Strategies and Opportunities for Strengthening Community Health through Medical-Legal Partnership – Public Health Collaboration

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- B.S., Georgetown University
- Research interests/areas of expertise:
  - Cross-sector collaboration
  - Networks
  - Communications
Tracy Goodman, Healthy Together Director, DC Children’s Law Center

- J.D., Georgetown University Law Center
- B.A., American University
- Research interests/areas of expertise:
  - Special education and early intervention law
  - Healthy housing and housing law
  - Access to health care/health equity
Presenter

Holly R. Stevens, Director of Evaluation and Learning, DC Children’s Law Center

- Ph.D., George Mason University
- M.A., Marymount University
- B.A., State University of New York at Cortland

Research interests/areas of expertise:
- Access to justice
- Juvenile justice
- Health in juvenile justice facilities
Presenter

Alice Setrini, MLP Supervising Attorney, Legal Aid Chicago

- J.D., Northwestern University Pritzker School of Law
- B.A., Northwestern University Weinberg College of Arts and Sciences
- Research interests/areas of expertise:
  - Medical-Legal Partnerships
  - Health Equity
  - Structural Racism
Health isn’t made in a doctor’s office.
It’s the result of the air you breathe, the food you eat, and the places you live, work, and play.
The BUILD Health Challenge contributes to the creation of a new norm in the US, one that puts multi-sector community-driven partnerships at the foundation of improving health for everyone.
BUILD’s Principles – Our Approach

**BOLD**
Partnerships that aspire toward a fundamental shift beyond short-term programmatic work to longer-term influences over policy, regulation, and systems-level change.

**UPSTREAM**
Partnerships that focus on the social, environmental and economic factors that have the greatest influence on the health of a community, rather than on access or care delivery.

**INTEGRATED**
Partnerships that align the practices and perspectives of communities, health systems and public health under a shared vision, establishing new roles while continuing to draw upon the strengths of each partner.

**LOCAL**
Partnerships that engage neighborhood residents and community leaders as key voices and thought leaders throughout all stages of planning and implementation.

**DATA-DRIVEN**
Partnerships that use data from both clinical and community sources as a tool to identify key needs, measure meaningful change, and facilitate transparency amongst stakeholders to generate actionable insights.
BUILD communities are moving attention, action, and resources upstream across a variety of issues.

These efforts are already yielding promising results that have the potential to be sustained, replicated and scaled.
In its first 3 years, BUILD has supported 37 communities in 21 states and the District of Columbia.
Partners

Blue Cross Blue Shield of North Carolina Foundation

The Colorado Health Foundation

de Beaumont

BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES.

ELF

INTERACT FOR HEALTH

KRESGE FOUNDATION

MID-IA HEALTH FOUNDATION

New Jersey Health Initiatives

Robert Wood Johnson Foundation

W.K. Kellogg Foundation

Telligen®

Community Initiative
BUILD Health DC: Reducing Asthma Disparity through Public Health, Community Engagement, Systemic and Direct Legal Interventions

Holly Stevens, Children’s Law Center
Tracy Goodman, Children’s Law Center
Healthy Together: DC’s MLP for Children and Families
Our medical-legal partnership embeds attorneys with health care teams across DC to expand health and legal services—positively impacting more than 1,000 children in 2017.
BUILD Health DC

Parent Community Partners

Pediatric Health

Housing Conditions

Law and Policies

Children's National Health System

DC Health

GoV of the District of Columbia

dcs CHILDREN'S LAW CENTER family health education
Goal is to reduce the number of children living with uncontrolled asthma in Wards 7 and 8 through:

- Direct Legal Services to Families
- Community Engagement
- Data Sharing
- Systemic and Policy Work
DC Health as a BUILD Health Partner

- Population-level Data
  - Pediatric Asthma Emergency Department
  - Pediatric Inpatient Hospitalization
  - Pediatric Asthma Prevalence
  - School Health Encounters

- Policy Guidance
  - Policy and systems-level actions that directly affect the social determinants of health
  - Health in All Policies Approach
Collaborative Solutions
Parent Community Partners
Community Engagement:
From Feedback to Full Integration

Feedback Loops & Focus Groups

Parent Advisory Council

Integration as BUILD Health DC team members
Focus Groups and PAC

- **Goal:** To modify service delivery to improve connection with clients
  - Formal interviews by medical partner with focus on challenges and barriers to working with lawyers
  - Reviewed results with IMPACT DC’s Parent Advisory Council (PAC)

