

Team-Based SDOH Care and Emerging Best Practices



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MLPB Program Manager
September 2018

Our Mission

MLPB equips health and human services teams with upstream problem-solving strategies that address social determinants of health.

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

Health Inequity

“The social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries.”

- World Health Organization [Source:
http://www.who.int/social_determinants/sdh_definition/en/]

What are examples of SDOH?

Figure 2

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Health-Related Social Needs

Centers for Medicare and Medicaid Services (CMS) has focused attention on a subset of SDOH they have labeled Health-Related Social Needs (HRSN)

- Housing instability
- Food insecurity
- Utility needs
- Interpersonal violence
- Transportation needs

Health-Related Social Needs

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- **Housing instability**
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Which of the following is true?

- A. Residential racial segregation in US was the result of concerted actions by the government, banks, and insurance companies
- B. Public health experts are in increasing agreement that zip code is a better predictor of long-term health outcomes than genetic code
- C. Recent professionally tested fair housing studies indicate that black and Latino people experience discrimination in the rental market 50% of the time.
- D. All of the above

D – All of the above

True or False?



Your landlord can change the locks on your apartment if you haven't paid your rent in 90 days, but only if she leaves you a voicemail with at least 48 hours notice.

False



A tenant can not be evicted through voicemail. Landlords must send specific written notices and then obtain a court order.

Escalation of a Health-Related Social Need* (HRSN)

*SDOH = HRSN

Escalation of a HRSN



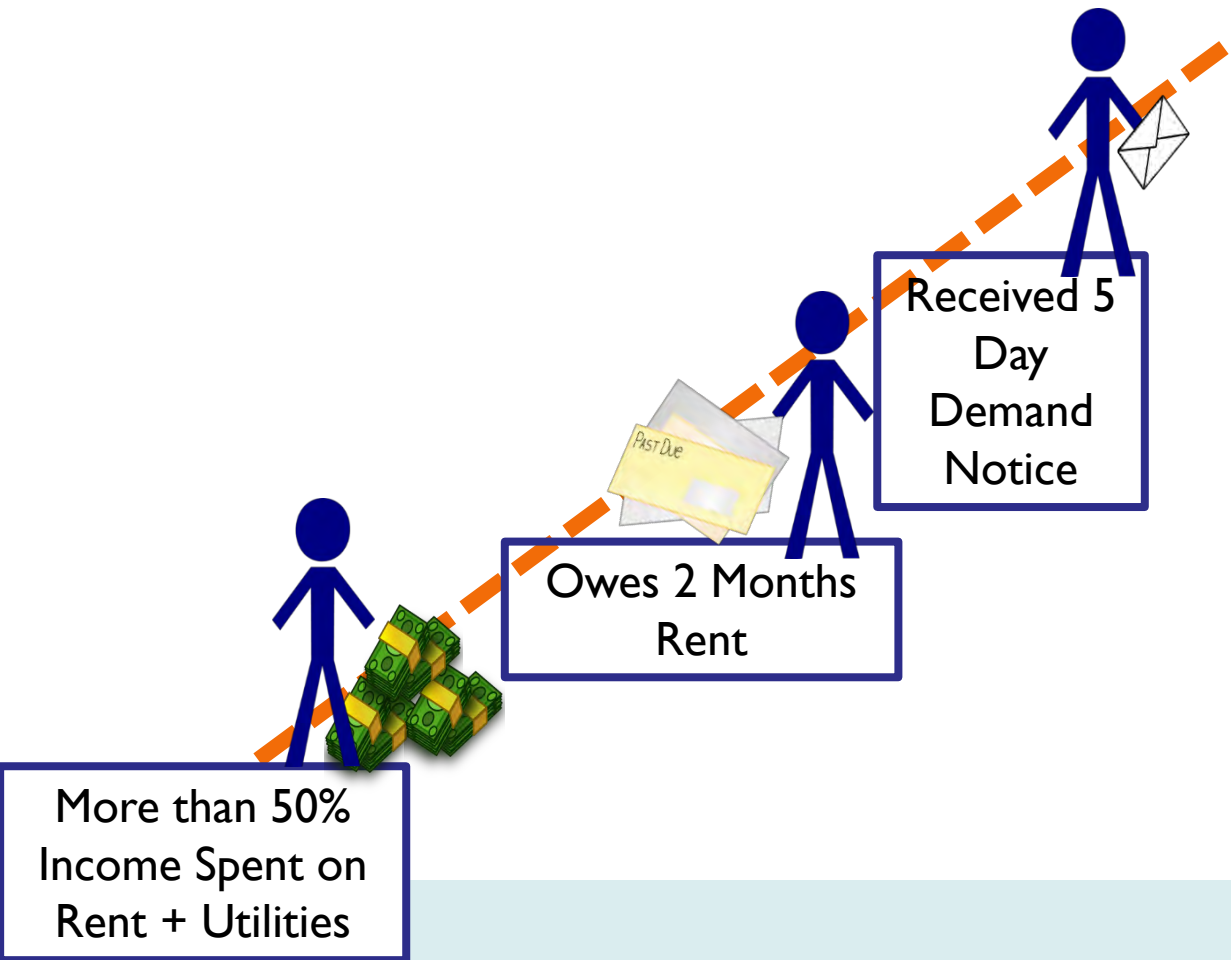
More than 50%
Income Spent on
Rent + Utilities

