Medical-Legal Partnerships: Addressing the Unmet Legal Needs of Health Center Patients
Introductions:

- Welcome and Introduction to the RCHN Community Health Foundation Webcast Series:

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EVP/Chief Operating Officer
RCHN Community Health Foundation
Featured Speaker:

• Peter Shin Ph.D., M.P.H.
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Director
Geiger Gibson Program (GGP) in Community Health Policy
Research Director, Geiger/Gibson RCHN CHF Research Collaborative
Department of Health Policy

George Washington University School of Public Health and Health Services
Featured Speaker:

• Ellen Lawton, J.D.

Executive Director
National Center for Medical-Legal Partnership
Featured Speaker:

- **Marsha Griffin, M.D.**

  *Medical Director*, Medical Legal Partnership Rio Grande Valley

  *Medical Director*, Campus Care Clinics for Brownsville Independent School District

  *Pediatric Medicine Physician*
  Brownsville Community Health Center
  Brownsville, Texas

  *Co-Founder and Director*, Community for Children
Addressing the Unmet Legal Needs of Health Center Patients

Peter Shin
George Washington University

October 12, 2010
Acknowledgements


• RCHN Community Health Foundation
www.rchnfoundation.org

• www.gwhealthpolicy.org
Health Centers Serve Disproportionately Poor

Select Ancillary Services Intended to Address Barriers to Better Health

<table>
<thead>
<tr>
<th>Service</th>
<th>On-site</th>
<th>On-site or by referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinate health and psychosocial support services (case management)</td>
<td>92%</td>
<td>98%</td>
</tr>
<tr>
<td>Secure access to health, social and other public programs (eligibility assistance)</td>
<td>92%</td>
<td>98%</td>
</tr>
<tr>
<td>Identify and educate potential patients about available services (outreach)</td>
<td>93%</td>
<td>97%</td>
</tr>
<tr>
<td>Help patients to qualify for Medicaid (out-stationed eligibility workers)</td>
<td>37%</td>
<td>79%</td>
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<tr>
<td>Assist with nursing home and assisted-living placement</td>
<td>37%</td>
<td>80%</td>
</tr>
<tr>
<td>Assess and address unhealthful living conditions (environmental health risk reduction)</td>
<td>31%</td>
<td>93%</td>
</tr>
<tr>
<td>Assist in obtaining housing</td>
<td>29%</td>
<td>90%</td>
</tr>
<tr>
<td>Provide employment/educational counseling</td>
<td>16%</td>
<td>89%</td>
</tr>
</tbody>
</table>

Source: 2007 Uniform Data System, HRSA
Estimate of Unmet Legal Needs

• 50-85% of health center patients require health-related legal assistance

• Methodology:
  – Active MLP FQHCs: 40-100%
  – Literature: > 50%
  – Limitations:
    • Sample
    • Number, severity, type of legal issues
    • Inability or awareness of legal problem
Health-related Legal Issues

• Housing
  – Evictions, utility, habitability

• Income supports
  – Public benefits, elderly, food security, credit

• Family and personal stability
  – Divorce, domestic violence, child custody, disability/special needs, end-of-life

• Employment and discrimination

• Legal status (immigration)
Challenges

• Assessing costs and sustainability
  – Funding sources:
    • federal/state programs
    • Foundations and private contributions
    • Pro bono assistance
    • Revenues

• Integrating legal services
  – Understanding need
  – Finding the right partners
Impact

• Patients:
  – Reduced stressors
  – Reduced medical debt
  – Increased access to preventative medicine
  – General well-being/outcomes

• Health centers:
  – Revenues
  – Staff time/productivity
  – Community health/Cost-savings
Impact of Medical-Legal Partnerships in Health Centers

- Percent of patients willing to share health-related legal problems with physician:
  - MLP Participants: 81%
  - Non-Participants: 42%

- Percent of patients empowered to access needed services:
  - MLP Participants: 70%
  - Non-Participants: 39%

Health Center Patients by Insurance Type, 2009 and 2019

Current (2009) Patients by Payer Source (18.8m patients)

- Uninsured: 39%
- Medicaid: 36%
- Private: 16%
- Medicare: 8%
- Other Public: 1%

Post-Reform (2019) Patients by Payer Source (36-50m)

- Uninsured: 22%
- Medicaid: 44%
- Private: 14%
- Medicare: 8%
- Other Public: 1%
- Exchange: 9%

Medical-Legal Partnership:

Transforming Healthcare for Vulnerable Populations

Ellen Lawton, Esq.
Executive Director
The Need for MLP Begins Here: One Patient’s Story

• 62-year-old Lonnie Evans was diagnosed with cancer in 2007.

