

Better Care and Lower Costs: Creative Partnerships to Improve People's Social Determinants of Health

**CTC-RI Annual Conference
November 1, 2018**



**Jeannine Casselman, JD, MA
MLPB Program Manager
November 2018**

Our Mission

MLPB equips health and human service workforces with upstream problem-solving strategies that improve people's social determinants of health.

Leveraging our public interest law expertise, we advance health equity for individuals, families, and communities.

1. Introduction

2. Learning from Team-Based Care Innovations

- MLPB's Partnerships in Rhode Island
- DULCE

3. Impact



1. Introduction

2. Learning from Team-Based Care Innovations

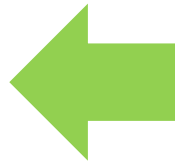
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Escalation of an HRSN
(Health-Related Social
Need): *Housing
Instability*

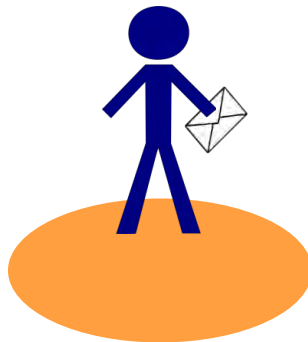
Opportunities
for Prevention



50% + of income spent
on rent & utilities



Owes 2 months
rent



Landlord
sends
notice

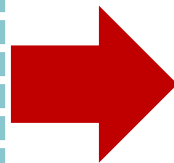


Landlord files
court case



Constable
appears
for forced
eviction

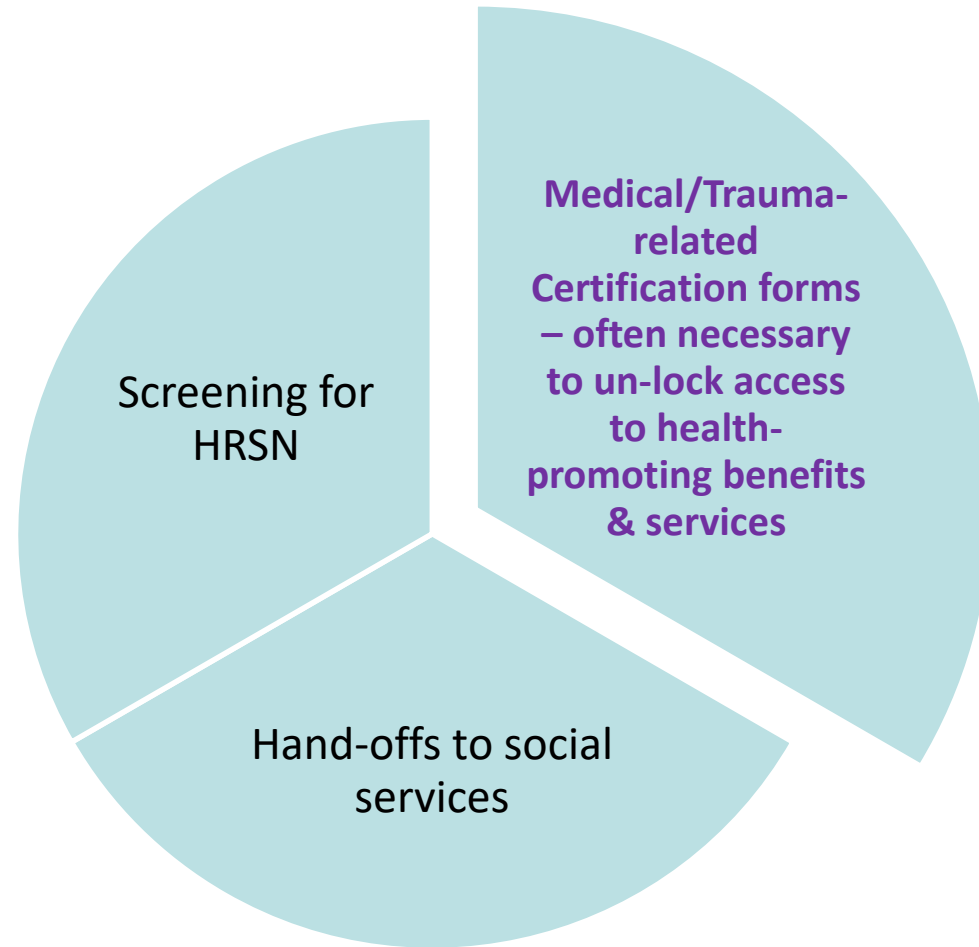
Immediate
Risk of
Homelessness!



Heading to the
“**Legal Emergency
Room**”



It Takes Two: The SDOH Problem-Solving that H&HS “Owns”



MLPB Core Services:

Best-Practice SDOH Problem Solving Strategies

Training, tools and technical assistance for Care Teams

- Comprehensive SDOH training curricula, including companion templates and workflows (*SHIP™*) – updated at least annually to assure alignment with dynamic federal and state laws and policies governing consumer access to services/benefits/legal protections.
- Rapid access consultation with MLPB’s public interest law generalists via:
 - Embedding public interest advocates into standing interdisciplinary rounds to spot people’s legal risks, risks and remedies
 - Supplying rapid consults outside of standing meetings via phone and email
 - In some acute/complex instances, facilitating safe hand-offs to legal specialists (*pro bono*)

Technical assistance for Organizations

- Advising on human-centered SDOH system design within organizations
- Informing public policy dialogues to accelerate progress on meaningful integration of SDOH interventions within health and human services sectors

Communicating Effectively in the New Immigration Landscape

Best Practices for Healthcare and Human Services Teams



Background

Hospitals and health care centers have historically been considered "sensitive locations," which means that immigration and Customs Enforcement (ICE) officers are not supposed to enter without a warrant. But even though arrest might not be a risk, health care visits still can carry immigration risks for patients.

