payment for PCPs accepting new OHP patients was put into place effective January 1, 2015. To help offset the cost of new patients; Trillium will pay \$4.00 PM/PM through December 2015 for each new member the PCP adds to their capacity during the year. The PCP's capacity must remain stable or continue to grow to be eligible for this payment. As of 04/30/2015, 8,500 new members have been placed with PCPs eligible for the \$4 PM/PM. To encourage physicians to actually schedule, rather than just be assigned patients, Trillium will pay an additional \$3.00 PM/PM for each patient, beginning the month after the patient's initial appointment and throughout the remainder of 2015, as long as the provider's capacity remains stable.

Additionally, other projects offering solutions to the access issue will be completed by years end or in early 2016.

- Kaiser will be opening a clinic in January of 2016 and has committed to an OHP contract.
- Governor Brown designated the primary care provider shortage in Lane County as an Oregon Solutions Project. The group is charged with the feasibility of a Physician Assistant/Nurse Practitioner Program in Eugene, with involvement by the University of Oregon, Lane Community College and OHSU.
- Trillium and Centene will jointly establish a \$2 million Community Fund. One million of the fund has already been directed to address the access issue. The second million will be used to invest in programs and services that provide benefit to OHP members. A committee to include community members will be formed to manage the fund.

### **Tobacco Prevention**

Tobacco use is the leading cause of preventable death in Lane County and incurs substantial costs for the treatment of smoking related illness and chronic disease. Trillium has implemented several tobacco related prevention programs aimed at reducing tobacco use.

- **QTiP**—is an incentive program provided in local WIC offices. At the first appointment a quit date is selected and a plan to quit is developed. The pregnant woman is required to return at least three times during her pregnancy and twice after the baby is born to check on her progress. At each visit she is eligible for prizes if she has participated in a cessation program and may receive up to \$200 in Fred Meyer gift cards if she is successful in her quit attempts. More than 80 women have enrolled in the program.
- **Good Behavior Game**—The Good Behavior Game is an evidence-based classroom management tool that has over 20 years of research supporting its effectiveness in preventing smoking initiation, drug and alcohol abuse, and social/psychological disorders in young people. Longitudinal studies have demonstrated up to 50% reduction in smoking initiation by age 15 for students who ‘played’ the game during the first grade. We’ve trained 200 teachers in 14 out of 16 districts in Lane County, and 4 districts (South Lane, Creswell, Oakridge and McKenzie) have trained all K-5 teachers.
- **Intensive Tobacco Cessation Counseling**—When coupled with nicotine replacement therapy (NRT), cessation rates have been shown to increase as much as ten times what individuals can achieve trying to quit on their own. The first step was to train providers in the 5As (an evidence-based screening and brief intervention) tool used to screen for tobacco use and provide advice and assistance to quit. A warm hand-off to the Oregon Quit Line is the best practice for patients who are interested in quitting within 30 days. We’ve trained 50 Tobacco Treatment Specialists and one trainer, who will continue to train new specialists.

In June of 2013, Trillium updated our tobacco cessation benefits to include:

- Coverage for screening and assessment
- Coverage for up to 10 counseling sessions per quit attempt and up to 2 quit attempts per year
- Coverage for all forms FDA approved nicotine replacement and prescription tobacco cessation medication
- No co-pays or pre-authorization required
- Coverage for telephone, web and text-based quit line support

Obesity rates are a growing concern in Lane County. Current estimates are that 60% of Lane County residents can be classified as either overweight or obese. State estimates suggest that the rates of overweight and obesity are even higher among Trillium members and recent studies indicate that low-income children may have as much as a 50% greater risk of being overweight or obese than children who are not low income. The CAC Health Disparity Committee found that Latino children were more likely to be obese than other populations. As a result, several programs that address the need for more access to physical activity have been implemented, with a focus on reaching the areas of the region with the highest number of low income Latino children and youth. While it is difficult to estimate the overall cost of overweight and obesity, many studies demonstrate that overweight and obese individuals incur significantly higher medical costs annually.

- **Nutrition and Physical Activity Self-Assessment for Child Care (NAP-SACC)** a self-assessment program for childcare providers, has been shown to significantly improve 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.
- **BMI Surveillance in Schools** is being conducted in elementary schools with the highest number of students receiving free/reduced lunch. This will provide us with baseline data to help measure the success of interventions as well as help identify further disparities.
- **VERB Summer Scorecard** is a proven program that promotes physical activity for tweens (9-13 year olds). VERB engages the community in physical activity for youth and has been shown to increase physical activity levels for young people. During the summer of 2014, Trillium provided the VERB Summer Scorecard program in collaboration with the Boys and Girls Club in Florence. Summer 2015, the project will be offered in the community of Springfield and includes a partnership with Willamalane Parks and Recreation District.
- **Project Plunge** is a summer activity program that allows Trillium youth (up to age 18) free passes to community pools. Communities with a significant Latino population have been targeted.