• With the high costs of medical treatment, he and his wife Edith no longer had enough to get by.

• Step by step, the Tucson Family Advocacy Program helped Edith and Lonnie obtain disability benefits, in addition to food stamps and medical insurance.

“If it wasn’t for the program, there would have been a couple times where I would have given up. But with the help of the program I learned a lot. I learned to be my own advocate, to know what I can do and how to go about it.”

-- Edith Evans
## The Need for MLP

### Exhibit 1

<table>
<thead>
<tr>
<th>Legal need</th>
<th>Examples of legal needs that affect health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income/insurance</td>
<td>Insurance access and benefits</td>
</tr>
<tr>
<td></td>
<td>Food stamps</td>
</tr>
<tr>
<td></td>
<td>Disability benefits</td>
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<tr>
<td></td>
<td>Social Security benefits</td>
</tr>
<tr>
<td>Housing</td>
<td>Shelter access</td>
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<tr>
<td></td>
<td>Access to housing subsidies (such as Section 8 program)</td>
</tr>
<tr>
<td></td>
<td>Sanitary housing conditions (such as mold or lead)</td>
</tr>
<tr>
<td></td>
<td>Foreclosure prevention</td>
</tr>
<tr>
<td></td>
<td>Americans with Disabilities Act compliance</td>
</tr>
<tr>
<td></td>
<td>Utility access</td>
</tr>
<tr>
<td>Education/employment</td>
<td>Americans with Disabilities Act compliance</td>
</tr>
<tr>
<td></td>
<td>Discrimination</td>
</tr>
<tr>
<td></td>
<td>Individuals with Disabilities in Education Act compliance</td>
</tr>
<tr>
<td>Legal status</td>
<td>Immigration (asylum, Violence Against Women Act)</td>
</tr>
<tr>
<td></td>
<td>Criminal record issues</td>
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<tr>
<td>Personal/family stability</td>
<td>Guardianship, custody, and divorce</td>
</tr>
<tr>
<td></td>
<td>Domestic violence</td>
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<tr>
<td></td>
<td>Child and elder abuse and neglect</td>
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<tr>
<td></td>
<td>Capacity/competency</td>
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<td></td>
<td>Advance directives</td>
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<td></td>
<td>Powers of attorney</td>
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<tr>
<td></td>
<td>Estate planning</td>
</tr>
</tbody>
</table>

**Source:** Adapted from Kenyon C, Sandel M, Silverstein M, Shakir A, Zuckerman B. Revisiting the social history for child health. Pediatrics. 2007;120:e734–38. These authors adapted the I-HELP assessment tool.
The Need (cont’d)

• Adverse social conditions that impact health frequently have legal remedies, BUT

1:6,581 Ratio of legal aid attorneys to clients

1:525 Ratio of attorneys to clients

1:28,000 Ratio of legal aid attorneys to clients in Carbondale IL
The MLP Model

Medical-legal partnership is a healthcare delivery model that integrates legal assistance as a vital component of patient care.
How the MLP Model Works: Core Components and Activities

Medical-legal partnership’s three key activities transform the delivery of health and legal services to improve health for America’s most vulnerable individuals and families.
Attorneys and paralegals become members of the healthcare team, assisting patients on-site at hospitals and health centers with legal issues, such as unhealthy housing conditions and disability benefits.
How the MLP Model Works (cont’d)

2. Health and Legal Institutions and Practice Transformation:

MLPs reorient healthcare and legal services towards early detection and preventive care through training and education for providers, residents and students.

MLP teams improve institutional practices to address legal needs, such as establishing hospital policies regarding low-income utility protections.

Source: studydiscussions.com
3. Policy Change:

MLP teams leverage health and legal expertise to improve local, state and federal laws and regulations that impact the health of vulnerable populations.

Source: DestinationDC
How Does it ACTUALLY Work (who pays?)

