

Trillium Integration Incubator Project



TIIP

Oregon Coordinated Care Summit
November 17, 2015



“The **TIPP**ing Point”:

How Little Things Can Make a Big Difference

“The tipping point is that magic moment when an idea, trend, or social behavior crosses a threshold, tips, and spreads like wildfire.”

- Malcolm Gladwell



TIIP – Leadership

- ▶ Lynnea Lindsey-Pengelly, PhD, MSCP
- ▶ Trillium CCO
 - Medical Services Director - BH

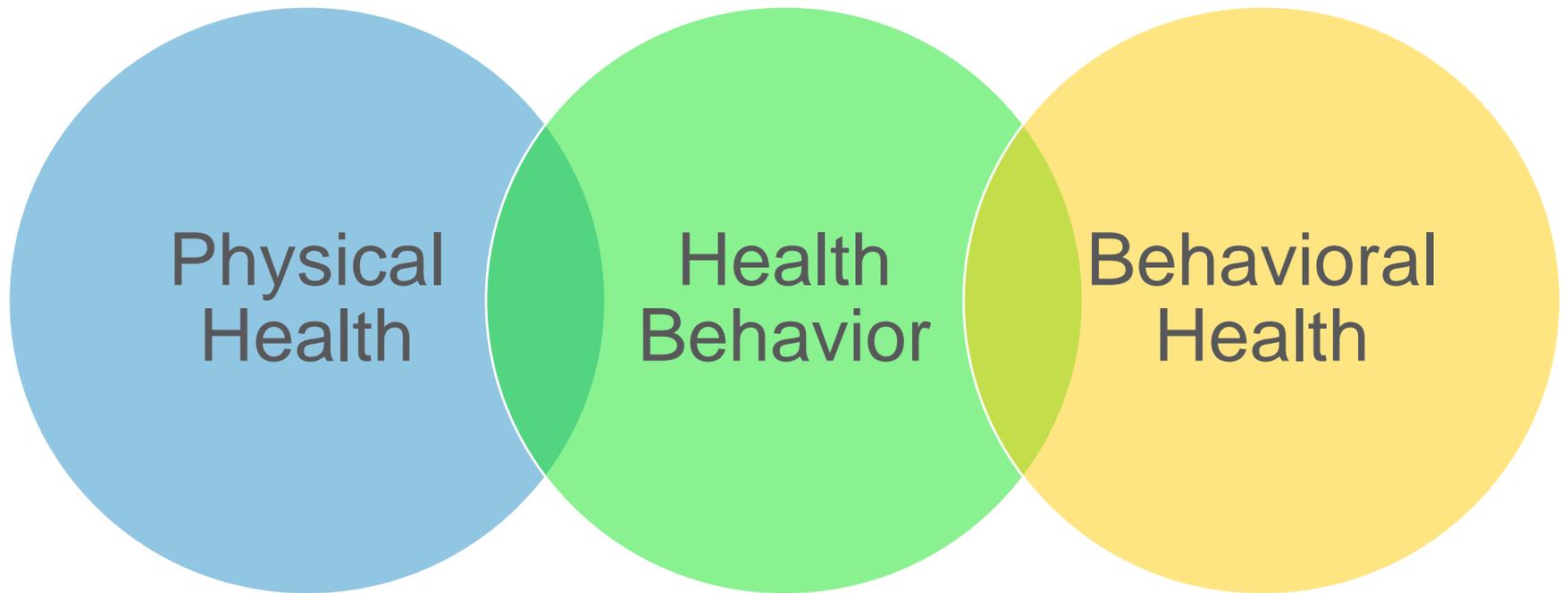




What is required to align the work of integrating physical and behavioral health primary care with healthcare transformation?



Spectrum of Advanced Care = Requires Integration to Achieve



What is TIIP?

- ▶ Two RFPs issued in Spring 2014 – for integrating primary care AND for integrating behavioral health
- ▶ Four submissions for each RFP
- ▶ Review committee met on June 5th 2014 and **ALL** eight projects were chosen
- ▶ Launch date was set for July 1, 2014



Eight TIIP Sites

Primary Care Medical Homes	Behavioral Health Medical Homes
Eugene Pediatrics added Thrive Behavioral Health	Center for Family Development partnered with Springfield Family Physicians
Oregon Medical Group – Crescent partnered with Options Counseling, The Child Center and Strong Integrated Behavioral Health	Lane County Behavioral Health moved from co-located model with the Community Health Centers to an integrated model of care
PeaceHealth Medical Group – University District and Santa Clara brought in internal BH resources	Peace Health Behavioral Health EASA/Young Adult Hub expanded adding primary care services
Springfield Family Physicians partnered with Center for Family Development	Willamette Family Treatment Services opened an integrated Medical Clinic



What are the essentials...