Immigration officials sometimes can begin a court process to force providers to give them a patient's routine medical records and assessments. They can use this information to prove their case for deportation once a person has been picked up by ICE. Because of this possibility, the way that care teams record observations about a person's immigration status is important. These practices could impact a person's ability to stay in the country.

MLPB understands that in the course of treatment, you sometimes need to discuss immigration matters with individuals and families. You may even need to record information in your notes for medical reasons. We have curated best practices for approaching these conversations and related documentation in medical records in ways that maximize people's privacy and safety.

1

Only document a person's immigration status to the extent doing so is required by state or federal law. If you have questions about whether you are required to collect this information from patients/clients, contact your organization's legal counsel and/or risk management team.

- HIPAA does not protect medical records in all situations
- Documenting that a discussion about immigration happened is different from documenting a person's actual status
- If you must ask the person about immigration status, clearly explain why you are seeking the information

2

Proceed with caution when discussing immigration status with people.

- Immigration status impacts access to insurance as well as many other benefits and services
- In the current climate, initiating conversations about immigration status may decrease rapport and increase withdrawal from care
- Reassure people that they remain welcome in your clinic/program, and that you are invested in their health and wellbeing

3

Inevitably, some people will withdraw from care or miss appointments.

- Keep updated contact information so you can reach out
- Remember that people may be facing stressors and situations beyond their control

Federal law and public policy regarding immigration is rapidly evolving. Information contained in this document is for educational purposes only and does not constitute legal advice or establish an attorney-client relationship.

If patients or caregivers have specific questions, they should contact a lawyer or advocate.

If providers or staff have questions, they should contact their organizations' legal counsel.

Care Transformation Collaborative – RI

Hasbro Children’s Hospital (Lifespan)

Kent Hospital Family Care Center
(Care New England)

Rhode Island Hospital Center for
Primary Care (Care New England)

The Warren Alpert Medical School of
Brown University

Current MLPB Partners in MA + RI

Boston Medical Center
Boston University School of Medicine

**Emergency Department
Elders Living at Home Program*

**OB-GYN*

Pediatrics

**Women’s Health/Oncology*

**Children’s Health Watch*

Vital Village Network

Boston Allied Partners (*MassHealth-
certified Community Partner for LTSS*)

Brigham Health Medicaid ACO

Community Care Cooperative (C3 ACO)

Steward Health Care Network (SHCN)

MassHealth (DSRIP TA vendor)

The Children’s Trust /

Healthy Families Massachusetts
(*state-wide home visiting program for first-
time parents with children 0-3 yo*)

