

Investing in Legal Advocacy for Better Health

An Analysis of Washington Medical-Legal Partnership's Financial Benefit to Seattle Children's Hospital, FY 2015-2017

WASHINGTON
Medical+Legal PARTNERSHIP

based at Seattle Children's Hospital

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Executive Summary

Overview

Medical-legal partnerships (MLP) integrate the unique expertise of attorneys into healthcare settings to help clinicians, case managers, and social workers address social and structural issues at the root of many health inequities.¹ An investment in MLP not only demonstrates a commitment to comprehensive care and health equity, but it can also yield many kinds of benefits, including helping prevent hospital admissions, reducing days of hospitalization, appealing insurance denials, and collecting revenue. Some of these results will yield **financial benefit**. We define the term “financial benefit” as the costs avoided and revenue collected for healthcare institutions as a result of MLP interventions, acknowledging the complex collaboration of many other hospital advocates in patient care. The Washington Medical-Legal Partnership worked with hospital colleagues who lent their expertise to the difficult task of determining the impact and then ascribing a dollar amount to the results of legal interventions. **The purpose of this report is to illustrate how Washington MLP’s interventions have benefited Seattle Children’s Hospital.**

Rationale for Analyzing Financial Benefit

MLPs across the nation seek to demonstrate their financial value to healthcare in addition to their value in addressing the social determinants of health. Traditionally, MLPs have been funded through grants or as short-term projects, but often these funding structures have been insufficient to sustain such partnerships. Given the limited resources in civil legal aid, investment from healthcare partners seems essential to ensure the longevity of an MLP. To secure buy-in from healthcare, some MLPs have taken different approaches to demonstrate their benefit to healthcare institutions. Benefit comes in many configurations, such as increased revenue, reduced length of hospitalization, avoided admission, and secured insurance coverage. This issue brief covers one framework for analyzing the benefits for healthcare from supporting an MLP.

Framework for MLP Financial Benefit Analysis

Working across areas of expertise, this framework relies on extensive discussions with medical providers, social workers, other healthcare staff, legal aid attorneys, finance, and other hospital departments. Healthcare partners, legal aid, and other stakeholders who are exploring investment in MLP might consider the approach below.

- **Specific “pain points” in healthcare.** What obstacles does the provider or the hospital encounter when providing care for their patients? For these obstacles or costly “pain points,” do MLP legal interventions address the problem?
- **The immediate impact on patient’s health and healthcare.** From the care team’s perspective, did legal advocacy make an impact in improving or maintaining the patient’s health and well-being or in preventing the patient’s health conditions from worsening?
- **How impact translates into monetary value.** If the attorneys and care team agree there was an impact, was the hospital able to avoid additional costs or collect new revenue? What is the amount avoided or saved as related to the legal intervention?

Through our experiences with a coordinated process of analyzing financial benefit, we believe other MLPs have the opportunity to show their positive impact on healthcare. Demonstrating this benefit can have

¹ <https://medical-legalpartnership.org>

implications for MLP funding over the long-term to better serve patients, families, and providers with legal intervention.

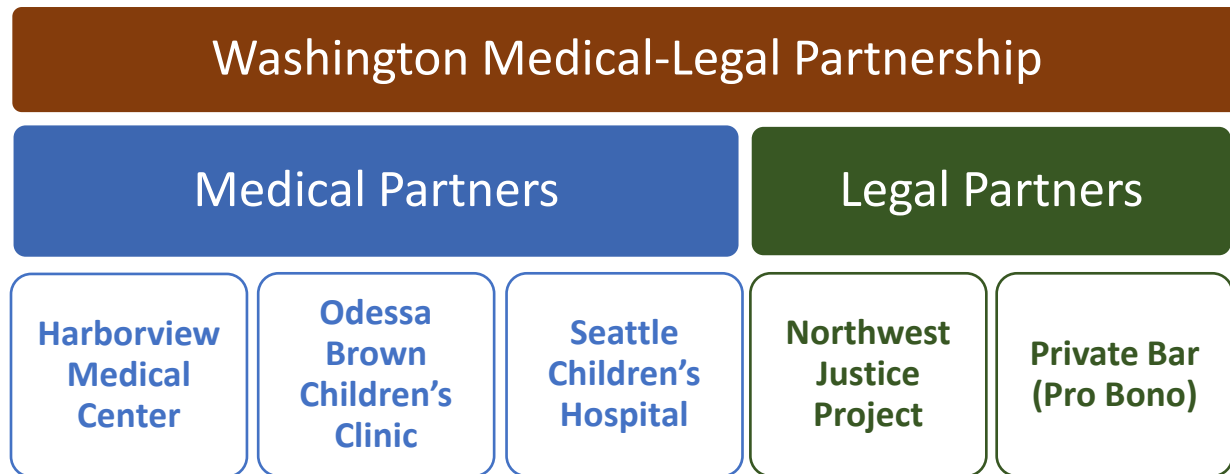
Overview: Washington Medical-Legal Partnership

