

# FUNDING, MEASUREMENT & SUSTAINABILITY OF MLPs

Todd J. Lessley, RN, BSN, MPH  
Vice President, Population Health Services  
Salud Family Health Centers

Pia Dean  
Holland & Hart LLP  
Director, Medical Legal Partnership Colorado

# The Ultimate Challenge: Sustainability



# Sustainability

- Sustainability involves many key elements:
  - Determining how legal services will be provided (volunteer attorneys, students with supervision, LSC attorneys, etc.);
  - Developing a strong relationship between the legal and provider teams;
  - Strategies to ensure integration into the care team;
  - Forming a workable structure;
  - Deciding the legal services to be provided (I-HELP, other);
  - Defining your population (kids, vets, cancer patients, etc.);
  - Determining economic/income parameters;
  - Communicating with other members of the team (EHR, etc.);
  - Deciding on how patient-clients are identified/referred; and
  - FUNDING, and its companion, performance measures data.

## Entity Type

- Separate nonprofit
- Affiliated with schools of law, medicine, PH, SW
- Affiliated with legal aide orgs, governmental agencies, etc.
- Affiliated with healthcare entity

## Partners

- Hospital
- Healthcare system
- FQHC
- Provider group
- University
- LSC

## Funding

- Grant funding
- Health system operating budget or foundation
- Healthcare foundation
- Government contract
- LSC funding
- Enabling services
- Fee generating models
- Social Impact Bonds

# The Importance of Measures

- No matter what the funding source, it is critical to be able to demonstrate the value of an MLP.
- Three-fold focus:

1. Improving health of the community



# The Importance of Measures

2. Reducing burden on already overstretched community resources



3. Return on investment (ROI) for your medical partner and/or payer



# The Salud Experience

- Mission driven
- Our patients
- Impact



# History of MLP and Salud

- **Mission Driven**
- **Social Determinants of Health**
- **2014: Colorado Trust (one time funding)**



# Colorado Medicaid

- **85% Unmanaged Fee for Service (FFS)**
- **High caseloads and expenditures**
- **Minimal care coordination**
- **Unprecedented economic situation**
- **Stop paying for volume and utilization**

*SOURCE: HCPF ACC Annual Report (2014)*

# Accountable Care Collaborative

- **The ACC is Colorado Medicaid's primary health care delivery program**

**Patient centered approach to managing care. Change incentives and delivery from ~~rewarding volume~~, to holding us accountable for positive health outcomes**

*SOURCE: HCPF ACC Annual Report (2014)*

# ACC Goals

- **Improve Health Outcomes:** through a coordinated, patient centered system
- **Control Cost:** by reducing avoidable, duplicate and inappropriate use of healthcare resources
- **Enhance the Client Experience**
- **Enhance the Staff/Provider Experience**

