

Community Health

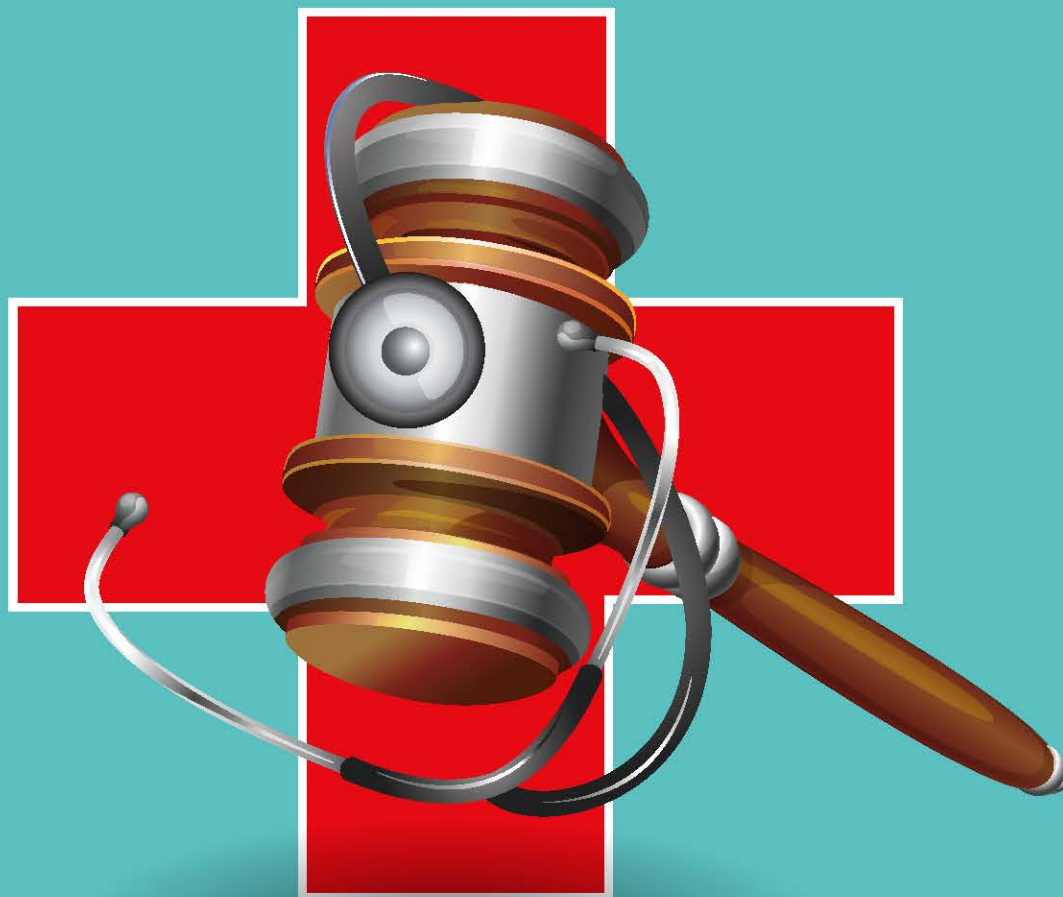
# FORUM<sup>®</sup>



National Association of Community Health Centers

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## The Medical-Legal Partnership



# A HISTORY OF THE



By Ellen Lawton, J.D.

The idea of healthcare and civil legal aid working together to address health problems is not exactly new.

In **1967**, Dr. Jack Geiger hired a lawyer at Delta Health Center in Mound Bayou, Mississippi (the nation's first federally funded rural health center), to address patients' food and housing problems.

At the start of America's AIDS epidemic in the **1980s**, healthcare institutions began to work closely with civil legal aid agencies to meet the end-of-life needs of AIDS patients.

Fast forward to **1993** when Boston Medical Center (BMC) noticed that pediatric asthma patients were returning to the hospital repeatedly and not responding to medical treatments. The healthcare team traced the problem back to moldy apartments where landlords had refused to comply with sanitary codes, and reached out to Greater Boston Legal Services for help. This action led to the formation of the first medical-legal partnership.

In **2001**, an article in *The New York Times* about the Boston Medical Center (BMC) partnership changed the game. Almost overnight, the partnership was fielding calls from dozens of other institutions interested in replicating the program. In five years, nearly 75 medical-legal partnerships took root. Replication remained a grassroots effort, led by local leaders in response to local problems. It quickly became evident, however, that if the healthcare and civil legal aid sectors were going to coordinate their approach to care on a larger scale, benchmarks and resources were needed to ensure effectiveness.