The Washington Medical-Legal Partnership (WMLP) is a collaboration among attorneys, physicians, social workers, and other healthcare staff aimed at resolving social and legal barriers to better health. WMLP assists low-income patients and families by working to mitigate and prevent health-harming social conditions. The program uses a three-pronged approach in progressing towards health equity: provider education and consultation, direct legal services, and policy advocacy.

I	Income supports (public benefits, food stamps, health insurance)	Most low-income families have one or more unmet legal needs. At Seattle Children’s primary care clinic, Odessa Brown Children’s Clinic, families on average identified over five legal needs. To address these health-harming legal needs, the area’s pediatric hospital and the critical safety net hospital partnered with the largest legal aid society in the state to form the WMLP in 2008. Like many of the over 300 MLPs across the country, WMLP uses the I-HELP model to identify social/legal issues.
H	Housing, habitability and utilities	
E	Educational access	
L	Legal status	
P	Personal and family stability	
WMLP contributes to holistic healthcare by integrating legal advocates into medical settings. An investment in MLP not only demonstrates a commitment to comprehensive care and health equity, but it can also yield financial benefit – referring to costs avoided, or revenue collected, for healthcare institutions as a result of legal advocacy. The purpose of this report is to illustrate how MLP’s interventions have provided a benefit to providers, patients, families, and the hospital, particularly in helping avoid hospital admissions, reduce days of hospitalization, secure insurance coverage, and collect revenue.		

WMLP involves one civil legal aid partner, Northwest Justice Project (NJP), a pro bono panel of volunteer attorneys, and three healthcare institutions: Harborview Medical Center, Odessa Brown Children’s Clinic, and Seattle Children’s Hospital. WMLP legal advocates build the capacity of clinical staff through routine trainings and education. When providers from these healthcare organizations identify patients who may benefit from legal intervention, they make a referral to the program for a WMLP advocate from the Northwest Justice Project to provide direct legal assistance to the patient-family. In the past 11 years, the WMLP has trained over 3,500 healthcare staff and served over 1,800 patient families.

Figure 1. Diagram illustrating partners of the Washington Medical-Legal Partnership.



WMLP's Framework for Calculating Benefit

WMLP was funded by grants and philanthropic donations initially. In 2014, program partners began documenting the benefits to the healthcare organization as a way to provide support for WMLP's long-term fiscal viability. The learning process and calculation methods for what we now call "financial benefit" have taken several years to develop.

Much of our approach is qualitative in nature. Working across areas of expertise, we have extensive discussions with medical providers, social workers, other healthcare staff, legal aid attorneys, finance and other departments to document and analyze the following steps that make up our approach:

- **Specific "pain points" in healthcare.** What obstacles does the provider or the hospital encounter when providing care for their patients? For these obstacles or costly "pain points," does MLP's legal intervention address the problem?
- **The immediate impact on patient's health and healthcare.** From the care team's perspective, did legal advocacy make an impact in improving or maintaining the patient's health and well-being or in preventing the patient's health conditions from worsening?
- **How impact translates into monetary value.** If the attorneys and care team agree there was an impact, was the hospital able to avoid additional costs or collect new revenue? What is the amount avoided or saved as related to the legal intervention?

