**Introduction to Performance Measurement & Evaluation for Health Center Medical-Legal** Partnerships

August 29, 2024 | 1-2 PM ET

### National Center for Medical 👔 Legal Partnership

## **Today's Moderator**



**Bethany Hamilton, JD** Director National Center for Medical-Legal Partnership







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 to the National Center for Medical-Legal Partnership totaling \$550,000 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.

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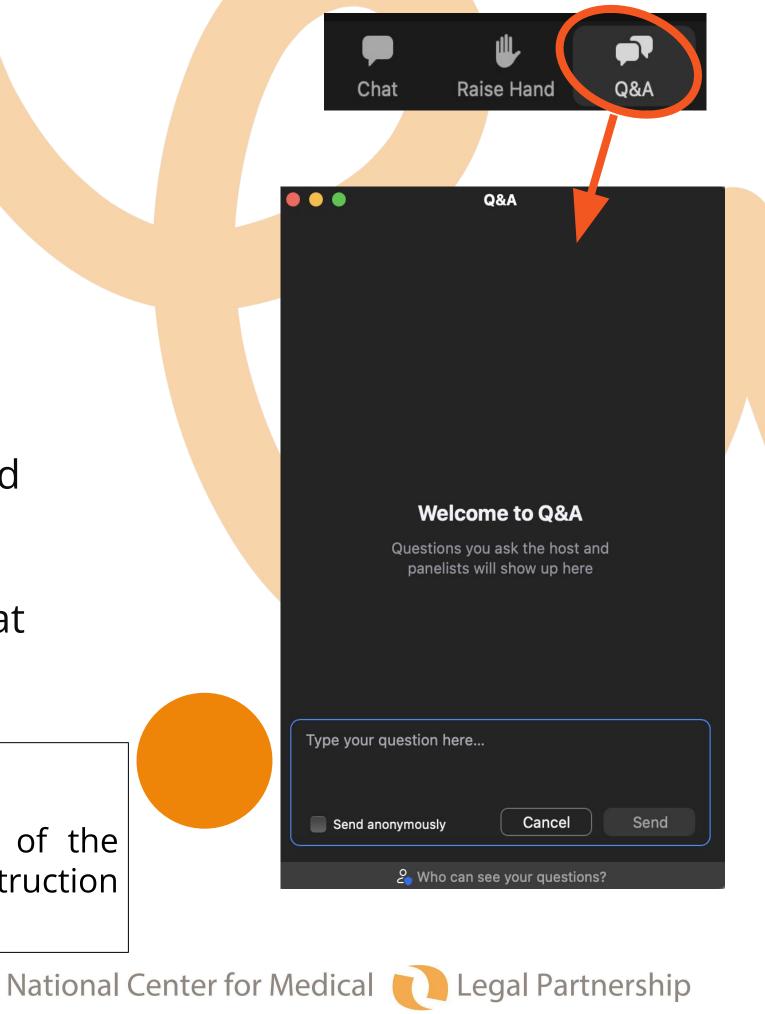
# Housekeeping

- Attendees are muted throughout the webinar.
- Type questions into **Chat** or **Q&A** pane.
- Send a chat to the **Hosts & Panelists for help**.
- To activate captions, select "Live Transcript" and "Show Subtitle."
- This webinar will be recorded and shared at medical-legalpartnership.org/resources/



### We want to hear from you!

At certain points, we'll invite members of the audience to speak. Look out for this instruction on the slide.



# **Today's Learning Objectives**

By the end of this webinar, participants will be able to:



Understand and implement new performance measures tailored for community health centers to enhance the sustainability of MLP initiatives.



Identify strategies for securing institutional buy-in and integrating MLPs into the healthcare delivery model.



Develop skills in data collection and analysis to better evaluate the impact and effectiveness of MLP interventions.

