Bringing lawyers onto the health center team to promote patient & community health

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

Housekeeping

- By default, everyone joins on **mute**
- Type questions **into the Chat Box**
- This session will be **recorded**
- Email aprildaniels@gwu.edu for help.

Acknowledgements

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $625,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Health Center MLP Toolkit:

Information and resources to start, strengthen, and sustain a medical-legal partnership (MLP).

Can be used by health centers new to MLP and those actively providing legal services.

Much of the guidance and resources will be applicable to teams in other health care settings.

Health Center MLP Toolkit
5-Part Webinar Series

Laying the Foundation for Lawyers on the Health Center Team Part I: SDOH Needs and Legal Staffing
NOVEMBER 2020

Laying the Foundation for Lawyers on the Health Center Team Part II: Funding, MOUs & Sustainability
DECEMBER 2020

Advancing workforce goals for health center and legal services staff
FEBRUARY 2021

Creating screening, referral, and service delivery workflows for a medical -legal partnership
MARCH 11, 2021

Moving upstream to address SDOH and health equity at a policy level
APRIL 2021

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Health Center MLP Toolkit Webinar Series, Part IV:

Creating Screening, Referral, and Service Delivery Workflows For a Medical-Legal Partnership

Thursday, March 11, 2021, at 1-2 PM Eastern Time

National Center for Medical Legal Partnership

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Today's Discussion

What we know:

Health care data and social services data usually exist in separate silos, leaving individuals to coordinate their own care and services. Connecting health and social services data can help address social determinants of health by identifying individual and population needs and ensuring services are effective.

What we'll discuss:

- The basics of screening to service delivery workflows for medical-legal partnerships (MLPs)
- Efforts to break down the barriers that keep information siloed.
- Learn about ways how to overcome barriers to integration by sharing successful models of information sharing between health care and social services.

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MLPs embed lawyers as members of the health care team, creating:

- Healthier patients
- A stronger health center workforce
- Improved health equity

9 Conversations

to Help Your Health Center Lay a Strong Foundation for a Medical-Legal Partnership

Where have we been?

Available at: medical-legalpartnership.org/resources

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CONVERSATION 1

What SDOH problems do we want to address?

All patients, specific social need

Example

The most common unresolved social needs among the health center's patients pertain to housing*, so MLP resources are focused there. Any clinician or staff member can refer any patient to the MLP lawyer for assistance with evictions, housing conditions, housing subsidies, etc. The health center may or may not choose to expand to other issues in the future.

**This could also be access to public benefits, access to educational supports, etc.*

Specific patient population, all social needs

Example

The health center's needs assessment reveals that pregnant people* would benefit most from legal services. Any clinician or staff member can refer any pregnant person to the MLP lawyer for any identified social need. The health center may or may not choose to expand to other groups in the future.

**This could also be children with asthma, individuals experiencing homelessness, people who use behavioral health services, people with substance use disorders, socially vulnerable older adults, people with diabetes, transgender individuals, etc.*

All patients, all social needs

Example

Any clinician or staff member can refer any health center patient to the MLP lawyer for any identified social need.

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CONVERSATION 2

How many lawyers do we need to meet the need(s) we identified and accomplish our goals?

CONVERSATION 3

Build it as a direct service or contract it: How will we staff our integrated legal services?

CONVERSATION 4

How are we going to pay for it?

	Health / Health Care / Public Health	Legal
Federal	• HRSA enabling services • Medicaid financing models	• Legal Services Corporation funding
State-administered federal grants	• SAMHSA substance abuse and mental health block grants	• Americorps legal assistance programs
State/ Local	• Public health funding & appropriations (e.g., Monterey & Santa Clara counties)	• Interest on Lawyers Trust Accounts • State appropriations / state legal services funders
Private	• Operational revenue • Insurers	• Law school collaborations • Legal fellowship programs (e.g., Equal Justice Works & Skadden)
Philanthropy National & regional foundations; Private donations; Fundraisers		

What are our goals and expectations for the program, ourselves, and our legal partners?

Defining purpose & scope

Formalizing roles of each partner

Measuring and conveying value

CONVERSATION 6

What other partners in our community can be helpful?

How will we address patient consent and information sharing?

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How will we integrate legal services into our workflows and systems?

Implementing Workflows for Screening & Legal Services

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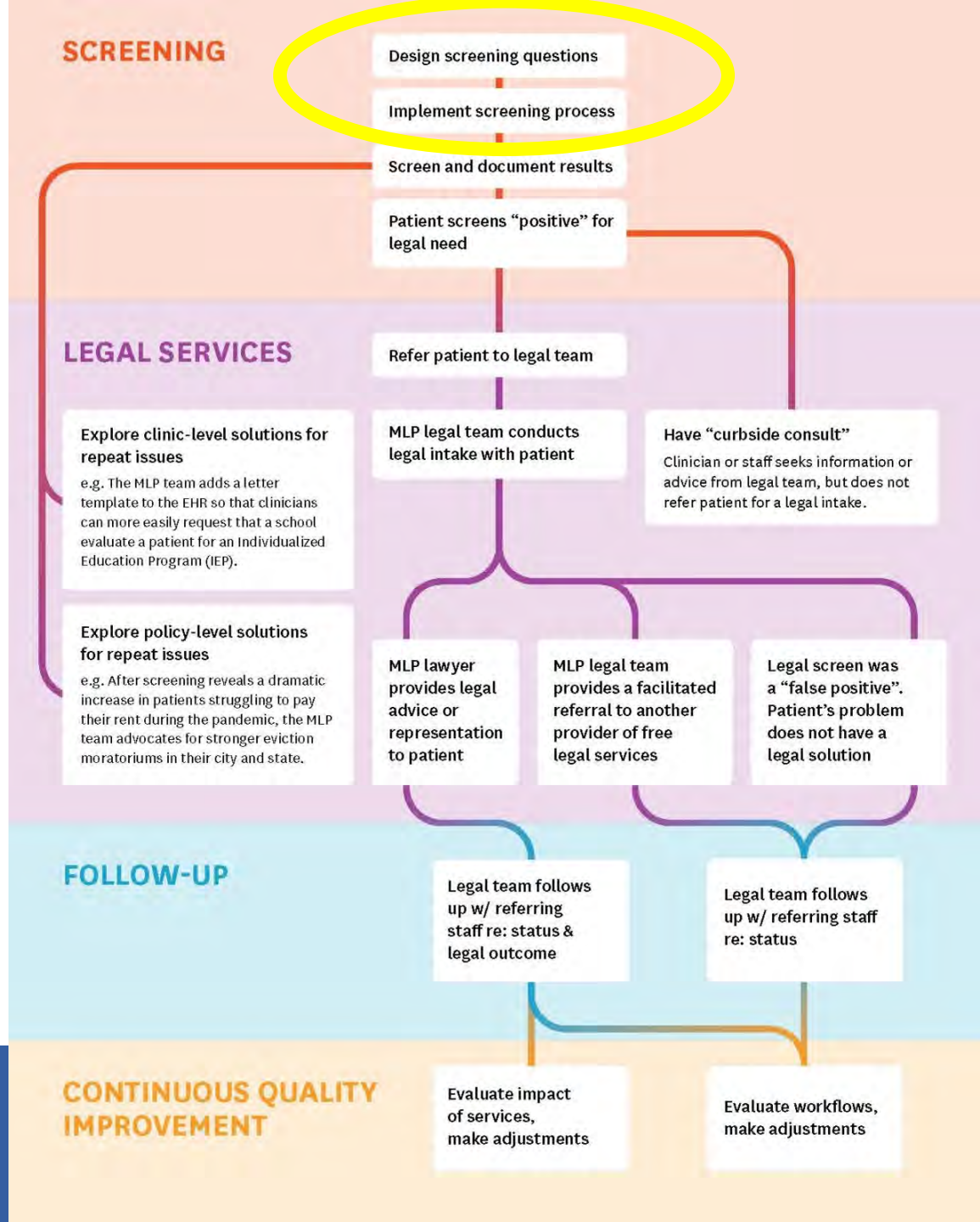
Screening & service delivery flow chart



Four approaches to screening

Approach 1	Approach 2	Approach 3	Approach 4
Separate MLP Screener Self-administered by patient or non-clinical health center staff	**Separate MLP Screener** Administered by clinical health center staff	**A Hybrid Approach of 1 & 2**	**High-Level Screening within the EHR** Not administered patient-by-patient