The WMLP Program Coordinator leads the financial benefit analysis process. WMLP legal advocates identify and "flag" in their legal case management system those cases they believe may have benefited the hospital. Every quarter, the WMLP team discusses each flagged case in-depth, which the program coordinator records as a timeline. If the team hypothesizes that there are days of avoided admission, reduced length-of-stay, revenue collection, or other benefits related to the legal intervention, we request permission from the patient-client to review their medical record. The coordinator, who is administratively based in the hospital setting, accesses the electronic health record (EHR), looking for other key events related to the legal intervention (e.g., dates of admission, requests for medical

necessity, provider attempts to advocate on behalf of patient, etc.) and adds this information to the timeline.

If there is a logical sequence in the timeline drawn from the EHR and the WMLP attorney, we reasonably assume there may be a link between the legal intervention and immediate health impact. The coordinator then contacts the patient’s care team and finance partners to ask for their perspective about whether WMLP had an impact for both the patient and for hospital utilization. More information may emerge from the discussion (e.g., financial counselor’s notes, social work notes), which is also added to the case timeline documentation.

Based on the information gathered, the coordinator identifies the benefits, if any, resulting from MLP intervention.

Making the Case for Initial Investment

In January 2015, WMLP made its first request to Seattle Children’s Hospital (SCH) leadership for ongoing funding through the hospital’s operational budget. In preparation for the request, WMLP tracked cases that had possible financial benefit for the hospital resulting from MLP attorneys’ legal interventions. WMLP then discussed case information with patients’ medical teams to understand the impact of the legal intervention on the patient’s care. Following are the cases WMLP assessed during FY14 to justify the request (Figure 2):

Figure 2. Cases WMLP assessed during fiscal year 2014 in its initial request to Seattle Children’s Hospital.

A. Interventions facilitating revenue collection	
WMLP Activity	Key Issues/Results
Reinstatement of Medicaid Benefits for 3 patient families over past 3 years; 2 patients still seen at SCH.	\$27,876 in Medicaid payments to SCH and ongoing.
Change in Medicaid Policy to cover sleep studies for patients < 1 y/o in 2014.	\$11,003 in Medicaid payments to SCH for 25 sleep studies over 1 year; ongoing.
Autism Advocacy: WMLP negotiated with the WA state Health Care Authority ² to include Applied Behavior Analysis (ABA) ³ therapy in its list of covered services.	Revenue Source: SCH Autism Clinic exploring the provision of center-based ABA services for children ages 2-4.

² The Washington State Health Care Authority is the largest health care purchaser in the state purchasing health care for more than 2.5 million state residents including the state’s Medicaid program. Source: <https://www.hca.wa.gov/about-hca>

³ ABA is a widely accepted behavior management approach that tracks progress in those with autism by improving skills. Source: <https://www.nichd.nih.gov/health/topics/autism/conditioninfo/treatments/behavioral-management>

B. Interventions facilitating avoided hospital days

WMLP Activity	Key Issues/Results
Private Duty Nursing: WMLP prevented insurer/DSHS from terminating nursing coverage.	3 patients where WMLP prevented DSHS from reducing or terminating nursing coverage, preventing 2-3 weeks of hospitalization and 1 ED visit per patient. Having healthcare professional in home also allows for better care and less need for clinic visits, ED visits and hospitalizations.
Durable Medical Equipment approval: Hayek ventilator for patient with respiratory infections.	Hospital days reduced by 58 days over a 6-month period after Hayek ventilator approval.
Change in Managed Care Policy to cover sleep studies for patients < 1 y/o. Sleep Clinic patients no longer need hospitalization for sleep studies due to WMLP advocacy.	40 hospital days avoided due to 20 children having outpatient sleep studies instead of 2-day in-patient stays over 1-year period, increasing patient safety and avoiding delay of treatment/worsening condition/unnecessary hospitalization.
Immigration: 3 patient-families served per year where a relative was allowed into the country to help family take care of patient.	One patient where bone marrow transplant was allowed to happen in part due to family member from another county taking care of patient, avoiding 3 months or more of additional hospitalization if no family member was available.