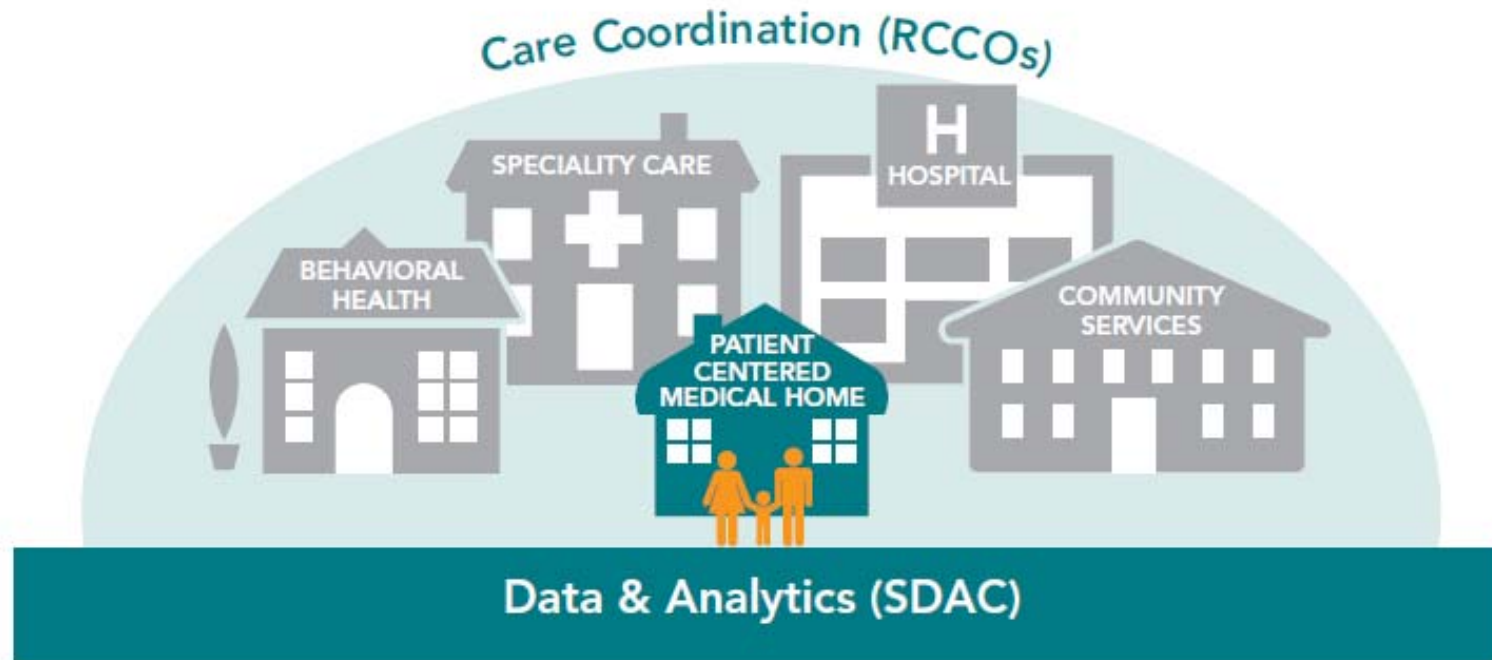
SOURCE: HCPF ACC Annual Report (2014)

# ACC Key Performance Measures

- 1. Emergency Department Visits**
- 2. 30 Day Hospital Readmissions**
- 3. High Cost Diagnostic Imaging**
- 4. Well Child Visits (3-9)**
- 5. Postpartum Visits**

*SOURCE: HCPF ACC Annual Report (2014)*

# ACC RCCO Model



SOURCE: HCPF ACC Annual Report (2014)

# Colorado Access

- **Mission Driven:** *Partner with communities and empower people through access to quality, affordable care.*
- **RCCO and strong partner of Salud**
- **Integrated care (beyond BH)**
- **Volume → Value**
- **Grant process and reporting requirements**

# FQHC: Challenges & Successes

- **Challenges**

- Medicaid only
- Immigration
- Super utilizer stratification
- Perception (staff & client)
- Referral volume
- Workflow issues

- **Successes**

- Social Determinants of Health
- Enhanced integrated healthcare team
- Staff and patient satisfaction and engagement
- Future of healthcare (Volume → Value)

# Salud Statistical Reports

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Total
<b>Patients Referred</b>	21	21	18	19	20	32	30	55	42	258
<b>Legal Needs Surveys Completed</b>	17	17	17	16	17	26	23	37	33	203
LNSs Rejected/Not Completed	4	4	1	3	3	6	7	18	9	55
<b>Legal Needs Survey Results</b>										
Positive	15	15	14	12	11	19	19	25	23	153
Negative	2	2	3	4	6	7	4	12	8	48
Unknown or N/A (rejected LNS)	4	4	1	3	3	6	7	18	11	57
<b>Preferred Language</b>										
English	14	13	9	9	6	15	17	29	20	132
Spanish	7	8	9	9	14	16	13	26	19	121
Other	0	0	0	2	0	1	0	0	0	3
Unknown	0	0	0	0	0	0	0	0	3	3
<b>Type of Legal Need (for Positive Screens)</b>										
I - Income Support	7	10	6	6	6	9	13	16	9	82
H - Housing	2	0	1	2	0	0	2	2	4	13
E - Education	0	1	0	0	0	0	0	0	2	3
L - Legal Status	6	5	7	6	7	10	8	12	14	75
P - Personal Stability	2	4	3	1	0	1	2	1	1	15
End of Life Wishes (Adv. Med. Directives)	0	0	0	0	0	0	2	9	1	12
Other	1	2	0	0	0	1	0	0	0	4
<b>Referral Source:</b>										
Medical	10	11	9	5	8	7	12	24	5	91
Care Management General List	0	0	0	0	0	0	0	0	0	0
Care Manager	4	3	3	5	2	6	9	2	4	38
SDAC - High Utilizer List	0	0	0	0	0	0	0	0	0	0
Behavioral Health	0	3	1	3	0	3	2	5	3	20
Transitions of Care	1	1	3	0	1	3	0	0	0	9



