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BACKGROUND

- Addressing social determinants of health is an essential element in meeting the Delivery System Reform Incentive Payment (DSRIP) program goals of improving health outcomes and reducing potentially avoidable hospital utilization among Medicaid patients. Recognizing this—and seeking to improve the overall health of some of Brooklyn’s neediest residents—the Maimonides Medical Center (MMC) Department of Population Health, with support from NYSHealth, studied the impact that connecting Medicaid members to different types of social services may have on healthcare utilization and costs.
- Study results suggested some association between social service intervention, including legal assistance services, and reduced healthcare utilization and costs among a population of patients engaged in consistent care management in Brooklyn. Utilizing the findings of the study, the MMC Department of Population Health developed a pilot program to expand an existing legal assistance clinic model, New York Legal Assistance Group (NYLAG)’s LegalHealth Clinic.
- Additionally, while health team members often help patients with their non-medical issues through care management and peer support, they are not trained to navigate the complex legal system. The Community Care of Brooklyn (CCB)-NYLAG LegalHealth Clinic seeks to address this gap in patient care, at no cost to patients.

MODEL COMPONENTS

Training Clinical Providers to Recognize Patients’ Social Needs

- CCB, 1199SEIU Training and Education Fund, and NYLAG have developed two courses (“Housing, Income, and Insurance” and “Behavioral Health, Safe Living, and Immigrants’ Rights”) to educate healthcare workers about the social determinants of health that can be addressed through legal solutions, steps that a healthcare provider can take to intervene before escalating to a lawyer, and how to identify the point at which escalation is necessary.
- Providers are required to complete one of the two courses in order to make a referral to the CCB-NYLAG LegalHealth Clinic.
- > 350 healthcare and community-based providers have completed at least one of the trainings.

Centrally Tracking & Driving Referrals

- CCB receives referrals and confirms provider and patient eligibility.
 - Providers must work for an organization in the CCB network or be referring a patient who is currently enrolled in a CCB network Health Home (Brooklyn Health Home, Coordinated Behavioral Care, or Community Health Network).
 - Patients must be referred by eligible provider; a health-harming legal need must be present.
- CCB ensures patients receive reminder calls on the Friday before appointments.
- CCB utilizes its communications channels to share resources, encourage enrollment in training, and remind providers to make referrals.

Facilitating the Operation of a Legal Assistance Clinic

- The CCB-NYLAG LegalHealth is located in Downtown Brooklyn and offers six appointments per week, on Wednesday afternoons.

Issues That Can Be Addressed Through the CCB-NYLAG LegalHealth Clinic

Government Benefits SSI/SSDI, public assistance, SNAP
Insurance Disputes Medicaid/Essential Plan denial, trouble meeting Medicare co-pays, commercial insurance denial
Fair Hearings
Housing eviction, tenant-landlord mediation, difficulty paying rent, conditions/utilities issues, public/NYCHA housing
Family Law custody/visitation, Orders of Protection, child support, situations involving abuse or neglect of children

Immigration screen for immigration remedies/benefits eligibility, advise on public charge rule
Debtor/Creditor Issues benefits, bankruptcy considerations
Workplace Accommodations disability accommodations, leaves, financial options
Advance Planning will, health care proxy, living will, Power of Attorney, permanency planning for minors
Safety feeling unsafe with partner or in home, vulnerable elderly person
General difficulty paying rent, for food, utilities, health insurance costs

MONITORING OF PROGRAM DELIVERY AND EVALUATION OF OUTCOMES

- The MMC Department of Population Health is currently monitoring and evaluating the program to further understand the impact that intervening on the social needs of patients may have on health and utilization outcomes. Program delivery is monitored by tracking program participant demographics, categories of need for legal assistance and appointment attendance rates.
- Findings from these data are used to inform ongoing program improvement.
- For this analysis, patient cohorts were created based on program participation, as documented through CCB appointment tracking data. The following cohorts of patients engaged during the first year of program implementation (pilot year) were included in the analysis:
 - Cohort 1 (“Pilot Year Months 1 - 6”)**: Medicaid members engaged in the CCB-NYLAG LegalHealth Clinic during first six months of program pilot year (Aug. 2017 – Jan. 2018)
 - Cohort 2 (“Pilot Year Months 7 - 12”)**: Medicaid members engaged in the CCB-NYLAG LegalHealth Clinic during second six months of program pilot year (Feb. 2018 – July 2018)
 - Cohort 3 (“Housing Need”)**: Medicaid members engaged in CCB-NYLAG LegalHealth Clinic during program pilot year (Aug. 2017 – July 2018) and the first month of program year two (Aug. 2018) with need for legal assistance related to housing
 - Cohort 4 (“All Pilot”)**: Medicaid members engaged in the CCB-NYLAG LegalHealth Clinic during program pilot year (Aug. 2017 – July 2018)
 - Cohort 5 (“Control Group - Did Not Attend Appt.”)**: Medicaid members who scheduled appointments with CCB-NYLAG LegalHealth Clinic during program pilot year (Aug. 2017 – July 2018) but who did not attend the appointment
- Salient’s NYS Medicaid Enterprise System™, which houses claims, attribution, and DSRIP quality measure performance data for all NYS Medicaid members, is being used to evaluate the program’s impact on healthcare utilization and other claims-based indicators of health status.