C. Interventions facilitating increased productivity

WMLP Activity	Key Results/Issues
Sleep Clinic Provider Time Saved as each sleep study does not need special permission/advocacy to get approval due to WMLP advocacy.	Min. of 1 hour per sleep study x 25 sleep studies per year = 25 hours of provider time saved each year.
Biochemical Genetic Clinic: WMLP advocacy resulted in approval of supplements that had been denied.	Providers not spending time on phone with insurance companies. Families and/or SCH no longer need to pay for supplements and compounded medications; correct recommended medications and dosages received.

D. Interventions contributing to community benefit

WMLP Activity	Key Results/Issues
Autism Advocacy: WMLP negotiated with the Health Care Authority to include ABA therapy in its list of covered services.	Over 9,000 low-income families statewide now eligible to receive ABA therapy. WMLP also worked with federal CMS, which resulted in guidance to <u>all states</u> that ABA therapy is required to be covered if medically necessary.
Long-term Personal Care: Ensuring people with disabilities can live safely in the community.	WMLP secured \$561,000 in state funds for 21 patients in need of long-term personal care. Total includes one year of benefits; typically, benefits last much longer.
Financial Assistance: WMLP legal partner filed lawsuit to stop WA state from cutting TANF to 8,000 low-income families whose child(ren) receive SSDI.	Lawsuit preserved approximately \$30 million in assistance.

WMLP's Benefits to Healthcare

During FY 2015, 16, and 17, we assessed the following cases. WMLP assisted with over 1,000 patient-cases during this three-year period; these are a small subset that were flagged as both having a financial benefit and consent from the patient to review their record.

A summary of analyzed cases follows:

1) Insurance Appeal

A patient's health insurance company denied coverage for home nursing services and supplies and denied payment of hospital charges as not medically necessary. This prevented him from discharge despite being medically ready. When WMLP appealed the denial, the health insurance company both paid the hospital charges, reimbursing Seattle Children's Hospital the amount below, and covered his at-home nursing to ensure a safe discharge.

Revenue collected: \$650,000

2) Guardianship

An oncology patient needed legal guardianship so that her relatives could authorize SSI and Medicaid. Without guardianship, she could not enroll in Medicaid and thus the hospital could not be reimbursed for her treatments. Once guardianship was secured, the guardian was able to apply for Medicaid for the patient. Insurance was retrospectively applied, resulting in a payment of over \$25,000. This amount was attributed to WMLP's work in expediting guardianship for this patient.

Revenue collected: \$25,000

3) Psychiatric and Behavioral Medicine Unit (PBMU)

WMLP intervened in four cases where PBMU patients were "boarding" on the unit. WMLP's involvement helped reduce length-of-stay by 90 days and avoid 30 days of hospitalization.

Days of avoided admission: 30

Days reduced length-of-stay: 90

WMLP also made an impact via provider education and consultations. After the PBMU consulted with WMLP about the state's obligations for service coverage and patients' rights, the PBMU began billing the state instead of using uncompensated care dollars, resulting in additional revenue of over \$50,000.

Revenue collected: \$50,000

4) Private Duty (At-Home) Nursing and Length-of-Stay

WMLP advocated for six patients with private duty nursing coverage issues. Without adequate in-home nursing in place, these high-needs patients were at risk of unsafe discharge or readmission. In

successfully securing coverage, at least six weeks of hospitalization were avoided and length-of-stay reduced by 4-5 months.

For example, two patients of the six had significantly delayed discharge due to inadequate in-home nursing coverage for several months. With WMLP's intervention, they were able to return home safely with nursing in place; thus, the hospital estimated a significant reduction in length-of-stay.

Days of avoided admission: 42

Days reduced length-of-stay: 4-5 months

5) Immigration

Patient reduced their hospital stay by 30 days as a result of WMLP assisting a caregiver to obtain her B-2 visa, allowing the patient to discharge safely home with care in place.