Aligning *screening* with existing tools & workflows

1. Why are we considering screening?

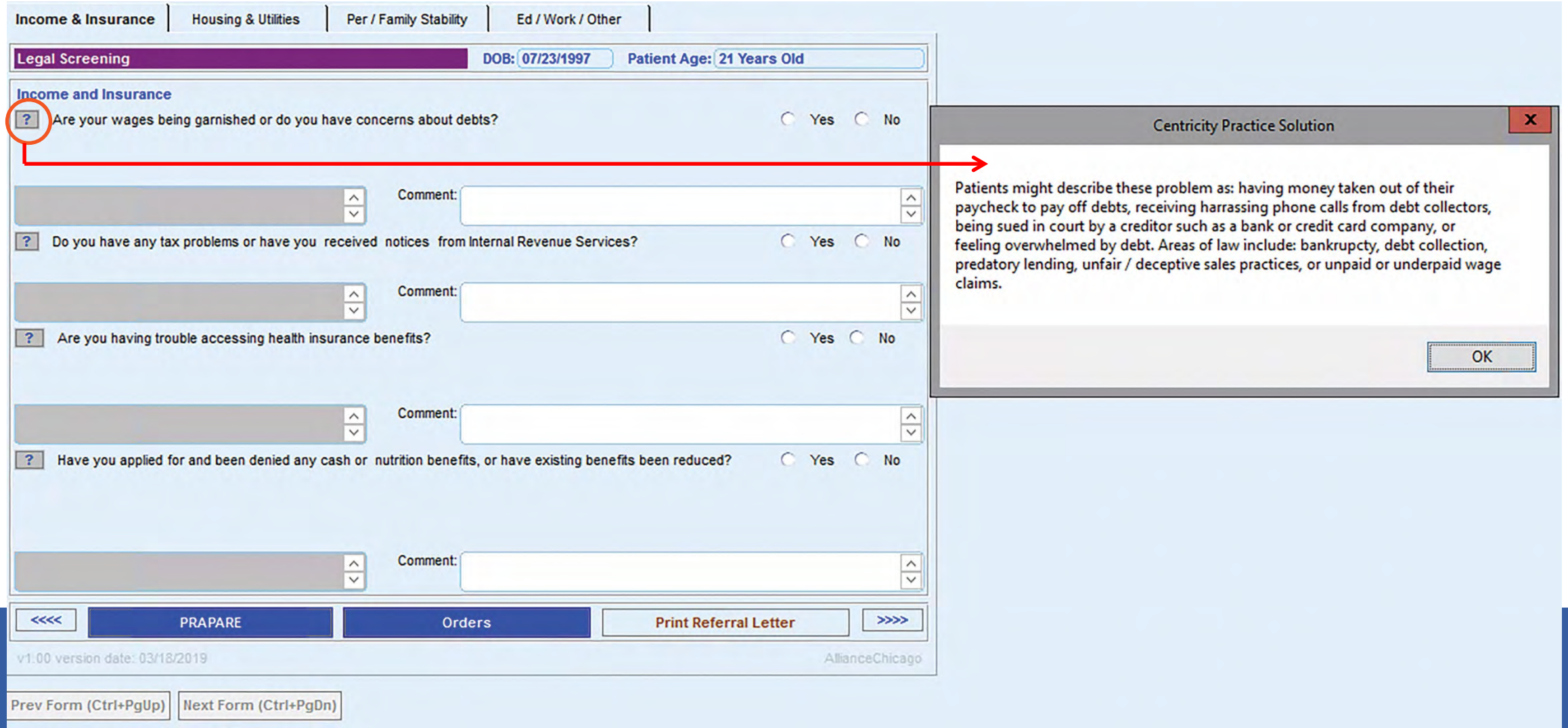
2. What questions will we ask?

3. How / when / where will patients be screened? Who will screen them?

4. How will patients' answers be documented?

5. Can we use existing data in the EHR to bypass the need for patient-to-patient screening or to screen only a subset of all patients?

Screenshot of legal screening questions in Siouxland Community Health Center EHR



Info shared at point of *patient referral*

- **Patient's** name, language spoken & contact info;
- Name of **referring clinician** or health center staff person & contact info;
- **Department** or location from which the patient was referred;
- **Results** of social / legal screening;
- Relevant clinical **diagnoses** (e.g., PTSD, mental health condition); and sometimes
- Clinical **notes about unmet social / legal needs** (e.g., unable to afford food, no place to live).

Info *lawyer* shares back with referring staff

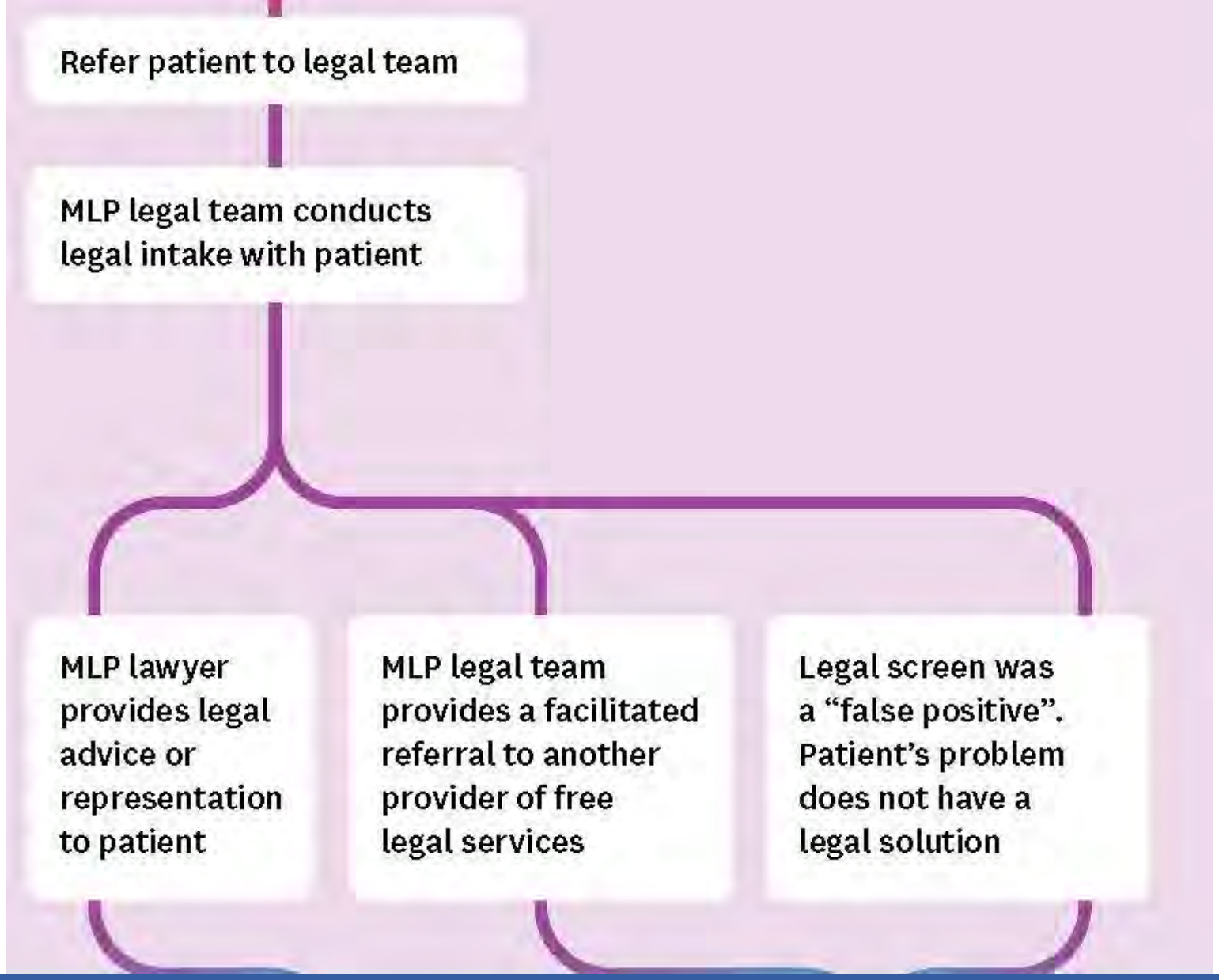
Status Updates

- **When** the lawyer connected with patient or if the lawyer was unable to do so;
- If lawyer **resolved** the patient's legal problem;
- If the lawyer did not resolve the patient's legal problem, but provided **info or facilitated referral**
- If the screening was **"false positive"**

Legal Outcome Updates

Info about how the case was resolved (e.g., patient not evicted, patient won insurance appeal)

Outcomes of a patient referral / intake



As part of continuous quality improvement, review:

Health Center Data

- # of patients screened;
- # of referrals made to the MLP legal team;
- Types of legal issues that were referred;
- Where referrals came from at the health center; and
- Demographics of patients referred.