Demographics of Members Engaged by Clinic

- Baseline data available as of January 2018 provides descriptive statistics about the members engaged by the CCB-NYLAG LegalHealth Clinic during the program pilot year, including sex, age, race, and ethnicity.

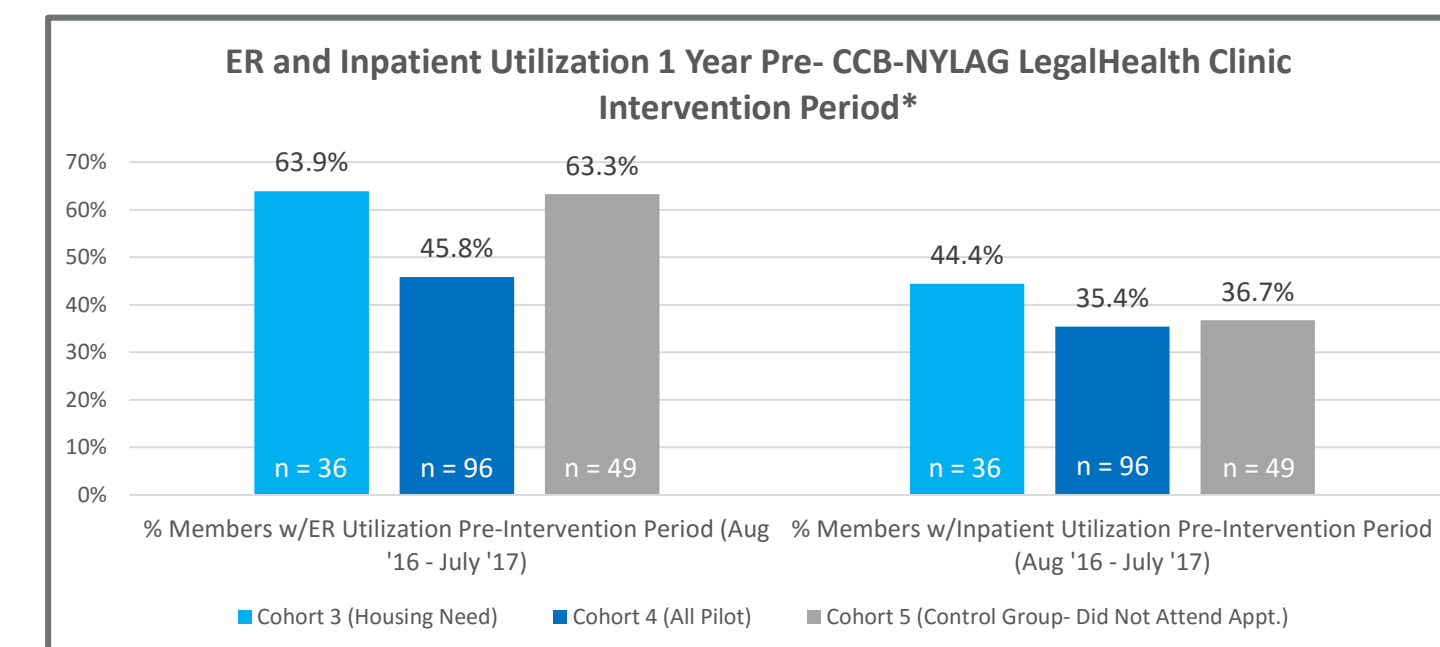
	Total		Sex		Age								
			n	%	n	%	0 - 17 years		18 - 44 years		45 - 64 years		65+ years
	n	%	n	%	n	%	n	%	n	%	n	%	n
Cohort 1 (Pilot Year Months 1 - 6)	33	17	51.5%	16	48.5%	0	0.0%	9	27.3%	17	51.5%	7	21.2%
Cohort 2 (Pilot Year Months 7 - 12)	63	38	60.3%	25	39.7%	2	3.2%	15	23.8%	34	54.0%	12	19.0%
Cohort 3 (Housing Need)	36	25	69.4%	11	30.6%	0	0.0%	9	25.0%	23	63.9%	4	11.1%
Cohort 4 (All Pilot)	96	55	57.3%	41	42.7%	2	2.1%	24	25.0%	51	53.1%	19	19.8%
Cohort 5 (Control Group - Did Not Attend Appt.)	48	33	68.8%	15	31.3%	0	0.0%	11	22.9%	29	60.4%	8	16.7%