- PAC also revised job descriptions, participated in interviews, provided recommendations on intake process
Focus Group and Parent Advisory Council Recommendation Highlights

- Connection and Consistency
  - Regular and reliable communication
  - Showing that the legal team cares about and respects the family
- Address imbalance of power
  - Really explain the process and expectations
  - Use layman’s terms
- Get to know the lawyers and team members
  - Share information about who we are and who is on the team
  - Know about asthma, what families are going through
Parent Training for Systemic Work
Data: The Cornerstone of BUILD work

- First step: Assess what data is available now
- Second step: Assess what data we want

- Challenges:
  - Lack of reliable housing inspection data
  - Lack of access to some data
  - Governance and technical capacity for data sharing and analysis

- What can we do now and how can we build for future?
Theory: Effective MLP intervention help avoid costs for healthcare payors

12 Months Prior to Referral
- 3 ED visits
- 1 hospitalization
- 4 office visits
- Medication
- $16,865 total charges$3

12 Months After Intervention
- 1 ED visit
- 0 hospitalizations
- 6 office visits
- Medication
- $1,548 total charges$3
Cost Avoidance Study

- 3 year period allowing for pre-post coverage
- 3538 children in 3684 instances of service
- 57% covered by participating MCOs
Cost Avoidance Findings

All Legal Issues

- 12 Months: Average change -$1,742
- 18 Months: Average change -$3,705

Total healthcare expenditures
Cost Avoidance Findings

Housing Conditions & Asthma

- Average change - $4,368 at 12 Months
- Average change - $10,228 at 18 Months
Cost Avoidance Findings

Asthma & Housing Conditions
Top 10% of Pre-Intervention Expenditure Patients

Average change -$24,464

Average change -$60,108
CLC-AmeriHealth Outcome-based Payment Contract

- 1st Outcome-based contract for MLPs from Medicaid provider

- Housing conditions issue with an AmeriHealth beneficiary diagnosed with Asthma

- Direct referrals from AmeriHealth care managers and traditional referrals from medical partners

- With consent of client, reporting of outcome of case

- Upon successful resolution of health-harming housing, AmeriHealth will pay fixed amount to CLC for legal representation
Thank You!
LEGAL SOLUTIONS FOR SOCIAL DETERMINANTS OF HEALTH

Innovative approaches to building population health equity.

ALICE SETRINI- MLP SUPERVISORY ATTORNEY

10.30.19
HEALTH FORWARD/SALUD ADELANTE

- Partners
  - Cook County Health (CCH)
  - Chicago Department of Public Health (CDPH)
  - Legal Aid Chicago
USING HEALTH SYSTEM AND PUBLIC HEALTH DATA TO DESIGN THE MLP

- MLP partners used data to:
  - Select priority populations for the MLP focus
  - Select medical/legal issues of focus
TARGETING LEGAL ISSUES

I-HELP

Healthy Chicago 2.0

Impact 2020
MLP SERVICE MODEL

Care Coordinator spots an unmet legal need

The MLP attorney identifies the health harming legal need and provides legal help

MLP attorney updates the referrer on the legal intervention and outcome

The referrer and attorney strategize about ongoing issues and coordinate mutual support for the patient going forward in appropriate cases

Care Coordination makes a referral to MLP attorney
RESPONSIVE MLP SERVICE MODEL

- The HF/SA team conducts community legal education events, and focus group discussions on meeting community health needs.

- The Care Coordinator spots an unmet legal need.

- Care Coordination makes a referral to MLP attorney.

- The MLP attorney identifies the health harming legal need and provides legal help.

- The MLP attorney updates the referrer on the legal intervention and outcome.

- The referrer and attorney strategize about ongoing issues and coordinate mutual support for the patient going forward in appropriate cases.

- The HF/SA Team discusses at weekly and quarterly meetings, to identify systems interventions with CCH and CDPH.
FEEDBACK LEADING TO SSI/DI PILOT

- Care Coordination input related to members with multiple barriers to accessing benefits
- Pilot SSI/DI application support program
- BUILD Opportunity Fund Project September 2018-August 15, 2019
Health Forward/Salud Adelante Referrals
(All Referrals, March 1, 2017-August 31, 2019)*

*where census track data was available
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