Escalation of a HRSN

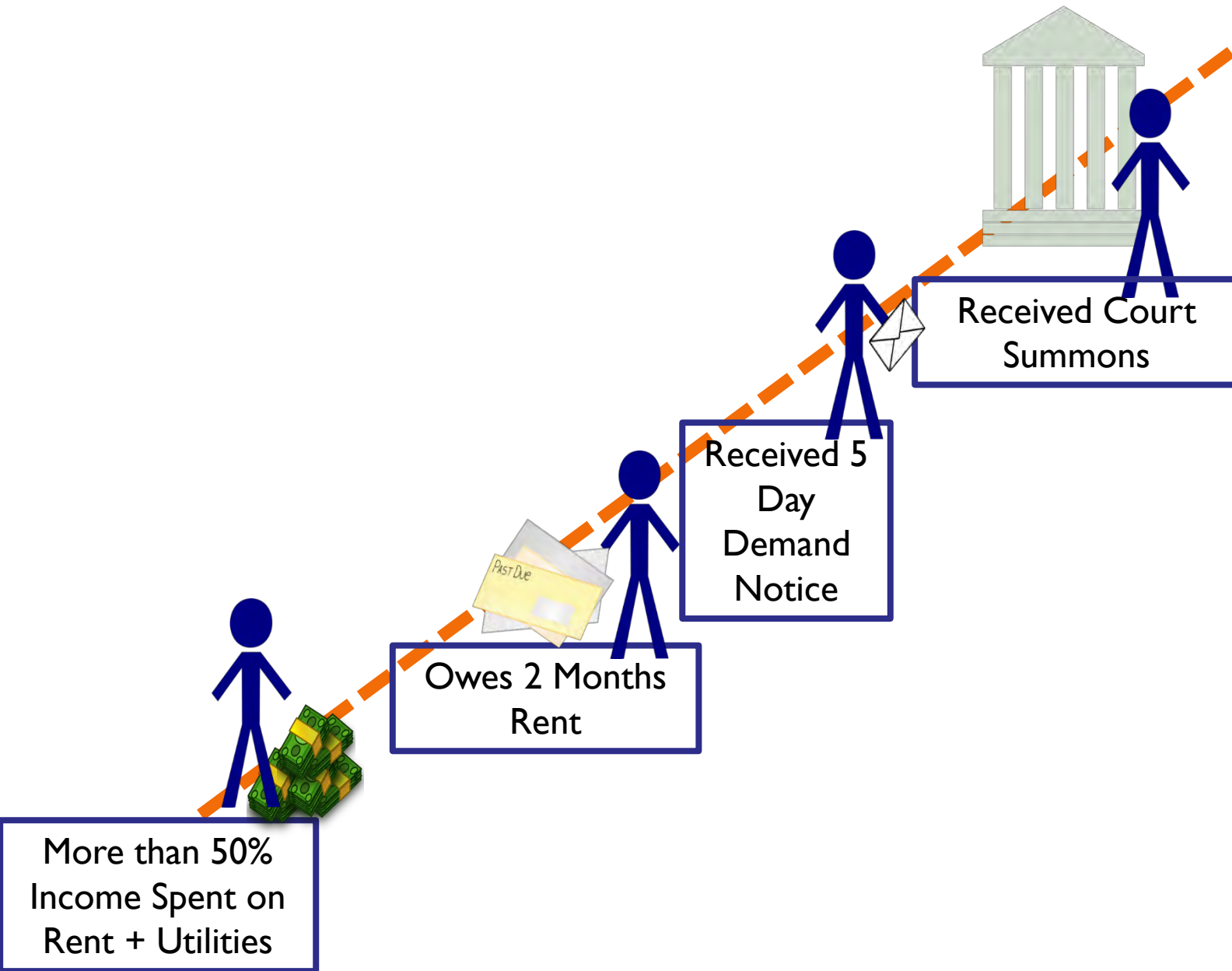


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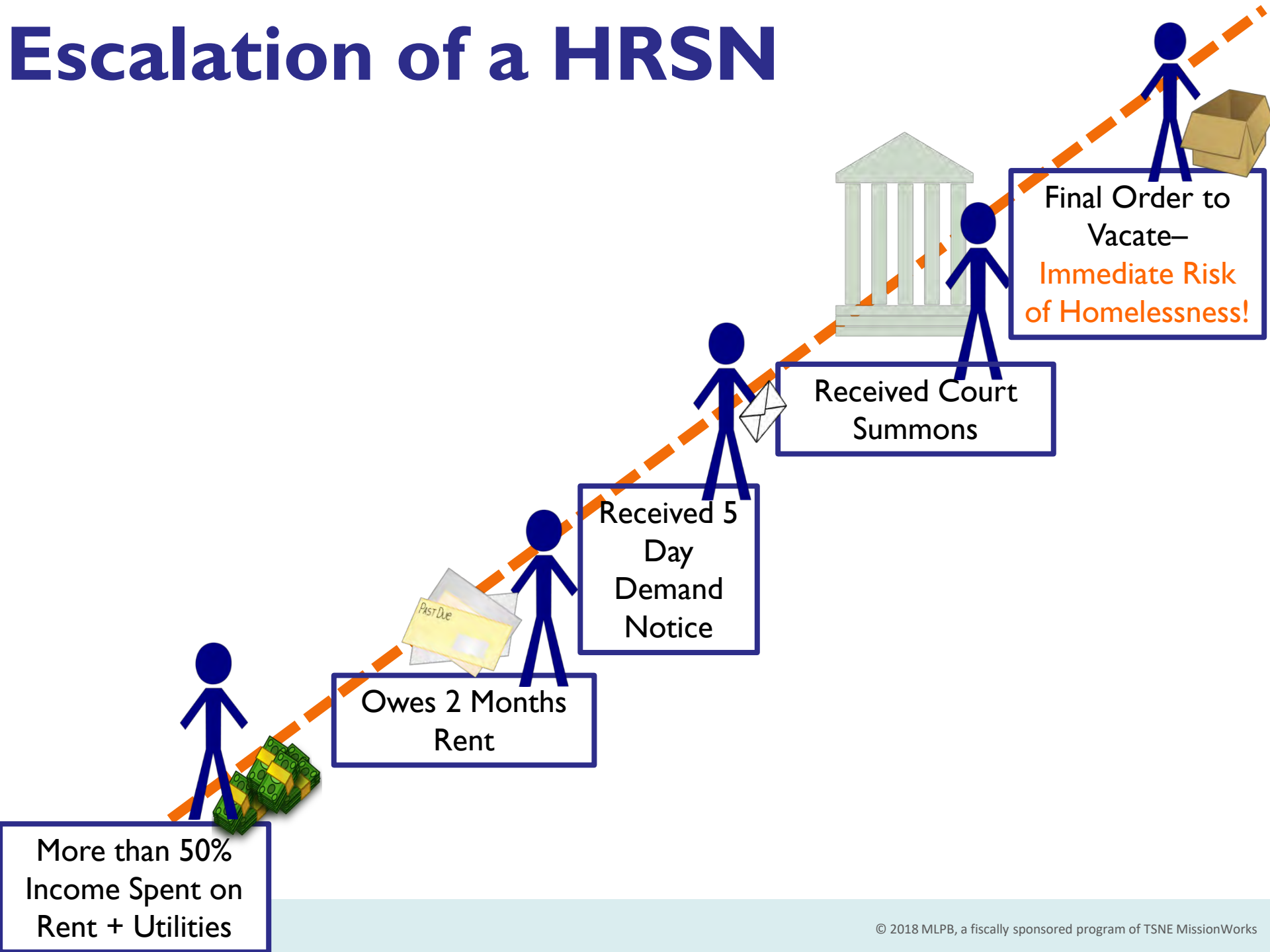
Escalation of a HRSN



