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

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3. Impact
Escalation of an HRSN (Health-Related Social Need): Housing Instability

Opportunities for Prevention

- Owes 2 months rent
- 50%+ of income spent on rent & utilities
- 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”

- Medical/Trauma-related Certification forms – often necessary to unlock access to health-promoting benefits & services
- Screening for HRSN
- Hand-offs to social services
**MLPB Core Services: Best-Practice SDOH Problem Solving Strategies**

<table>
<thead>
<tr>
<th>Training, tools and technical assistance for Care Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Comprehensive SDOH training curricula, including companion templates and workflows (<em>SHIP</em>™) – updated at least annually to assure alignment with dynamic federal and state laws and policies governing consumer access to services/benefits/legal protections.</td>
</tr>
<tr>
<td>• Rapid access consultation with MLPB’s public interest law generalists via:</td>
</tr>
<tr>
<td>• Embedding public interest advocates into standing interdisciplinary rounds to spot people’s legal risks, risks and remedies</td>
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<tr>
<td>• Supplying rapid consults outside of standing meetings via phone and email</td>
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<tr>
<td>• In some acute/complex instances, facilitating safe hand-offs to legal specialists (<em>pro bono</em>)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Technical assistance for Organizations</th>
</tr>
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<tbody>
<tr>
<td>• Advising on human-centered SDOH system design within organizations</td>
</tr>
<tr>
<td>• Informing public policy dialogues to accelerate progress on meaningful integration of SDOH interventions within health and human services sectors</td>
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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 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.

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Jan 2018 v.3
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

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 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

- Treating PCP
- Behavioral Health Care Manager(s)
- Psychiatry Consultant
CoCM (Collaborative Care Model) analogy

Psychiatry Consultant

- Participates in formal, regular review of patient status
- Advises care team on diagnoses and treatment (consults)
- Facilitates referral for direct provision of psychiatric care as needed

Per CMS: Consultant typically will be remotely located; generally not expected to have direct contact with patient; nor furnish other treatment to patient directly
CoCM Extension to SDOH Context

- Treating PCP
- SDOH Care Manager(s)
- Specialty SDOH Consultant*

*brings legal insight re: families’ legal risks, rights, and remedies under state and federal laws impacting access to SDOH resources / services
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2. Learning from Team-Based Care Innovations
   - MLPB’s Partnerships in Rhode Island
   - DULCE

3. Impact
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MLPB Services at Hasbro

- **Legal triage and Rapid Consults**
- **Safe Hand-offs**
- **Micropractice/Group Huddle**
- **Advocacy Rotation**
- **Noon Conferences**

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

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

**Trainings on SDOH with legal dimensions:**
e.g. housing instability, immigration, pathways to income supports
MLPB Services at the Kent Family Care Center

- Legal triage and Rapid Consults
- Safe Hand-offs
- One-on-One resident teaching
- PCMH team
- Interdisciplinary team: PCPs, Social Work, MLPB, Pharmacy

# of unique Consults: ~89

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)

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

Legal triage and Rapid Consults

Safe Hand-offs

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

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MLPB Partner Snapshot: Consult Type

Kent FCC Y3
- Immigr... 10%
- Education 5%
- Personal and Family Stability 35%
- Income Supports 33%
- Housing and...

CPC Jan.- Aug. 2018
- Employment 15%
- Immigr... 15%
- Personal and...
- Housing and Utilities 30%
- Income Supports 37%

Hasbro 10.31.17 - 8.30.18
- Immigration 10%
- Education 10%
- Income Supports 14%
- Housing and Utilities 35%
- Personal and Family Stability 31%
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3. Impact
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

- Physical Factors
- Economic Factors
- Social Factors
- Emotional Factors

Birth of Infant

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*™ 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

DULCE shows promise as a strategy for improving clinic performance

- By January 2018, ≥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
1. Introduction

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   - DULCE

3. Impact
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

<table>
<thead>
<tr>
<th>Support Category</th>
<th>Percent Screens Completed</th>
<th>Percent of Positive</th>
<th>Percent Resources Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>97% (732)</td>
<td>56% (61)</td>
<td>15% (109)</td>
</tr>
<tr>
<td>Housing health &amp; safety</td>
<td>94% (709)</td>
<td>4% (26)</td>
<td>4% (26)</td>
</tr>
<tr>
<td>Housing insecurity</td>
<td>95% (722)</td>
<td>14% (99)</td>
<td>14% (99)</td>
</tr>
<tr>
<td>Income supports</td>
<td>96% (726)</td>
<td>43% (311)</td>
<td>43% (311)</td>
</tr>
<tr>
<td>Nutrition supports</td>
<td>96% (725)</td>
<td>45% (327)</td>
<td>45% (327)</td>
</tr>
<tr>
<td>Smoking</td>
<td>96% (724)</td>
<td>6% (43)</td>
<td>6% (43)</td>
</tr>
<tr>
<td>Utility services</td>
<td>94% (714)</td>
<td>3% (19)</td>
<td>3% (19)</td>
</tr>
</tbody>
</table>

Total DULCE families to date = 758
MLPB Training
(example)

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Before Training</th>
<th>After Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussing immigration with patients</td>
<td>2.29</td>
<td>3.69</td>
</tr>
<tr>
<td>Screening patients for immigration-related concerns</td>
<td>3.06</td>
<td>4.00</td>
</tr>
<tr>
<td>Understanding common types of immigration status</td>
<td>3.94</td>
<td>4.46</td>
</tr>
<tr>
<td>Understanding links between immigration &amp; health outcomes</td>
<td>3.94</td>
<td>4.50</td>
</tr>
<tr>
<td>Making immigration-related referrals to outside agencies</td>
<td>2.18</td>
<td>3.54</td>
</tr>
</tbody>
</table>

*Proficiency scale ranges from 1 (low proficiency) to 5 (very proficient).
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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jcasselman@mlpboston.org
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