# Salud Statistical Reports

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Total
Dental	0	0	0	0	0	2	1	1	1	5
PHE	1	0	0	1	1	0	0	0	1	4
Care Service Assistants	1	0	0	1	3	7	1	1	1	15
Enrollment Specialists	3	0	1	1	0	3	1	0	2	11
Legal Team	0	0	0	0	0	0	0	0	0	0
Other Patients	1	2	1	0	2	2	0	0	2	10
Other	0	0	0	3	2	0	1	0	1	7
Self-Referral	0	0	0	0	0	0	2	1	21	24
Shared Medical Appointment	0	0	0	0	0	0	0	21	1	22
<b>Accepted Cases</b>										
Total per Month	9	7	7	7	4	11	13	15	11	84
By type of case:										
Income Supports	6	5	1	1	2	5	7	7	3	37
Housing	1	0	0	2	0	0	0	0	0	3
Education	0	1	0	0	0	0	0	0	0	1
Legal Status	4	5	5	3	3	6	3	4	7	40
Personal Stability	0	2	1	1	0	0	2	1	1	8
End of Life Wishes	0	0	0	0	0	0	2	3	0	5
<b>Matters Under Investigation/Evaluation</b>										
Total potential claims per month	3	1	2	3	3	10	1	5	6	34
By type of case:										
Income Supports	0	1	0	1	1	4	1	1	2	11
Housing	0	0	0	0	0	1	0	0	1	2
Education	0	0	0	0	0	0	0	0	0	0
Legal Status	3	0	2	3	3	5	1	3	4	24
Personal Stability	1	0	0	0	0	1	0	0	0	2
End of Life Wishes	0	0	0	0	0	0	0	1	0	1
<b>Rejected Cases - Reason for Rejection</b>										
Total Per Month	9	13	9	9	13	10	16	35	23	137

# Salud Statistic Reports

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Total
<b>By reason for rejection:</b>										
Lost to Follow-Up (LTFU)	3	5	1	2	2	1	5	16	8	43
Outside of MLP Scope (OOS)	3	4	3	3	6	5	4	8	6	42
No Legal Need Identified (NLNI)	1	0	0	1	0	1	1	4	3	11
Has Legal Representation (HLR)	1	2	1	0	2	0	1	1	1	9
No Legal Remedy Available (NLRA)	1	1	1	1	2	0	0	0	1	7
Declined Legal Services (DLS)	0	1	1	2	1	3	4	6	4	22
Cannot Meaningfully Participate (CMP)	0	0	0	0	0	0	1	0	0	1
Representaion Terminated (RT)	0	0	0	0	0	0	0	0	0	0
Conflict of Intetest (COI)	0	0	1	0	0	0	0	0	0	1
Other	0	0	1	0	0	0	0	0	0	1
<b>Undetermined (not enough contact)</b>	0	0	0	0	0	1	0	0	2	3
<b>Completed Cases (by intake date)</b>										
Total by Month	3	1	1	2	0	4	5	2	2	20
<b>By type of case:</b>										
Income Support	2	1	0	0	0	0	1	0	0	4
Housing	0	0	0	1	0	0	0	0	0	1
Education	0	0	0	0	0	0	0	0	0	0
Legal Status	1	1	0	0	0	1	1	0	2	6
Personal Stability	0	0	1	1	0	0	1	0	0	3
End of Life Wishes	0	0	0	0	0	0	2	2	0	4
<b>Health Insurance Coverage</b>										
Medicaid/Dual Eligible	10	14	10	9	6	18	19	33	24	143
Medicare	2	1	3	2	2	2	1	4	1	18
CICP/Clinic Sliding Scale/Uninsured	7	4	4	8	8	11	5	10	10	67
Private	1	1	1	0	4	1	4	7	4	23
Other/Unknown	1	1	0	0	0	0	1	1	4	8