Escalation of a HRSN

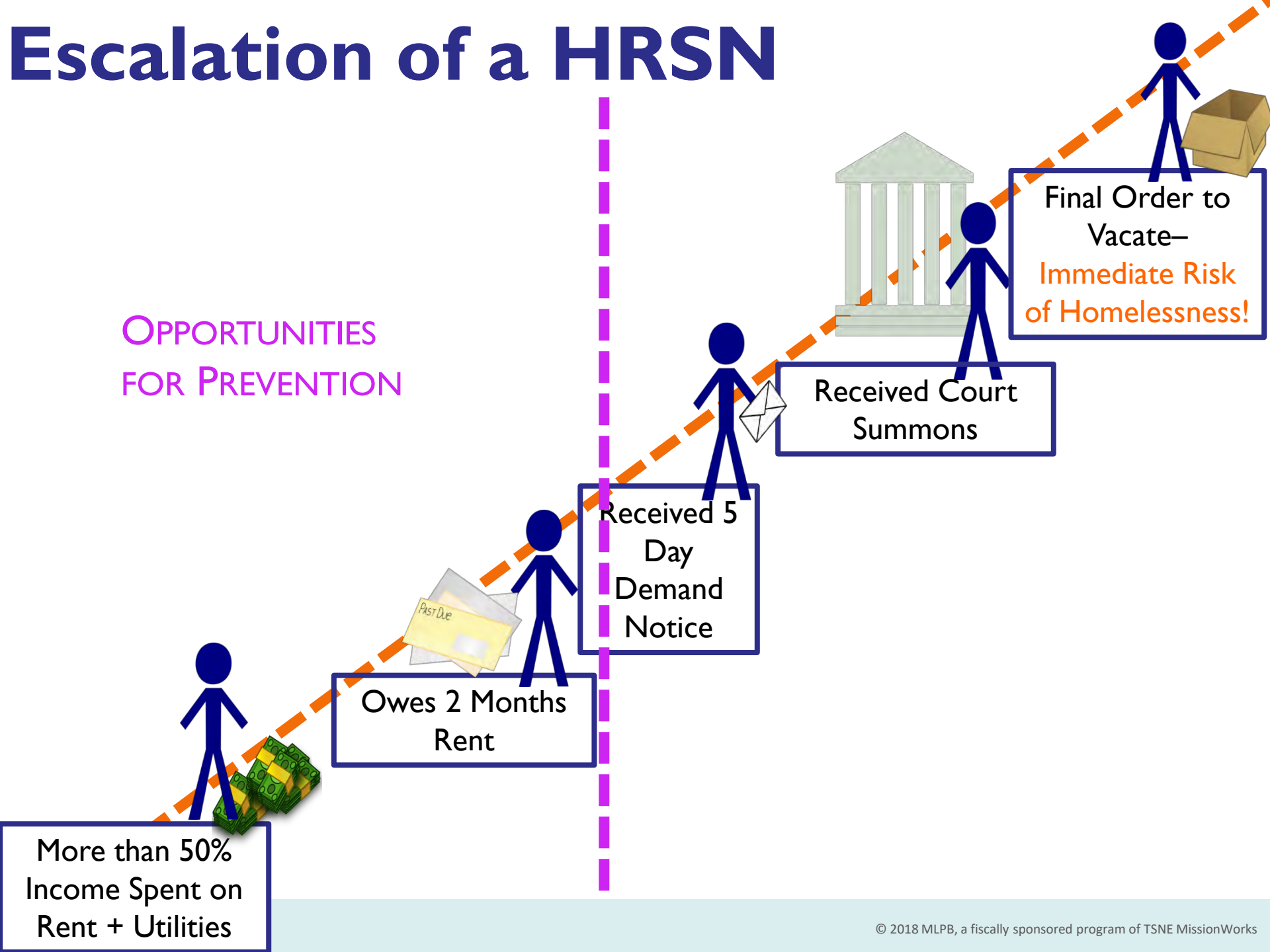


Escalation of a HRSN



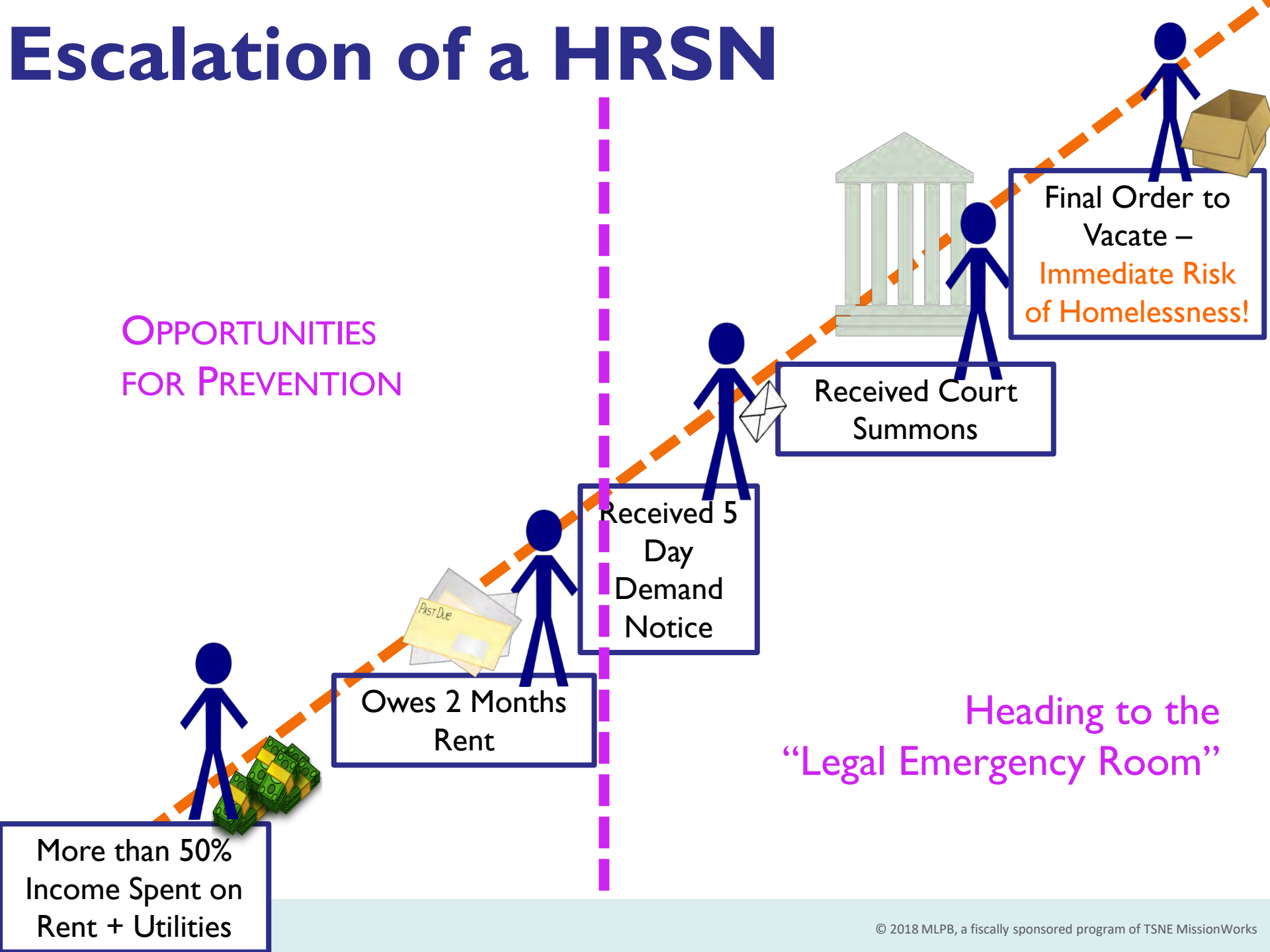
Escalation of a HRSN

OPPORTUNITIES
FOR PREVENTION

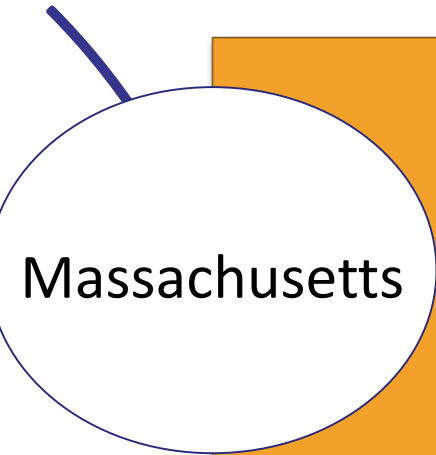


Escalation of a HRSN

OPPORTUNITIES
FOR PREVENTION



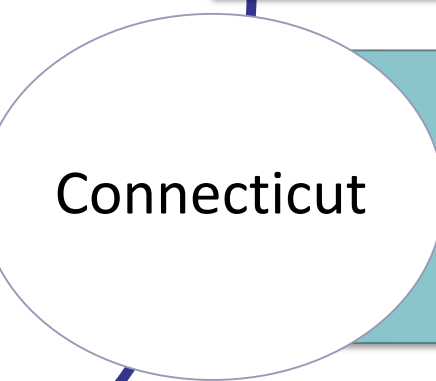
New England Data on Legal Aid Access is Troubling



over 51.5% of those who call for help **hang up** without reaching anyone

in 2013, **64% of income-eligible cases were turned away** by civil legal aid programs

Investing in Justice: A Roadmap to Cost-Effective Funding for Civil Legal Aid in Massachusetts, Report of the Statewide Task Force to Expand Civil Legal Aid in Massachusetts, Boston Bar Association (2014)



1 in 4 low-income people with a civil legal problem **successfully sought outside help**

(Connecticut Bar Association report)

The Medical Profession Knows: *Houston, We Have a Problem*

- “4 in 5 physicians surveyed (85%) say **unmet social needs are directly leading to worse health.**”
- “4 in 5 physicians surveyed (85%) say patients’ social needs are **as important to address as their medical conditions.** This is especially true for physicians (more than 9 in 10, or 95%) serving patients in low-income, urban communities.”
- “3 in 4 physicians surveyed (76%) **wish the health care system would cover the costs associated with connecting patients to services that meet their social needs** if a physician deems it important for their overall health.”

Health Care’s Blind Side: The Overlooked Connection between Social Needs and Good Health. Summary of Findings from a Survey of America’s Physicians. Robert Wood Johnson Foundation (December 2011).