	Total		Ethnicity		Race*												
			n	%	Hispanic	Not Hispanic	Asian	Black	Native Hawaiian	American Indian	White	Unknown					
	n	%	n	%	n	%	n	%	n	%	n	%					
Cohort 1 (Pilot Year Months 1 - 6)	33	12	36.4%	21	63.6%	4	12.1%	20	60.6%	0	0.0%	2	6.1%	15	45.5%	1	3.0%
Cohort 2 (Pilot Year Months 7 - 12)	63	18	28.6%	45	71.4%	11	17.5%	40	63.5%	3	4.8%	6	9.5%	31	49.2%	2	3.2%
Cohort 3 (Housing Need)	36	10	27.8%	26	72.2%	4	11.1%	18	50.0%	1	2.8%	4	11.1%	20	55.6%	0	0.0%
Cohort 4 (All Pilot)	96	30	31.3%	66	68.8%	15	15.6%	60	62.5%	3	3.1%	8	8.3%	46	47.9%	3	3.1%
Cohort 5 (Control Group - Did Not Attend Appt.)	48	16	33.3%	32	66.7%	3	6.3%	29	60.4%	1	2.1%	1	2.1%	18	37.5%	2	4.2%

* Includes multiple race categories reported for some members

Health and Utilization Data for Members Engaged by Clinic

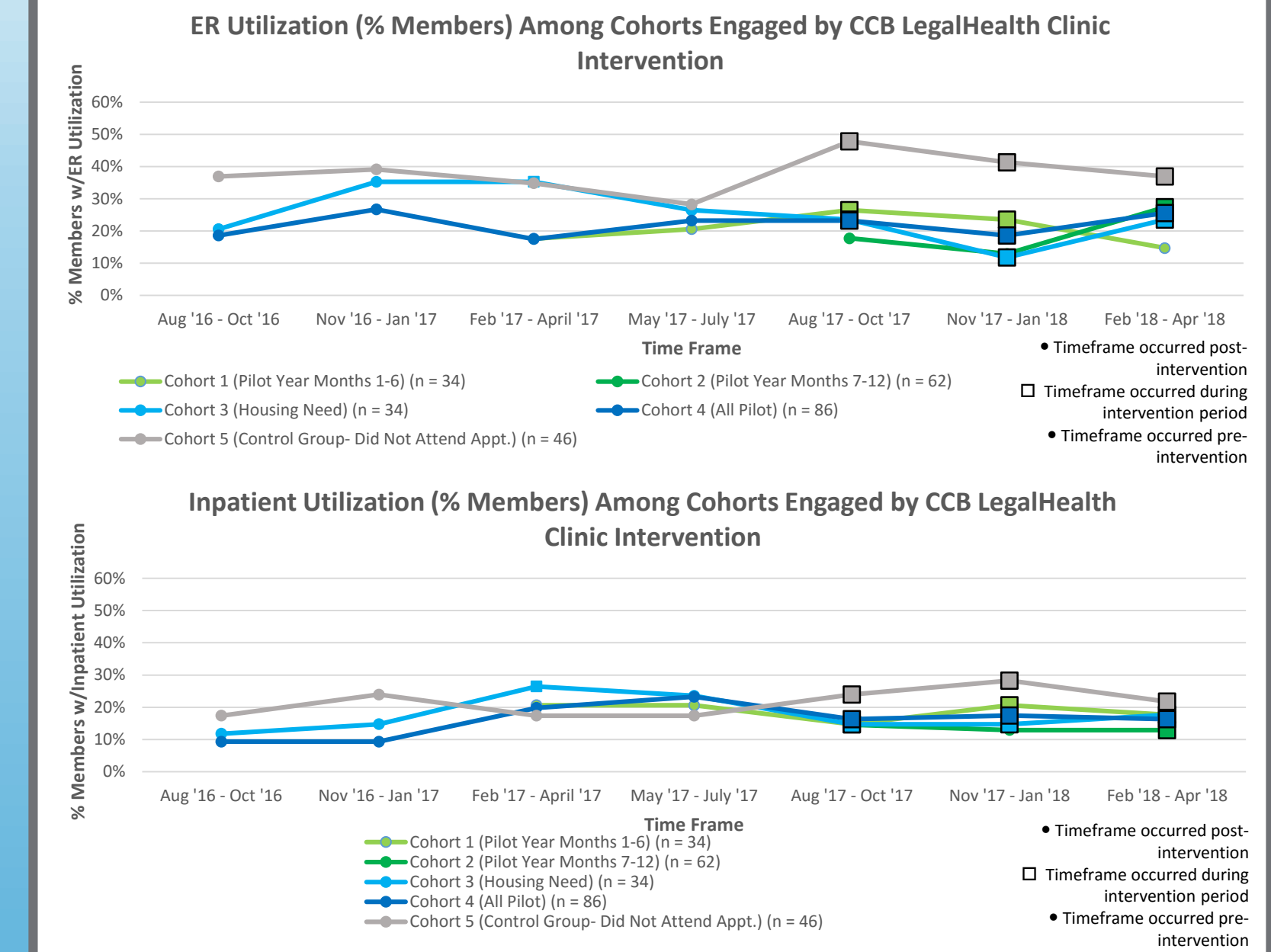
- Baseline data also provides utilization statistics about these members, including prevalence of chronic conditions and ER and inpatient utilization before and during the intervention period.
- This data shows a significant prevalence of chronic conditions among all cohorts included in the analysis.
 - The majority of members in all five cohorts had hypertension, cardiovascular disease (CVD), and behavioral health-related diagnoses between 2013 and 2016.
 - Members in all five cohorts also had significant rates of diabetes, asthma, serious mental illness (SMI), HIV, and substance use-related diagnoses between 2013 and 2016.