# Salud Performance Measures

- We developed our evaluation metrics prior to NCMPL's release of its Performance Measures Handbook.
- Worked with an epidemiologist, Dr. Angela Sauaia, who developed an evaluation tool based on validated measures (BRFSS, PHQ-9, SF-36, etc.).
- Administered at intake, every 6 months during pendency of case, and at conclusion.
- To date we have evaluated two cohorts:
  - 1<sup>st</sup> (Pilot) Cohort (2014): 19 clients
    - Evaluation of legal/health outcomes/satisfaction 6 months post initial MLP intake
  - 2<sup>nd</sup> Cohort Year (2015): 58 clients
    - Evaluation of legal/health outcomes/satisfaction at:
      - Baseline information upon legal intake
      - Follow-up 6 months post initial MLP intake

# Methods – Outcome Evaluation

1. Legal Outcomes: number/type of cases, resolution, patient-client satisfaction with legal counsel
2. Health Outcomes
  - Based on SF-36 and BRFSS
3. Cost/resource utilization
  - Healthcare costs at Salud and reimbursement
  - No shows
  - ED visits
  - Hospitalizations
  - Days missed from work

# Methods

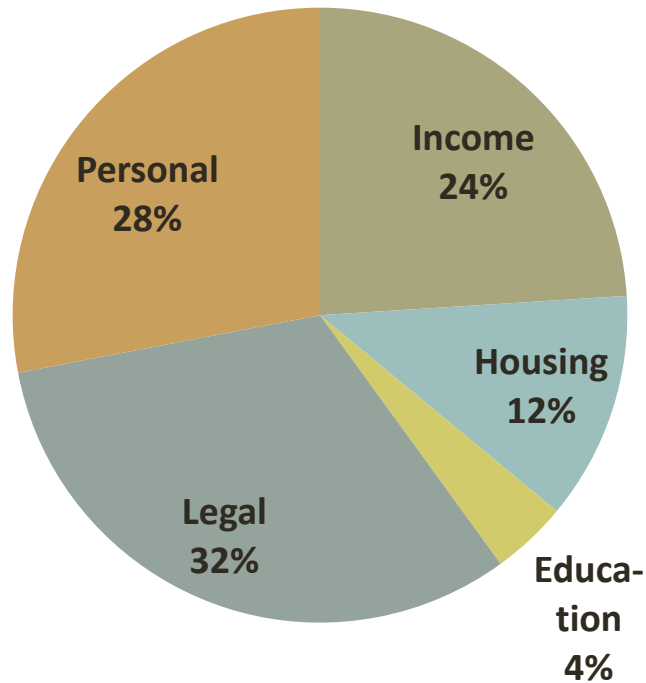
- Pilot Cohort: retrospective evaluation
- Cohort 2: prospective evaluation at:
  - Baseline: interviews conducted by lawyers, and
  - Follow-up: phone interviews by graduate students at 6 months or case closure

# Sample Questions

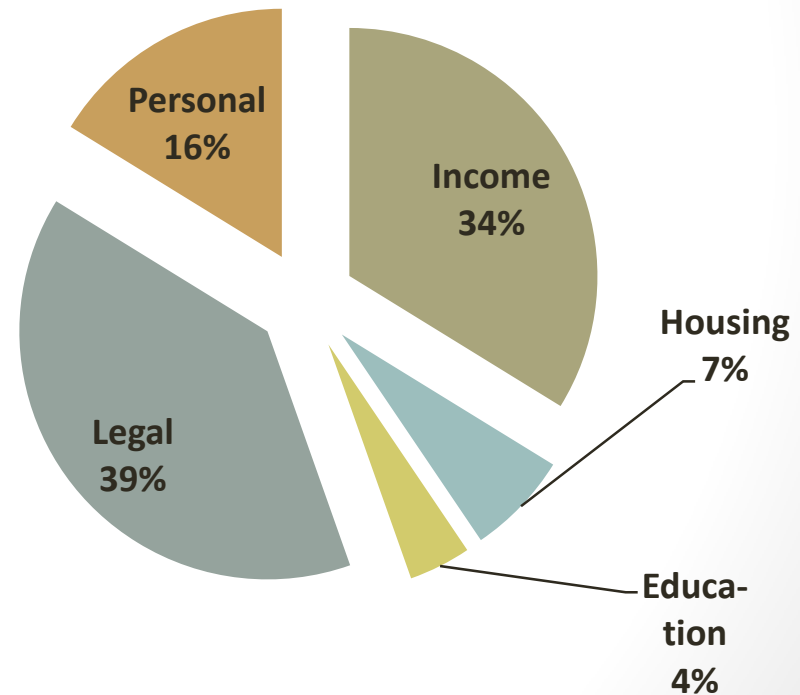
- Thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?
- Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
- Compared to when you first met your lawyer, would you say that your health is?
  - Much better, somewhat better, basically the same, somewhat worse, much worse, don't know

