Coordinated Care Organizations and Public Health Authorities in Collaboration

Trillium Community Health Plan and Lane County Health and Human Services

Activities and Insights

The Trillium Community Health Plan Coordinated Care Organization (CCO) and Lane County Health and Human Services (HHS) are working together to improve the quality, delivery, and accessibility of health care in Lane County, Oregon. Collaborative efforts have focused on uniting the work of physical and behavioral health providers, as well as creating population-based programs to address tobacco use and obesity in low income communities. Several programs are well underway and showing positive outcomes.

The following summary features current collaborative efforts and upcoming projects. In addition, it reflects on lessons learned, and suggests effective approaches for transforming health care through the collaborative power of CCOs and local public health authorities.

Investing in Prevention

Since the formation of Trillium CCO, public health efforts specifically targeting the Medicaid population have focused on preventing the biggest drivers of health care costs—tobacco use and obesity. In support of the Triple Aim of better health, better care, and lower costs, Trillium CCO makes payments that fund Lane County HHS prevention strategies and population-based programs. Payments of $1.33 per member/per month generate nearly one million dollars a year for HHS prevention work. Trillium CCO payments support the following:

- A staff position to manage a community advisory council, community health assessment and health disparities efforts
- An epidemiology management analyst position.

Partners in Prevention—Keeping Oregon Healthy

Trillium Community Health Plan and Lane County Health and Human Services are collaborating on the following prevention programs for low income populations:

- 730 low income elementary school students in 85 schools are playing the PAX Good Behavior Game for smoking prevention.
- Pregnant women are receiving gift cards for staying smoke-free between prenatal visits.
- 230 physical and behavioral health providers are now trained in smoking cessation treatments.
- Body mass index research will be done at low income elementary schools.
- Schools will be assessed to determine their readiness to meet 2017-2018 mandates for increased physical education in grades K-8.
- New tools will help communities advocate for healthy food offerings in recreation center vending machines.

Collaboration Insights

- Adapt meeting styles to fit busy schedules.
- Speak simply. Explain the technical language of the health and insurance fields.
- Engage partners early, and integrate them into key leadership roles.
- Engage respected public leaders who attract positive attention and support for the collaborative projects.
- Be proactive. Fund prevention programs early to maximize results.
- Measure progress against short- and long-term public health markers to monitor return on investment.
- Remember the goal—better care, better health, lower costs.
• A staff position to work closely with Trillium to implement evidence-based practices, such as tobacco prevention, obesity prevention and immunization clinics.
• Implementation of prevention programs

Trillium’s prevention subcommittee collaborates with Lane HHS to evaluate proposed prevention strategies and ensure that they are evidence-based, data-driven, and aligned with the Triple Aim. Trillium’s board also evaluates program effectiveness and return on investment.

**Current Prevention Programs**

Through the collaborative efforts of Lane County HHS and Trillium CCO, the following tobacco use prevention programs are currently serving target populations in Lane County:

**Tobacco Cessation Incentives in Prenatal Clinics**
Five prenatal care clinics are participating in a program that provides incentives for women who remain tobacco-free during pregnancy. The women receive Fred Meyer gift cards at established intervals when they attend prenatal appointments and remain tobacco-free between visits. Initial results indicated 18% of women who participated in the incentive program remained tobacco-free at the first checkpoint. Some clinics have found the program challenging to administer; consequently plans are being made to relocate the program to the Lane County Public Health Department’s Women, Infants & Children program. A staff person will be hired to enroll women in the incentive program, manage referrals, and provide follow-up.

**Coordinated Care in Lane County**
Lane County extends from the Cascade mountain range westward to the Pacific coast. The county is primarily rural, with 352,000 residents, 60% of whom live in the cities of Eugene and Springfield. Historically, Lane Independent Practice Association provided physical health care to Medicaid clients across Lane County, and LaneCare (a program of Lane County HHS) provided behavioral health care. In 2012 the entities merged to form Trillium Community Health Plan CCO, which now offers both physical and behavioral health services to 90,000 members. The merger was facilitated by careful planning, strong relationships, and committed collaboration between private medical providers and public health leaders.

The program will be expanded to include incentives for attending tobacco cessation counseling.

**Provider Training for Tobacco Cessation**
Lane County health care providers are being trained to use the 5As, a brief evidence-based screening process and intervention designed to help tobacco users quit.1 Training has produced the following outcomes:

• An intensive four-day class, Training for Tobacco Treatment Specialists, produced a cadre of behavioral health specialists who work intensively with Trillium members who are trying to give up tobacco.
• As part of the Tobacco Cessation Incentive Program, 50 staff members at five prenatal care clinics received introductory training in using the 5As with their patients.
• Approximately 230 medical and behavioral health providers participated in two-hour trainings about medication and counseling for treating tobacco dependence.

