

# Oregon Senate Committee on Human Services and Early Childhood Testimony

24 March 2015  
RE: SB 821/822  
Position: Neutral

Chair Gelser, members of the committee, thank you for this opportunity to speak with you today.

My name is Lynnea Lindsey-Pengelly; I am a primary care psychologist. Every day I have the privilege of working as the Behavioral Health Medical Services Director for Trillium Coordinated Care Organization serving Lane County and the recently added community of Reedsport.

There is a joke in our fair state that if you have seen one CCO, you have seen one CCO. This is true for us. Trillium CCO is comprised of a unique partnership between Lane County and Trillium Community Health Plan, together we serve over 25% of our citizens with nearly 96,000 members. Our providers include public and private organizations including four hospitals, two large primary care associations, the community health centers, a diverse group of behavioral health agencies as well as independent physical and behavioral health practitioners. We need all hands on deck and pulling together to provide care for our members. We are fortunate that so many have stepped up as our member numbers have quadrupled.



I am here today to talk about brains and bodies. From the time of Descartes we have artificially divided how we think and believe from our physical being as if the body can function separately from the brain. We now have the knowledge and the opportunity to understand how much a person's overall health is related to their thinking and behavior.

In our current healthcare delivery system we have separated the culture, the payment structures, the workforce and even the location of services for brains and bodies. And yet we often wonder why some of the most challenged folks do not get better despite our traditional evidenced based methods of treatment. Sometimes we may only be seeing the tip of the iceberg. The more we learn about epigenetics, stress, inflammation, adverse childhood events and neuroplasticity the more we need to think about whole person care.

Nearly 70% of primary care office visits are related to a behavioral health concern, yet we have not embraced a primary care workforce that includes clinical behavioral health professionals. We have also learned that when a patient is referred to mental health services outside of primary care that the patient will act on that referral less than 10% of the time.

At Trillium CCO we have embraced our community's belief that the integration of physical health and behavioral health delivered together are the optimal model for the medical home. In July of 2014 we launched Trillium Integration Incubator Project (TIIP)

## Oregon Senate Committee on Human Services and Early Childhood Testimony

prioritizing the support of these medical homes with supplemental startup dollars from our transformation funds. All sites retained the ability to bill fee for service for all funded physical and mental health CPT codes. We also added a per-member-per-month add on to support the cost of delivery enhanced services that include wellness screening, and collaboration and consultation amongst the patient's care team. The TIIP sites include four integrated primary care medical homes covering 14,000 members and four integrated behavioral health medical homes covering up to an additional 1500 members. All clinics participate in a monthly learning collaborative where we endeavor to move all three arms of the triple aim forward, as all are the essential undergirding for transformation work.

Let me tell you about a 9 year old girl from one of our TIIP sites. She had been to see her pediatrician for several years with stomach and bowel concerns. Much treatment was offered yet nothing seemed to help. Until one day with the team care coordinator was able to sit and really talk with the girl. After a couple of conversations she finally revealed that her mother's boyfriend had been molesting her....for a couple of years. Quickly the girl was able to see the child psychologist on staff in the pediatric office and the team care coordinator was able to connect with social services and law enforcement. The child is safe and receiving great care and low and behold the stomach and bowel symptoms are diminished. The pediatrician has expressed deep gratitude for the team approach and the ability to reduce this child's suffering. We also know that by treating this child early that we will reduce the potential for ongoing physical health complications for the rest of her life. This is the work of integrated healthcare.

This is one of hundreds of patient stories from our TIIP sites, and we have only been at this for nearly nine months. Every participating TIIP site has said they believe in integrated care and they will never go back to practicing in the old model. We, at Trillium, are working hard to make certain that we can move forward and this includes rethinking how we pay for healthcare.

I am here today to share with you that integrated healthcare is the optimal delivery for population health, team-based, whole person health care. As we move forward we have plans to recognize that the mouth is in the head that is attached to the body....and that is truly whole person health.

Thank you for this opportunity to testify before you today. I am happy to answer any questions.

Lynnea Lindsey-Pengelly, PhD, MSCP  
Medical Services Director  
Trillium Behavioral Health  
Trillium Community Health Plan, Inc.  
Lane County  
Eugene, Oregon  
[drinpen@trilliumchp.com](mailto:drinpen@trilliumchp.com)



Lynnea Lindsey-Pengelly, PhD, MSCP