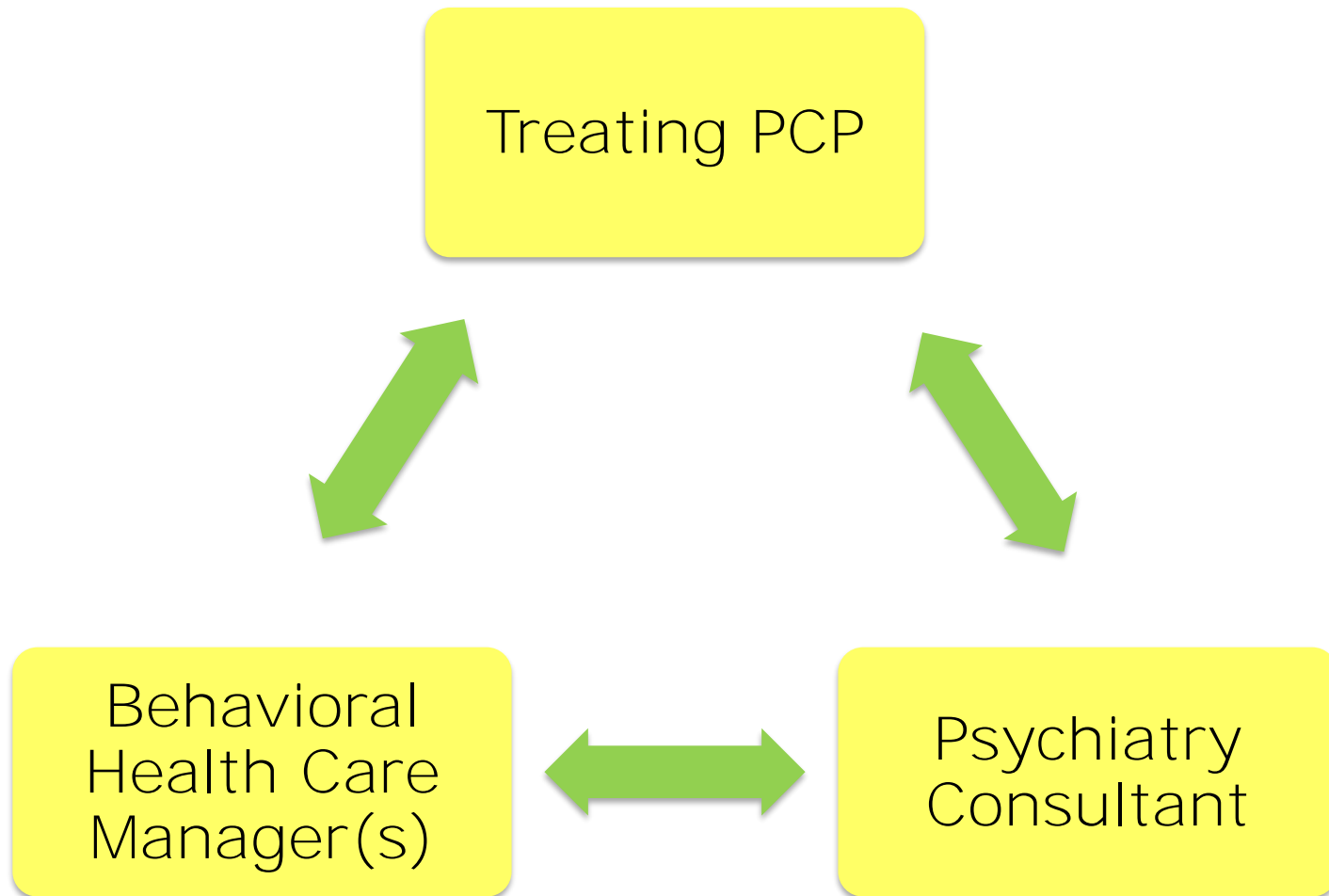
Dana-Farber Cancer Institute

Lynn Community Health Center

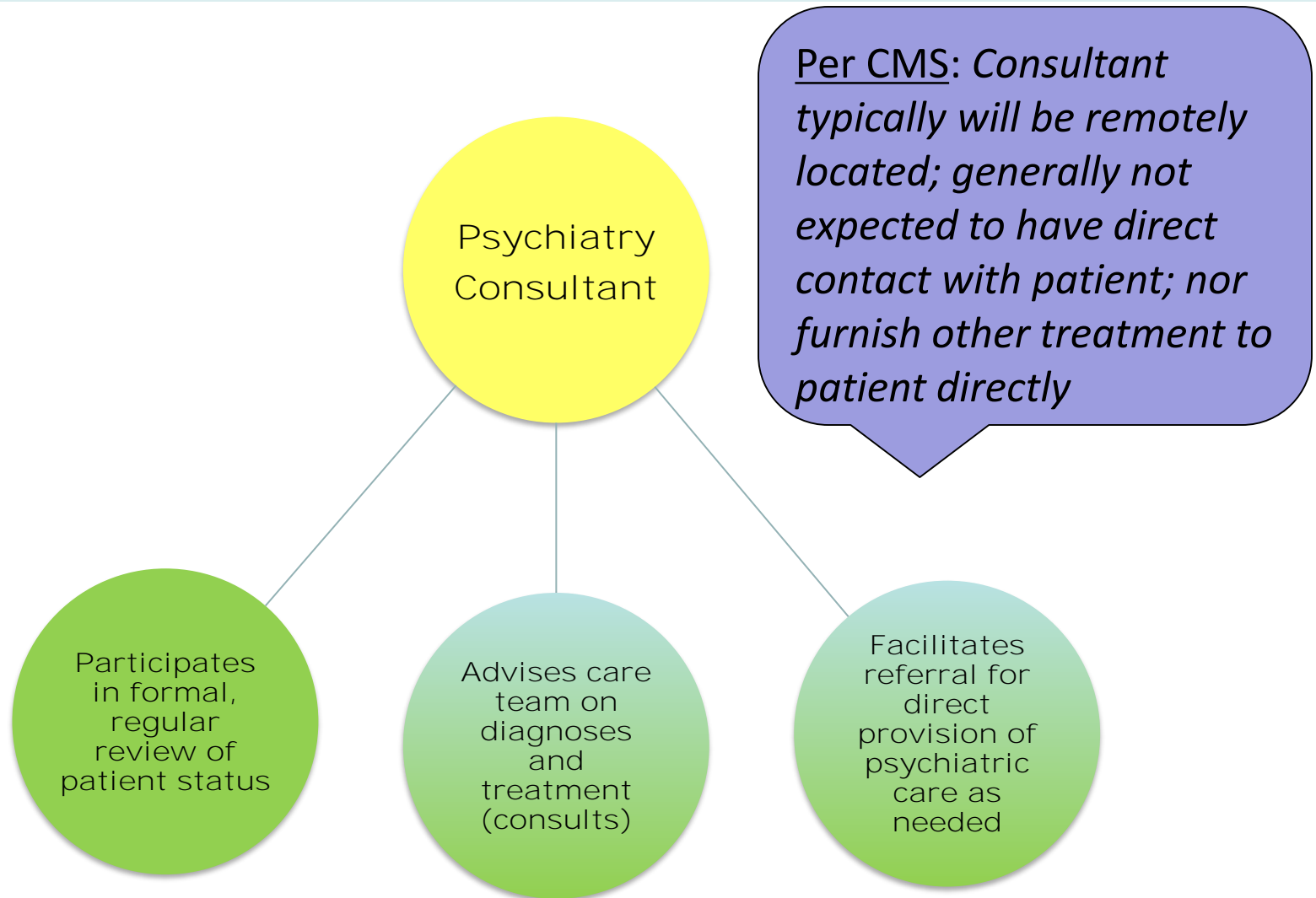
Saint Anne’s Hospital (Fall River, MA)

St. Elizabeth’s Medical Center
(Brighton, MA)