Legal Partner Data

- #of curbside consults completed;
- Types of legal issues for which curbside consults were requested;
- # of patients successfully connected with MLP legal team;
- # and types of legal issues addressed for patients;
- Level of service provided to patients;
- $ value of legal services provided (market rate).
- $ value of benefits obtained for patients; and
- $ recovered for health center through successful appeals of health insurance denials;

PROGRAM EVALUATION

Collecting data to measure progress toward goals and to improve program effectiveness

Screening and referrals

- # of patients screened;
- # of referrals made to the MLP legal team;
- Types of legal issues that were referred;
- Where referrals came from at the health center; and
- Demographics of patients referred.

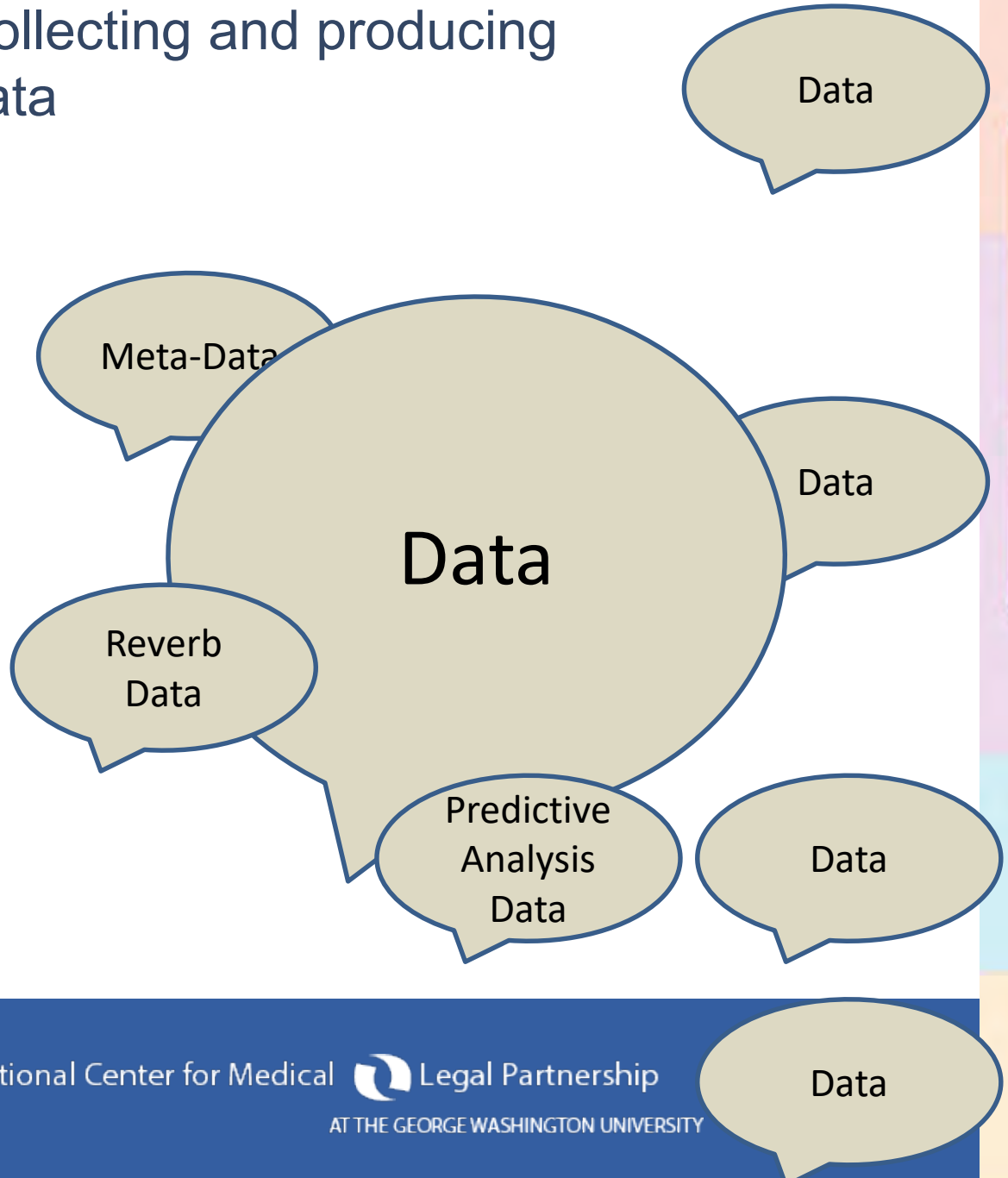
Legal services provided

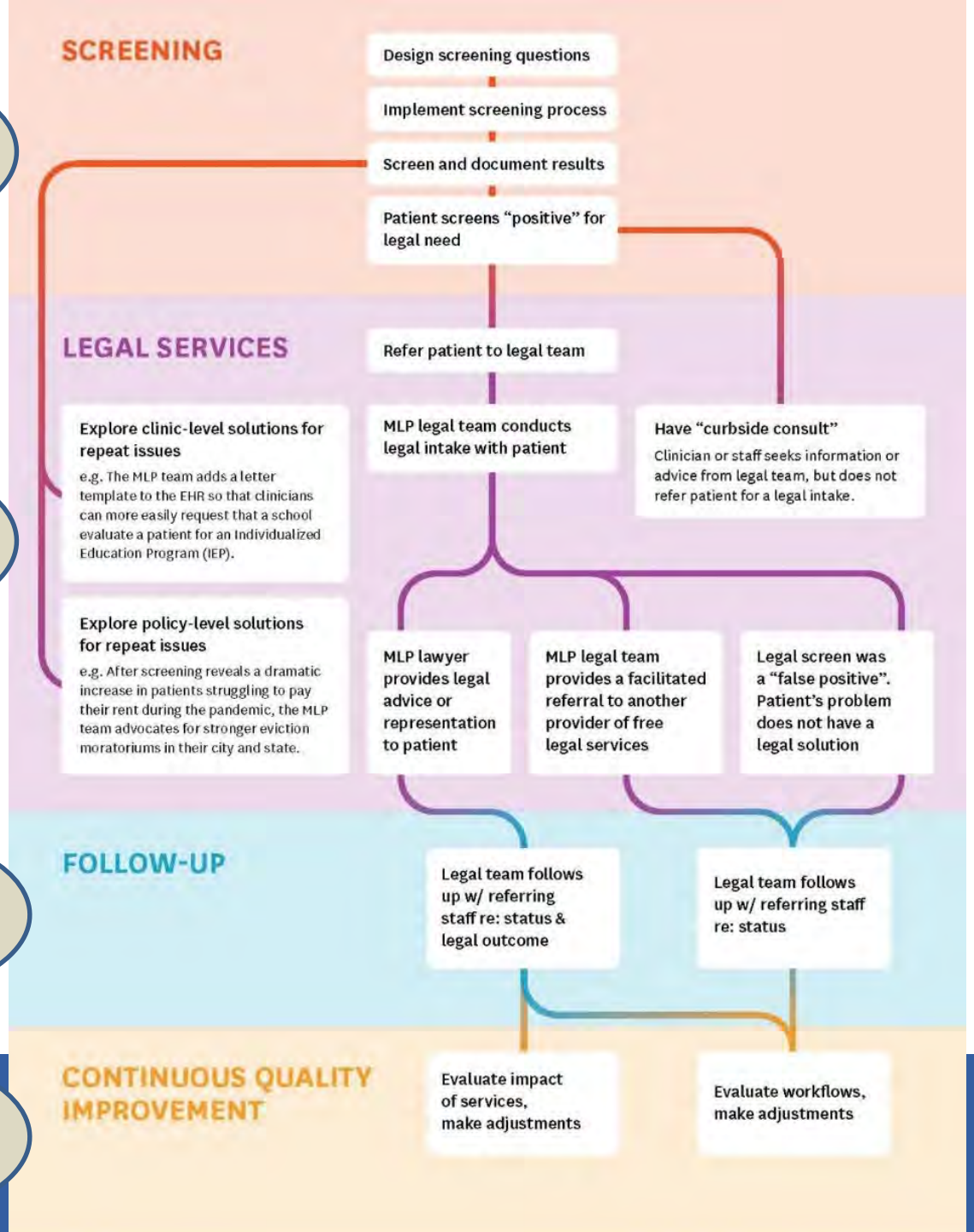
- #of curbside consults completed;
- Types of legal issues for which curbside consults were requested;
- # of patients successfully connected with MLP legal team;
- # and types of legal issues addressed for patients;
- Level of service provided to patients; and
- $ value of legal services provided (market rate).