## **Mental Health Promotion**

The Family Check-Up is an intensive intervention that helps high-risk families address the challenges of parenting before they lead to problem behaviors and reduces risk factors that contribute to the development of adverse childhood experiences. The program is comprised of three sessions: intake and assessment, evaluation of skills and resources and development of an action plan. Families can opt to participate in further follow-up to learn effective parenting skills as part of the Everyday Parenting curriculum. The ultimate Goal is to reduce the incidence/prevalence of the following behavioral health conditions: depression, bi-polar disorder, post-traumatic stress disorder, attention deficit hyperactivity disorder, substance abuse.

**The Triple P: Parenting Education & Support** is probably the most extensively researched and evaluated parenting education and support program worldwide. It is also one of the most comprehensive, with five levels of intervention ranging from universal prevention to targeted intervention. The program was developed for families from diverse cultural backgrounds and is designed to prevent social, emotional, behavioral and developmental problems in children by working with parents to improve their skills and confidence.

We will implement three levels of the Triple P:

**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**

The integration of physical and behavioral health has been a major focus for Trillium. Prior to CCO Legislation, Trillium participated in discussions with Lane County Behavioral Health and Senior and Disabled Services to better coordinate care for OHP members. These discussions set the stage for the initial integration of physical and behavioral health services. Trillium and Lane County Behavioral Health (now Trillium Behavioral Health) have co-located staff members to offer better coordinated services to our members. We have assisted our providers by offering education opportunities—Trillium University. These annual conferences have focused on SBIRT, depression screenings, the integration of behavioral health services in the patient centered primary care home and health literacy.

### **Trillium Integration Incubator Project (TIIP)**

In June 2014 Trillium launched the Trillium Integration Incubator Project (TIIP) designed to integrate the provision of behavioral health and primary care. Eight sites were chosen, consisting of four primary care medical homes and four behavioral health clinics where behavioral health

and physical health are delivered in tandem. The four behavioral health medical home sites include PeaceHealth, The Center for Family Development, Lane County Behavioral Health and Willamette Family, Inc. Two of the sites specifically target children and adolescents. TIIP sites cover a broad spectrum of primary care providers in Lane County including: Oregon Medical Group, Lane Independent Primary Physicians (two), and PeaceHealth Medical Group. Two of the primary care sites have partnered with outside Behavioral Health agencies.

The TIIP program sites have committed to providing innovative integrated care for nearly 17,000 Trillium members. The incubator financial model provided over a half million dollars in start-up grants, continued ongoing fee for service billing and included a PM/PM alternative payment methodology in support of the innovative collaborative work required to establish and sustain an integrated medical home.

Internally, the work of integration includes the convening of the multi-department TIIP Operations Team that meets to address barriers and challenges. Additionally a TIIP Advisory Committee was established that includes Trillium staff as well as members from other partner organizations to review the work of the project and assist in the development of a more comprehensive program for integrated medical homes in the future. The project has also partnered with Oregon Research Institute (ORI) to observe and report on our progress so we can share what we've learned on a local, statewide and national level.

The goal of the TIIP has been to incubate several conceptualizations of integrated health care delivery in hopes of discovering optimal clinical and payment models and to determine the best quality of life outcomes for our community. This project was initiated with the hope that it would help achieve the "tipping point" for change from the historically siloed delivery of physical and behavioral health care to integrated medical homes with population health identified team delivered care for the improved health and quality of life of our members.

We are currently extending all TIIP projects to 18 months, through the end of 2015. In addition we are writing a standardized guideline manual for the Trillium Integration Program (TIP) for Primary Care that we will launch in 2016. This work is based upon learning and feedback from our early adopters and may include a monthly Comprehensive Aggregate Payment plus a quarterly Quality Performance Payment.

### Integrated Primary Care Medical Home Program Descriptions

- 1) Center for Family Development placed a Master's level behavioral health provider in the Springfield Family Physicians primary care practice for the past two years. They have progressed from two days per week to five days per week, with plans to add an additional behavioral health provider. The additional integrated team includes a full-time physical



Nurse Care Coordinator and a .875 FTE Behavioral Health Services Coordinator (HSC) and four part-time self-management group facilitators. Psychiatry services: identified and currently providing quarterly educational seminars on-site at SFP and with this RFP plan to add at least one hour per week for phone case consultation services. Two separate administrative organizations: Separate clinical note documentation systems and separate billing systems. Registry is tracked by HSC on spreadsheet external to the electronic medical record.