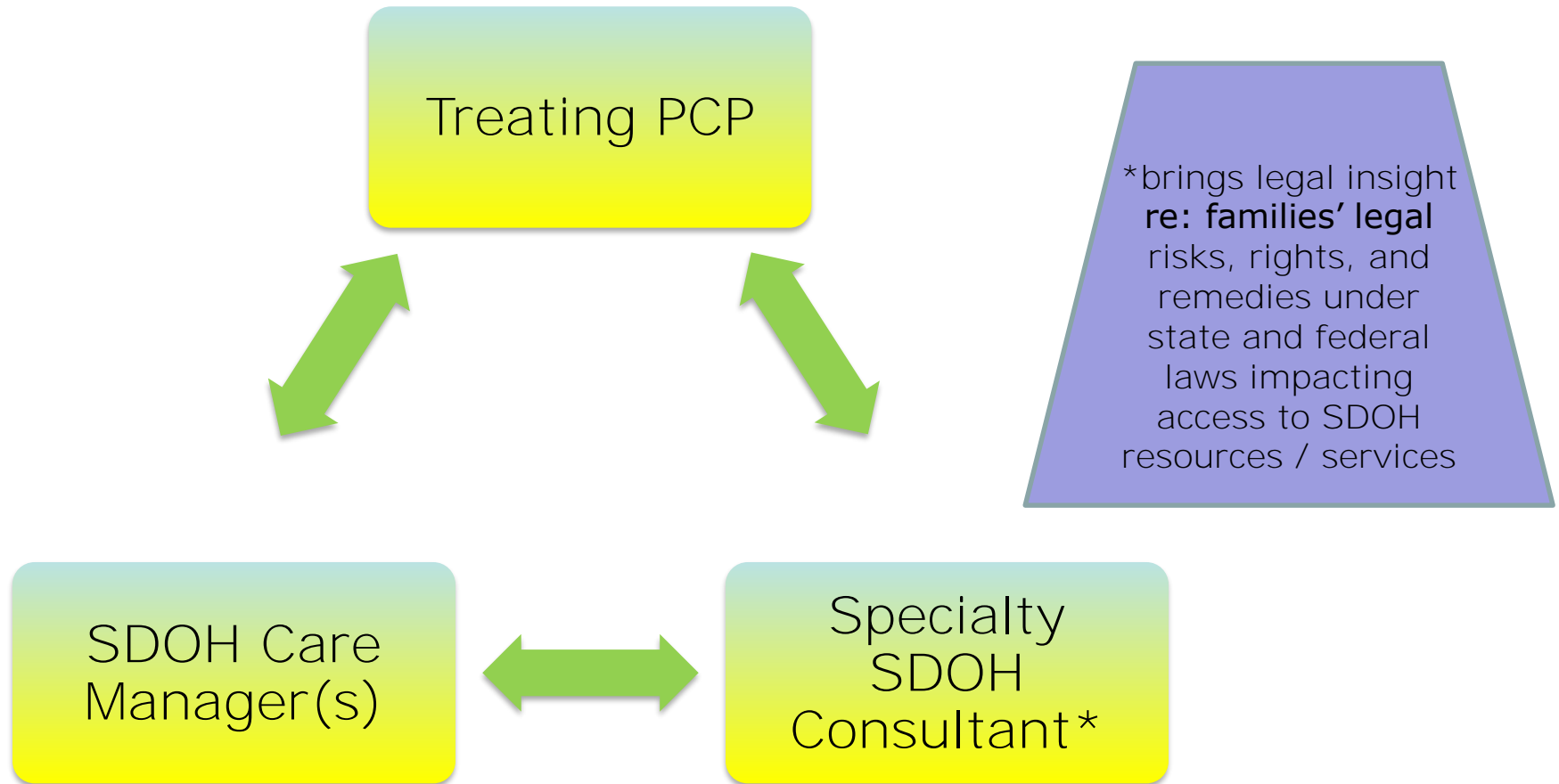
CoCM (Collaborative Care Model) analogy



CoCM (Collaborative Care Model) analogy



CoCM Extension to SDOH Context



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(Brighton, MA)

MLPB Services at Hasbro

**# of unique
Consults:**
~190 in FY 18

Legal triage
and Rapid
Consults

Safe
Hand-offs

Interdisciplinary team:
Social Work, Child
Welfare System Expert,
Connect for Health

Micropractice/
Group Huddle

Advocacy
Rotation

Noon
Conferences

**Trainings on SDOH
with legal dimensions:**
e.g. housing instability,
immigration, pathways
to income supports

MLPB Services at the Kent Family Care Center

of unique
Consults: ~89

Legal triage
and Rapid
Consults

Safe
Hand-offs

One-on-One
resident
teaching

PCMH team

Interdisciplinary team:
PCPs, Social Work,
MLPB, Pharmacy

Didactics

**Trainings on SDOH with legal
dimensions:** e.g., disability
benefits, immigration,
pathways to income supports

MLPB Services at RIH Center for Primary Care

of unique Consults:
~30
(April – Aug. 2018
only)

Legal triage
and Rapid
Consults

Safe
Hand-offs

Interdisciplinary team:
PCPs, Social Work,
CHW, MLPB, Connect
for Health, Pharmacy

Transition
Team

Didactics

**Trainings on SDOH
with legal dimensions:**
e.g., immigration and
pathways to income
supports

Case Study

12 yo twins, Gaston and Louis Trudeau, have been patients of the pediatric clinic since their birth. Gaston is a typical boy. His brother has celiac. Both are your patients and you happen to be in urgent care for Gaston's sick visit. Gaston presents with a chief complaint of a stomach ache, but after exam, you think his ailment is psychosomatic.

During the visit, you learn that Gaston has missed a great deal of school. Their mother, Mrs. Trudeau, mentions that the family is no longer receiving SNAP. Mrs. Trudeau is quite angry about the "jacked up" prices of gluten free foods that Louis prefers.

You suspect that Mrs. Trudeau may not be a citizen, although nothing in EPIC confirms that suspicion.

Case Study

12 yo twins, Gaston and Louis Trudeau, have been patients of the pediatric clinic since their birth. Gaston is a typical boy. His brother has **celiac**. Both are your patients and you happen to be in urgent care for Gaston's sick visit. Gaston presents with a chief complaint of a **stomach ache**, but after exam, you think his ailment is **psychosomatic**.