Outcomes

- Legal outcomes;
- $ value of benefits obtained for patients;
- Patient satisfaction and/or perceptions of stress and well-being as measured by surveys;
- $ recovered for health center through successful appeals of health insurance denials;
- Changes in clinical and nonclinical staff's knowledge pre- and post-training as measured by surveys.

Collecting and producing data





How will we address patient consent and information sharing?

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Info-sharing process can depend on MLP structure

Referral Network

Coordinating Staff

One Organization

Info-sharing process can depend on MLP structure

Data?

Referral Network

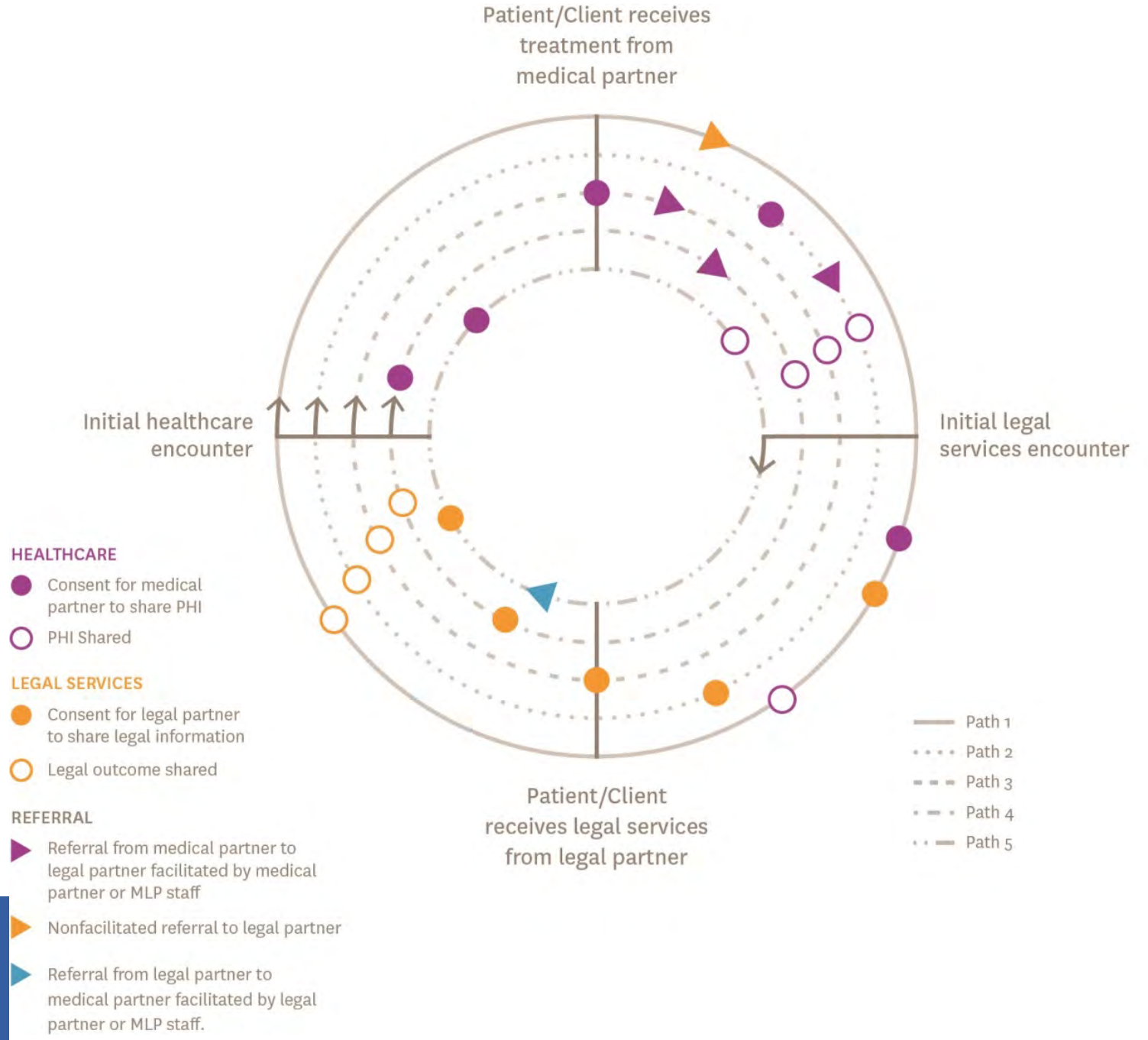
Data is being shared, *maybe*, and produced.

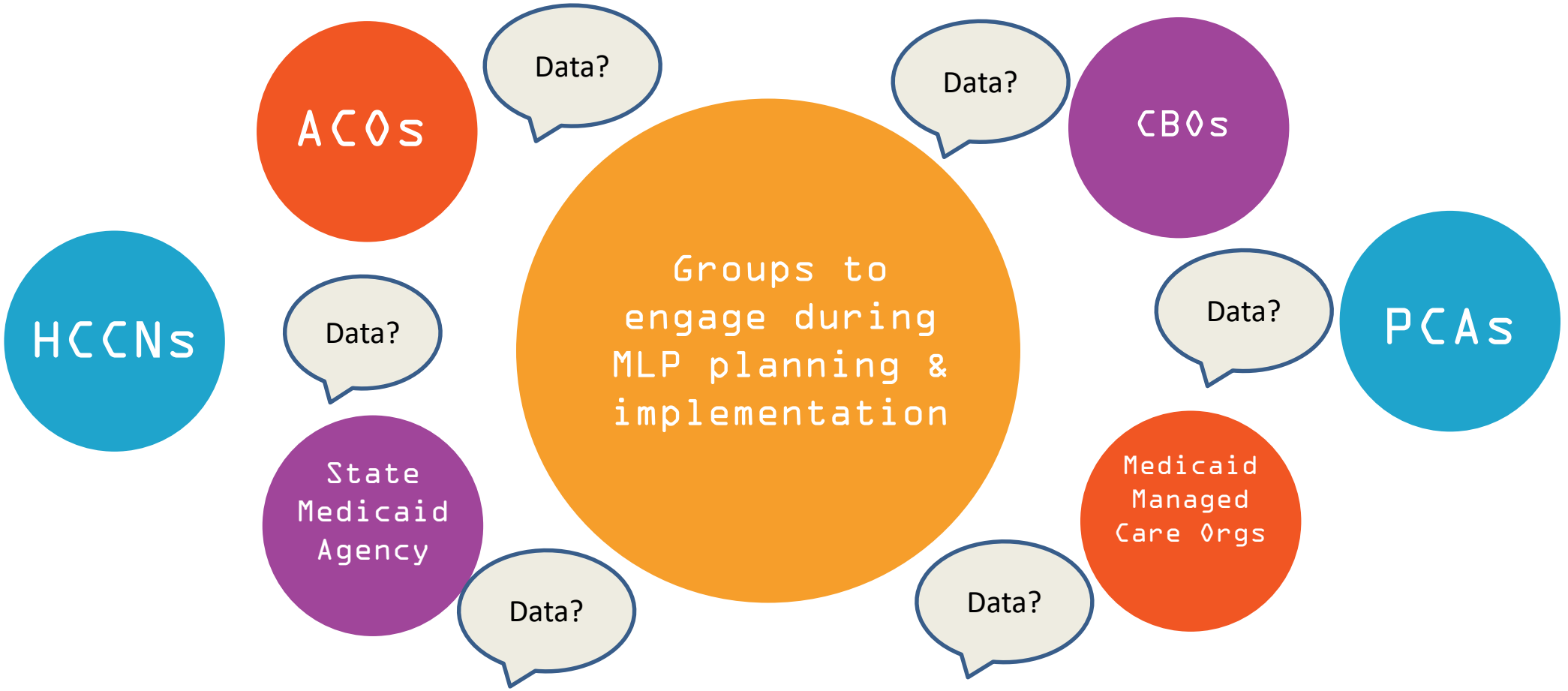
Coordinating Staff

Data?