MLPB Core Services: Best-Practice SDOH Problem Solving Strategies

Technical assistance for care teams

- Comprehensive SDOH training curricula, including companion templates and workflows (SHIP™)
- Developed and delivered by public interest law ambassadors to interdisciplinary integrations

Training and tools for care teams

- Rapid access consultation with public interest law experts 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 as well
 - Facilitating safe hand-offs of some patients with acute/complex needs to legal specialists (*pro bono*)

Technical Assistance for Organizations

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

MLPB's Partners

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

BACO Community Collaborative

Hasbro Children's Hospital (Lifespan)

**Kent Family Care Center
(Care New England)**

**Rhode Island Hospital Center for
Primary Care Clinic (Lifespan)**

**The Warren Alpert Medical School of Brown
University**

Partners in
RI and MA

**The Children's Trust /
Healthy Families Massachusetts**

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

Community Care Cooperative

Steward Medicaid Care Network

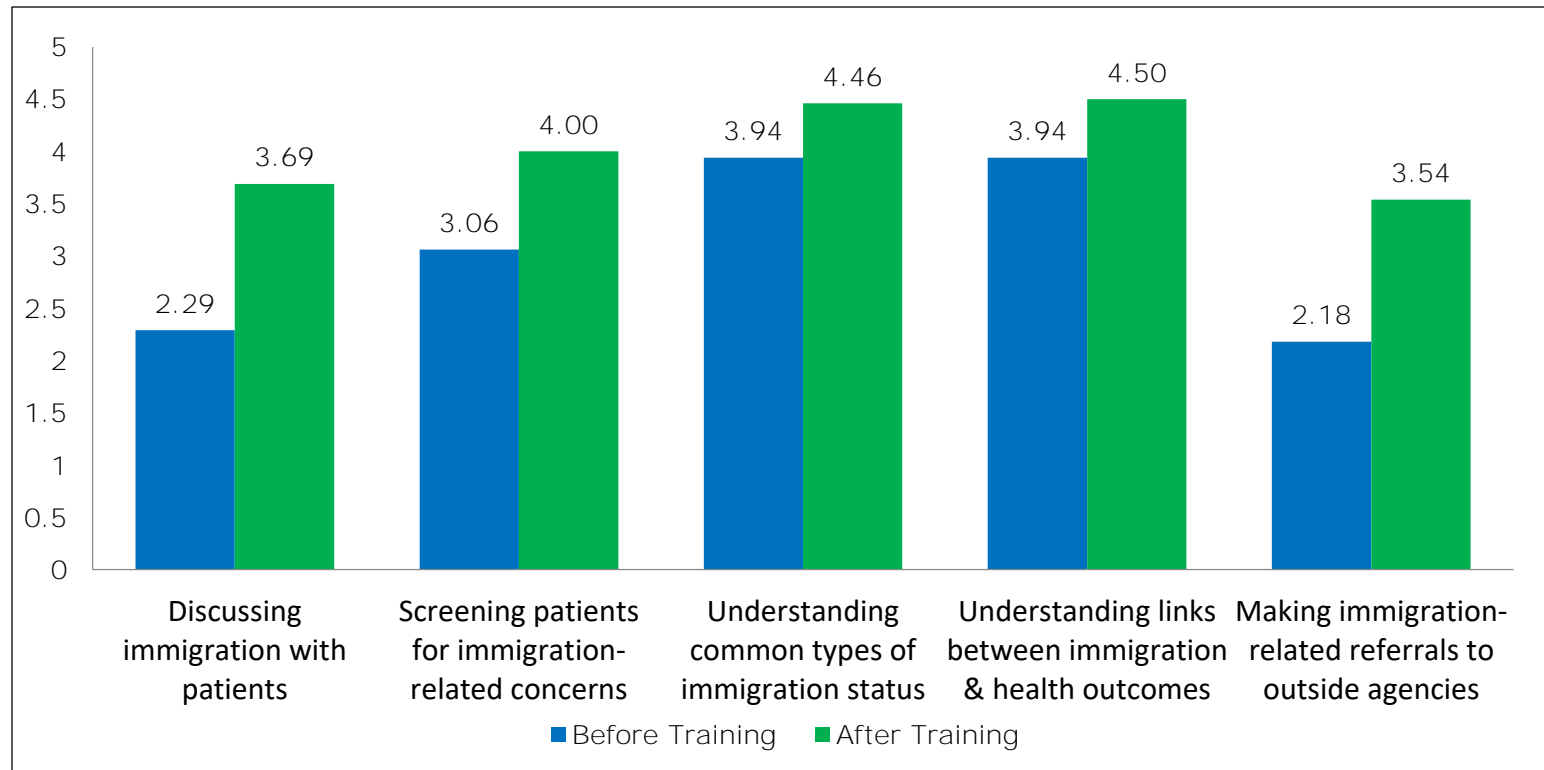
Dana-Farber Cancer Institute

Saint Anne's Hospital (Fall River, MA)

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

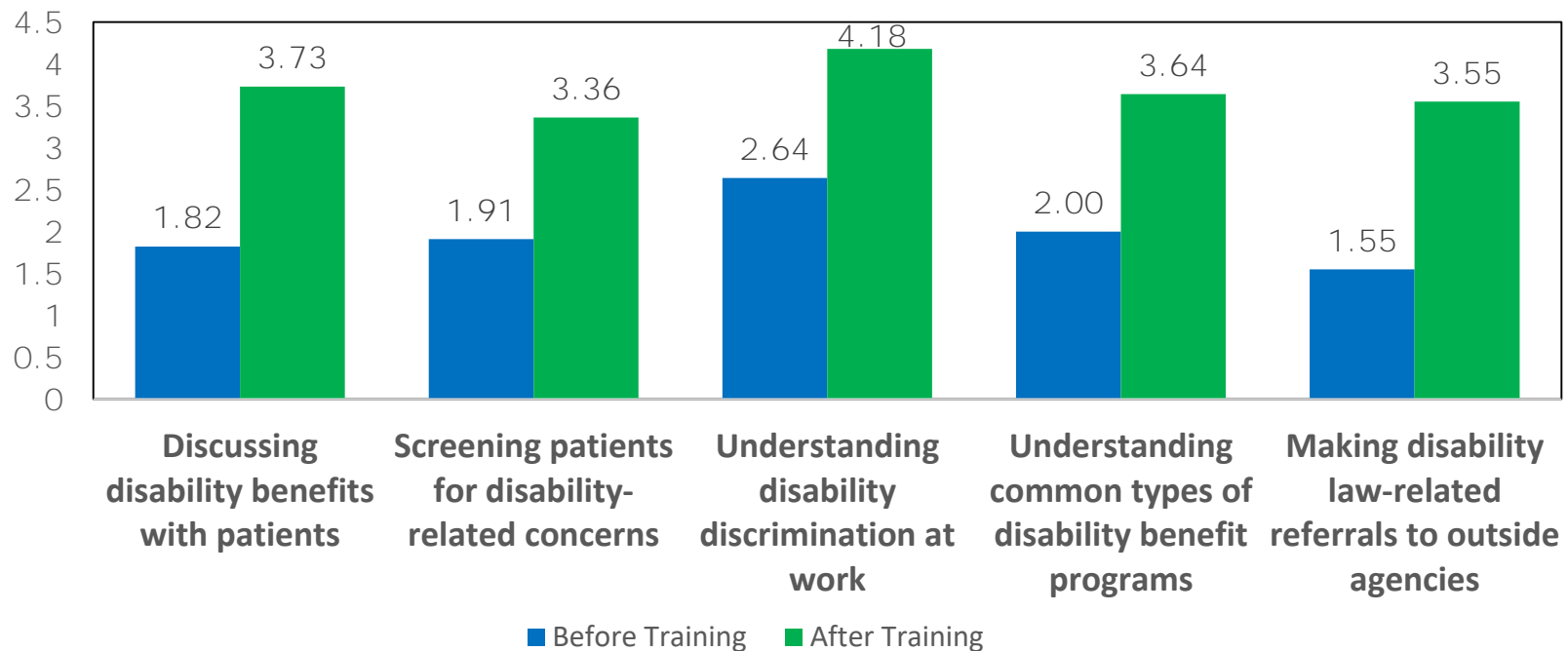
MLPB Partner Snapshot: Hasbro Primary Pediatric Care