* Cohort denominator sizes differ slightly across utilization results presented in three month, six month, and twelve month intervals due to differing Medicaid enrollment during each of these time frames

- Data on this population’s ER and inpatient utilization indicates that the “Housing Need” cohort had slightly higher ER and inpatient utilization than the “All Pilot” cohort during the 12 months pre-intervention.
- Data also shows that members in the “Control Group – Did Not Attend Appt.” cohort had slightly higher ER and inpatient utilization than those engaged in the program during the 12 months pre-intervention (left) and as great as 21.3% more ER utilization during the intervention period (top right).

Health and Utilization Data for Members Engaged by Clinic (cont.)



Consented Client Data on Legal Interventions (Year 2 of Implementation)

- The MMC Department of Population Health and NYLAG LegalHealth developed a client consent form and consent process to enable clients to voluntarily provide information about the legal interventions they receive and the outcomes of those interventions, starting in the second year of program implementation.
- This additional data source will be useful in connecting program participation, types of legal interventions, and legal intervention outcomes with health outcomes at the patient level.

Consented Client Data Summary	
Summary of clients engaged by CCB-NYLAG LegalHealth Clinic (October - December 2018) who consented to voluntarily provide information about the legal interventions they received and the outcomes of those interventions:	
Consented clients, Oct - Dec 2018:	26
Consented clients for which legal case was resolved, Oct - Dec 2018:	10 38%
Average # hours spent on each case by CCB-NYLAG LegalHealth Clinic staff attorney:	1.8 hours
Of resolved cases, average # days between intake date and close date:	12 days

Consented Clients Engaged by CCB-NYLAG LegalHealth Clinic, October - December 2018		
Category of Legal Assistance Need	n	%
Housing	9	35%
Income Maintenance	9	35%
Family	4	15%
Consumer Finance	2	8%
Health	1	4%
Immigration	1	4%
Total	26	100%

CONCLUSIONS

- The CCB-NYLAG LegalHealth clinic embodies the types of collaborations that the DSRIP program is encouraging in New York State. To effectively implement this model, CCB is leveraging relationships with 1199SEIU Training and Education Fund (a workforce development partner), NYLAG LegalHealth (a social service agency), and the healthcare providers in its PPS network, who drive clinic referrals and are now able to more comprehensively approach patient care.
- The CCB-NYLAG LegalHealth clinic is currently in its second year. The MMC Department of Population Health continues to track indicators related to program delivery and monitor and evaluate health and healthcare utilization-related outcomes to further understand the impact that intervening on the social needs of patients may have on health outcomes and to inform ongoing program improvement.