Medical-Legal Partnerships

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What are Social Determinants of Health?

“[C]onditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

Source: Office of Disease Prevention and Health Promotion, 2020 Topics and Objectives

Common Social Determinants of Health

- **Income & Health Insurance**: Resources to Meet Basic Daily Needs and Healthcare
- **Housing and Utilities**: A Healthy Physical Environment
- **Education and Employment**: Quality Education and Job Opportunities
- **Legal Status**: Access to Public Entitlements; Jobs
- **Personal and Family Stability**: Safe Homes and Social Support
How do Social Determinants of Health Affect Health Outcomes?

- 60% of a person’s health is determined by Social Determinants of Health, rather than high quality health care or personal behavior

Source: NCHHSTP, Social Determinants of Health
The U.S. spends more money on health care than any industrialized country, but it ranks:

- 42nd in life expectancy
- 169th in low birth weight

These poorer outcomes are the result of where the money is spent.

- Other first-world countries with better outcomes spend $2 on social services for every $1 they spend on healthcare.

- The US spends $0.90 on social services for every $1 it spends on healthcare.

Legal Services to Promote Health

• The good news

  • Many positive social determinants of health are guaranteed by law, like the housing code to ensure that individuals live in safe and decent housing.

• The bad news

  • These laws are often unenforced or enforced unequally. The people who are most vulnerable to these inequities and have the greatest social needs are also the least able to afford or find an attorney to help them.

  1 in 6 Americans need legal assistance in order to be healthy

Examples of Legal Assistance Promoting Health:

• Fighting unlawful evictions

• Forcing landlords to comply with building or health codes

• Restraining orders for victims of domestic violence to keep themselves and their children safe

• Workers need protection from unsafe or toxic working conditions

• Access to entitlements and food stamps
What are Medical-Legal Partnerships?

Partnerships between health care providers and legal service providers where attorneys are embedded as specialists in health-care settings to “strengthen the social determinants of health among low and moderate income patients using the force of law.”

- Integrate civil law attorneys into health care settings.
- Attorneys train health care workers to screen for health-harming legal needs.
- When problems are found, like unsafe living conditions, these problems can be addressed preventively through the in-clinic attorney.
- Allows doctors and lawyers to work together to help patients by strengthening legally protected social supports.
- Some partnerships leverage their knowledge and expertise to advance local and state policies that lead to safer and healthier environments.

Source: National Center for Medical-Legal Partnership; Center for Health Policy at Brookings
“But we already refer patients to legal aid.”

- Clinicians usually don’t know about a patient's legal problems, and when they do the patient is often already in crisis, eg. patient got evicted.

- By screening for legal problems as well as health problems, attorneys in the medical-legal partnership can ‘treat’ these legal problems before they get to a crisis point and negatively affect the patient's health.

- When a doctor refers a patient to legal aid, that outside attorney doesn’t know the patient's medical context and how their legal crisis may affect their health.

- When a patient who is already in crisis is referred to an outside attorney, the options that attorney has to aid the patient are often already limited.
  - For example, an attorney representing a patient at risk for eviction has many more options (housing vouchers, negotiating with the landlord, etc.) than if the patient has already been evicted and is homeless.
IMpact

• When Legal Expertise is Used to Address Social Needs:
  • Individuals with Chronic Illnesses are Admitted to the Hospital Less Frequently
  • People More Commonly Take Their Medications as Prescribed
  • People Report Less Stress
  • Less Money is Spent on Health Care Services for the People Who Would Otherwise Frequently Go to the Hospital
  • Clinical Services are More Frequently Reimbursed by Public and Private Payers

Source: National Center for Medical-Legal Partnership (citing to several research articles)
A Pennsylvania Hospital Pilot Study Conducted in 2011-2012 found that:

- 95% of “super-utilizers” had two or more civil legal problems responsible for their frequent use of ER and hospital inpatient services.

- The most common legal problems were substandard housing, impaired access to public income benefits, and domestic violence.

How Much Do Medical-Legal Partnerships Financially Benefit Patients?

In 2016, “the median dollar amount of total financial benefits received by all patient-clients served by each MLP in the past year was $81,595.”