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



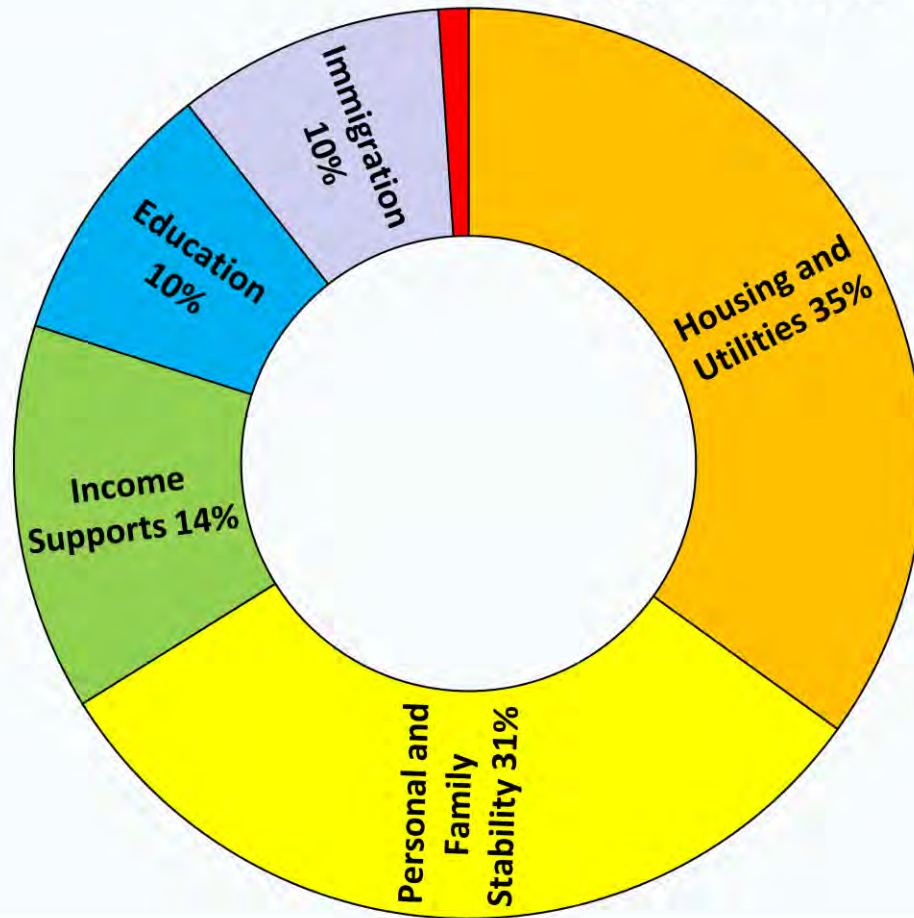
MLPB Partner Snapshot: Kent Family Care Center