One Organization

5 pathways for consent & disclosure of info for MLPs




ACOs
Data?
Data?
CBOs
HCCNs
Data?
Groups to engage during MLP planning & implementation
Data?
PCAs
State Medicaid Agency
Medicaid Managed Care Orgs
Data?
Data?

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GREATER ST. LOUIS
Community Information Exchange

Overview and Governance

United Way Greater St. Louis

ST. LOUIS Regional Data Alliance

saint louis INTEGRATED HEALTH NETWORK

STL COMMUNITY INFORMATION EXCHANGE

United Way Greater St. Louis

ST. LOUIS Regional Data Alliance

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What is the St. Louis Community Information Exchange?

The St. Louis Community Information Exchange (CIE) is a network of regional partners focused on improving the health and well-being of residents and neighbors in the metro St. Louis region.

Using a shared technology platform, partners will be able to share client information and virtually coordinate efforts to maximize resources in the delivery of holistic, person-centered care — moving families from crisis to long term stability.

United Way Greater St. Louis

ST. LOUIS Regional Data Alliance

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Who's Involved So Far?

GREATER ST. LOUIS Community Information Exchange

Network Funders

Missouri Foundation for Health

United Way Greater St. Louis

Implementation Team

United Way 2-1-1

ST. LOUIS Regional Data Alliance

BJC HealthCare

HOMEGROWNStL

Catholic Charities Archdiocese of Saint Louis

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Technology Partners

UNITE US

WellSky

Network Partners

SSMHealth

Mercy

saint louis mhb partnering investing empowering

St. Francis community services

Behavioral Health Network of Greater St. Louis

CAASTLC Community Action Agency of St. Louis County, Inc.

The Salvation Army

System of Care St. Louis Region

EnergyCare Saving Lives By Degrees

Regions community council

STL VPC Working Together for a Safer St. Louis

St. Patrick Center

Ameren Missouri

UMSL Community Innovation and Action Center

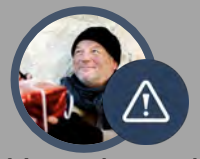
Health Communication Research Laboratory

Client journey through complex care (Unite Us)

Diabetic Medicaid Enrollee

Joe is homeless and recently hospitalized for uncontrolled diabetes

Potential entry points



Homeless shelter

Joe's homeless shelter conducts a SDOH screening with Joe upon receiving an alert about Joe's hospitalization and high social risk score

Discharge Manager

A hospital care manager conducts a SDOH screening to get Joe help when he leaves the hospital

Care coordination

Joe's screening reveals several SDoH that predict future hospital utilization:

- Food insecurity
- Housing instability
- Social isolation

Prompting the shelter or care manager to send referrals that will create a safe and healthy home environment for Joe

Readmission avoided

Joe receives transportation assistance to the neighborhood clinic where he receives education, testing and treatment for his diabetes

Housing as health

Joe is enrolled in affordable housing and home energy assistance partially covered by the payer

Diabetes controlled

Joe enrolls in a medically tailored meal program and tele-dietician counseling

As Joe receives care, his care manager and the community resource users receive automated updates on Joe's total health journey

UNITE US

Core Components

- Resource Data Exchange: A CIE should facilitate the reliable flow of information about resources available to people in need.

- Client Data Exchange: A CIE should facilitate the responsible flow of information about clients as shared among various kinds of service providers.

ST. LOUIS Regional Data Alliance

OPEN REFERRAL

Core Components

- Community Data Governance: A CIE should ensure that rules pertaining to the collection, storage, exchange, and use of data are set, modified, and enforced according to expressed interests and active participation of stakeholders in a local community.

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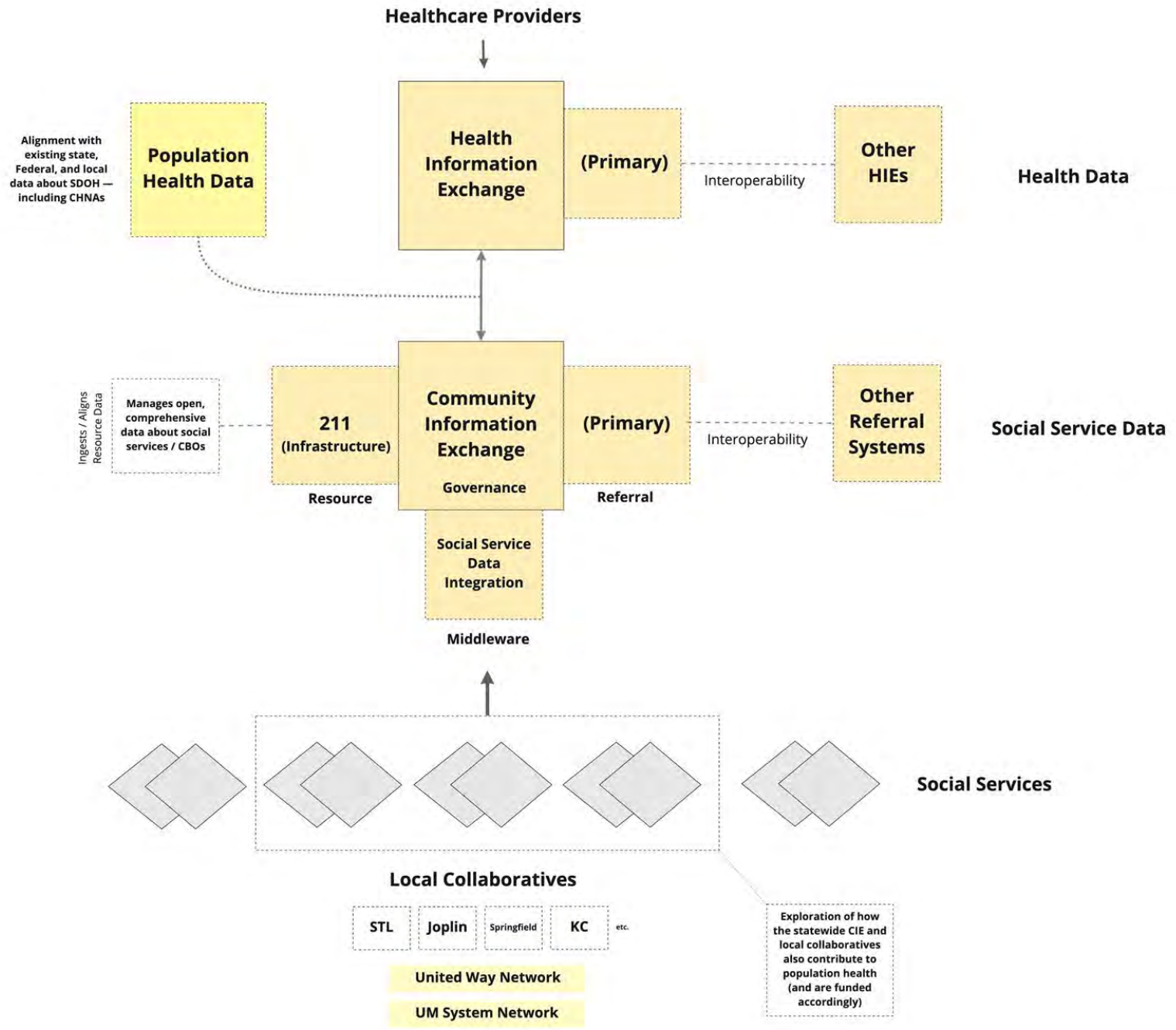
OPEN REFERRAL

“Simplified” Landscape



Governance Lenses

- Impact on Individuals: Consent, stewardship, protection, benefits/harms, trauma-informed, design and leadership

- Impact on Providers: Incentives, responsiveness, sector imbalance, technology mismatch, design and leadership

- Impact on Communities: Resource allocation, policy + advocacy, use of aggregated data, design and leadership

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OPEN REFERRAL

Moving Forward

- Ongoing tensions between individuals, providers, technology vendors, and system actors (funders, advocates, etc.)
  - Resolution may not be possible (or ethical); how to manage?
- Barriers to CBO participation — care models, incentives, tech
- Centering equity and client/patient experience
  - Intentional, resourced, structured, and responsive
- Beyond technology platforms; can’t confuse for data governance
- Exploration of data trusts and collaborative models

Contact

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St. Louis Integrated Health Network

