Housekeeping Details

• All lines are muted throughout the webinar.

• Have a question?
  • Use the available pods and we will facilitate a discussion at the end of the presentation.

• This meeting will be recorded.

• The recording and presentation slides will be posted to the Association website a few days following the presentation.
Screening for Social Determinants of Health: Two Member Experiences

Population Health Virtual Learning
April 14, 2016
Welcome

Karen Seaver Hill
Director, Community & Child Health
Children’s Hospital Association
Children’s Hospitals: Creating Health

• Commodity-driven health care system is not generating the optimum health for children.

• Science of disparity points us to where health happens for families; increasingly, that is outside of the hospital walls.
Children’s Hospitals: Creating Health

Supporting children's hospitals in balancing the dual roles of health care delivery and creating child health

- **Learn**: resources and analysis; monthly E-newsletter; quarterly *CHT* column

- **Engage**: virtual learning series; hospital benchmarking; member collaborative learning
Essentials in Population Health

• A collection of webinars geared to bring general, common understanding and language of the impact of the transition from FFS to value-based care. *Coming summer 2016.*

Tools and Skills Building in Population Health

• For members on the front line of strategy and implementation, a webinar track focused on skills and resources for improving the health of defined populations.

Model Practices in Population Health

• Children’s hospitals highlight their work to a national peer audience via webinar.
Upcoming Webinar

Cross-sector Collaboration: Federal Tools for Developmental and Behavioral Screening

April 26, 2016 @ 2:00 p.m. EDT

This skills-building webinar will explore screening tools for children through the age of five who are at risk for a developmental delay or disability.

https://childrenshospitals.webex.com/childrenshospitals/onstage/g.php?MTID=eead497d6541e4615da4d0cf228f737a3
Population Health Virtual Learning: Screening for Social Determinants of Health

Today’s Presenters:

Janet Goode, JD
Visiting Professor of Law
Director, Memphis CHiLD Medical-Legal Partnership Clinic
Le Bonheur Children's Hospital

Lauren Mutrie, MD, MSc
Assistant Professor, Pediatrics & Global Health Medical Director, Memphis CHiLD Medical-Legal Partnership
Le Bonheur Children's Hospital

Champions for Children’s Health
Population Health Virtual Learning: Screening for Social Determinants of Health

Today’s Presenter:

Jessica Saunders, MPA
Director, Center for Child Health and Wellness
Dayton Children's Hospital
Memphis CHiLD
Children’s Health Law Directive

Medical-Legal Partnership
Memphis CHiLD & MLP Clinic

April 14, 2016

Prof. Janet Goode, JD, University of Memphis School of Law
Dr. Lauren Mutrie, MD, MSc, Le Bonheur Children’s Hospital
Learning Objectives

• What is medical-legal partnership (MLP)?
• How can MLP be implemented and effectively used in a children’s hospital?
A Very Short MLP History

1967
• Delta Health Center in Mississippi, the nation’s first federally funded rural health center, hires a lawyer to address patients’ food and housing problems

1993
• The first medical legal partnership is formed at Boston Medical Center after doctors trace pediatric asthma problems back to moldy apartments

2001
• Following an article in The New York Times about the Boston partnership, nearly 75 additional partnerships form between 2001 and 2006

2006
• The National Center for Medical-Legal Partnership launches

2012
• The Shade Tree Clinic in Nashville and Erlanger Health Law Partnership in Chattanooga launch

2015
• Tennessee’s newest partnership launches in Memphis (Memphis CHiLD)
What is a Medical Legal Partnership (MLP)?

- A healthcare delivery model that integrates legal assistance into patient care

- A collaboration of health and legal professionals to address and prevent health-harming social and legal needs (social determinants of health) for patients and populations

- A partnership between healthcare and legal institutions aimed at:
  - Improving the health and wellness of vulnerable populations
  - Transforming the response of healthcare system to social determinants of health

*National Center for Medical-Legal Partnership*
Core of the Traditional MLP Alliance

• Legal professionals **TRAIN** healthcare team members to recognize health-harming social and legal needs;

• Healthcare team members **IDENTIFY** patients’ health-harming social and legal needs by implementing screening procedures;

• Legal professionals **TREAT** individual patients’ health-harming social and legal needs with legal care, ranging from triage and consultations to legal representation;

• Healthcare and legal professionals jointly **TRANSFORM** clinical practice and institutional policies to treat and prevent patients’ health-harming social and legal needs;

• Healthcare and legal professionals jointly **PREVENT** health-harming social and legal needs broadly by improving policies and regulations that impact population health.
Memphis CHiLD: Who are we?