Programs match funds between legal and medical partner, diversity of revenue streams:

- Legal aid federal or state funds
- Philanthropy
- Hospital and health center budget
- Community benefits
- % of reimbursements
- HHS grants (AHEC, chronic disease or disparities reduction)
Impact of MLP

- Indirect Benefit
  - Decreased Stress
  - Increased Coping

- More efficient care
  (i.e., more compliant with care, fewer missed appointments)

- Cost Benefit Analysis
  (i.e., fewer hospitalizations)

- Reduction in Severe Legal Problems

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**Improved Health & Well-Being**

**Improved Medical Homes & Institutions**

**Improved Clinical Workforce Skills**

**Improved Provision of Legal Services**

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National Center for Medical Legal Partnership
RAISING THE BAR FOR HEALTH
Support for the MLP Model
MLP for Health Act

• The bi-partisan MLP for Health Act was introduced in the U.S. Senate and House of Representatives on July 29, 2010
• The bills were referred to the Senate HELP Committee and the House Committee on Energy and Commerce
• The Act calls for a nationwide federal demonstration project through HHS and authorizes $10 million for each FY 2011 through 2015

Full Text from the Library of Congress
Senate bill: http://thomas.loc.gov/cgi-bin/query/z?c111:S.3668:
House bill: http://thomas.loc.gov/cgi-bin/query/z?c111:H.R.5961:
The MLP Network

MLPs are now operating in more than 225 hospitals and health centers in 38 states nationwide.

MLPs serve vulnerable populations including children, the elderly, adults with disabilities, and patients with cancer and other chronic illnesses.

As of Sept. 2010, the MLP Network includes:

- 100 hospitals
- 122 health centers
- 28 medical schools
- 46 residency programs
- 80 legal aid agencies
- 38 law schools
- 46 private law firms

In 2009, MLPs provided legal assistance to 13,000 individuals and families, and trained 10,000 healthcare providers to recognize the connections between unmet legal needs and health.
MLP in 2010

225 hospitals and health centers

Number of Healthcare Sites with an MLP

- 0
- 1
- 2-4
- 5-9
- 10+
How NCMLP Can Help

Matching of Potential Medical and Legal Partners
NCMLP helps interested community members find an appropriate legal or medical partner in their community.

Site Visits To Support Partnership Activities
NCMLP staff conduct site visits at partnership sites to provide in-depth technical assistance

Annual Training Conference
The 6th annual National Summit will be held on March 24-25, 2011, in Baltimore, MD at the Sheraton Inner Harbor Hotel.

Technical Assistance
NCMLP provides a range of technical assistance services to guide sites in planning, implementation and action.
Medico-Legal Partnership today...

Marsha Griffin, MD, Medical Director
What is a MLP?

An MLP partners lawyers with doctors to ensure that families’ basic needs – for housing, food, education, health care and family stability – are met.

Our mission is to promote the optimal health and well-being of patients by training physicians and staff to identify legal problems that harm patients’ health and to introduce legal advocacy into the clinical setting.
Status of cases...

- Closed: 68%
- Pending: 7%
- Rejected: 15%
- Accepted: 10%

More than 80% of the cases are accepted and reviewed by TRLA attorneys.

Referrals received: 400 approx.  TOTAL CASES: 279
On closed cases...

TOTAL CLOSED CASES: 268
Types of cases...

- Other: 6%
- Family: 8%
- Wills: 2%
- Employment: 3%
- Immigration: 15%
- Housing: 10%
- Income: 25%
- Health: 25%
- Education: 6%

TOTAL CASES: 279
Impact in the community...

With 279 opened cases, we estimate that we have had a positive impact on more than 900 families in the Brownsville community.
Recent Case: Housing

- Patient came to us because her landlady suing to evict her, claiming $3000 in unpaid rent.

- Went to court – eviction case thrown out.

- Discovered that lease came with “option to purchase” home, owners trying to unlawfully keep deposit and charging unlawful fees.

- Currently negotiating for the return of $2,660 in deposit and unlawful late fees.
Patient testimonial...

SSI Disability denial Client:

“MLP staff helped me after I had a heat stroke because I was working outside in very high temperatures. That problem disabled me for life. I was desperate because I wasn’t able to keep working and I didn’t have any money for food or to support my family. I didn’t know where to get assistance and no one helped me with my problem. The MLP attorney gave me advice on what to do, how to apply for my benefits and went with me to my hearing. Thanks to MLP attorney, the benefits that were denied many times were granted at that hearing. Now, I have an income that helps me to keep going and to keep supporting my family”.
Breast Cancer Medicaid denial.