# Results by Types of Cases

## Case Distribution-Cohort 1



## Case Distribution-Cohort 2



# Legal Outcomes

- Pilot Cohort: 65% success rate
- Cohort 2: 59% success rates varying from 33% to 73% depending on type of case (housing, education, etc.), several pending cases



# Pilot Cohort Health Outcomes

Retrospective evaluation

- **71%** reported physical health was better compared to 1<sup>st</sup> meeting with lawyer
- **76%** reported emotional health was better compared to 1<sup>st</sup> meeting with lawyer
- **76%** visited the ER less often
- **71%** admitted to the hospital less often
- **76%** missed less medical appointments
- **47%** missed work less often

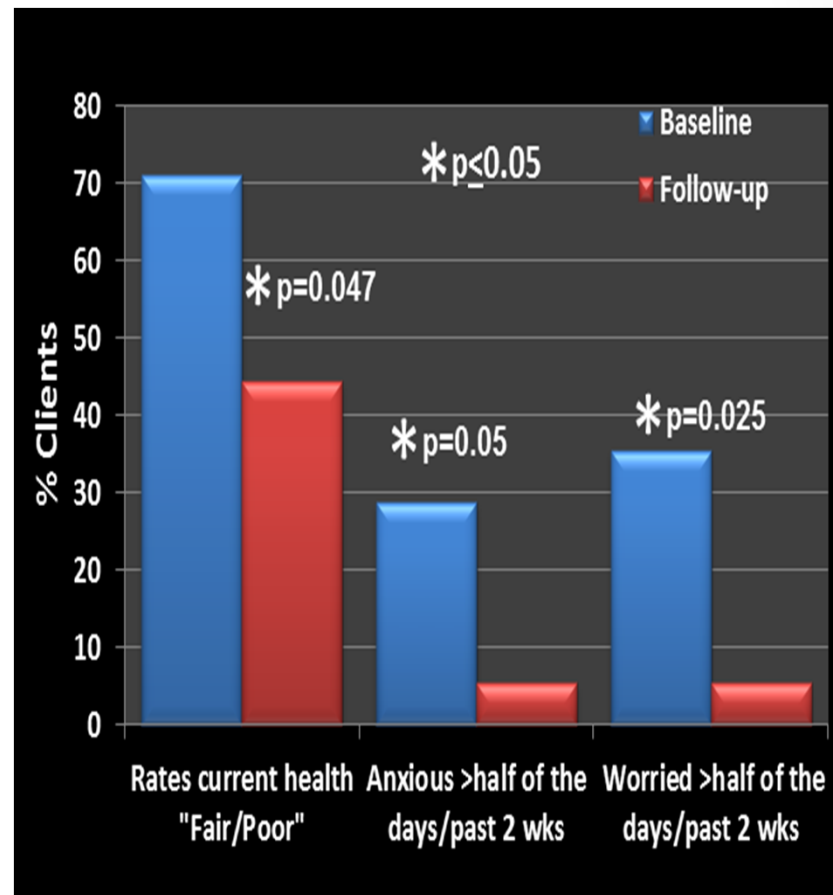
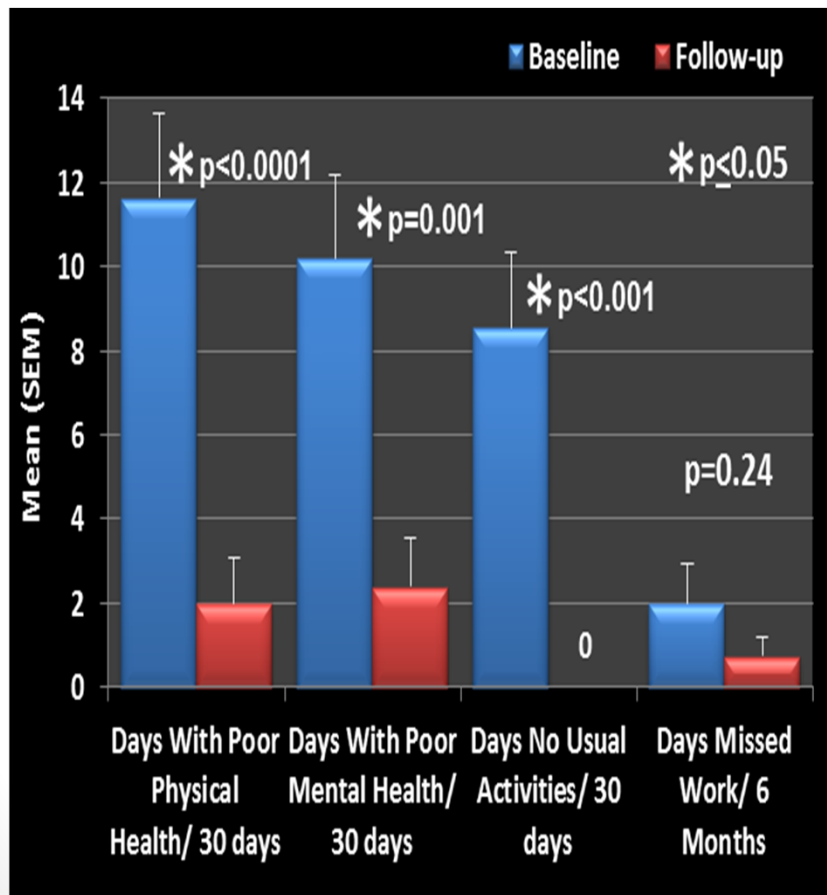
# Cohort 2 Health Outcomes