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## **MLP CORE COMPONENTS & ACTIVITIES**

### Core Components of an MLP:



2. 3. 4. 5. 6.	Lawyer In Residence (On-Site Services) Formal Agreement (MOU) Specific Population(s) Identified for Services Patients Screened For Legal Needs Legal Staffing Training on SDOH Information & Data Sharing
	Designated Resources (Funding)
lf V	You Are An Academic MLP
9.	Prioritization of Pre-professional Educational Goals
	Curate Interprofessional Learning Environments Commitment to Advancing the Evidence Base

Legal Assistance to address patient's social needs & help the health center workforce operate at "top of license"

**Training** to build knowledge, capacity & skills that strengthen the health center workforce's response to SDOH

**Clinic-Level Changes** that leverage legal expertise to shape clinical practices to address many patients' needs at once

**Policy Change Strategies** that advance healthy regulatory, administrative, & legislative policy solutions for whole communities

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Typical Activities of an MLP:

### **SERVICES & WORKFLOWS ARE IN PLACE, BUT...**



How will we make sure the program is effective and that it lasts?



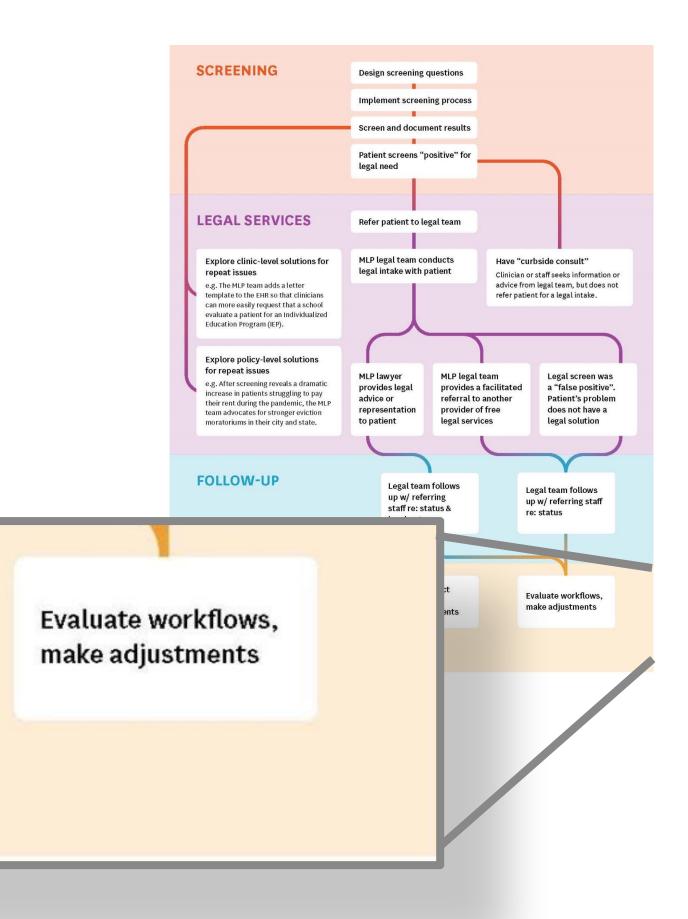
## **QUALITY IMPROVEMENT**

How do we know that our specific MLP's operations and services are creating:

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

### **CONTINUOUS QUALITY** IMPROVEMENT

**Evaluate** impact of services, make adjustments



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## **Poll Questions**

### 1) How familiar are you with performance measurement and program evaluation?

- a) Expert, but I'm here to learn!
- b) Very familiar
- c) Familiar
- d) Somewhat familiar
- e) Not familiar at all and I'm ready to learn!