After the trainings, Lane County providers’ use of fax referrals to the Oregon Tobacco Quit Line increased 152% for the period of July through December 2013, as compared to the same period in 2012. The increase may suggest that use of the 5As is helping care providers get more tobacco users into treatment.
**PAX Good Behavior Game**

The PAX Good Behavior Game is an evidence-based classroom management tool with over 20 years of research demonstrating its effectiveness in preventing tobacco use initiation, substance abuse, and social or psychological disorders in young people. Longitudinal studies have demonstrated up to a 50% reduction in tobacco use initiation by age 15 for students who played the game in first grade.

In Lane County, 85 classroom teachers have been trained in the PAX Good Behavior Game. Nearly 730 low income elementary school students are now in classrooms with a trained teacher.

**Upcoming Prevention Programs**

Trillium CCO, Lane County HHS, and other public health partners are collaborating on several new projects to address childhood obesity and parent education. Forthcoming projects include the following:

**Low Income Elementary School BMI Project**

Lane County Public Health will partner with the Oregon Research Institute (ORI) to collect body mass index (BMI) information for elementary school children in low income schools. The data collection will build on past ORI research, and will help guide and prioritize programs and evaluation plans for future school-based childhood obesity programs.

**Physical Education Readiness Assessment**

Lane County Public Health will assess the readiness of low income schools to meet a statewide physical education mandate by the 2017–2018 school year. The mandate requires 150 minutes of physical education per week for students in grades K-5, and 225 minutes for students in grades 6–8. Lane County Public Health will use the assessment results to design and implement evidence-based programs for schools with low income populations.

**Vending Machine Policies in Recreation Centers**

The Lane Coalition for Healthy Active Youth and Lane County Public Health are collaborating on efforts to adopt obesity prevention policies. Coalition members are assessing the vending machine policies of recreation centers in low income neighborhoods, and are planning to create a toolkit that community members can use to advocate for healthy food options in vending machines.

**Parenting Classes for Low income Families**

Public health staff will work closely with the emerging Lane County Early Learning Hub and mental health providers to deliver parent education classes in low income communities. The
curriculum will emphasize evidence-based parenting programs such as the US Department of Health and Human Services’ Family Check-Up and Professor Matthew Sanders’ Triple P—Positive Parenting Program.

**Approaches and Insights**

Collaboration between Lane County HHS, Trillium CCO, and other health care and social service partners has been rewarding and fruitful. Integrating physical and behavioral health care, merging public and private efforts, and co-locating services has presented challenges and opportunities. Participants in the collaboration have gained the following insights along the way.

*Adapt meeting styles to fit busy schedules.* Different organizations use meetings differently. For example, government agencies often use in-person meetings to collaborate on projects. By contrast, health care providers and insurance company staff may have limited time built into their schedules for work group meetings. Making the most of limited meeting time is important.

*Speak plainly.* The technical language of health care and insurance can be confusing for people outside the industry. Avoiding acronyms and jargon, and taking time to explain unfamiliar concepts, keeps communication flowing. Take advantage of opportunities for insurers, providers and public health staff to share and understand each other’s paradigms, special vocabulary and meeting styles.

*Engage partners early.* From early on in its development, Trillium CCO involved Lane County HHS and Lane County Public Health officials in its efforts. Early engagement fostered relationships and introduced valuable perspectives on public health. (Senior county executives continue to serve on Trillium’s senior management team and board of directors.)

*Engage champions.* Engaging well-respected public health leaders in collaborative projects allows them to serve as ambassadors, and attracts positive attention and support for the group’s efforts.

*Be proactive.* Fund prevention programs early and fully utilize the expertise of county public health staff in order to launch prevention programs quickly and maximize results.

*Measure progress.* Identify short- and long-term public health markers that provide useful performance measures even for programs that produce outcomes over years rather than months. Timely measurement is important for evaluating return on investment and progress toward goals.

*Remember the goal.* Don’t think in terms of projects, but rather let the Triple Aim—better care, better health, lower cost—serve as a guiding principle for collaborative planning.

**Special Thanks**

Debi Farr, Director of Government and Public Affairs, Trillium Community Health Plan  
Karen Gaffney, Assistant Director, Lane County Health and Human Services  
Kay Metzger, Innovator Agent, Oregon Health Authority  
Jennifer Webster, Community Health Analyst, Prevention Program, Lane County Public Health  
Lucy Zammarelli, Behavioral Health Supervisor, Lane County, and Health Equity Officer, Trillium Community Health Plan
Cara Biddlecom, MPH
Health System Transformation Policy Lead
Oregon Health Authority, Public Health Division
(971) 673-2284
cara.m.biddlecom@state.or.us

Prepared for the Oregon Health Authority by
Oregon Consensus
Portland State University
www.oregonconsensus.org
October 2014

1 The 2000 US Public Health Service report *Treating Tobacco Use and Dependence: A Clinical Practice Guideline* introduced a tobacco use prevention and cessation approach that uses the 5As of “ask, advise, assess, assist and arrange.” For more information see the US Surgeon General website at http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html


3 For more information about Triple P see http://www.triplep.net/glo-en/home/