- ▶ What are the elements that make up an advanced medical home?



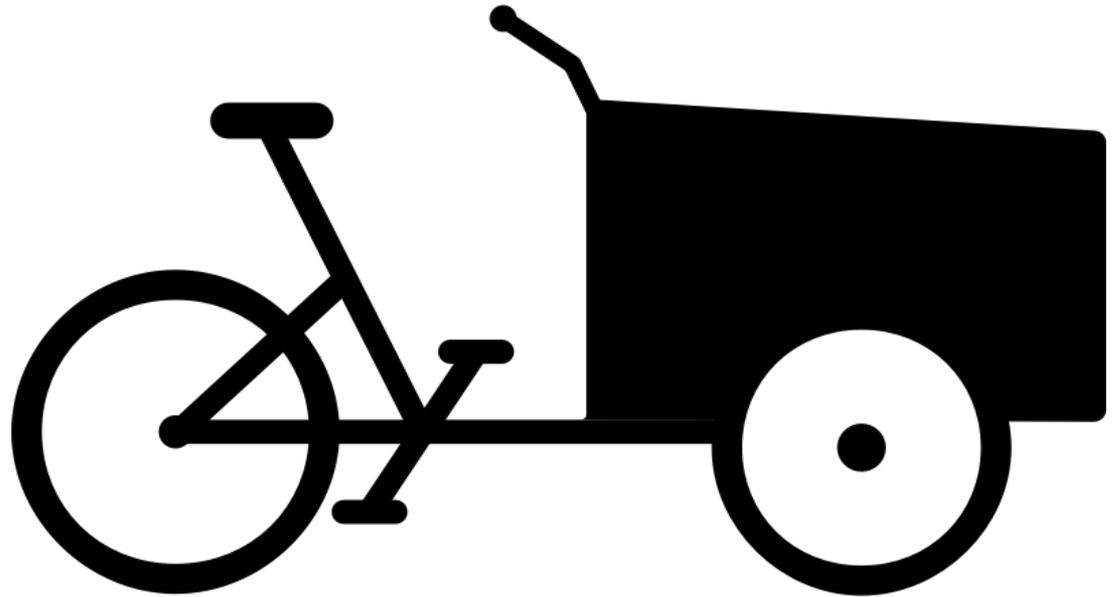
OHA - PCPCH Core Attributes

- ▶ 1. Access to Care (Accessible)
- ▶ 2. Accountability (Accountable)
- ▶ 3. Comprehensive Whole Person Care (Comprehensive)
- ▶ 4. Continuous (Continuity)
- ▶ 5. Coordination and Integration (Coordinated)
- ▶ 6. Person & Family Centered Care (Patient and Family Centered)



