Lane County & Trillium: One Local Example

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Setting the Stage

- Oregon created Coordinated Care Organizations (CCOs) in 2012
  - Local governance
  - Global budget, accountable for health outcomes
  - Integrated physical, behavioral, and dental health
  - Community Advisory Councils (CAC)
- In Lane County, Trillium is the CCO
  - Collaboration from the beginning
  - Governance role for Public Health
  - Per Member Per Month (PMPM) for prevention from outset
Shared Community Health Improvement Plan (CHIP)

- Legislation required CCOs to have a CHIP
- Single collaborative CHIP priorities:
  - Health Equity
  - Tobacco
  - Obesity
  - Mental Health/Substance Abuse
  - Access to Care

Determining Investments

- CAC Charged with Reviewing Research and Developing Proposals
  - Subcommittee of Researchers, Members, Others
  - Staffed by Public Health Analysts
- Review and Comment by Clinical Advisory Panel and Finance Committee
- Trillium Board & Public Health Jointly Approve
- Public Health Staff Charged with Implementation and Reporting
Example: Tobacco

- Evidence-based Cessation Strategies
  - 5As Screening & Brief Intervention
  - Train Tobacco Cessation Counselors
  - Incentive Program for Pregnant Women to Quit
- Evidence-based Prevention Strategies
  - Good Behavior Game in Targeted Elementary Schools
  - Advocate for Increase in Tobacco Tax
  - Retailer Reward & Reminder Program
  - Support Adoption of Tobacco-free Campus Policies
  - Media/Communications Efforts

Example: Obesity

- Clinical Strategies
  - Funding for Living Well with Chronic Conditions
  - YMCA Diabetes Prevention Program
  - BMI Screening & Counseling
  - Support for Breastfeeding
- Community Strategies
  - Nutrition & Physical Activity Self-Assessment for Child Care (NAP-SACC) with Child Care Providers
  - Coordinated Approach to Child Health (CATCH) - School Based
  - BMI Surveillance in Schools
  - VERB Summer Scorecard
  - Contract for Environmental & Systems Changes
Example: Mental Health

- Mental Health Coaching for Home Visitors
- Family Check-Up
- Triple P: Positive Parenting Program
- Community-based Parenting Education
- Screening, Brief Intervention, Referral to Treatment (SBIRT) Implementation

Stories and Preliminary Data

- QTIP (Quit Tobacco in Pregnancy)
  - Initial implementation struggles, poor uptake
  - Committee & staff re-tooled, significant improvement
- Good Behavior Game
  - Great support—needed to add more infrastructure to help schools
  - Focus on low-income elementary schools
- NAP-SACC
  - 3 cohorts to date (96 providers and 920 children)
  - 54% increased nutrition & 50% increased activity scores
- Family Check-Up
  - Served 207 families in first 5 months
Challenges & Learnings

• Governance role & commitment to PMPM from the start were critical
• This is messy and often hard—the relationships & trust really matter
• This is cross-cultural work: plan to educate each other about our different fields
• CHIP and Transformation Plan were important documents that kept the conversation focused
• Prevention needs to demonstrate return on investment (ROI)
• Creates possibilities for true transformation—necessary for us to achieve the Triple Aim