Beyond Bean-Counting: Using Outcomes Data to Improve Program Advocacy

Lessons Learned from a Medical-Legal Partnership

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Key Program Features

- Serves patient-clients at 9 healthcare institutions
  - Boston Medical Center
    - Pediatrics
    - Cancer Care
    - Family Medicine
    - Women’s Health
  - 6 BMC-affiliated community health centers
  - Children’s Hospital Boston
  - Dana-Farber Cancer Inst. *(emerging partnership)*
  - 19 law firm and in-house partners

- Not LSC- or state-funded

- Prioritizes advocacy capacity-building in front-line healthcare staff through trainings, toolkits, and templates
Key Lessons Learned

- If you build it (*R+E infrastructure*), they (*helpful data*) will come.

- Explore metrics across disciplines.

- Pay special attention to public health thinking.
If you build it (infrastructure), they (helpful data) will come.
Creating a Research & Evaluation Infrastructure

• Get Over It! Confront Any Discomfort

• Integrate R&E in Staffing
  – Research Coordinator/Research Assistant
  – In-kind physician researchers (principal investigators)
  – Social workers
  – School of Public Health consultants/volunteers

• Regularize R&E “Practice”
  • To start, schedule weekly R&E meetings!
MLP Advocacy “Life Cycle”

- **LEGAL NEEDS TRAINING**
- **HEALTHCARE STAFF MEETS PATIENT-FAMILY**
- **SCREENS FOR POSSIBLE UNMET LEGAL NEEDS**

**HEALTHCARE STAFF CONTACTS MLP | BOSTON**
- Text pager: (M-F, 8am - 5pm) (617) 638-5795 id #3684
- Phone: (617) 414-7430 (after hours - leave message)

**MLP | BOSTON CONSULTS WITH HEALTHCARE STAFF (M-F, 9-5)**

- **Legal question resolved via telephone call/email exchange with healthcare staff**
  - SCENARIO 1
- MLP | Boston supplies referral information for outside agency with appropriate expertise
  - SCENARIO 2
- Patient-family scheduled for legal clinic intake at hospital/CHC
  - SCENARIO 3

**A triage call exchange between MLP | Boston and healthcare staff can involve a varying amount of time.**

**LEGAL CLINIC INTAKE COMPLETED**
- MLP | BOSTON ASSESSES PATIENT ELIGIBILITY AND PROGRAM CAPACITY FOR SERVICES
- DIRECT LEGAL ASSISTANCE BY MLP | BOSTON STAFF OR PRO BONO PARTNERS

**DRAFT AUGUST 2011**
Data Collection Success

- Implemented utilities shut-off protection campaign in 2008

- Built advocacy capacity in Pediatrics providers/staff through trainings and templates integrated into the EMR

- Documented a 300% increase in provider execution of medical certification forms for legally eligible patients in one year
Have patience . . .

If things don’t go as hoped the first time . . .

Try again!
Cancer Care / Women’s Health Pilot

- Collaborating with physician-researchers to secure preliminary data on the range of unmet legal needs of low-income women recently diagnosed with breast cancer

- Research Assistant administers baseline survey as well as follow-up surveys every 3-6 months until both MLP legal advocacy and cancer treatments are completed

- Will lay foundation for larger research project seeking to measure impact of MLP services (“intervention”) on:
  - treatment adherence
  - self-efficacy
Project DULCE (Developmental & Legal Advocacy for Everyone)

- Federal research project invested in child abuse prevention through promotion of *protective factors*:
  - Parental resilience
  - Social connections
  - **Concrete supports**
  - Knowledge of parenting and child development
  - Social and emotional competence of children
  - Attachment

- **Includes**:
  - Enhanced well-child visits; child development hotline consultation; developmental screening for children and at-risk screening for families
  - **Access to legal consultation and advocacy services**
IMPROVED HEALTH AND WELL-BEING
Vulnerable patients avoided exposure to extreme heat and cold, and possible adverse health outcomes including the worsening of chronic disease, through improved utility protections.

IMPROVED MEDICAL HOME AND INSTITUTIONS
MLP teams created health setting-based energy clinics targeting patients at risk of losing utility services. The team developed and integrated template certification letters into the electronic medical record.

IMPROVED CLINICAL WORKFORCE SKILLS
MLP team trained hundreds of healthcare providers to recognize the health impact of consistent utility services, and to screen and refer patients at risk of losing services.

IMPROVED LEGAL SERVICES AND INSTITUTIONS
MLP team redefined legal priorities to include utility service problems, thereby preventing ensuing health and legal crises, including eviction and homelessness.

IMPROVED POLICIES, LAWS AND REGULATIONS
MLP utility initiatives influenced statewide policy to extend shut-off protection to households with infants and elderly adults, relax illness recertification requirements, and expanded the pool of healthcare providers including nurse practitioners and physician assistants to sign certification letters.
MLP | Boston Evaluation Protocol for Advocacy Training Participants

• Healthcare provider/staff participants are surveyed immediately following the training

• Follow-up surveys are sent 3-6 months after the training to determine if and how participants changed their professional practice; specific metrics include:
  – Changes in KNOWLEDGE
  – Changes in ATTITUDE
  – Changes in BEHAVIOR
Be Strategic but Ambitious in Data Collection and Aggregation

• Impact on patient-client
  – Improved health and well-being?

• Impact on screening/referring healthcare provider
  – Improved clinical workforce skills?

• Impact on healthcare institutions
  – Improved cost effectiveness, care coordination, patient satisfaction?

• Impact on society/economy
  – Return on investment?
The Time is Now: Understanding How Legal Services Intersects with Health Reform

- Accountable care
- Quality Improvement
- Care Transitions
- Workforce Development
Pay special attention to public health thinking.
Identify Local, Regional, and National Public Health Priorities

- Boston Public Health Commission
- MA Department of Public Health
- MA Public Health Association
- American Public Health Association
- Association of Schools of Public Health
- Surgeon General; U.S. Public Health Service
Legal Services Promotes Several Key Public Health Priorities

- Ensuring access to healthcare
- Ensuring access to healthy, affordable food
- Ensuring safe housing and preventing homelessness
- Reducing health disparities and promoting health equity

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Connecting the Dots Between Legal Services and Health Equity

• Health disparities/inequalities are differences in the presence of disease, in health outcomes, and in healthcare access between population groups
  – Example: Male babies generally are born with heavier birth weight than female babies (thus far determined to be unavoidable, genetic)

• Health inequities are differences in health that are unnecessary, avoidable, unfair, and unjust
  – Example: Babies born to Black women are more likely to die in their first year of life than babies born to White women; even when women in the same income group are compared (theorized that racism causes stress which in turn causes medical risks)

Source: Boston Public Health Comm’n Ctr. for Health Equity and Social Justice
Studies Illuminate the Relevance and Impact of Legal Services

- Last week MDPH/BPCH released the results of a survey of 1700+ HIV-positive and demographically diverse New England residents
- Confirmed that health of HIV+ patients in this region is better than national average
- Respondents reported high satisfaction with medical care
- Researchers concluded it is imperative to maintain ease of access to healthcare services and medications to achieve these results
- Respondents continue to report significant problems with stigma and discrimination
MLP References Relating to Outcomes Measurement


Source: [www.medical-legalpartnership.org](http://www.medical-legalpartnership.org)