

# HEALTH CENTER MLP PLANNING, IMPLEMENTATION & PRACTICE WEBINAR SERIES



## PART 1

# WHAT SDOH PROBLEMS DO WE WANT TO ADDRESS?



February 1, 2024 | 1 - 2.30 PM ET



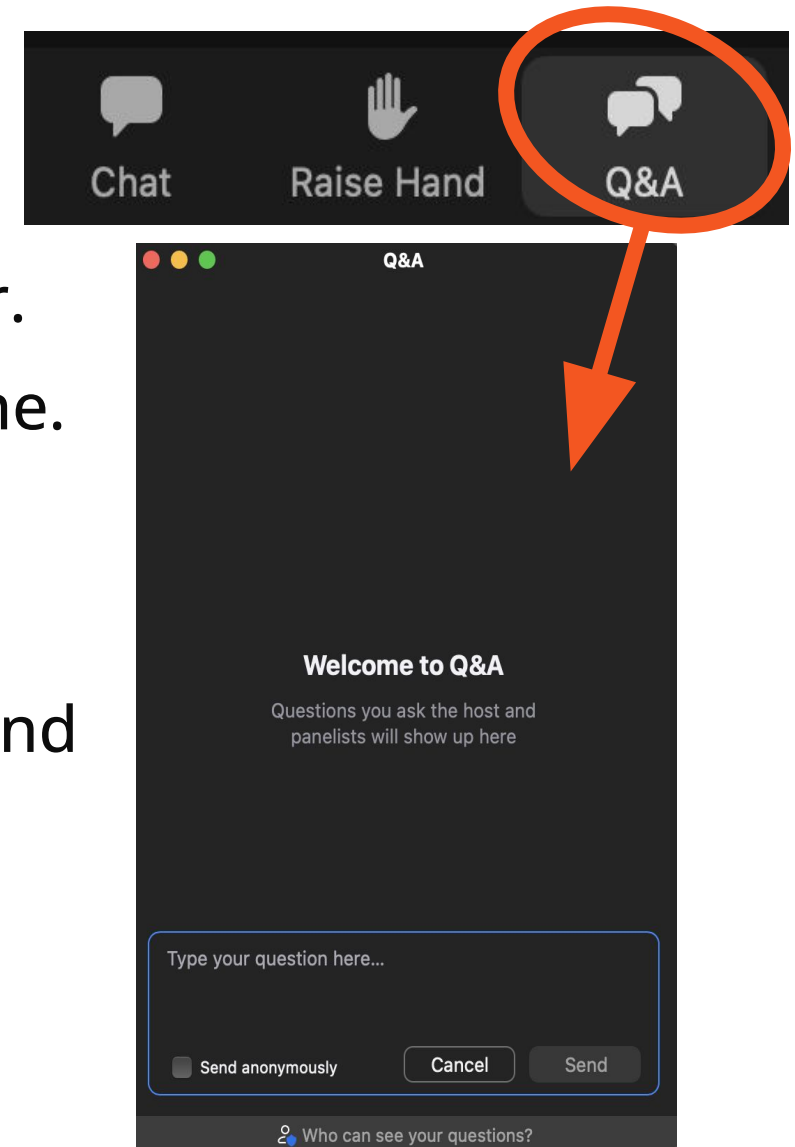
TEXAS A&M HEALTH  
Institute for  
Healthcare Access

National Center for Medical  Legal Partnership

AT THE GEORGE WASHINGTON UNIVERSITY

# Housekeeping

- Attendees are muted throughout the webinar.
- Type questions into Questions & Answers pane.
- The chat will also be open for engagement.
- Send a chat to the Hosts & Panelists for help.
- To activate captions, select “Live Transcript” and “Show Subtitle.”
- This webinar will be recorded and shared at [medical-legalpartnership.org/resources/](https://medical-legalpartnership.org/resources/)



# Housekeeping

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## Mentimeter

Scan the QR code or use the URL below to open the app.