“Thanks to TRLA and MPL staff my wife had the chance to keep receiving breast cancer treatment. When we move from Massachusetts to Texas, all medical assistance was denied and she was without her necessary radiotherapy treatment for three months. We could not afford her treatment because it is very expensive and our economical conditions are limited. Medicaid was denied for her in at least four times before I found MLP program. MLP staff advised us to appeal the last Medicaid denial. We appealed and MLP staff negotiated with the Medicaid office, and that same day Medicaid benefits were granted. My wife is still fighting her cancer, but now she is covered by Medicaid and she is receiving all her treatments. The MLP service is very professional. I am very happy and will always be very thankful with them and with God for this new chance in our life.”
What’s next? | Health care recovery dollars
---|---
These are funds reimbursed to health providers as a result of a successful appeal of improperly denied Medicaid or Social Security Disability application. Normally, when a hospital or community health center has treated an uninsured individual whose application for public health insurance has been denied, the hospital or community health center will remain unpaid for those services provided, or the patient will assume the cost.

We selected six patients that, as a result of our services, received Medicaid or SS Disability benefits

<table>
<thead>
<tr>
<th>Patient 1</th>
<th>$883</th>
<th>Patient 4</th>
<th>$1,216</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient 2</td>
<td>$352</td>
<td>Patient 5</td>
<td>$524</td>
</tr>
<tr>
<td>Patient 3</td>
<td>$1,216</td>
<td>Patient 6</td>
<td>$1,765</td>
</tr>
</tbody>
</table>

Total recovered on a sample of 6 patients: $5,956
Eligibility

According to Legal Services Corporation (LSC), to be eligible for Legal Aid assistance, the client must be on or below 125% of federal poverty level.

Total BCHC patients: 17,049 (2009)
BCHC patients under 125% poverty level: 12,921

MLP-Clients: 400

Potential patients not receiving legal assistance: 12,521

WHERE ARE THE POTENTIAL CLIENTS???
What are we doing to reach these clients?

1. Staff surveys

2. Staff meetings

3. Community outreach

4. Conferences with experts training medical staff, nurses, medical assistants, etc.

5. Personalized training to doctors
Medico-Legal Partnership (MLP) Survey
Please return at the end of the meeting or in the box in the OB Conference Room (424).

1. **What is your job at BCHC? (Please select 1 option)**
   - a. Administration
   - b. Finance
   - c. Provider
   - d. Mental Health
   - e. Campus Care Center
   - f. Mano a Mano
   - g. Dental
   - h. Security
   - i. Housekeeping
   - j. Health information services
   - k. Front desk
   - l. Eligibility
   - m. Billing
   - n. Charge Entry
   - o. Lab / Radiology
   - p. Nursing
   - q. Women’s Center
   - r. Pharmacy
   - s. Health Education
   - t. Social Services
   - u. Americorps

2. **Are you familiar with the Medico-Legal Partnership (MLP)? Circle:**
   - Yes
   - No
   - If yes, what do they do?

3. **Do you know how to make a referral to MLP? Circle:**
   - Yes
   - No

4. **Have you ever made a referral to MLP? Circle:**
   - Yes
   - No
   - If no, why not? (Circle all that apply.)
     - a. It’s not my job.
     - b. Not enough time / I’m too busy.
     - c. I do not know how.
     - d. It’s too complicated.
     - e. I worry about getting sued.
     - f. I worry my undocumented patients would be reported.
     - g. My undocumented patients worry they may be reported.
     - h. My patient will not get what he / she needs anyways.
     - i. My reason:

5. **Which would make you more likely to refer patients to MLP? (Circle all that apply.)**
   - a. I knew what MLP was
   - b. An simple referral form was available
   - c. Someone told me how to make a referral
   - d. I was reassured my undocumented patients would not be reported
   - e. I knew I could not be sued
   - f. If I knew of patients that were helped / assisted by MLP
   - g. Your Idea:

6. **How confident do you feel about when to make a referral to MLP?**
   - a. Not confident
   - b. Somewhat confident.
   - c. Very confident

7. **Would you like training about any of the following legal areas? (Circle all that apply.)**
   - a. Medicaid
   - b. Food Stamps
   - c. Social Security
   - d. Temporary Assistance for Needy Families (TANF)
   - e. Supplemental Security Income
   - f. Women, Infants and Children (WIC)
   - g. Housing conditions
   - h. Evictions from housing
   - i. Loss of Section 8 housing
   - j. School admissions
   - k. Special education

8. **What are the biggest social issues affecting your patients? (Circle all that apply.)**
   - a. Poverty
   - b. Poor health
   - c. Lack of education
   - d. Not enough work / jobs
   - e. Poor housing conditions
   - f. Poor working conditions
   - g. Poor mental health
   - h. Lack of health / community service
December 2, 2010:

• The Affordable Care Act, Medical Homes, and Childhood Asthma
  
  • *invitations and web registration out soon*
Thank You

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