- 2) Thrive Behavioral Health Clinic will be placing a child psychologist, a child psychologist resident and a child psychiatrist into Eugene Pediatric Associates which also has a developmental-behavioral subspecialty pediatrician, a child psychiatrist and an experienced case manager. They will share their electronic medical record, participate in lunch time chart rounding and monthly journal club/learning experiences. Both organizations will share a finance director.
- 3) Options Counseling has co-located behavioral health providers at Oregon Medical Group's (OMG) Garden Way and Adult Medicine Clinics. Options will increase its services to 12 hours per week under this RFP. The Child Center has been renting space at OMG's Valley Children's clinic (separate from this project) and is now proposing offering services at OMG's Crescent Medical Clinic. The Behavioral Health provider has read-only access to OMG's electronic records and the behavioral health provider's documentation is scanned into the electronic medical record. Options, The Child Center and OMG are separate administrative organizations including all clinical and financial records. The Psychiatry plan is described as partially virtual/telephonic, yet no specific provider has been identified. Additional psychiatry will be provided up to 12 hours per week, fee for service (location unclear). Other staff identified are consultants, Clinic Care Coordinator (RN), supervisors, Wellness director, community health workers and project managers.
- 4) Peace Health provides integrated behavioral health services at two primary care sites: Santa Clara and University. Administration, electronic medical records and financial/billing services are fully integrated. The approach is to deliver services with an integrated team including the licensed Behavioral Health Consultant (3 fulltime), Medical Social Worker (4 hours/week), Pharmacist (2 hours/week), RN Case Manager (10 hours/week), LPN Care Coordinator, Primary Care Provider, Medical Assistant (20 hours/week), Project Manager (20 hours/week), Psychiatrist (2 hours/week), Patient Access Representative (PAR) (8 hours/week) and Community Health Worker (CHW) (8 hours/week). Psychiatry consult services are available to the team approximately 2 hours per week.

## Integrated Behavioral Health Medical Home Program Descriptions

- 5) Springfield Family Physicians offers primary care services at the Center for Family Development. Their model includes the eventual co-location of a satellite office of SFP onsite at CFD with access to further services in SFP's Springfield office. Physical health personnel includes a PCP, LPN and a receptionist. A Behavioral Health Care Manager is working with the PCP and LPN for case coordination.
- 6) Community Health Centers of Lane County is providing primary care services at Lane County Behavioral Health. Some members of the proposed team are working towards this model, yet to date have not been able to fully build the team. The team consists of a PCP (.5 FTE), Psychiatrist, (.5 FTE), Behavioral Health Specialist (1.0 FTE), MSW Patient Care coordinator (1.0 FTE), MSW Intern (.8 FTE), Peer Support Specialists (1-2.0 FTE), Community Health RNs (1.0FTE, pending), Certified Alcohol and Drug Counselor (.3 FTE), Management Analyst (.3 FTE), Sr. Office Assistant (.5 FTE).
- 7) Peace Health is offering integrated services in its Behavioral Health Services Young Adult Clinic which provides intensive outpatient services. Staff non-billable time includes Project Manager (8 hours/week), Consulting Psychiatrist for complex cases (1 hour/week), PMHNP Consult (4 hours/week), PCP Consult (2 hour/week), PC Nurse Practitioner (10 hours/week), RN (8 hours/week), Medical Assistant (20 hours/week), Peer Support Specialist (10 hours/week), Counselors (4 hours per week) and Patient Registration (4 hours/week).
- 8) Willamette Family Inc. has expanded primary care into its current services. It currently provides no-cost care through its Family Health Clinic located at its Women's Treatment Center. Their plan is to offer more services at its current location and to add services at its downtown office. The program proposes to hire 2.5 Nurse Practitioners, 2.0 Medical Assistants, and 2.0 Care Coordinators in addition to a halftime Clinic Manager/Nurse Practitioner and a Project Manager (4-8 hours/week). The program also provides behavioral health services as well as the consultation of its Psychiatrist/Medical Director.

## Quality

### **Quality Measures with Poor Performance – 2014**

- Adolescent Well Care
- ED Utilization
- PCPCH Enrollment

### **ADOLESCENT WELL CARE**

- **The only measure not met** - Of the ten measures reported on the 2014 OHA Dashboard, this is the only metric Trillium did not meet.
- **Better performance, but not good enough** - While we did not meet the improvement target, 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.

	<b>2013</b>	<b>2014</b>
<b>Numerator</b>	2430	3263
<b>Denominator</b>	9077	11372
<b>Improvement Target</b>	26.8%	29.8%
<b>Final Rate</b>	26.8%	28.7%
<b>Met Metric?</b>	Yes	No

- **Member Incentives** – Trillium launched a pilot member incentive program in Q4 2014 with plans to continue in 2015. For the pilot, Trillium provided \$15 gift cards to participating PCP groups who used the 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.

### **ED UTILIZATION**

- **By the skin of our teeth** – Trillium just barely met the ED Utilization metric with a final rate of 50.63 and an improvement target of 50.6/1,000 member months.
- **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.

	<b>2013</b>	<b>2014</b>
<b>Numerator</b>	31,089	44,185
<b>Denominator</b>	606,496	872,800
<b>Improvement Target</b>	54.4/1,000 member months	50.6/1,000 member months
<b>Final Rate</b>	51.3/1,000 member months	50.6/1,000 member months
<b>Met Metric?</b>	Yes	Yes

- **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.

#### **Patient Centered Primary Care Home (PCPCH) Enrollment**

- **Quality pool criteria** – This is a vital measure to ensure 100% of our quality pool is earned so we can keep transformation happening in our community. Trillium barely passed the 60% minimum.
- **Expansion member assignment** – Getting expansion members assigned to PCPCH's was a complex process.
- **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.

	<b>2013</b>	<b>2014</b>
<b>Final Rate</b>	85.3%	60.7%