Memphis Children’s Health Law Directive

Collaborative Effort

Le Bonheur Children’s Hospital

Memphis Area Legal Services (MALS)

The University of Memphis School of Law

Memphis Children’s Health Law Directive

Collaborative Effort

Le Bonheur Children’s Hospital

Memphis Area Legal Services (MALS)

The University of Memphis School of Law
Le Bonheur Children’s Hospital:
Caring for our region’s most vulnerable children
Memphis CHiLD
Children’s Health Law Directive

Partner Contributions: Le Bonheur Children’s Hospital

• Host facility for Memphis CHiLD
• MLP Medical Champion
  • Navigates hospital infrastructure
  • Improves capacity, ensures quality care, helps develop accurate measurement tools, connects with potential funding sources
  • Fosters creation of MLP education and training opportunities
  • Leadership role in research and outcomes-focused initiatives
Partner Contributions: Memphis Area Legal Services

- Staff attorney
- Social worker/case manager
- Coordinates pro bono referrals
Memphis CHiLD
Children’s Health Law Directive

Partner Contributions: University of Memphis School of Law

- MLP Clinic Director
  - Supervises law students in representation of clients & provision of legal services
  - Teaches clinical course & facilitates interdisciplinary education
- Leads Memphis CHiLD Education and Training initiatives
- Partners with the Health Law Institute
Memphis CHiLD
Children’s Health Law Directive

What do we do?

• Provide legal care to pediatric patients and their families at Le Bonheur Children’s Hospital in order to eliminate obstacles impeding the ability of the child, the child’s family, and the healthcare team to focus on and effectuate health and healing
Memphis CHiLD: What do we do?

**Inputs**
- Healthcare Partners
- Legal Partners

**Activities**
- Training
- Screening
- Direct Services

**Outputs**
- Providers Trained
- Patients Served
- Case Types
- Level of Service

**Outcomes**
- Resolved Legal Problem
- Improved Health Outcome

**Impacts**
- Healthier Community
- Lower Costs
Memphis CHiLD: Why are we doing it?

- The conditions in which people are born, grow, live, work, play and age (the social determinants of health) influence health outcomes.
- Negative social determinants of health can be addressed through enforcement of existing laws and regulations.
- Unmet legal needs keep vulnerable people from getting and staying healthy, and 1 in 6 people need legal care to be healthy.
- The LSC estimates that each patient seeking services has 2-3 unmet legal needs in addition to the one that brings them to the MLP.
- Collaboration between lawyers, doctors, social workers and other health-professionals can improve health outcomes by addressing and remedying social determinants of health.
Individual Patient & Community Health

Healthcare

Economic Stability

Neighborhood & Environment

Education

Social Structure & Community

Social Determinants of Health
Memphis CHiLD: Why are we doing it?
MLP Impact: Patients, Providers, Communities

• Impact on Patient Health and Well-Being

• Financial Impact on Partners and Patients

• Impact on Knowledge & Training of Law & Medical Students and Legal & Health Providers

See National Center for Medical-Legal Partnership
Website: http://medical-legalpartnership.org/mlp-response/
MLP Impact: Patients, Providers, Communities

Patient Health and Well-Being

- MLPs provided assistance to nearly 60,000 patients with legal issues affecting their health in 2014
- Patients better comply with health care treatments after their legal needs have been addressed by an MLP (Journal of Health Care for the Poor and Underserved and Journal of Clinical Oncology)
- MLP services improve health in sickle cell patients (Pediatrics)
- Legal assistance targeted at improving housing conditions improved health of asthma patients (Journal of Asthma and Journal of Health Care for the Poor and Underserved)
- Patients report decreased stress and improved well-being after receiving legal assistance (Journal of Health Care for the Poor and Underserved)

See National Center for Medical-Legal Partnership Website: [http://medical-legalpartnership.org/mlp-response/](http://medical-legalpartnership.org/mlp-response/)
MLP Impact: Patients, Providers, Communities

Financial Impact on Partners and Patients

- Medical-legal partnerships save patients health care costs and recover cash benefits (Journal of Health Care for the Poor and Underserved and Journal of Palliative Medicine)

- Medical-legal partnership reduces health care spending on high-cost, high-use patients (Health Affairs)

See National Center for Medical-Legal Partnership Website: [http://medical-legalpartnership.org/mlp-response/](http://medical-legalpartnership.org/mlp-response/)
Why is the MLP Model Essential in an Era of Value-Based Care?