• Measured by interventions such as Medicaid enrollment or food stamp benefits

Source: National Center for Medical-Legal Partnership: 2016 State of the Medical-Legal Partnership Field
How Do Medical-Legal Partnerships Benefit Health Care Organizations?

Data is preliminary because not many existing Medical-Legal Partnerships collect data on health care dollars recovered by the Health Center Partner.

- There is no consensus on how to collect this data
- The National Center for Medical-Legal Partnership is working with a group of MLP’s to figure out ways to better collect and use this type of data.

The data that does exist shows that, in 2016, the median dollar amount recovered by MLP Health Care organizations as a result of MLP services was $119,013 per MLP.

Source: National Center for Medical-Legal Partnership: 2016 State of the Medical-Legal Partnership Field
Medical-Legal Partnerships Represent a Favorable Return on Investment

• A longitudinal study of an MLP based in rural Illinois compared the financial benefit as compared with the initial investment to calculate a financial ROI.

  • For the first 4 years of the MLP’s existence, the MLP program produced a 149% ROI for the hospital partner.
  • For the next 3 years, the hospital partner received a 319% ROI from the MLP.

Medical-Legal Partnership Case Studies
Hospital Based Medical-Legal Partnerships: Nebraska Medicine

• A medical-legal partnership between Nebraska Medicine and Nebraska and Iowa Legal Services (Omaha is on the Iowa border).

• Nebraska Medicine is a regional academic health care system consisting of 2 hospitals and over 40 primary and specialty care clinics in the Omaha area.

• The MLP provides free legal services to oncology, solid organ transplant, and perinatal patients.
Federally Qualified Health Center Based Medical-Legal Partnerships: Waimanalo Health Center

• Waimanalo Health Center is an FQHC on the Island of Oahu, Hawaii
  • 96% of patients live at or below 200% of federal poverty level
  • 58% below the federal poverty level
  • 62% of patients are enrolled in Medicaid
  • 18% of adult patients are uninsured
  • 9% Homeless
  • 19% without a HS diploma
  • 52% Native Hawaiian

• Center Services include primary care, dental, behavioral health, vision, and wellness
Waimanalo Health Center Medical-Legal Partnership

• An MLP between Waimanalo Health Center and the Legal Aid Society of Hawaii
• Staffed with Legal Aid attorneys 12 hours per week plus a 2 hour per week open access legal screening with a paralegal
• Attorney shares same office space with doctors and other medical staff
• Priority Legal issues addressed
  • Housing
  • Family Law
  • Education (IEP)
  • Income/benefits/employment

• Advantages of working with Legal Aid
  • Stability of legal staffing
  • Familiarity and comfort with issues and population
  • Multiple resources available through Legal Aid
  • Advocacy at the state level to engage communities in justice
Mental and Behavioral Health Medical-Legal Partnerships: VA Connecticut Health Care and Connecticut Veterans Legal Center

• The Country’s first VA based Medical-Legal Partnership

• Began when a volunteer attorney started to provide free legal assistance on site to veterans and experienced a huge demand for his services

• With a Seed Grant from Yale Law School’s Initiative for Public Interest Law and extensive negotiations with the VA’s administration, a formal MOU between VA Connecticut and the Connecticut Veterans Legal Center (CVLC) was signed in 2009
VA Connecticut Health Care and Conn. Veterans Legal Center

• CVLC serves the state’s most vulnerable veterans, those with severe mental illness and/or experiencing homelessness.
• Since 2009, CVLC has co-located in Errera Community Care Center in West Haven, CT, a psychosocial rehabilitation center within VA Connecticut Health Care.
• In 2014, CVLC added VA CT's Newington campus as a second VA medical-legal partnership location for on-site services. In 2017, CVLC added CT's Department of Veterans Affairs in Rocky Hill as its third site.
In December 2017, a study was published in *Health Affairs* that examined two medical-legal partnership programs with the VA: the CVLC program in Connecticut and one in New York.