Days of avoided admission: 30

6) Housing and Public Benefits

WMLP assisted a patient with public benefits and housing. She has severe developmental disabilities and a history of coming to the ED frequently over the course of a year. Her family, who was non-English speaking and had no community supports, had been at great risk for immediate eviction. With the MLP attorney's intervention to expedite their reinstatement of cash assistance benefits, the family was able to cover their rent immediately the next day. Had the family tried to reinstate their benefits and navigate housing on their own, it would have taken much longer. The WMLP interventions are projected to have avoided 28 days of hospitalization for this patient.

Days of avoided admission: 28

Impact of WMLP Advocacy on Length-of-Stay

A few years prior to WMLP's involvement, SCH discussed with state agencies the issues concerning home nursing coverage for children with Medicaid. Many of these children were medically ready to discharge from the hospital, but their main barrier to returning home was inadequate home nursing. SCH healthcare staff partnered with WMLP to advocate on behalf of six SCH patients with insufficient at-home nursing which resulted in Northwest Justice Project filing a lawsuit to the Healthcare Authority. The lawsuit, combined with advocacy from the Office of the Attorney General, managed care organizations, care management teams, and nursing agencies, resulted in the Healthcare Authority's proposal to increase the Medicaid nursing reimbursement rate by \$10 an hour to meet its obligations to arrange for care.

When approved by the legislature in July 2016, the change in the reimbursement rate expedited the process for patients to obtain nursing coverage, thus resulting in reduced length-of-stay or avoided readmission. Working together in this effort, WMLP helped impact not only the six patient plaintiffs, but potentially 275 families of critically ill children eligible for nursing coverage in Washington State. Care teams from SCH agreed that the lawsuit was a catalyst to the proposed legislative changes, with WMLP being a major facilitator to securing home nursing for many children with Medicaid.

Financial Stability for Low-Income Families

WMLP also calculates **individual benefit**, which refers to specific patient families that individually achieve greater financial stability from the attorney's assistance. Case types include social security income, special education, Medicaid, housing, debt relief, and child support. For WMLP cases resolved during the period FY15-FY17, 23 families from Seattle Children's and Odessa Brown Children's Clinic were reported to have individually benefited from WMLP, with a value of at least **\$469,446**.

Acknowledgements & Considerations

WMLP tracks and analyzes cases where there is presumably a link between the legal intervention, enhanced patient care, hospital utilization, and financial benefit. While WMLP served over a thousand patients during FY15-17, we assessed financial benefit for a very small percentage of our cases, less than 5% of the total served. WMLP does not assess financial benefit across all cases served, but only ones that are "flagged" as showing tangible benefit, with most cases directly addressing our healthcare partner's costly "pain points." While the mission of MLP is to address health-harming legal needs to advance individual and population health and health equity, it is important to highlight the value and benefits of MLP to healthcare organizations in tangible and monetized ways, especially when exploring innovative models to complex healthcare issues. WMLP monetized results when possible and recognizes that each healthcare organization will assign its own value to results such as reduced length of stay, avoided admission and readmission, and provider and staff time saved.

WMLP acknowledges that the legal intervention in each case is not the sole factor in facilitating care for patients. Our WMLP advocates work closely with social workers, care managers, providers, financial counselors, state agencies, and other advocacy organizations to address social and legal issues hindering patients' health outcomes. WMLP is deeply aware that the program is only one of many contributing factors that supported favorable outcomes for not only the patients, but for the healthcare institution as well.

The framework presented in this issue brief is not a guarantee that, if applied, an MLP will yield the same data as presented above. The financial calculations have varied for each individual case based on the nature of the patient-family concerns, timeline, and legal intervention. Our method is one of a few used by MLPs across the country that shows the model's financial value to healthcare institutions. We hope in the future, more exact calculations and algorithms will be applied to analyze the impact of MLPs on healthcare.

We would like to thank the social workers, care teams, finance partners, medical champions, and staff attorneys involved in this financial benefit analysis. The Washington Medical-Legal Partnership, and hence this report on the benefits of MLP, would not be possible without your collaboration and support. We are grateful.