### 2) Have you developed performance measures for your medical-legal partnership (MLP)?

- a) Yes
- b) No
- c) I don't know

### 3) Has your MLP conducted an evaluation?

- a) Yes, implementation
- b) Yes, outcomes
- c) Yes, on both implementation and outcomes
- d) No



## Today's Speakers





### James Teufel, MPH, PhD Consultant NCMLP

Shannon Mace, Esq., MPH Executive Director HELP: MLP

National Center for Medical Legal Partnership



### Aly Keefer, MS Director of Community Partnerships The National Nurse-Led Care Consortium

## **Overview of HELP: MLP**

/

- In 2008 established at Delaware Law School with two law student fellows. • First health care partner ChesPenn Health Services FQHC in Delaware
  - County, PA.
- In 2010, received a HRSA grant to establish a MLP within Healthy Start with The Foundation for Delaware County.
- In 2016, partnered with National Nurse-Led Care Consortium (NNCC) to establish the Philadelphia Nursing-Legal Partnership.
- In 2022, with NNCC, established the Family Advocacy and Integrated Resources (FAIR) Project.



## **Overview of the FAIR Project**

- In 2022, expanded integrated legal services and emergency financial assistance to families participating in maternal and child health home visiting programs across Philadelphia.
- Supported by the William Penn Foundation, HHS Administration of Children and Families, and Pennsylvania Office of Child Development and Early Learning (OCDEL).
- Built upon the lessons learned from MLP work in Delaware County and from the Philadelphia Nursing-Legal Partnership.







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### FAIR Project Impacts (February 2023 - August 2024)

### **Screening and referral**

- Conducted 1,093 screenings for 893 unique participants.
- Received 1,386 legal referrals for 772 unique participants.

### Legal services

• Provided legal services to 789 participants addressing 2,297 legal matters, including 1,904 cases and 393 consultations.

### Training

- Conducted 15 trainings and 5 "office hours" with public health partners. **Financial return to families\***
- Obtained \$822,901 in annualized financial benefits and costs avoided for families.

\*through January 2024

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### <u>After a pilot or prototype period</u>, a project is integrated into a context while maintaining similar functions, form, goals, and purpose.

Most innovative ideas do not launch into nascent services, and most nascent services do not sustain nor scale.

### Sustainability is the foundation for scalability.

Rabin BA, Brownson RC, Haire-Joshu D, Kreuter MW, Weaver NL. A glossary for dissemination and implementation research in health. J Public Health Manag Pract. 2008;14(2):117–23.

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### **Sustaining Medical-Legal Partnerships**

Social impact requires:

1.Starting

2.Sustaining

3.Scaling

4.Sharing



## **Eight Dimensions of Sustainability**

The Clinical Sustainability Assessment Tool (CSAT) was developed (2015-2023) to refine the Program Sustainability Assessment Tool (PSAT) in response to interest from clinical providers in program sustainability.



### https://sustaintool.org/

Developed by <u>Center for Dissemination and Implementation</u> at the Institute for Public Health of Washington University in Saint Louis Malone S, Prewitt K, Hackett R, et al. The Clinical Sustainability Assessment Tool: measuring organizational capacity to promote sustainability in healthcare. Implement Sci Commun. 2021;2(1):77.

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### **2024 Performance Measures** and Metrics

2024 Framework for Performance Measures and Metrics for sustainability were developed via a 2023 NCMLP Learning Collaborative (CSAT; 7 factors) (PSAT; 1 factor)

Find the new publication at

https://medical-legalpartnership.org/mlp-resources/fostering-sustainability-through-p erformance-measurement-in-health-center-medical-legal-partnerships-insights-from-a -diverse-learning-collaborative/

Added to the 2016 NCMLP Performance measures that focused on data monitoring and outcomes

### Fostering Sustainability through Performance Measurement in Health **Center Medical-Legal Partnerships:** Insights from a Diverse Learning Collaborative

### What is a health center?

### HEALTH CENTERS:

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- Are community-based and serve more than 30 million people, about 90% of whom have incomes less than 200% of the federal poverty level.
- Provide access to medical, dental, behavioral, and other health care services
- Provide care for all, with special initiatives for people experiencing homelessness, agricultural workers, and residents of public housing
- A public or nonprofit entity can become a HRSA-supported health center by applying for Health Center Program funding or receiving designation as a Health Center Program look-alike, HRSA's Bureau of Primary Health Care (BPHC) oversees the Health Center Program and funds nearly 1,400 health centers providing affordable, accessible, and high-quality primary health care to underserved communities at more than 15,000 sites.