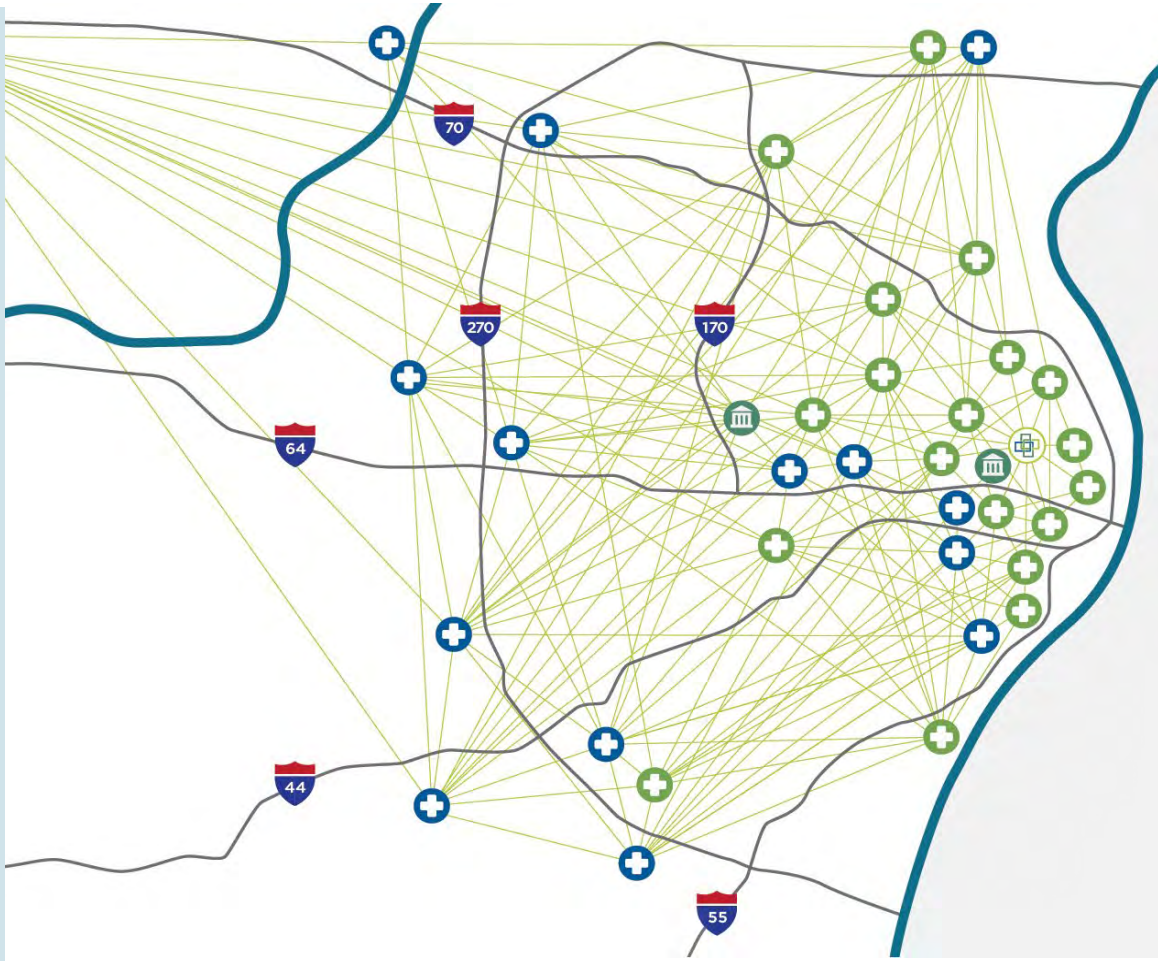
Org Type: 501(c)3 Nonprofit

Service area: St. Louis Metro

Size: $4.5 Million
Hospital Contracts
Membership Dues
State and Federal Grants

Staff: 30+ staff

STL Regional Functions:
- *Regional Safety Net Convener*
- *Care Coordination*
- *Workforce Development*
- *Health equity (reducing health disparity gaps)*
- *Formerly a Health Center Controlled Network (HCCN)*



The Safety Net

- 5 Community Health Centers *(17 Clinical Sites)*
- 3 Major Health Systems *(9 Hospitals)*
- 2 Public Health Departments
- 2 Medical Schools

Serving 90% of St. Louis Healthcare Safety Net Market

Workflow and Process Mapping Checklist

Environmental Scan

- ❑ Mapping the External Environment
- ❑ Key Stakeholder Interviews
- ❑ Meeting table round-robins with internal teammates
- ❑ Is there demand to match the issue?

Feasibility and Scoping

- ❑ Expectations for case load/ referral load
- ❑ Timing – is this a pilot? Proof of concept? Short-term? Ongoing?
- ❑ Geography
- ❑ Key partner organizations
- ❑ High level referrals-in and referral-out expectations
- ❑ Data collection expectations and available technology

Building Consensus

- ❑ For referral workflow, map…
  - ❑ Get clear on priority populations or sub-populations
  - ❑ Eligibility reqs.
  - ❑ Intake steps, including timing reqs.
  - ❑ Required forms
- ❑ Build buy-in and consensus across partnerships using straw models

Planning for Implementation

- ❑ Proper liability insurance and other regulatory protocol
- ❑ Employee Assistance Programs and other HR supports in place
- ❑ Active funding and encouragement of professional development
- ❑ Creative benefits, like mental health days

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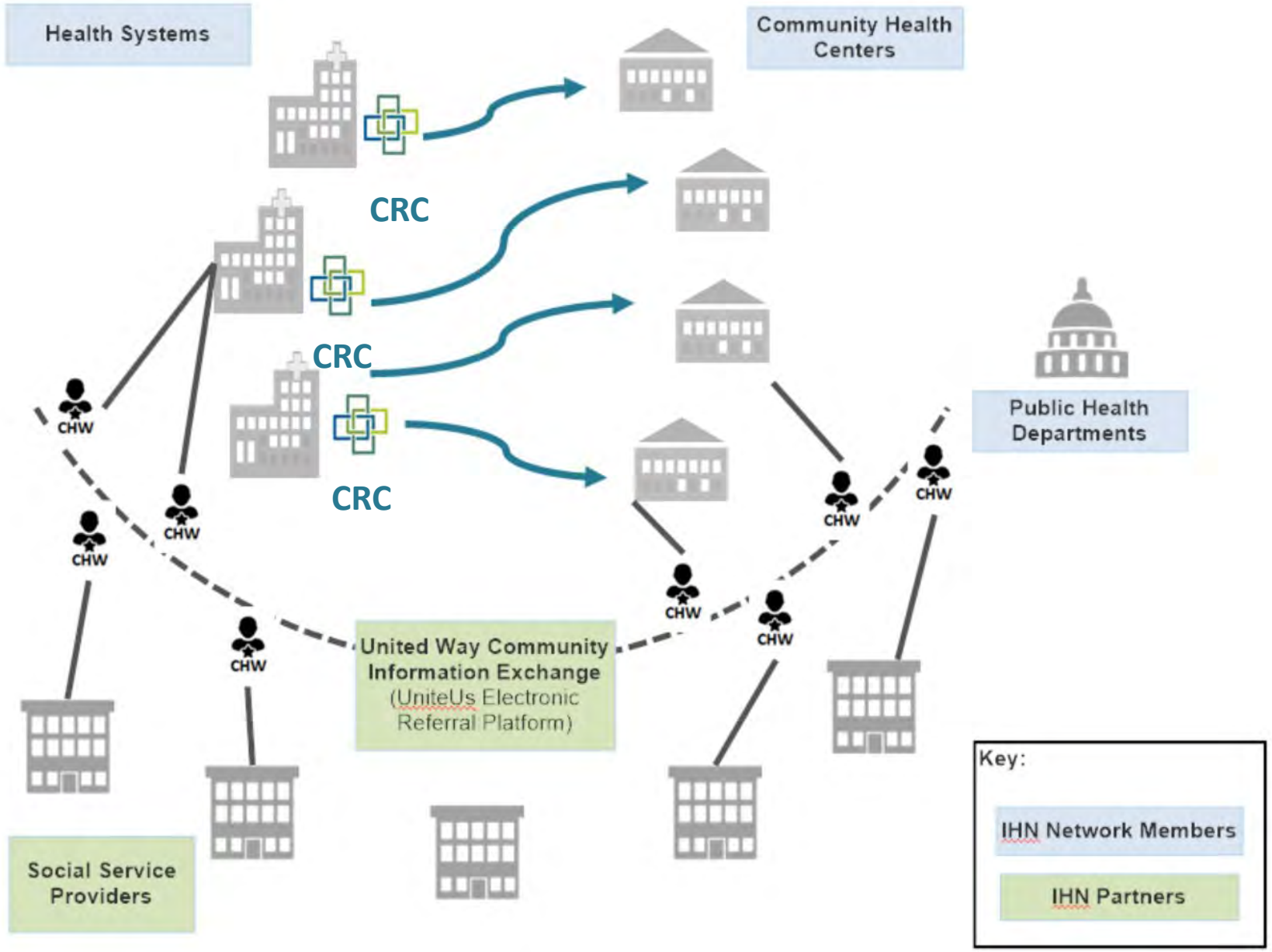
Example: Mapping the Ecosystem