**Q5. Please rate your COMFORT* on a scale of 1-5
(if 5 is very comfortable) with the following:**



MLPB Partner Snapshot: Hasbro Primary Pediatric Care

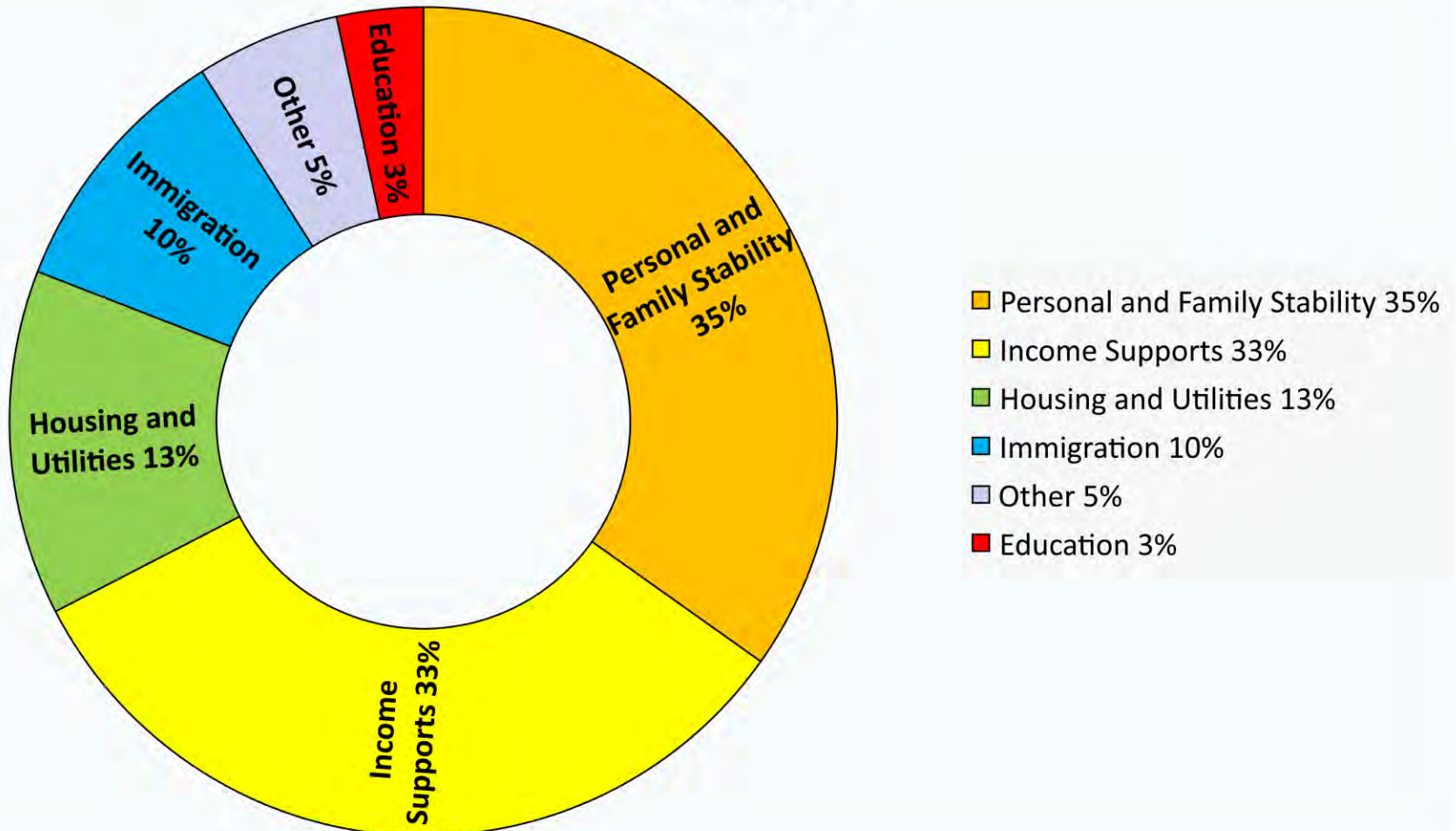
Matter Type 10.31.17 - 8.30.18



- Housing and Utilities 35%
- Personal and Family Stability 31%
- Income Supports 14%
- Immigration 10%
- Education 10%
- Other 1%

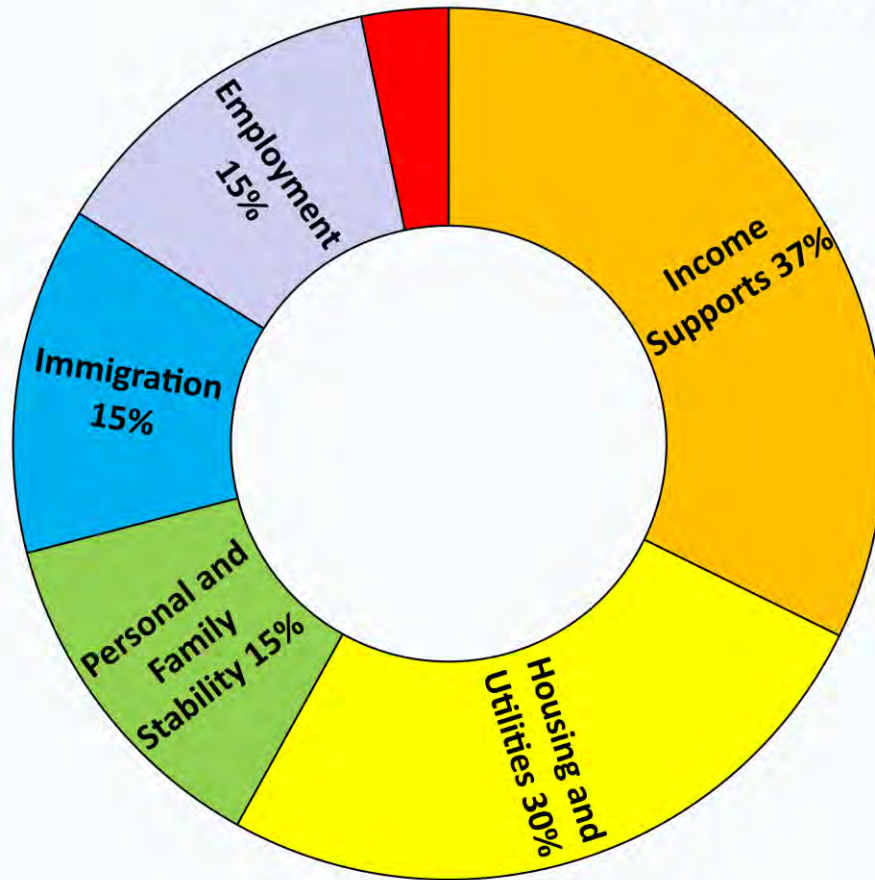
MLPB Partner Snapshot: Kent Family Care Center

Year 3 Matter Types



MLPB Partner Snapshot: RIH Center for Primary Care

January - August 2018



- Income Supports 37%
- Housing and Utilities 30%
- Employment 15%
- Immigration 15%
- Personal and Family Stability 15%
- Other 4%

