



3-minute case study: When the best treatment is a lawyer

By Lia Novotny | June 27, 2017

What innovations drive success in population health? Here's a tactic from a leading healthcare system.

The problem

The difference between good and poor health is often defined by patients' circumstances beyond the reach of medical care: food insecurity, lack of insurance coverage, inadequate special needs services, immigration status, domestic violence, and unsafe, impermanent housing.

The solution

Often the only professional that can guide patients past those barriers is a lawyer. So Cincinnati Children's Hospital launched the Child Health-Law Partnership (Child HeLP) in 2008 to provide legal resources to support individuals and families with "health-harming legal needs." Clinicians and social workers screen families for problems that can be resolved through legal assistance and have referred nearly 6,000 patients to the partnership since its founding.

Child HeLP also aggregates data on legal issues affecting patients, so that Cincinnati Children's can identify patterns of health disparities in the region. In 2011, a spike in housing complaints against a real estate developer prompted Child HeLP's lawyers to mobilize tenants to demand improvements, aimed at creating healthier conditions, in 700 low-income housing units.

Such results motivated Cincinnati Children's to study more disparities and correlate those findings with underlying risks. Using data on asthma, researchers mapped hospitalizations occurring over the course of a year and uncovered big differences across neighborhoods, with annual hospitalization rates above the national average in some areas. Neighborhoods with higher hospitalization rates, they found, were more likely to have higher rates of housing code violations.

The outcome

These population-based assessments were integrated with the ongoing Cincinnati Children's Asthma Improvement Collaborative, which aims to reduce hospitalizations for local children on

Medicaid. Between 2007 and 2015, hospitalization rates for this population dropped by more than 40 percent.

“If a hospital invests \$100,000 a year in embedding legal services into their care, they show quite impressive returns – sometimes \$25,000 to \$35,000 for a single patient,” says Joel Teitelbaum, co-principal investigator at the National Center for Medical Legal Partnerships.

And as the healthcare system moves towards a value-based model, Teitelbaum says, legal services may become reimbursable. Cincinnati Children’s is now exploring innovative payment models, including engaging Medicaid payers to cover legal advocacy for at-risk patients.

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