RURAL POLICY RESEARCH INSTITUTE
Center for Rural Health Policy Analysis
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Rural Health Value
UNDERSTANDING AND FACILITATING RURAL HEALTH TRANSFORMATION.

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Rural Innovation Profile

Medical-Legal Partnership Addresses Social Determinants of Health

What: A health care network integrates a medical-legal partnership into the evidence-based Chronic Care Model used in its new transitional care clinics.

Why: Social determinants of health are barriers to health care organizations' ability to improve the health of their patients.

Who: FirstHealth of the Carolinas, Pinehurst, NC, and Legal Aid of North Carolina

How: Integrate high-quality legal services into a broad array of clinical and community support services offered to low-income chronically-ill patients discharged from the hospital.

Key Points

- Non-medical factors often affect the health outcomes and health care utilization of low-income chronically ill patients and their families.
- Health conditions are exacerbated and chances for full recovery are limited when patients are uninsured, lack access to primary care, and are at high risk for experiencing food, housing, and income insecurity.
- Legal aid advocates can address insurance coverage, food stamps, unemployment benefits, unsafe housing, housing subsidies, protective orders for domestic violence, as well as mortgage and loans issues.
- Legal assistance has been shown to contribute to reducing preventable hospital readmissions and emergency room use, and controlling overall health care costs.

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"The medical-legal partnership is an absolute perfect fit for the chronic care model in our transitional care clinics. It's win-win-win."

Roxanne Elliott, Policy Director, FirstHealth of the Carolinas

FIRSTHEALTH OF THE CAROLINAS

FirstHealth of the Carolinas, is a private, nonprofit health care network, headquartered in Pinehurst, North Carolina, that serves rural constituents in 15 counties in the mid-Carolinas. It operates four hospitals and a network of primary and convenient-care clinics and dental centers.

The network had high rates for emergency department (ED) admissions and 30-day inpatient readmissions. Through its community health needs assessment, FirstHealth identified a strategic priority to better serve chronically ill, disabled patients. To achieve this goal, it established four transitional care clinics (TCCs) which integrated a medical-legal partnership (MLP).

In 2013, prior to the TCCs, the 30-day readmission rate for chronically-ill patients with specific diagnoses, such as diabetes and hypertension, was 19.4 percent. In 2016, the rate had decreased system-wide to 10.3 percent. For patients enrolled in the transitional care clinics with MLP, the readmission rate was significantly lower at 3.8 percent. While the TCCs do not generate revenue, they save FirstHealth money in reduced cost. To assess cost avoidance to the system, FirstHealth pulled a random sample of 140 patients with TCC visits in September 2015. Analysis of costs per patient 90-days before and after their initial TCC visits showed a collective cost avoidance of $362,053 in the 90-days after the visits, with costs declining from $644,671 before to $282,618 after.

CHRONIC CARE MODEL IN TRANSITIONAL CARE CLINICS

TCCs are designed to help prevent readmissions or return visits to the ED. Patients must be referred to the clinics. Referrals are for chronically ill patients at high risk for a hospital readmission, but unable to access primary care within 72 hours of discharge from one of FirstHealth's area hospitals. The patients often are uninsured and have low health literacy. TCCs serve as a bridge after a hospital stay, for up to 30 days, until a patient stabilizes in the home environment.

FirstHealth launched its TCCs using the Chronic Care Model, with a focus on multidisciplinary care. This was the health care network's first attempt to merge its community health services with clinical services. In addition to clinical staff, the care team includes a health coach, a behavioral coach, behavioral health services, pharmacists for medication reconciliation, a registered dietician/ certified diabetes educator, financial aid counselor, and the patient and family members. The team works on shared care plans. Patients might see two to four people on their multidisciplinary team on a given visit.

Health coaches screen and assess patients, and connect them to community health education programs and resources to help them become better self-care mangers. These include programs for medication assistance, tobacco cessation, and exercise; as well as pulmonary rehabilitation, food banks, and legal services that address complex social determinants of health.

Health coaches train TCC medical staff in motivational interviewing techniques, building skills to elicit a patient's barriers to health and screening for issues that may have a legal remedy. Staff learn to ask questions covering social determinants, such as food insecurity, and how to know whether patients should be referred to legal aid or another community partner or agency.

MEDICAL-LEGAL PARTNERSHIP

When establishing its TCCs, FirstHealth reached out to Legal Aid of North Carolina, Inc. about forming a medical-legal partnership. The health care network had a trusted relationship with LANC, which had provided health insurance enrollment navigators in FirstHealth clinics and hospitals, under the Affordable Care Act (ACA).

LANC focuses on five areas of legal work to address non-medical problems that affect patient's health outcomes and health care utilization:

- Health care access: Help patients enroll in subsidized health insurance coverage through the federal marketplace and to appeal improper denial of or termination of disability related Medicaid eligibility and services.
- Food and income insecurity: Help patients appeal improper denial or termination of Supplemental Nutrition Assistance Program (SNAP)/food stamps or unemployment benefits.
- Housing insecurity: Challenge improper evictions, denial, or termination of housing subsidies, and failure of landlords to make repairs and provide safe and habitable housing.
- Personal and family safety: Help victims of domestic violence obtain protective orders.
- Consumer protection: Assist patients facing improper mortgage foreclosures or predatory loans.

The partnership presented LANC the opportunity to better reach rural populations. The majority of clients lived near its offices in the county seats of large urban areas. Receiving 90,000 calls a year, LANC cannot meet all of the needs of low income people with complex situations. Partnerships with health systems allow LANC to invest its limited resources strategically to get the best outcomes possible.

One of the most common reasons for an MLP referral is for assistance with Medicaid disability appeals. For medically-complex patients, Medicaid appeals are often lost because medical records are incomplete. MLPs allow LANC to better work with health care providers to prepare stronger legal

arguments and achieve coverage, alleviating patient-client concerns about how to pay for medical care and fostering better health outcomes.

STRUCTURING THE PARTNERSHIP

The two organizations signed a memorandum of agreement (MOA) that outlined each of their roles and responsibilities in the MLP. Patient-client information is not shared between the organizations without explicit consent. Participating attorneys go through FirstHealth's HIPPA training requirements. An attorney initiates contact with a patient after receiving a signed referral form. Access to the medical record requires a signed medical release. To make record access more expedient, FirstHealth provides LANC with a direct point of contact for its health information management team.

The MLP was rolled out with in-clinic attorneys in one TCC at a time. The MLP has been operationalized in different ways, depending on availability of funding. Least intensive is the use of a special fax referral form to connect patients with LANC. However, the most referrals happen when attorneys are embedded in the TCCs, peaking on days when an attorney is in the clinic, visible to providers. Ideally, attorneys participate in huddles where cases are discussed at a high level.

At each TCC, a LANC attorney trained staff and providers on what an MLP is, how legal aid assists people, and what makes an appropriate referral. Brief periodic training is provided to clinic staff to account for staff turnover and serve as a reminder about the legal resource. In five to 15 minutes, an attorney covers topics from Medicaid to domestic violence.

LANC meets regularly with medical directors, health coaches, and other staff at the TCCs to discuss the alignment of referrals and collective outcomes for patients who became clients and those who did not.

More on medical-legal partnerships from the National Center for Medical Legal Partnerships at http://medical-legalpartnership.org/.

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For more information about the Rural Health Value project, contact:
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