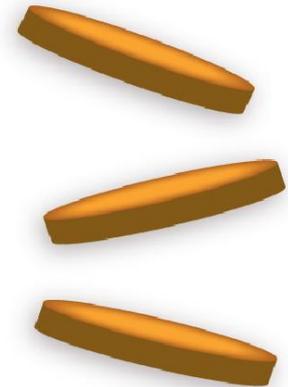
Required Elements

- Financial
- Clinical
- Technological/Data/Measurement



Three Sides: What is necessary

1. Population perspective
2. Team approach
3. A payment model
(APM)



Spectrum of Health Care - Physical & Behavioral Health

Primary Care

- Day to day non-emergent care for the whole person

Secondary Care

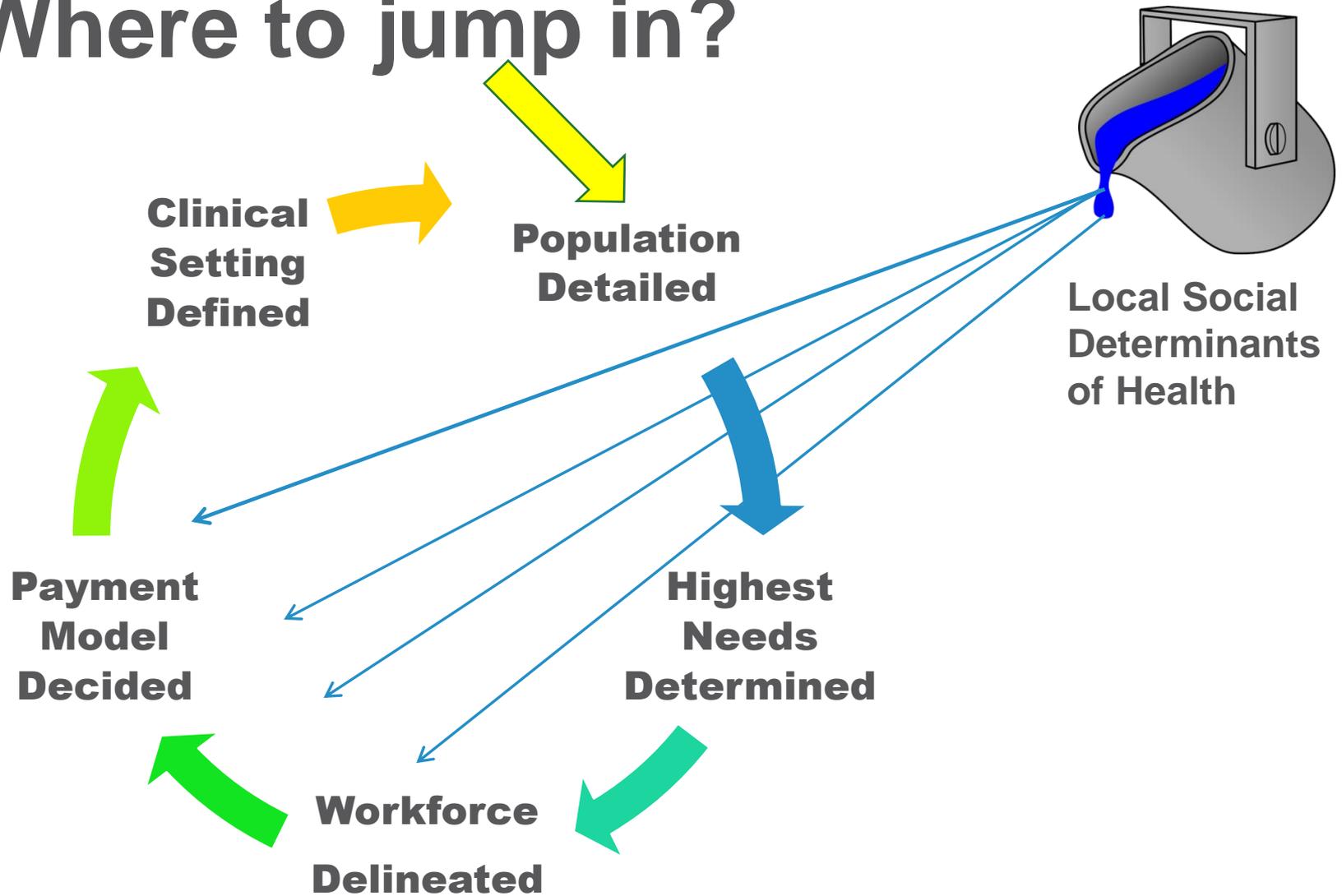
- Outpatient Specialty Services

Tertiary Care

- Urgent and Emergent Services most often requiring residential and/or inpatient care



Where to jump in?



TIIP to TIP TIMELINE

7/01/2014 - 2015

Support Early Adoption of Integrated Care
Develop Comprehensive Program Standards
Establish Measurement standards
Establish Payment Standards

2016

By July 1, have 40% of Trillium Members care provided in an integrated Medical Home that meets the OHA PCPCH Standards AND the Trillium Standards

2017

By July 1, have 60% of Trillium Members care provided in an integrated Medical Home that meets the OHA PCPCH Standards AND the Trillium Standards



Connecting Physical & Behavioral Health Care

Collaboration

PCMH

BHMH

Co-location

PCMH

BHMH

Integration

PCMH

BHMH



Supporting Early Adoption of Integrated Care

- ▶ Teachable moments:
- ▶ Monthly TIIP Learning Collaborative
- ▶ Targeted Learning Opportunities
- ▶ Weekly e-Newsletter TIIP Sheet
 - Brief articles
 - Live Links to research, resources and trainings
- ▶ Experts in PCMH and PCBH
- ▶ TIIP Advisory Committee: Community experts
- ▶ Internal learning: TIIP Operations



Thank you!

▶ 541-762-4290