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Case Study

Social Work

- Emotional support
- Referral to Behavioral Health provider
- Patient and caregiver education on somatic symptoms

Case Study

MLPB

- Immigration consult with advocate/provider re: public charge risks family needs to consider
- Legal rights: Truancy
- Workforce partners trained on domain-specific curricula

Health Advocate/ Community Health Worker

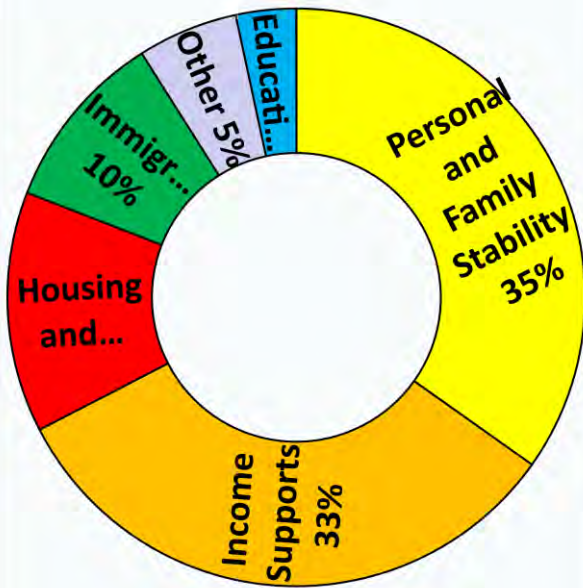
- Food pantries
- Consult with MLPB re: immigration
- Potential Resource Connection: DHS for SNAP
- Potential connection: Immigration resources

Social Work

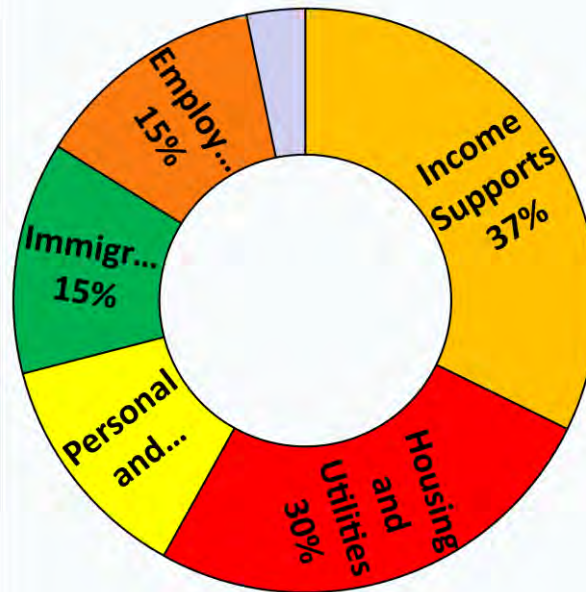
- Emotional support
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MLPB Partner Snapshot: Consult Type

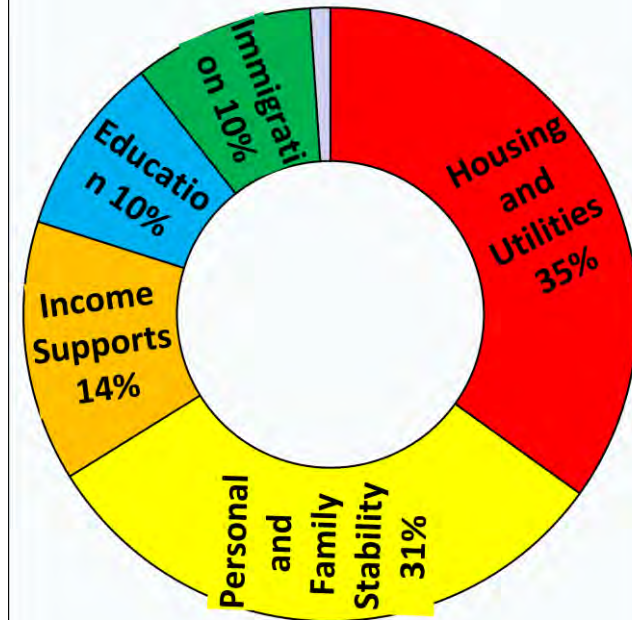
Kent FCC Y3



CPC Jan.- Aug. 2018



Hasbro 10.31.17 - 8.30.18



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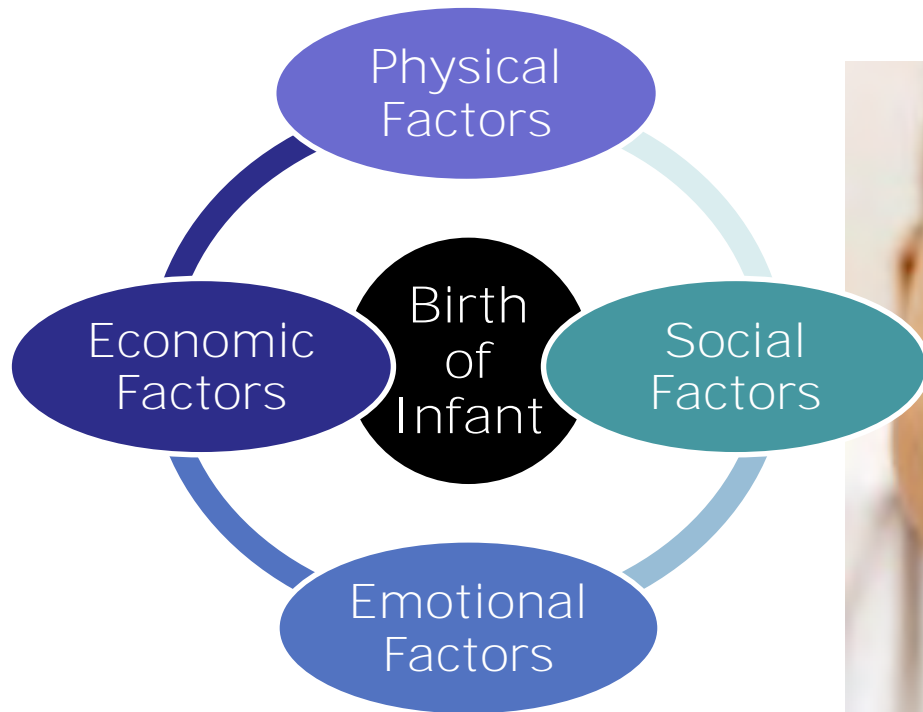
Developmental Understanding and Legal Collaboration for Everyone (DULCE) intention

Improve health and well-being by transforming the way that families experience the delivery of supports and services *from the moment their children are born* through the collaborative effort of pediatric, legal, and early childhood system builders.