Prospective baseline and follow-up evaluation

- Demographics at baseline (N=55)
  - Mean (SD) age: 42 years (13)
  - 73% women
  - 62% spoke Spanish at home
  - 52% less than high school education
  - 72% income < \$30,000/year
  - 33% on SNAP

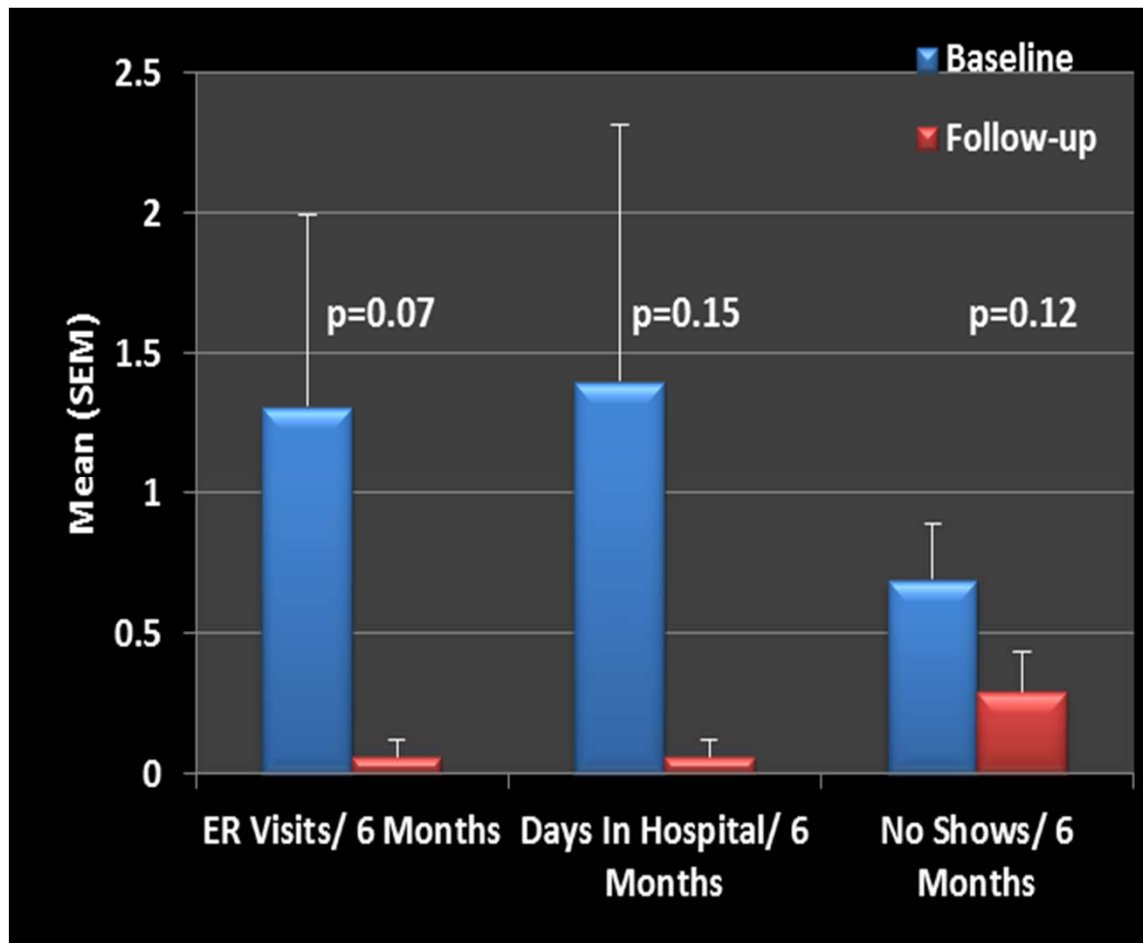
# Health outcomes

- There were consistent improvements in health outcomes, most of them, statistically significant