MLPB's TA Support for Organizations

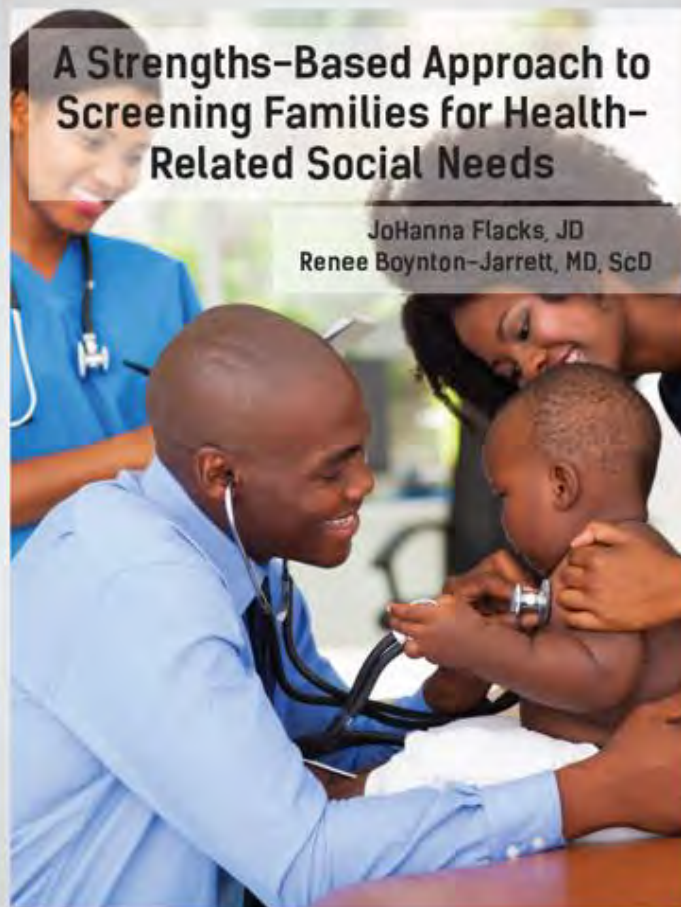
RISK ADJUSTMENT'S NEW FRONTIER: Social Determinants of Health



April 2017 v.1

A Strengths-Based Approach to Screening Families for Health- Related Social Needs

JoHanna Flacks, JD
Renee Boynton-Jarrett, MD, ScD



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

Growing evidence base for the role of non-medical interventions in advancing health

“[T]here is strong evidence that **increased investment in selected social services as well as various models of partnership** between health care and social services can confer **substantial health benefits** and **reduce health care costs** for targeted populations.”

*Leveraging Social Determinants of Health:
What Works? BCBSMA
Foundation (June 2015)*

Housing support for low-income individuals and families

Nutritional support for high-risk patient populations

Integrated healthcare and housing services

Case management and care coordination for vulnerable populations

Aging Right in the Community (MLPB + Elders Living at Home Program – based in Geriatrics at BMC)

Project Design

- Over 3 years, “low dose” of MLPB public interest lawyer integrated into “high dose” case management team focused on housing stability
- This cross-sector team served ~120 housing unstable elders

Results

- 90+% rate of **homelessness prevention** for low-income, medically complex older adults confronting housing instability

JoHanna Flacks, JD et al. *Aging Right in the Community: How the Integration of Case Management and Legal Services Prevents Older Adult Homelessness*. (December 2015)

DULCE

(Developmental Understanding and Legal Collaboration for Everyone)

Study Design

randomized
control trial

- Administered in BMC Pediatrics primary care 2010-12: universal for families with infants 0-6 months, no income threshold
- Intervention = 6 months of intensive support from Family Specialist backed by MLPB (training, tools, consults, safe hand-offs to *pro bono*)

Results

- Better adherence with **preventive care** and **lower ED utilization**
- Accelerated access to “**concrete supports**” such as SNAP and utility service

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

The Intervention

- **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

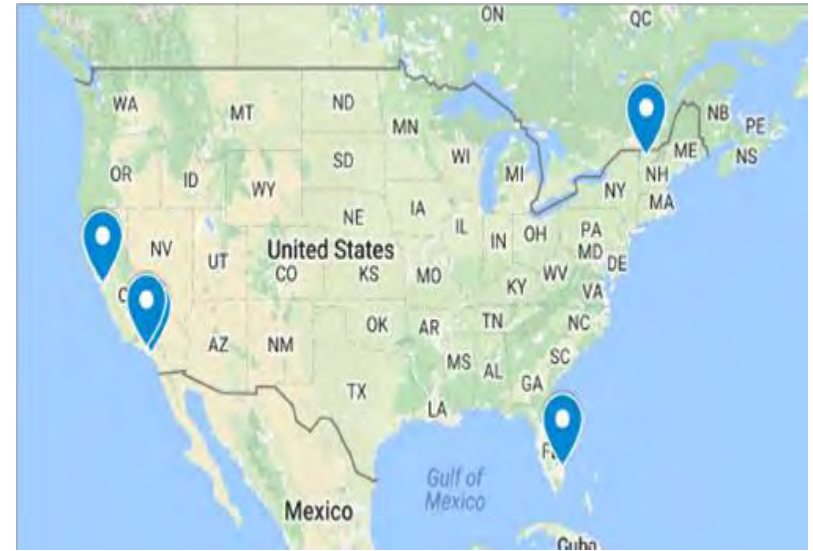
Ambitious interdisciplinary team model

- ☐ Early childhood system (county-level)
- ☐ Clinic Administrator
- ☐ Physician
- ☐ Social worker / mental health supervisor
- ☐ Family Specialist
- ☐ Legal Community partner(s)

- National demo project convened by the **Center for the Study of Social Policy**.
For more information: www.dulcenational.org

3-year DULCE national demonstration project in progress

- California First 5 Commissions in **Alameda, Los Angeles and Orange Counties**
 - Highland Pediatric Clinic
 - The Children's Clinic
 - St. John's Well-Child & Family Center
 - Dr. Louis C. Frayser Health Center
 - Northeast Valley Health Corp./Sun Valley
 - Clínica CHOC Para Niños - Children's Hospital of Orange County
- Children's Services Council of **Palm Beach County, Florida**
 - C.L. Brumback Primary Care Clinic
- Lamoille Family Center in **Lamoille County, Vermont**
 - *Appleseed Pediatrics*



DULCE Bridges Pediatric Care Transformation and the SDOH Frontier

- American Academy of Pediatrics (AAP) Policy on *Poverty and Child Health* recommends that pediatricians screen for poverty and provide resources to address it.
- AAP Bright Futures *Fourth Edition* has new priorities!
 - Highlights parents concerns and SDOH as priorities at EVERY routine visit
 - Strengths based approaches
 - Maternal depression screening 4 times in 6 months

Thank You!

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