IHN Efforts

- Care Transitions Initiative with Community Referral Coordinators
- Scaling and Sustaining Community Health Workers through the CHW Workforce Partnership
- Promoting Social and Structural Determinants of Health with IHN Network Partners (e.g. CHA/CHIP alignment)
- Data transparency and connectivity



Example: Themes from Environmental Mapping Interviews

- **Health systems shifting focus upstream**
  - Focus towards medical groups and away from hospital settings
  - Health systems interest in more deeply entering the Medicaid market
  - "In 7-8 years, I think that the goal will be if a patient gets to an ED, it's because we have failed upstream with chronic disease management or the social determinants of health" – Senior Health Systems Leader
- **Community Health Centers being requested to add public health function to their primary care role**
  - MCOs prioritizing getting in unattributed patients when health centers are focused on vaccine and testing bandwidth
- **Increase appreciation of safety net infrastructure**
  - Gateway to Better Health
  - Patient Centered Medical Home (PCMH) model
  - In context of Missouri Medicaid
- **Prioritizing data infrastructure and access to data to help focus decision-making**
  - St. Louis Community Information Exchange
  - Call for more transparent data sharing across the network
- **Advancing Social and Structural Determinants of Health (SSDOH) strategy**

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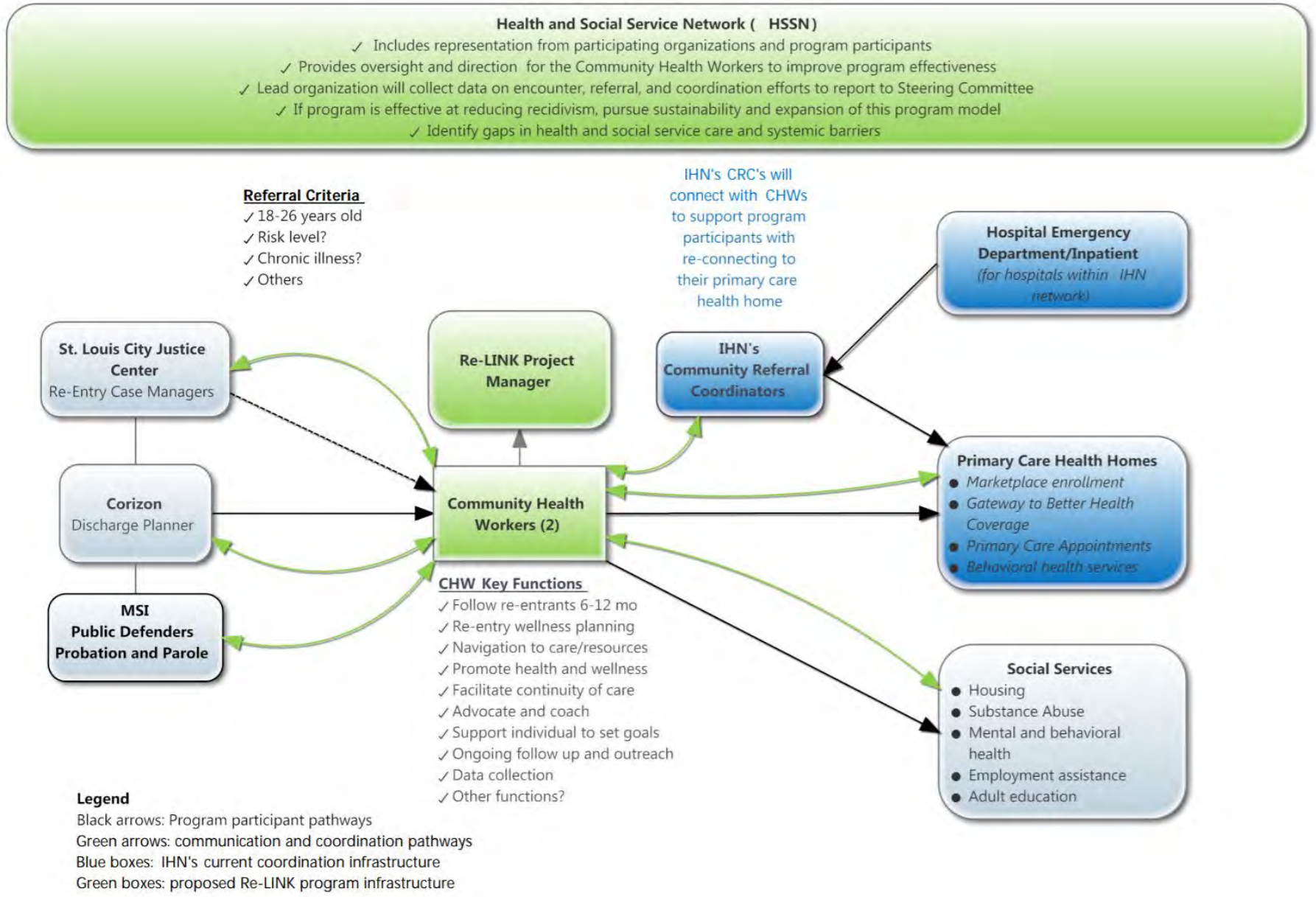

Thank you!

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Information Sharing in MLPs

- Consent-based model
  - Patient gives consent for purposes of HIPAA and state law to medical partner (patient authorization to share PHI), and client gives consent for disclosures to legal partner for purposes of confidentiality requirements that apply to lawyers.
    - Brief in toolkit discusses different models of information sharing with consent.
- Non-consent options are unclear under current law
  - Per OCR, providers may disclose PHI without patient authorization for "coordination or management of health care by a provider and a third party," for purposes of treatment. "For example, a provider may disclose PHI about a patient needing mental health care supportive housing to a service agency that arranges such services for individuals." Unclear how broadly "health care" can be interpreted under this provision.

Increasing Demand for Information Sharing to Address SDOH

- Payers and providers are incentivized to keep people healthy, manage chronic conditions, avoid unnecessary care.
- Patients are similarly incentivized, even more in light of rising health care costs, rising uninsurance rates, high deductibles, co-insurance, coverage gap, etc.
- Policymakers must address rising health costs that are driving massive government spending on healthcare. (For example, Medicare Hospital Insurance Trust Fund now projected to run out of funds in 2024.)

Changing Policy Landscape

- Research
  - 2018 revision to Common Rule (applies from 2019) allows broad consent to support research that reaches across time and settings of care, could be used for PCOR or to show ROI.
- Interoperability
  - Regulations implementing 21st Century Cures Act in March 2020 (CMS and ONC Rules) facilitate patient access and penalize information blocking
- Proposed Revisions to HIPAA (Jan. 2021 NPRM 2021)

HIPAA NPRM – Comments Due May 6, 2021

- HHS proposes changes to HIPAA that would further support patient access and expand non-consent sharing with social services providers.
- New subsection 164.506(c)(6) would "expressly permit covered entities to disclose PHI to social services agencies, community based organizations, HCBS [home and community based service] providers, and other similar third parties that provide **health-related services** to specific individuals for **individual-level care coordination** and **case management**, either as a treatment activity of a covered health care provider or as a health care operations activity of a covered health care provider or health plan." [terms in bold are not defined]
  - PHI disclosed to third party would no longer be protected by HIPAA.
  - Minimum necessary applies only if not plan or provider receiving the info.
  - Definition of operations would clarify that care coordination and case management are not limited to "population-based activities.'

Ethical Considerations

- Consent opens a lot of doors but management in a way that protects patients is difficult.
  - Consider re-consent if PII is held long-term
  - Sharing data for purposes beyond TPO or individual case services (such as ROI) is difficult to explain.
- Patients must have access, but relying on patients to be the intermediary for their data is burdensome and risky.
- Consent is must be informed and meaningful, but the law applies a reasonable person standard, which may not be enough.
- Non-consent models may be easier and quicker but risk causing distrust and nonparticipation.