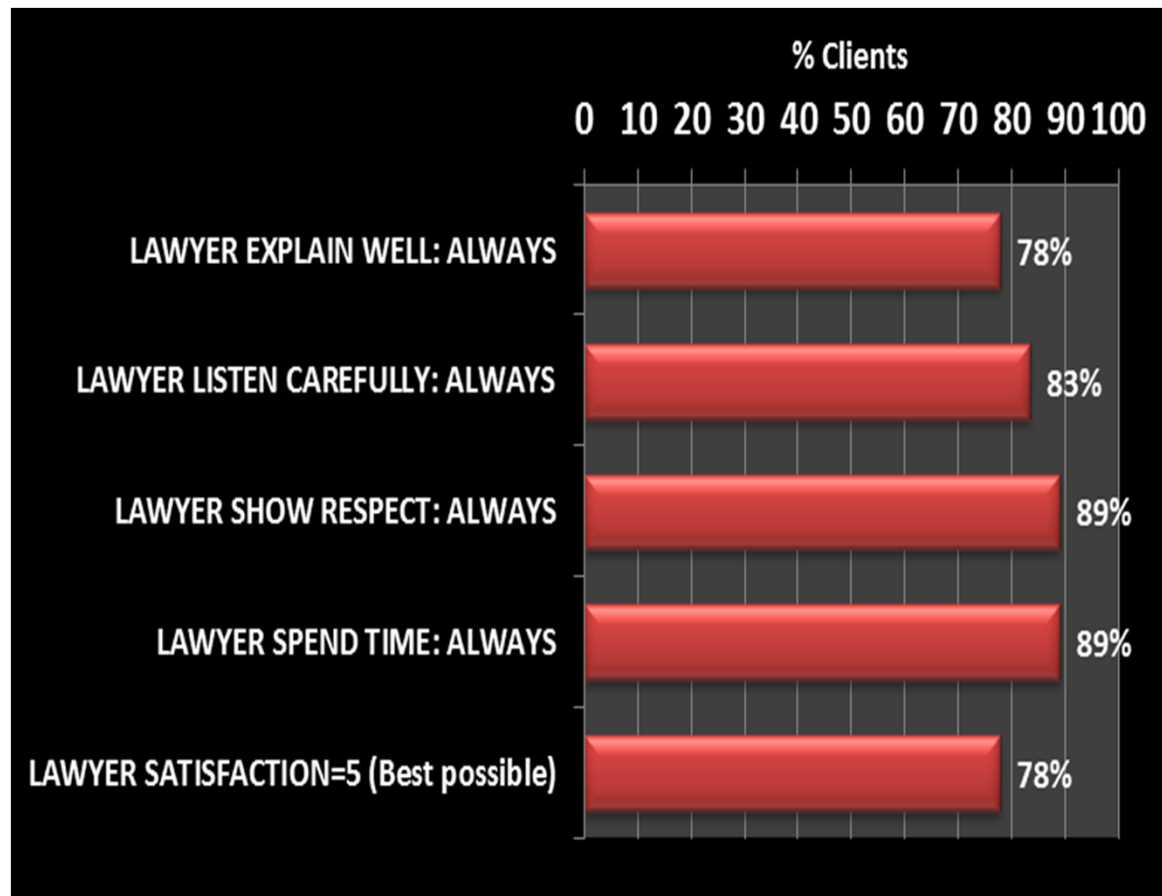
# Health Utilization

- Likewise, there were consistent improvements in health utilization outcomes, albeit these did not reach significance.



# Patient Satisfaction

- Most patients were satisfied with the legal assistance they received and 67% credited the MLP for their health improvement .



# Cost/Resource Utilization

- We are working with Salud to refine determinations of cost/resource utilization.
- Currently our methodology is piecemeal and subjective.
- We are looking for ways to track electronically – through the EMR or otherwise

# Next Steps

- We are in the process of submitting new research grants to refine our research model to tease out the legal intervention
  - Control group study
  - Compare Health Department data on standardized measures

# Research Question

- **Is the MLP-CO associated with improvements in:**
  - Legal outcomes?
  - Health outcomes?
  - Healthcare and Patient Costs?
  - Patient and Provider Satisfaction?

**We propose to address these gaps and build the case for MLP as a health policy that can reduce health inequities**



# Developing Meaningful Metrics

- National Center for Medical Legal Partnership
  1. Training in MLP;
  2. Patients Screening for Health-Harming Legal Needs;
  3. Patients Treated/Addressed by Healthcare Partner;
  4. Legal Screening by Legal Partner;
  5. MLP Patient-Clients by "I-HELP" Category;
  6. Financial Benefit for MLP Patient-Clients;
  7. Financial Benefit for Health Care Organizations.
- Other measurements developed by MLPs
- Important point is to begin collecting data that will provide support for the MLP with healthcare providers, funders, governmental payers, etc.

# Funding Considerations

- Health system foundation
- Grant funding
  - RWJF
  - National Center for Medical-Legal Partnership
  - State grant funders
- Government payers
- LSC funding
- HRSA "enabling services"
- Social impact bonds (SIB) and community benefit bonds
- Fee generating models
- Healthcare system operating budget
  - Population health and value-based reimbursement

# Population Health

- Healthcare providers are shifting their strategy toward managing populations in response to payment reform.