Why DULCE?

First six months of infant's life are uniquely challenging for families



Peripartum depression extremely common
highest risk timeframe for child abuse and neglect

What is DULCE?

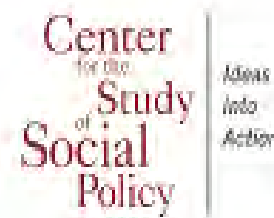
- **Universal** pediatrics-based intervention available to families with infants 0-6 months
- Primary care sites bolster family strengths through **6-month partnerships with families** that include:
 - Structured coaching for parents on infant development milestones
 - Proactively detecting and addressing negative SDOH (bolstering family access to Concrete Supports is a *Strengthening Families*TM protective factor)
- Key intervention actors:
 - **Highly structured cross-sector interdisciplinary team** that meets weekly
 - **Dedicated *Family Specialist*** trained and supported by:
 - **Legal partnerships** that strengthen families' ability to secure concrete supports
 - ***Brazelton Touchpoints*** training and reflective mentorship to promote knowledge of parenting and child development and to strengthen collaborative parent, child and provider relationships

DULCE: National Expansion

Randomized controlled trial conducted at Boston Medical Center (Pediatrics) in 2010-12 showed:

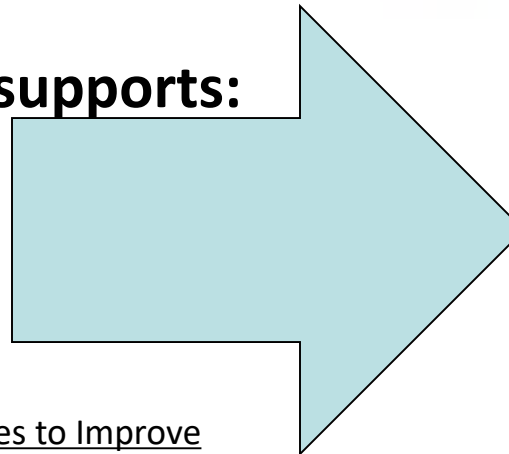
Improved preventive care:

- RHC visits & immunizations,
- fewer ED visits,
- Retention at clinic



Increased access to concrete supports:

- utilities,
- food,
- cash supports



In 2015, a DULCE national demonstration project launched in 5 counties in 3 states (CA, FL, VT). For more information:

www.dulcenational.org

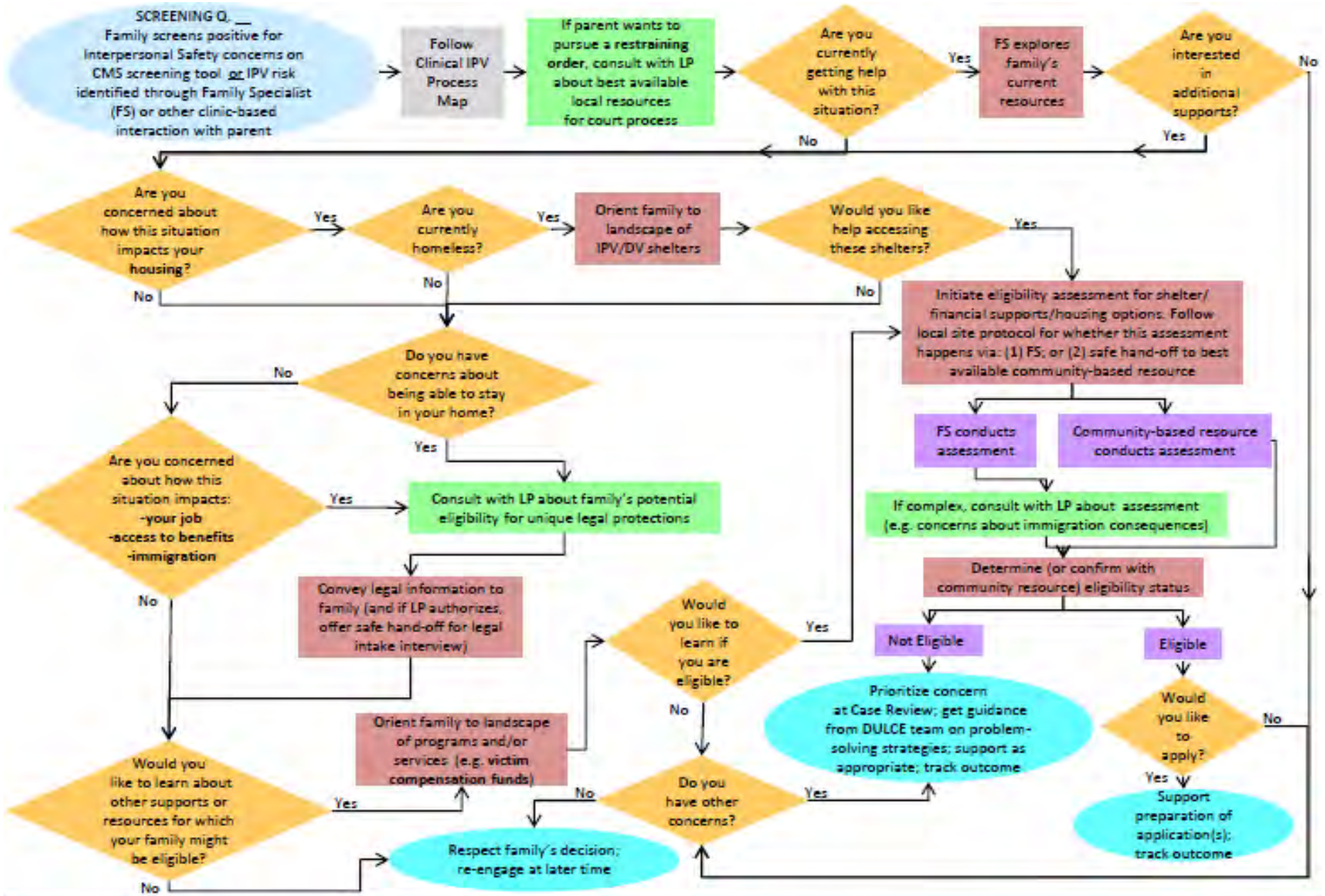
Robert Sege, MD, Ph.D et al. Medical-legal strategies to Improve Infant Healthcare: A Randomized Trial. *Pediatrics* (July 2015)