• A healthcare delivery model that integrates legal assistance as a vital component of medical care

• Serves healthy, acutely ill, and chronic/complex children and their families

• Improves population health and helps manage utilization (cost effective)

• Creates enduring relationships with the patients, families, and communities (improves population health)

• Addresses specific needs and builds a differentiated patient and family experience
MLP Impact: Patients, Providers, Communities

Knowledge Training of Health Providers

- MLPs provided training to more than 15,000 healthcare professionals

- Residents and health care teams trained by attorneys increase their knowledge and screening of patients’ social and legal needs (*Academic Pediatrics, Journal of General Internal Medicine, and Journal of Graduate Medical Education*)

- Increased health care staff satisfaction when a medical-legal partnership program is part of the health care services at the health care site (*Journal of Public Health Management and Practice*)

See National Center for Medical-Legal Partnership Website: [http://medical-legalpartnership.org/mlp-response/](http://medical-legalpartnership.org/mlp-response/)
In Memphis…

Benefit to the **patients & the community**
- High child poverty rate in Memphis
- Early intervention with a comprehensive approach limit non-medical problems that contribute to poor health
- By providing legal care to treat the social determinants of children’s health, Memphis CHiLD can impact the poverty-related cycle of medical problems and hospitalizations

Benefit to **providers & partner institutions**

Benefit to **students**
- MLPs are on the forefront of intersection of health and law
- Both medical and law students gain marketable skills in a rapidly expanding area
- Law students receive training in interdisciplinary collaboration, in addition to the practice skills gained in representing clients
Poverty in Memphis: 2015 Stats

Memphis Population: 641,946
29.8% live in poverty

Memphis Children: 163,000+
47% of children live in poverty

Data Source: Memphis Commercial Appeal
Child Poverty in Memphis

• Memphis’ poverty rate among children (47%) is more than double the national child poverty rate (22.7%)

• Of the ~170,000 children in Memphis:
  – More than 50% are poor or low-income
  – 39% below the federal poverty line
  – 15% live in extreme poverty
  – 60% live in single parent families
  – Almost 70% of Le Bonheur patients are enrolled in state Medicaid

Data Sources: University of Memphis, The Mid-South Family & Community Empowerment Institute, 2015; Urban Child Institute, 2013
What do low-income children face?

- Unsafe Environments (Neighborhood, Housing, Crime)
- Food, Housing, & Utility Insecurity
- Family Instability (Unemployment, Custody Issues, Domestic Violence)
- Education Challenges & Illiteracy
- Inaccessible Health Care
- Health Disparity
Pediatric Case Studies:

Why Innovative MLP’s Are Important

Dr. Lauren Mutrie, MD, MSc
Why MLPs matter

• Sick children often present with more than simple medical problems: underlying legal, social, environmental, and financial problems impair health.

• Critical to understand **core health disparities** in our own local communities & social determinants of health
Case #1: Asthma and the Housing Problem

- 8 year old boy with asthma
- 11 Emergency Room visits over 12 months, 3 admissions + 1 ICU admission.
- New to Memphis & Section 8 housing: mother reports that he is constantly coughing and wheezing at home.
- No smokers in the house
- Good compliance with home medications
Landlord refuses to eradicate mold despite family requests.
Case #2: Lead and Development

- 1 year old girl in clinic for her first check-up
  - Routine lead and hemoglobin levels
  - Significant speech and motor delays noted
  - Referral to TN Early Intervention Services

- At 15 month visit, toddler has made no progress.
  - Lead level = 24
  - Health Department consulted; Mother submitted multiple written requests to landlord for action
Housing Culprit Again!

• Family lives in an old apartment with lead-based paint on walls and sills.

• Repairs are not made for months despite requests
  – Child’s lead level remains high, and she remains delayed. Family moves away, lost to follow-up care.
Case #3: Education & Disabilities

- 16 year old boy with severe autism admitted x 6 days for urinating blood
- Very difficult to examine and communicate with this patient due autism. Full medical work-up revealed no cause. Bloody urine gradually subsided.
- Several days into his admission, he finally let doctors look at his back & abdomen: he was covered in bruises.
• For years, this teen was bullied at school in a small town with very limited resources.
• For years, his mother advocated for special services and removal from mainstream classes, but his case was always “on hold.”
What do we do as clinicians?

- How can we advocate for children’s rights to safe and healthy homes and schools?
- How can we achieve health equity for all people?
Consult MLP!

- MLP initiatives represent innovative interventions and advocacy positions in response to the needs of our young patients.
• Poverty is Our Cancer
Memphis CHiLD: How are we doing it?

