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Trillium CCO – The Tipping Point: Integrating Medical Homes

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I am going to introduce our first panel. This is going to be brief because everybody's bios with one exception are in your packets. From this panel we're going to first hear from Lynnea Lindsey-Pengelly, who administers the program for the CCO. We will also be hearing from Pilar Bradshaw, who is a pediatrician in one of the primary care practices. We will be hearing from Jin Park, who is a nurse practitioner in a behavioral health clinic. I will say that Jin stepped in at the very last minute to substitute for Alex Holmes who couldn't be here today. I wanted to share that she's a family nurse practitioner at Willamette Valley, which is a behavioral health clinic in Eugene. Prior to her work in Oregon, she worked with underserved populations in Philadelphia and has also done grassroots advocacy for undocumented workers. With that, we're going to start with Lynnea and then we'll go to Jen, and then we'll wrap up with Pilar. Please, Lynnea.

Lynnea Lindsey-Pengelly
Thank you for this opportunity to talk to you about Trillium Integration Incubator Project.
The conversation about integrating behavioral health and physical health happened in Lane County many years ago. It kept getting talked about and never got acted on until the advent of CCOs. Just recently in the spring of this year, RFPs were issued by Trillium looking for people who were willing to step up to the plate to deliver whole person care. Many organizations were interested but it was a fairly short time line. We were very lucky to get eight projects that presented themselves to us and requested funds and said we're ready to step up to the plate and be involved in whole person care. Of those eight projects that submitted their RFP proposals, four of them are primary care medical homes covering potentially the lives of fifteen thousand of our members. Four of them are behavioral health medical homes covering up to twenty-five hundred and fifty of our members.

We were excited that all eight projects came forward and we decided to fund every single one of them. We utilized transformation dollars and money from the county for our supplemental payment start-up funds. Every project asked for a different amount and had different ideas about how they were going to use it. We decided to continue our fee-for-service payment and then we added per member per month additional funds based upon what people requested in order to see how we can sustain this. It is an exciting and exhilarating opportunity that I have every month to sit with the learning collaborative of fifty-plus eager folks Monday morning at 7 a.m. ready to talk about, think about, share and be excited about, the kind of care that we are able to deliver. This has changed the work we do in the CCO. We

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have to talk about how we assign patients? How we deliver care? How our claims happen? What are the coding, the fee structures? It has change the way we interact with our providers. We are with them. We partner with them and it's an exciting place to be. The stories are wonderful. We are flying the airplane while we're building it. There are many challenges. We have built in metrics. We have built in a wellness tool with quality of life outcomes. We partner with Oregon Research Institute to help us to develop a descriptive analysis so we can tell you our story. Just this week, we have built a website that will begin to disseminate our weekly newsletters and the information and the research that we are able to engage in. It's an exciting time to be in health care and I am very grateful.

Jen Hart
I will speak a little bit about the behavior health medical home. I work at Willamette Family. The goal at Willamette Family is to provide comprehensive mental and physical health care to those with substance use or psychiatric conditions. Like most of our patients, they encounter many barriers to care. Health disparity is especially pronounced in this population. At Willamette Family, we use a team-based approach to improve patient outcomes. When mental health therapists discover a health care deficit, patients are then referred down to the medical clinic so that they can address their mental and physical needs simultaneously. This has been made possible by Trillium. Specifically, Trillium facilitated the integration of mental health and medical help clinics into one building which is now called the Rapid Access Center. This strategic placement of resources has lifted a huge barrier, making care readily available to those who need it the most. Additionally, Trillium has hosted monthly TIP meetings at participating sites as an opportunity to learn from experts and to learn from each other by sharing our recent successes, concerns and questions. As a result of TIP, Willamette Family has improved workflow including: patient screening, incorporated warm hand offs, hired a care coordinator, and used peer support more frequently.

Let me tell you a story about a patient to explain how all of this works. There was a middle-aged female who had a long history of alcohol and methamphetamine use, in addition to major depressive disorder, PTSD and hypertension. She was introduced to Willamette Family after she was discharged from the psychiatric unit after a suicide attempt. She had no other continuity of care. She was dismissed from her primary care provider and her psychiatrist. Unfortunately she was discharged with only two weeks of psychiatric medications and was not prescribed any blood pressure medication. She had originally attempted suicide by overdosing on her anti-hypertensive. I would have been reluctant to prescribe the blood pressure medication myself because it was the original method of suicide. However, since I had a behavioral health team on my side, I was able to do so. She felt abandoned and had nobody to turn to. Fortunately our outpatient counselor recognized the situation and provided a warm hand-off to the care coordinator who then handed the patient to the medical clinic, where her hypertension became controlled and her psychiatric needs were met. This patient continues to receive regular mental health therapy and medical care at Willamette Family. She is currently stable.

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Pilar Bradshaw
Thank you very much. Doctor Berwick, you don't know this but I saw you when I was a medical student. You had a significant impact on my thinking about my career. Thank you for being here. Pediatrics is all about prevention. Fifteen years into my career working at a traditional clinic setting, I became frustrated by how I thought we often just scratch the surface of what children and families need in our clinic. I knew we had to build something that would reach past the walls of our clinic and assemble a team that would be able to care for the non-medical needs of the patients that we serve. Last summer, we built a fully integrated behavioral health clinic into Eugene Pediatric Associates. To our seven pediatric medical providers, we added a new clinic, Thrive Behavioral Health, which is two child psychologists, a developmental behavioral pediatrician, a consulting child psychiatrist, and very importantly, a case manager.

We share workspaces. We have a common electronic health record. We meet regularly to talk about cases and to develop our business model. We meet together at my home in the evenings for Journal Club to help each other learn. We are able to grab each other for quick questions and most importantly, as a result of all this, we were able now to think more creatively and thoroughly as a team about all aspects of child health. Our kids and families have responded with overwhelming support for this new model. The comfort they feel seeking mental and behavioral help at their primary care home, means that in my career, I have never seen so many families engaged in making positive change. There are many heartwarming stories even though we have only had this integrated clinic up for a few months.

I'll tell you about a little boy name Sebastian. He is eight. His deck of cards in life has been very challenging for him. He has many medical problems including cervical myelopathy, tethered spinal cord, global significant developmental delays and poor vision. He has suffered from anxiety so intense that he use to need sedation for even simple procedures. Many visits to his doctors here in Portland and down in Eugene were really difficult for him and very difficult for us to get a good assessment of him. Sebastian's mother is a single mom. She works nights to support her son. She has no transportation. She's struggled for years to take care of his very complicated medical needs, his social needs, his school needs. Even his pediatrician, my partner, has struggled to take care of him until now in our integrated model.

Sebastian regularly sees a child psychologist who has helped him conquer so much of his anxiety that even after a few months, he no longer needs sedation even to go to the dentist. Which for me is a big deal. The case manager has done so many things that I could not have traditionally done in our clinic for Sebastian and his mom. Connecting her to community resources, arranging transportation, interfacing with outside physicians when mom needed help to understand the care plans. Even going out with her to his school to help get involved so that our office is a part of his individualized education plan.

Sebastian's mom told us she is so thankful for all of our support. This is the first time she feels really confident caring for her son and she can see him be happy. This is just the beginning. I can see so many additional services that I could bring together at our integrated clinic that would help ease both the suffering mental and physical of children and would save money for the overall health care system. My biggest challenge as the owner of that clinic, is how can I build and pay for this model of care, when we still work largely in the old payment system. All I know is this, for so many kids like Sebastian, we are onto something big and we have to make it work. Thank you.

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