DULCE shows promise as a strategy for improving clinic performance

- By January 2018, $\geq 75\%$ of families receiving ALL routine health care visits (RHCs) on time at each site.
- There is some evidence that DULCE clinics have lower “no show” rates than non-DULCE clinics.
- Physicians and other clinic staff credit DULCE with improving the work environment and reducing “burn out.”

“This is why I became a pediatrician: to address the things that really matter for families and children. Through DULCE, I can.”

Dr. Sam Singer, Highland Hospital Pediatric Clinic
Oakland, CA



Process Map - IPV-Concrete Supports

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A Success Story!

Equipping a Clinician with Tools to Promote Health and Job Security

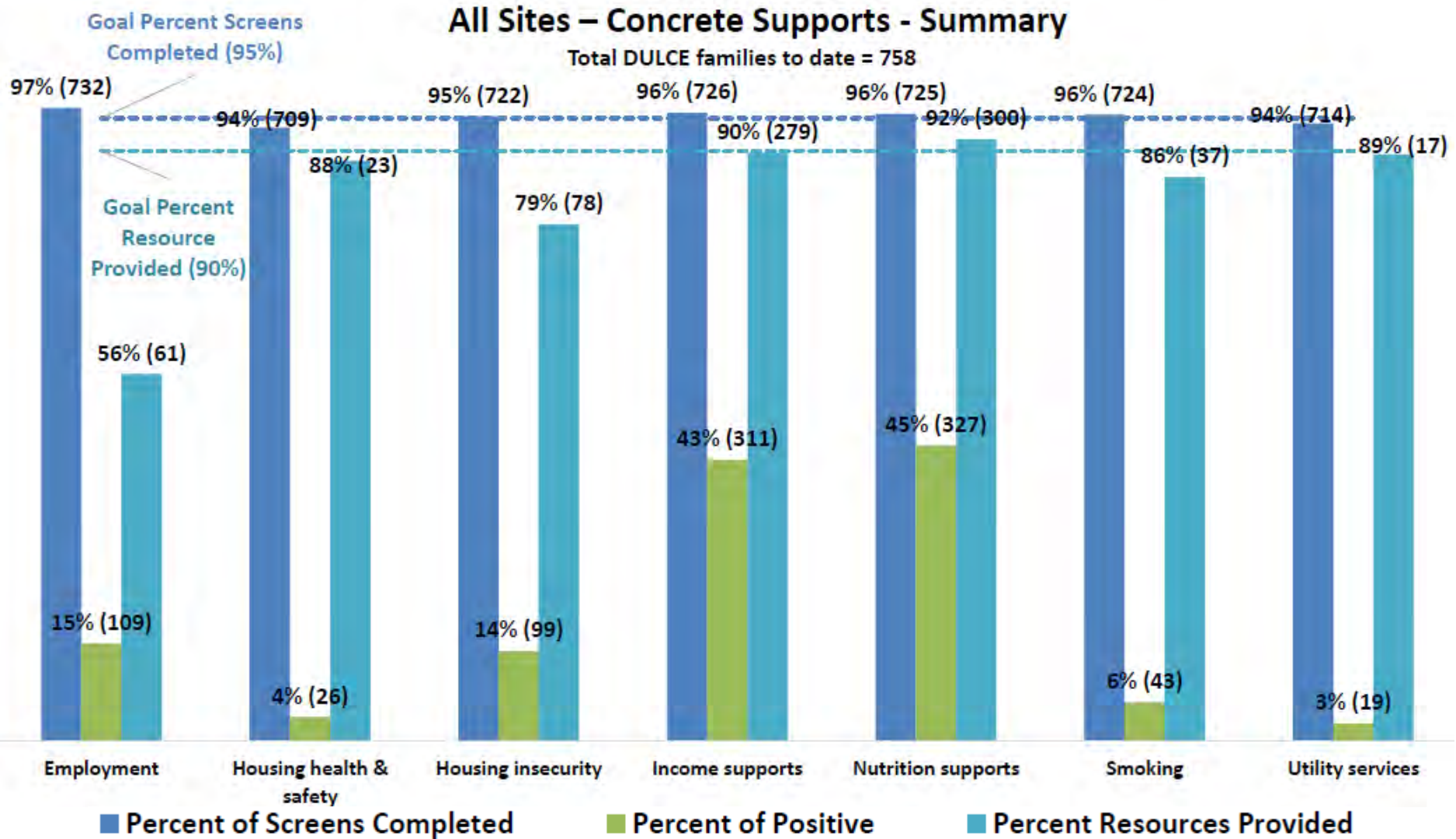
A physician at the Family Care Center was treating a patient experiencing acute, debilitating back pain that had triggered multiple emergency department visits. **Ms. Rivera* needed physical therapy** only available during standard business hours, and was worried about approaching her employer for schedule adjustments. The clinician *consulted with MLPB* and learned that — with an accurate and properly prepared medical form — **Ms. Rivera could leverage a range of legal protections** in this situation and request a flexible work schedule over the course of the physical therapy regimen. With real-time guidance from MLPB, the physician prepared an appropriate medical attestation that Ms. Rivera shared with her manager when they met.

