



Telementoring the Community Health Workforce to Bolster Social Health: Exciting Innovation in Rhode Island

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Telehealth is a hot topic these days, whether one is excited about its [potential to expand care access](#), concerned that it will [deepen inequities linked to the Digital Divide](#), or [both](#). Much telehealth dialogue is dominated by clinical and behavioral health applications. However, initial seeds of a conversation about [telehealth in the social care context](#), are sprouting. And not a moment too soon: in month 12 of the pandemic, people across the U.S. are experiencing unprecedented levels of [economic hardship](#), meaning that at a population level, health-related social needs are epidemic.

Against this backdrop, planning for telehealth in the social care context should proceed both with urgency and with carefulness. This kind of care cannot be deployed responsibly – taking care to minimize risk of harm to human beings – without adequate supports for the health workers who are navigating uncharted virtual waters with people experiencing homelessness, [immigration-related concerns](#), gas and electricity shut-off, and [domestic violence](#) and sexual assault, among other things. The stakes are incredibly high for individuals, families and communities – and the workforces who partner with them.

On the one hand, if care teams keep their distance from social health because they lack (or perceive they lack) problem-solving tools, people will further suffer negative social, economic and environmental consequences. We cannot accept that kind of outcome, even while health and human service policymakers hash out how collective responsibility for social health care and financing should be allocated across sectors and budgets.

On the other hand, when we ask care teams to lean into a new frontier like social health, they must be supported with, among other things:

- Accurate information about people’s legal rights, risks and remedies in a dynamic and complex landscape;
- [Problem-solving coaching for care team members that is scope-of-practice-aligned](#); and
- Key strategies to optimize [strengths-based communication](#) and decrease risk of harm and re-traumatization to people.

MLPB is honored to be pioneering **social health telementoring for Community Health Teams (CHTs)** with the [Care Transformation Collaborative – Rhode Island / PCMH Kids](#), the Ocean State’s patient-centered medical home transformation hub.

Tele-what?

Telehealth and telementoring are related, but different. A **telehealth** relationship is between a healthcare worker and patient, and the provider/worker delivers health care to the patient during a telehealth encounter. In contrast, a **telementoring** relationship is between a healthcare worker – often a primary care provider/team member – and a subject matter specialist. During the telementoring encounter, the specialist – like a psychiatrist – is deepening the provider’s/team member’s capacity to deliver quality care to patients.

As the only independent program in the country exclusively dedicated to offering communities of care with [team-facing legal support](#) (as opposed to *patient-facing* legal services), MLPB has been well-positioned to offer telementoring on social health topics to Community Health Team members. Through this partnership:

- MLPB offers its *Unlocking Access* trainings to the CHT workforce, spotlighting common barriers people confront when trying to meet health-related social needs, as well as scope-of-practice-aligned legal problem-solving strategies a community health workforce can offer to people.
- An MLPB team member virtually integrates within standing CHT Best Practice meetings to provide care team members – on a continuous basis aligned with a community of practice framework – with key legal information and coaching on role-aligned problem-solving strategies they can offer to patients.
- MLPB also is available for on-demand telementoring consults with CHT members and their supervisors.
- In addition to direct telementoring consults, MLPB maintains a *team-facing* [Digital Digest](#) that curates health-related legal information and problem-solving tips – with generous support from stakeholders like [Blue Cross Blue Shield of Rhode Island](#).
- From a system design/change perspective, we are thrilled to support the work of the [Rhode Island Telemedicine Project](#). MLPB’s Legal Director Jeannine Casselman serves on the project’s Steering Committee and brings a social health and legal problem-solving lens to this ongoing design and learning process.

**A Case Study:
Legally-Informed “Triage” with a CHT member***

At a recent Best Practice Meeting, a CHT colleague presented a complex case involving a patient who suffered a work-ending injury. In addition to the profound medical and employment aftermath, the patient was struggling to secure worker’s comp benefits, navigating potential foreclosure, and trying to fix a long-standing error in a pivotal identity document.

Not surprisingly, it felt daunting to develop a social care plan that would be effective and humane. Merely trying to establish priorities with the patient – in ways that would honor their autonomy! – was difficult because many of these needs/barriers are legally interdependent. Even if the patient wanted to prioritize one goal over all others, the CHT member might need to educate the patient about why tackling that top goal successfully would be contingent on addressing another item.

MLPB’s ambassador partnered with the CHT member to support their development of a care plan that accounted both for the patients’ goals and for a number of legal contingencies they might encounter during the problem-solving journey. MLPB’s social health telementoring took place during a virtual Best Practice Meeting as well as multiple follow-up 1:1 consults between the CHT worker and MLPB – devoted not only to clarifying what kind of problem-solving was in-bounds, not out-of-bounds, for the CHT member, but also to supporting sound expectation management with the patient about where the law was, and wasn’t, on their side.

With this support and coaching, the CHT member was more empowered to provide quality, human-centered social health care to this patient, and now could cross-pollinate the learning from this MLPB telementoring to their work with many other patients!

**Some information has been changed to assure de-identification.*

This *team-facing legal partnering* investment is an important step toward ensuring that people’s legal rights, risks and remedies are accounted for in community health-centered care planning and delivery.

We are excited to dream big with our CTC-RI/PCMH Kids colleagues and other stakeholders about how this *low dose* of legal partnering can be scaled to support a *high dose* of high-impact CHT contributions to the health of Rhode Islanders and the Ocean State!