LEARN MORE ABOUT HEALTH CENTERS AT: https://bphc.hrsa.gov/ about-health-center-progra

James Teufel, MPH, PhD Consultant for the National Center for Medical-Legal Partnership

**OPUS Design** 

### Summary

This paper underscores the vital role of sustainability in clinical settings, focusing on medical-legal partnerships (MLPs) within health centers (HCs). Drawing insights from a learning collaborative initiative facilitated by the National Center for Medical-Legal Partnership (NCMLP), supported by the U.S. Health Resources & Services Administration (HRSA), we introduce performance measures and metrics across eight dimensions aimed at assessing sustainability within MLPs. Building on the NCMLP Performance Measures Handbook (April 2016), these measures and metrics emphasize both financial and nonfinancial elements in MLP sustainability at HCs. Furthermore, this paper highlights the importance of addressing resistance to innovation and advocates for multiple performance measures to enhance sustainability, especially in areas such as communicating value, long-term planning, and securing funding.

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### **Sustaining Medical-Legal Partnerships**

Metrics additively contribute to sustainability

More metrics completed well (contribute) as opposed to one metric perfectly (necessary)





## **Dimension #1: Engaged Staff and Leadership**



How have you gained support for MLP from frontline clinical staff and management within the health center?



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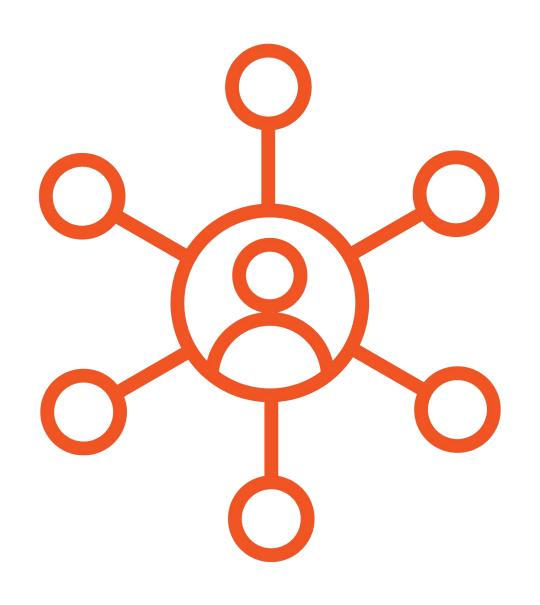


## **Dimension #1: Engaged Staff and Leadership**

- Measure A2: Sustain functional relationships with social workers, case managers, health navigators, and/or community health workers for community health center patient MLP referrals.
  - What providers have you connected with for referrals?
- Measure A3: Integrate MLP representatives or advocates into leadership teams, groups, or committees that have decision making capability over operations within the community health center.
  - What MLP representatives are in leadership positions?

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## **Dimension #2: Engaged Stakeholders**



How have you increased external support for and engagement with the MLP in the health center setting?



Raise your hand to unmute.





## **Dimension #2: Engaged Stakeholders**

- Measure B2: Create and participate in a community advisory council that includes community membership, with a maximum of 40% of MLP representatives on the advisory council. The MLP community advisory council guides the mission of the HC MLP and communicates the value of MLP across various community organizations.
  - What community members are advisors to your MLP?
- Measure B.4: Develop and implement methods to collect, analyze, and report on external stakeholder feedback related to the HC MLP on an ongoing basis.
  - O How do you collect and use feedback from external stakeholders?

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## **Dimension #3: Organizational Readiness**



What internal support and resources have been secured to effectively manage the MLP in the clinical setting (i.e., health center)?