The request for reasonable accommodation was successful, enabling Ms. Rivera to maintain stable employment while also getting necessary medical care!

*facts have been modified to preserve patient confidentiality

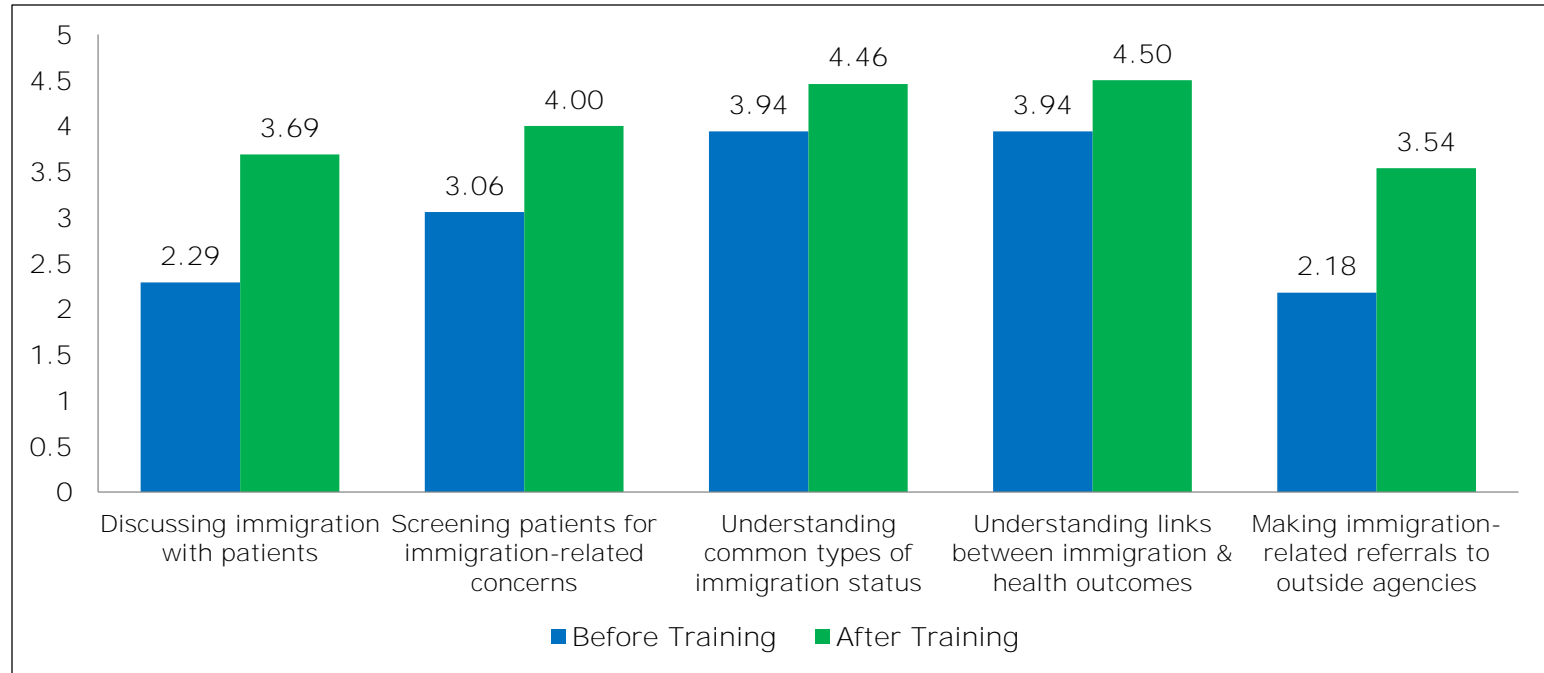
DULCE Results to Date

DULCE identifies concrete support needs AND links families to supports



MLPB Training (example)

**Q4. Please rate your proficiency* on a scale of 1-5
(if 5 is very proficient)**



RWJF County Health Rankings & Roadmap: Medical-Legal Partnerships

Medical-legal
partnerships
Evidence
Rating
Some Evidence

Date Last Updated
Aug 9, 2018

Excerpt accessed at public site
on 10/29/18:

<http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/medical-legal-partnerships>

Emphasis added via highlighting

MLPs can remove barriers to health care for low income families by addressing cost and insurance concerns and increasing access to preventive care (Sege 2015, Weintraub 2010) and vaccinations (Sege 2015). MLPs may also improve treatment compliance (NCMLP-Regenstein 2017, Pettignano 2012).

...

MLPs have been shown to increase access to legal services for disadvantaged populations (Speldewinde 2015), families with low incomes (Sege 2015), cancer patients (Rodabaugh 2010), families of children with chronic health conditions such as sickle cell disease (Pettignano 2011) and asthma (Pettignano 2013), and patients experiencing homelessness (Tsai 2017a).

Thank You!

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