- The study found that the more legal services a veteran received the better they fared:
  - Reduced symptoms of PTSD and psychosis
  - Spending less money on abused substances
  - Better housing situations
- Mental health improved even if veterans lost their legal cases.
- The most common legal problems were related to VA benefits, housing, family law, and consumer issues.
- Although the study did not analyze potential cost savings, it did find that the average cost of each resolved legal issue ranged from $207 to $405, compared to the annual direct costs of $10,000 to $60,000 of caring for a chronically homeless person or one with severe mental illness.

Substance Use Disorders and Medical-Legal Partnerships: Eskenazi Health Midtown Community Mental Health

- Eskenazi is located in Indianapolis, IN, and is the state’s first community mental health center
  - Provides comprehensive care for all types of emotional and behavioral problems, including severe mental illness and substance abuse.
  - It is the mental health division of Eskenazi Health, the safety net hospital of Marion County, IN.

- In 2010, a medical-legal partnership was formed between Eskenazi and Indiana Legal Services to serve patients with mental health disorders.

- In 2014, the medical legal partnership began to accept referrals from providers in the treatment programs for patients with substance use disorders. (A new emerging area of medical-legal partnerships.)
Eskenazi Health Midtown
Community Mental Health

One interesting area where legal services are uniquely helpful in recovery is in issues dealing with Medically-Assisted Treatment (MAT)

Examples from Eskenazi:

- “Jamie” lost custody of her newborn daughter after she was born with opioids in her system.
  - After losing custody, Jamie committed to recovery and enrolled in a Medically-Assisted Treatment Program.
  - After a year of being clean, the child welfare agency recommended that Jamie regain full custody of her child.
  - However at the final placement hearing, the judge demanded Jamie “wean” off her MAT because the judge thought she was “merely replacing one addiction with another”.
  - The medical-legal partnership attorney collaborated with Jamie’s treatment team and wrote a letter to the judge explaining that:
    - Ending MAT was a purely medical decision that could only be made by Jamie’s doctor.
    - Jamie was thriving in recovery and was committed to staying clean.
  - The judge changed her mind and awarded Jamie full permanent custody of her daughter.

Source: The Opioid Crisis in America & the Role Medical-Legal Partnership Can Play in Recovery, National Center for Medical-Legal Partnership (March 2018)
• “Sally” is in long-term recovery from an opioid-related Substance Use Disorder and has been successfully enrolled in a MAT program for 15 years.
  • Sally drives a school bus and was involved in a minor traffic accident after which she was drug tested in accord with school district policy.
  • Sally tested positive for methadone, the replacement drug prescribed in her MAT program. Even though she presented her prescription, the district moved to terminate her based on its “zero tolerance” drug policy.
  • Sally’s doctor referred her to the Medical-Legal Partnership, the MLP attorney informed the district that they could not fire Sally for receiving legitimate medical treatment, and Sally was able to keep her job.

Source: The Opioid Crisis in America & the Role Medical-Legal Partnership Can Play in Recovery, National Center for Medical-Legal Partnership (March 2018)
MAINTAINING STABLE HOUSING

• “Melissa” lives in a home with her son “Brian” who has been in recovery for several months for an opioid-related SUD.
• While Brian was using, he drained Melissa’s bank account to buy drugs, and she consequently fell behind on her mortgage.
• Melissa’s health care provider referred her to the health center’s Medical-Legal Partnership.
• The MLP attorney advocated successfully that the bank allow her to enter a loan modification program.
• Melissa was able to meet the terms of the program which allowed her to stay in her home with Brian who remains in recovery with a stable place to live.

• Source: The Opioid Crisis in America and The Role Medical-Legal Partnership Can Play in Recovery, National Center for Medical-Legal Partnership (March 2018)
Value-Based Care and Medical-Legal Partnerships

Value-Based Care Models focus on patient outcomes and how well healthcare providers can improve quality of care metrics, such as reducing hospital readmissions.

Image Source: Rock Health “Affordable Care Act for Dummies”
**Value-Based Care and Medical-Legal Partnerships**

- With value-based models of care, providers are now responsible for patient outcomes beyond the hospital or doctor’s office walls.

- Medical-Legal Partnerships can aid health care providers in improving metrics such as decreasing preventable hospital readmissions, especially for patients who are high users of service, by providing a relatively low cost intervention to help stabilize patients.