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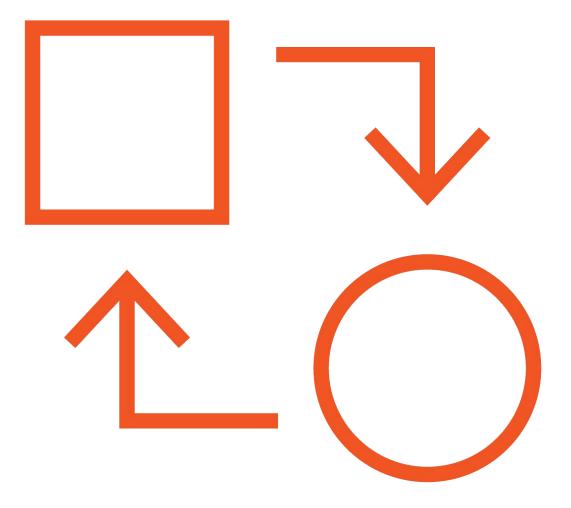


## **Dimension #3: Organizational Readiness**

- Measure C.2: Build trust for lawyers in a HC setting through periodic trainings that include lawyers and HC stakeholders.
  - How do you monitor trust in MLP lawyers?
- Measure C.3: Have a project manager, preferably a nonlawyer with applicable experience, dedicated to completing HC MLP administrative, management, and coordination activities.
  - How have nonlawyers been hired to manage the MLP?
- Measure C.4: Include dedicated space within the HC for legal providers to securely deliver confidential legal services.
  - What space has been dedicated to the MLP legal providers?

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### **Dimension #4: Workflow Integration**



How has the MLP been designed to fit into existing health center technologies?



Raise your hand to unmute.



### practices and



### **Dimension #4: Workflow Integration**

- Measure D.1: Develop communication and referral methods that fit the culture of the HC and the capabilities of the legal provider.
  - How have you developed a useful and feasible referral system?
- Measure D.2: Establish group trainings, lawyer "office hours", targeted legal information, and/or issue spotting guides that better focus lawyer consultations on priority complex legal needs.
  - How have you prioritized complex legal needs and given guidance to address simple legal issues?



## **Dimension #5: Implementation and Training**

What processes have been used to guide the direction, goals, and strategies of the clinical practice to implement MLP?



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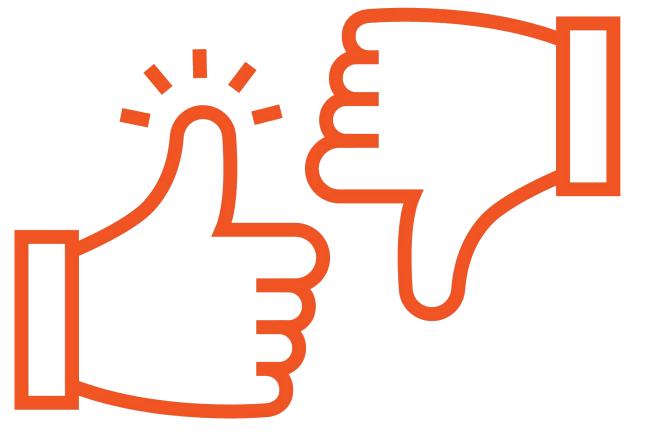


## **Dimension #5: Implementation and Training**

- Measure E.2: At a minimum, communicate potential community impact and success stories during trainings, including dollars saved, insurance coverage gained, and improved health outcomes.
  - How are MLP successes and impact shared during trainings?



### **Dimension #6: Monitoring and Evaluation**



What is measured by the MLP processes, outputs, and outcomes)?



Raise your hand to unmute.



# (inputs,



## **Dimension #6: Monitoring and Evaluation**

- Measure F.1: Collect descriptive data including demographics, type of case, referral sources, hours worked on a case, legal issues/ needs addressed, types of legal services offered, and case resolution/outcome.
  - How and what type of legal services data has been collected?