- MLPs can create a niche in the new health care environment by addressing population health pain points.
- Communicating the value of the MLP in population health will open new sources of revenue for long term sustainability.

# Pain Points

The NCMLP has fabulous materials on pain points and numerous other topics. Please see <http://medical-legalpartnership.org/>

MLPs can reorient their practice to meet the health institution's pain points

- *Pain points* are missed quality metrics or incentives in the delivery of health care to patients that affects the amount in which a healthcare institution is paid under changing reimbursement models.
- These pain points can be found:
  - Through discussion with administration, financial, or clinical partners
  - Through discussion with Medicaid, Medicare, and other insurers
  - In a not-for-profit hospital's Community Health Needs Assessment (CHNA)

# Take Away

- As our healthcare system moves from **volume** (focused on the number of procedures and hospital stays) to **value** (focused on the health of patients and quality of care):
  - Healthcare leadership will be looking for solutions to pain points of their patient populations
  - Health and legal partners should remain aware of the target populations of the healthcare institution and a line MLP services to address the pain points

# Concluding Remarks

- The National Center for Medical Legal Partnership is a fabulous resource. See <http://medical-legalpartnership.org/> for toolkits, performance measures, discussions about sustainability and current information regarding grants (national organization, government agencies, and NCMLP programs).
- NCMLP annual summit (typically held in early April) is worth the price of admission
- Don't hesitate to call your fellow MLPs throughout the country for materials, ideas, collaboration

# Questions?

Todd J. Lessley, RN, BSN, MPH

Salud Family Health Centers

Vice President, Population Health Services

[tlessley@saludclinic.org](mailto:tlessley@saludclinic.org)

Pia Dean

Holland & Hart LLP

Director, Medical Legal Partnership Colorado

[PDean@hollandhart.com](mailto:PDean@hollandhart.com)