The National Center for Medical-Legal Partnership (NCMLP) launched in **2006** with an investment from the W.K. Kellogg Foundation. Initially housed at BMC, NCMLP began as a technical assistance center, conducting site visits, phone calls and webinars to help programs navigate the challenges that arose – everything from capacity and resources to training and service priorities. After seven years of helping another 175 programs get off the ground, NCMLP broadened its technical assistance strategies to increase impact.

In **2013**, the National Center for Medical-Legal Partnership moved to the Milken Institute School of Public Health at the George Washington University. Its mission is to mainstream an integrated medical-legal approach to health for people and populations. It has three main objectives:

- Transform the focus of healthcare and civil legal aid practice from people to populations;
- Build and inform the evidence base to support the medical-legal partnership approach; and
- Redefine inter-professional education with an emphasis on training healthcare, public health and legal professionals together.

As conveners, NCMLP brings together national partners and local practitioners to address each of these objectives through learning networks, fellowships, and trainings.

In **2014**, NCMLP launched the *Where Health Meets Justice* Fellowship to train civil legal aid leaders in the mechanics of healthcare. It works alongside The Advisory Board Company (a global healthcare research, technology and consulting firm) and Walmart's Legal Department on a learning network for children's hospital-based partnerships. Critically, NCMLP started the process of developing core metrics that healthcare and legal institutions can use to measure provider training, screening and financial return to institutions and patients.

NCMLP also hosts monthly webinars and creates toolkits to support medical-legal partnerships in the field. Next year it will celebrate its tenth annual Medical-Legal Partnership Summit (April 8-10, 2015, in McLean, Virginia), an academically accredited conference where healthcare, civil legal aid, public health and government leaders come together to share research and learn about partnering.



Dr. Dennis Hsieh and attorney Hinna Mushtaque present poster at the MLP Summit. PHOTO CREDIT: Julie Fischer

Strengthening and expanding the reach of medical-legal partnership in community health centers is a major priority over the next three years for NCMLP. A newly awarded grant from the Health Resources and Services Administration will allow NCMLP to focus on trainings and assistance to health centers and primary care associations, convene a learning network of these entities, and develop toolkits and resources to help community health center partnerships. It marks the first major federal healthcare investment in medical-legal partnership and supports the idea that civil legal aid can play an important role in primary care delivery.

In his keynote speech at the 2013 Community Health Institute of the National Association of Community Health Centers, Dr. H. Jack Geiger remarked, "I'd like to see a lawyer at every community health center and public hospital, and see them become the agent that goes to all the other agencies in town – transportation, public health, housing – to figure out what kinds of projects health centers can collaborate on to work on the barriers that our neediest populations face and make them sick. If we do this, we will once again become the instruments of social change as well as the instruments of healthcare that we were originally envisioned to be."

We could not agree more.

*Ellen Lawton, J.D., is a Lead Research Scientist at the George Washington University and is co-Principal Investigator of the University's National Center for Medical-Legal Partnership. She is also the lead advisor for Walmart's signature pro bono medical-legal partnership initiative. For more information about NCMLP and resources for medical-legal partnership, visit: [www.medical-legalpartnership.org](http://www.medical-legalpartnership.org).*

# QA BOARD

## Our health center indicated on its IRS Form 990 that it does not have a written whistleblower policy. Does that mean we will be audited by the IRS or lose our federal tax exemption?

Having a written whistleblower policy is not a specific requirement for federal income tax exemption. However, the IRS believes that having such a policy and, importantly, following the policy demonstrates that an organization takes governance responsibilities seriously and that it is more likely to comply with income tax laws.

According to the IRS, "[a] whistleblower policy encourages staff and volunteers to come forward with credible information on illegal practices or violations of adopted policies of the organization, specifies that the organization will protect the individual from retaliation, and identifies those staff or board members or outside parties to whom such information can be reported.

Moreover, apart from tax reporting, a written (and honored) whistleblower policy is an essential element of an effective healthcare corporate compliance program as it promotes early detection and correction of problems that, if left unchecked, could create serious legal and/or financial problems for the organization.

In short, every health center should have a whistleblower policy that is communicated to and understood by all employees and agents of the center.

*Michael Glomb is a partner at the law firm of Feldesman Tucker Leifer Fidell LLP.*