Direct Legal Services

Systemic Advocacy

Education & Training

Research, Evaluation & Scholarship
Social Determinants Driving Patient Outcomes

**Social and Environmental Risk Factors**

- Substandard, Unsafe Housing
- Unstable Family Income
- Lack of Health Insurance
- Environmental Hazards
- Insufficient Access to Food
- Inadequate School Services

**Annual short-stay hospital episodes for children in poverty compared with children in non-poverty**

- 2x

**Premature deaths in the U.S. attributed to social circumstances**

- 15%

Medical-Legal Partnerships Fill Important Gap

Strengthening Health System Ability to Identify, Treat Legal Needs

Legal Needs That Impact Health (I-HELP Model)

**Income/Insurance**
- Insurance access and benefits
- Food stamps
- Disability benefits
- Social Security benefits

**Legal Status**
- Immigration (asylum, Violence Against Women Act)
- Criminal record issues

**Housing & Energy**
- Shelter access
- Access to housing subsidies
- Sanitary housing conditions
- Utilities access
- Foreclosure prevention

**Education/Employment**
- Americans with Disabilities Act compliance
- Discrimination
- Individuals with Disabilities in Education Act compliance

**Personal/Family Stability**
- Guardianship, custody, divorce
- Domestic violence
- Child abuse and neglect
- Advance directives, estate planning

Memphis CHiLD: Process

**Education**
- Law and medical students, residents, and healthcare partners receive education and training from the MLP

**Patient**
- Pediatric patient comes to Le Bonheur with a medical/health problem
- Healthcare partners at Le Bonheur identify potential social determinant(s) of health

**Referral**
- "Referral to Memphis CHiLD For Legal Services" Form sent to the Memphis CHiLD office for intake

**Intake**
- Memphis CHiLD intake coordinator conducts preliminary intake (income eligibility, conflicts check)
- MALS determines whether the case is eligible according to MALS protocol

**Client**
- If the case is eligible, Memphis CHiLD team meets to determine possible legal care addressing identified social determinant(s) of health
- Detailed legal interview & scope of services

**Evaluation & Research**
- Legal and healthcare teams work together to evaluate impact of representation

**Policy & Systemic Change**
- MLP advocates for policy and systemic change in legal and healthcare systems
Memphis CHiLD Cases: I-HELP Categories

- I (Income/Insurance): 38%
- H (Housing): 32%
- E (Education & Employment): 10%
- L (Legal Status): 20%
- P (Personal & Family Stability): 0%
How can you join the MLP movement?

- 292 Healthcare Institutions
  - 152 Hospitals + 140 Health Centers
- 33 Medical Schools + 46 Residency Programs
- 142 Legal Aid Agencies
- 51 Law Schools
- 71 Pro Bono Law Firms and Corporate Legal Departments
In 2007, the American Academy of Pediatrics passed a resolution “encouraging closer and more frequent collaboration between legal service and medical professionals,” and specifically promoted medical-legal partnership as a strategy to improve the health and well-being of children.
MLP Helps Children’s Hospitals Meet Their Mission

• 42 children’s hospitals have MLPs
• MLPs help children’s hospital meet their mission by:
  – Enabling health care practitioners work at the top of their licensure
  – Enhancing the quality of care
  – Empowering patients and families to participate in care
  – Educating the next generation of pediatric primary care and subspecialists

See National Center for Medical Legal Partnership Website
Resources

• A wealth of information can be found at the National Center for Medical-Legal Partnership website: www.medical-legalpartnership.org

• Includes a free, comprehensive tool-kit to guide partnership development

• The National Center for Medical-Legal Partnership Annual Summit (April 6-8, 2016)
Memphis CHiLD
Children’s Health Law Directive

Questions?

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Lauren Mutrie: Lhall33@uthsc.edu
Lauren Mutrie, MD, MSc
Le Bonheur Children's Hospital

Jessica Saunders, MPA
Dayton Children's Hospital
Engaging Students in Screening for the Social Determinants of Health

Dayton Children’s Family Resource Connection
Learning Objectives

- Discuss the planning steps of a social needs screening program.
- Discuss best practices to train a student workforce to assist with a social needs screening program.
Our Journey

- Dayton Children’s Center for Child Health and Wellness
  - Strategic planning themes
    - Social determinants of health
      - Food insecurity
      - Financial concerns
      - Parent education/literacy
      - Tobacco use
      - Housing concerns
      - Access to primary care
      - Utilities
  - Connection to resources
    - As CHA asserts, the “science of disparity points us to where health happens for families; increasingly, that is outside of the hospital walls.”