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QUESTIONS AND ANSWERS

Moving Upstream from Patients-to-Policy

Part 5: Moving upstream to address SDOH and health equity at a policy level

Tuesday, April 6, 2021 at 1 - 2 p.m. ET

Registration information coming soon

https://medical-legalpartnership.org/webinars/toolkit-series/

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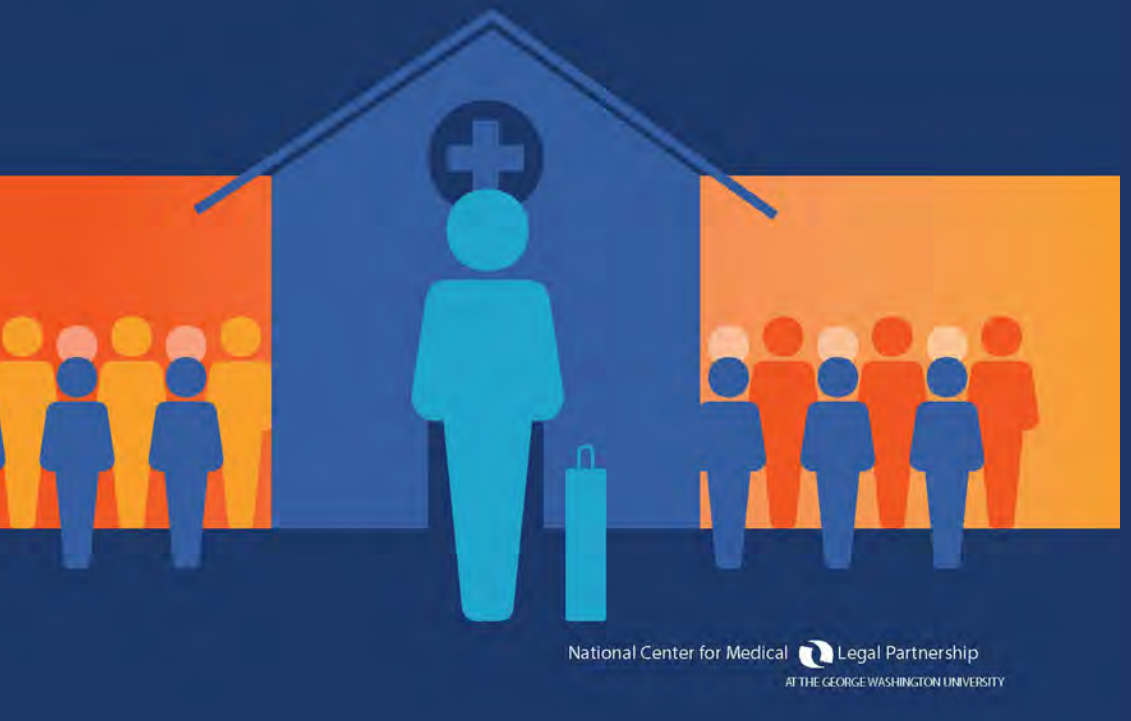

Thank You

Don't forget to complete the survey!

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RESOURCES

A DEEPER DIVE ON PRIVACY

An in-depth look at privacy laws, consent models, and MLP info-sharing tools.

https://medical-legalpartnership.org/mlp-resources/privacy-brief/

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Medical-Legal Partnership Fundamentals Series August 2020

Issue Brief Three

LEVERAGING THE ELECTRONIC HEALTH RECORD

to link health center patients with medical-legal partnership services

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Introduction

For health centers seeking to take action on health inequities experienced by their patients, the electronic health record (EHR) represents a largely untapped resource to link social determinants of health and health-harming legal needs, activate medical-legal partnership (MLP) interventions, and identify upstream solutions to concerning community trends. MLP-focused, structured data collection and sharing are needed to reduce inefficiencies in current data tracking, to decrease missed opportunities for legal needs screening, and to mitigate the difficulties in tracking patient health and other outcomes after MLP interventions are delivered. This issue brief provides concrete examples of how health centers are leveraging the EHR to complement their screening for the social determinants of health as well as to increase their capacity to deliver targeted MLP-related interventions.

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EXPLORE WAYS TO LEVERAGE THE EHR

Health centers in Montana and Iowa that have integrated legal screening and referrals into the EHR. These health centers also create reports using MLP-specific data to identify and respond to trends related to social needs and key health indicators.

https://medical-legalpartnership.org/mlp-resources/ehr-brief/

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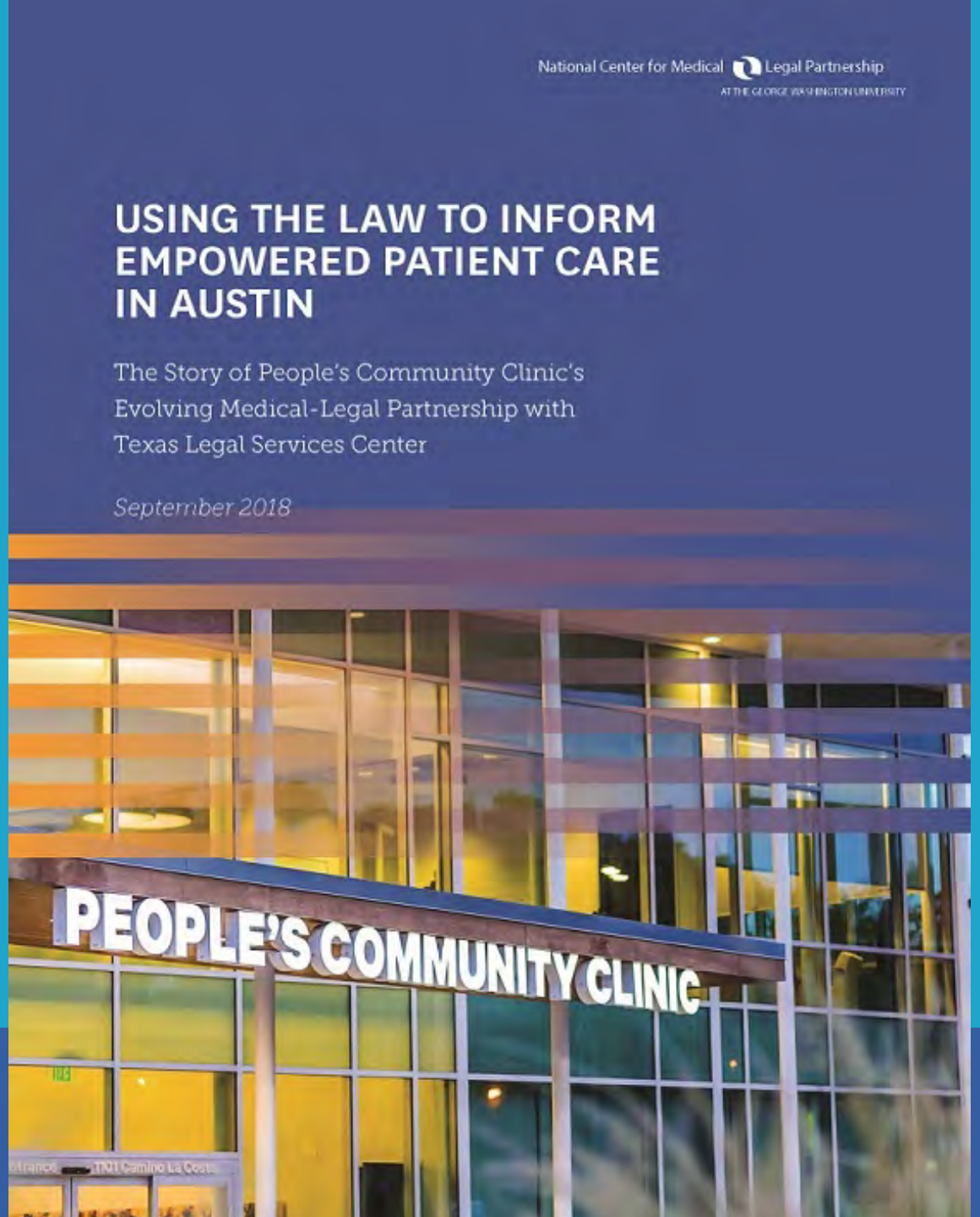

SEE WHAT INTEGRATION LOOKS LIKE

The oral history of the MLP at People's Community Clinic in Austin highlights multiple ways they worked together to integrate legal services in to the workflows and the MLP lawyers into health center operations.

https://medical-legalpartnership.org/mlp-resources/austin-story/

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