### **Dimension #7: Outcomes and Effectiveness**



the MLP in the clinical setting?



Raise your hand to unmute.



## How are data (measures and metrics) used to inform meaningful outcomes and impacts of



### **Dimension #7: Outcomes and Effectiveness**

- Measure G.1: Monitor material results, such as debt averted, dollar amount recovered, property retained, utilization costs, and benefit gained. • What material impact has your MLP made?
- Measure G.2: Monitor psychosocial results, such as client/patient goals (consumer wishes) and related goal achievement. • How has the MLP met the psychosocial goals of participants?
- Measure G.4: Positively impact provider experience in HCs and indirectly staff retention.
  - How has your MLP monitored the provider experience?

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## **Dimension #8: Funding and Financial Stability**



How is the health center MLP financed, and what are the types, qualities, and quantities of funding?



Raise your hand to unmute.

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## **Dimension #8: Funding and Financial Stability**

- Measure H.3: Diversify funding and support across sectors (i.e., public, nonprofit, for-profit, and voluntary persons/communities).
  - What types of funding has supported the MLP?
- Measure H.4: Engage funding from Medicaid waiver (e.g., 1115), state plan amendments, and system reform incentives as well as Managed Care Organizations.
  - What type of state or federal public funding has supported the MLP?

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### **Key Resources**

Fostering Sustainability through Performance Measurement in Health Center Medical-Legal Partnerships: Insights from a Diverse Learning Collaborative

By James Teufel, MPH, PhD, Consultant for the National Center for Medical-Legal Partnership

Accessible at

https://medical-legalpartnership.org/mlp-reso <u>urces/fostering-sustainability-through-perfor</u> <u>mance-measurement-in-health-center-medic</u> al-legal-partnerships-insights-from-a-diverse-l <u>earning-collaborative/</u>

### **JUNE 2024**

Fostering Sustainability through Performance Measurement in Health **Center Medical-Legal Partnerships:** Insights from a Diverse Learning Collaborative

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- Provide access to medical, dental, behavioral, and other health care services.
- Provide care for all, with special initiatives for people experiencing homelessness, agricultural workers, and residents of public housing.
- A public or nonprofit entity can become a HRSA-supported health center by applying for Health Center Program funding or receiving designation as a Health Center Program look-alike. HRSA's Bureau of Primary Health Care (BPHC) oversees the Health Center Program and funds nearly 1,400 health centers providing affordable, accessible, and high-quality primary health care to underserved communities at more than 15,000 sites.



### AUTHORED BY

James Teufel, MPH, PhD **Consultant for the National** Center for Medical-Legal Partnership

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### **Resources from Webinar Chat**

- PSAT and CSAT tools can be found here: <u>https://sustaintool.org/</u>
- <u>https://medical-legalpartnership.org/mlp-resources/electronic-exchange-c</u> losing-loop/
- The National Nurse-Led Care Consortium-More information on their work for the MLP can be found here:

<u>https://nurseledcare.phmc.org/programs/fair-project.html</u>

• A helpful resource for those working on outcomes: AAMC AHEAD -Medical-Legal Partnership Logic Model at

https://www.aamc.org/media/33626/download





# Questions?

Please use the Q&A function to pose questions.

\*This webinar will be recorded and shared at <u>medical-legalpartnership.org/resources/</u>





# THANK YOU!

Please take a moment to complete our post-session evaluation survey!

https://www.surveymonkey.com/r/SS2T2PK

A link to the survey is also in the chat





### **Contact us for assistance**

The National Center for Medical-Legal Partnership would be happy to answer your questions, connect you with other medical-legal partnerships in your state, and provide additional resources.

- For more information, contact us at <u>ncmlp@gwu.edu</u>.
- Sign up for our newsletter at <u>https://medical-legalpartnership.org/about-us/newsletter/</u>

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