Our Approach

• Impact/improve social determinants of health by being a regional “connector” to resources for children in our care
  – Develop a universal social and environmental needs screening in the Children’s Health Clinic
  – Build a library of resources and referral process to address the needs
  – Leverage student workers reporting to program coordinator for interventions using desk resources, technology, and decision trees
  – Refer more complex cases to social work or other programs
  – Build in feedback loop to evaluate resources and impact
• Initial pilot has a defined geographic region and set of resource priorities
Health Leads Process

1. Patient seeks medical care
2. Provider screens for needs, prescribes basic resources and refers patient to Health Leads
3. Patient brings prescription to Health Leads Desk
4. Health Leads Advocate works with patient to connect to community services
5. Health Leads Advocate follows up with patient
6. Health Leads Advocate provides updates to clinic team
Health Leads Implementation at Dayton Children’s

**Prepare Months 1-2**
Make early program decisions, secure resources and develop a work plan

**January-February 2016**
- Work plan completed.
- Initial conversations with IS, Social Work, Medical Education, Children’s Health Clinic
- Plan transition for Family Resource Center

**Implement Months 2-3**
Move to details program design and implementation

**February – April 2016**
- Engage students to help populate resource database/assist with piloting program
- Post position/hire program coordinator
- Design pilot screening tool and process with Children’s Health Clinic
- Finalize Scope of Service

**Roll-Out Month 3**
Launch the program and drive adoption, supported by Health Leads Reach™ software

**April-May 2016**
- Engage students with piloting program – both using/population Health Leads Reach™ tool and screening patient families
- Begin recruitment of students for summer and fall cohort

**Improve Months 4-12**
Measure and improve program quality. Expand to support more patients

**May-December 2016**
- Pilot 1-2 students @ 20 hours week in program with program coordinator over summer
- Hold student training for fall
- Full program 20-30 students for fall semester
- Expand screenings to Health Leads Implementation at Dayton Children’s
Faculty Engagement

- Finding faculty
  - Targeting PreMed, Social Work and Public Health Programs
  - Community engaged learning departments/centers
- Engagement with faculty in program design
  - Meeting program requirements for practicum/internships
  - Recruitment of the “right” students
  - Better learning outcomes for students
  - Pipeline for health care workforce
  - Opportunity for future collaboration with higher education
  - Student engagement in Dayton
Clear Expectations With Room for Collaboration

- Clear model of what program will accomplish for families and what students can expect
  - Advocate job description
    - *Work with a portfolio of clients professionally and effectively*
    - *Connect families to services located in their community*
    - *Use experience to reflect and grow as a healthcare leader*
  - Specific training requirements
    - Volunteer requirements of Dayton Children’s
    - Health Leads “Bootcamp”
- Discussion about intern/practicum or volunteer requirements
Current Relationships

• Connecting with schools of medicine, public health and social work
  – Cedarville University Social Work
  – Central State University Social Work
  – Indiana Wesleyan University Social Work
  – University of Dayton PreMed, Social Work and Dietetics
  – Wright State University Social Work, Public Health and Medicine

• Building program requirements database
  – School/department
  – Hours required by student
  – Supervision requirements
Leveraging Student Workforce

- 10 UD PreMed Students researching and populating REACH database
  - Class covering social needs and social determinants of health
  - Linking “volunteer” work with health outcomes
- UD Semester of Service student recruited
  - 30-40 hours/week helping with the summer pilot
  - PreMed student from UD class for continuity
- Additional students from multiple universities recruited for both fall and spring
  - Practicum students working 17-20 hours/week
  - Additional students working 4-8 hours/week
Building Student Leadership

- **Program Coordinator** (Staff member)

- **Student Leaders**
  - Greater Experience
  - 12-20 hours per week
  - 2-3 students

- **Student Advocates**
  - 4-8 hours per week
  - 25-30 students to cover the hours of the program
What Does Success Look Like?

• Outcomes and impact
  – Meaningful connections to community resources to address the social determinants of health.
  – Doctors, nurses, and social workers can better focus on the complex clinical issues (work at the top of their license) while program addresses basic social needs.
  – Build the next generation of healthcare and human service providers that can champion quality connected care for all patients.

• Patient experience improvements by addressing the whole family
Discussion

- Pose questions to “All Participants” using the chat box on the right side of your screen, or simply use the Q/A pod.

- *If your name has a phone icon next to it,* use the “raise hand” feature and we will unmute your line so you can be heard if you’d like to voice your question.
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Director, Center for Child Health and Wellness
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Please give us feedback

• This is a brief survey

• When you exit the webinar, the survey will launch on your screen.

• Please take a few minutes to give us feedback.
Children’s Hospital Association
Community and Child Health

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