<https://www.menti.com/alcjdpaf5g16>

## We want to hear from you!

At certain points, we'll invite members of the audience to speak. Look out for this instruction on the slide.



*Raise your hand to unmute.*



# HRSA

Health Resources & Services Administration

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This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award to the National Center for Medical-Legal Partnership totaling \$550,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).



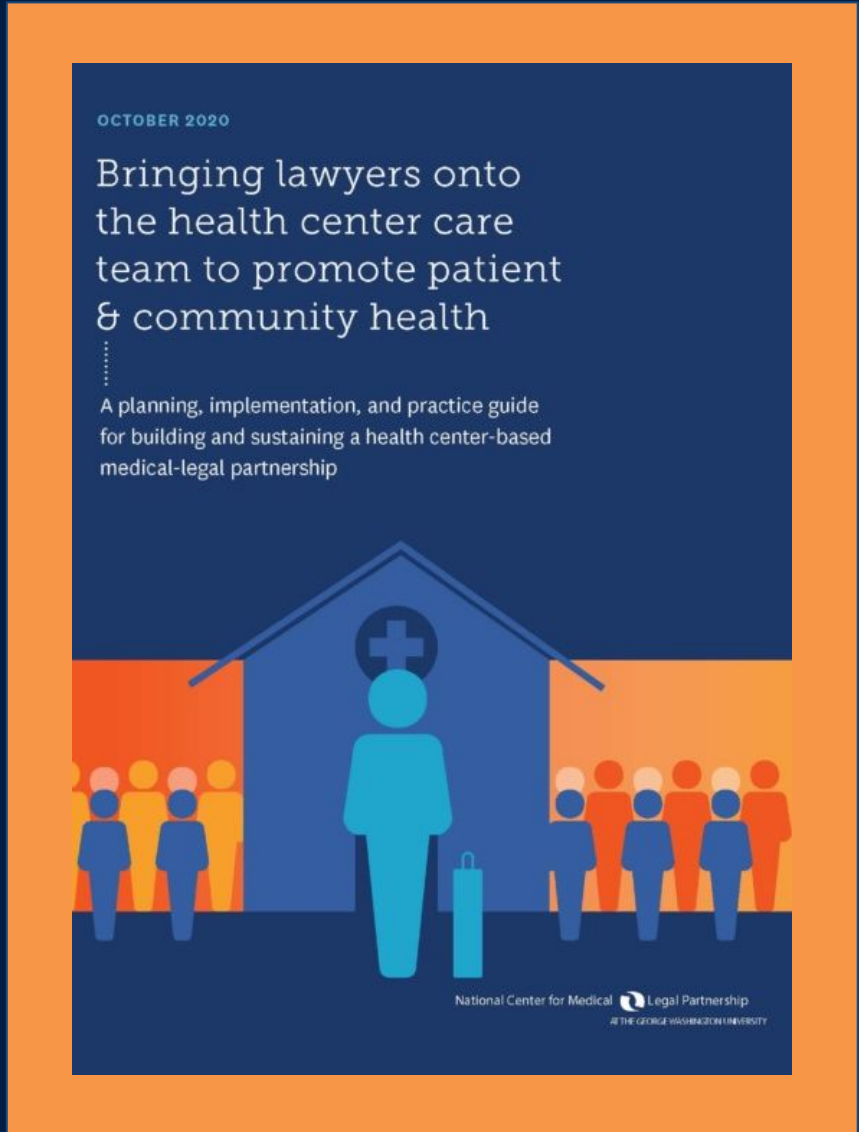
# Medical-Legal Partnership Planning, Implementation & Practice (PIP) Webinar Series

February – June 2024

## THE WEBINAR SERIES

The [National Center for Medical-Legal Partnership \(NCMLP\)](#) is partnering with the [Texas A&M University Institute for Healthcare Access \(HAI\)](#) to offer a webinar series to support health center-based MLP planning, implementation, and practice (PIP series).

The [Health Center MLP Toolkit](#) will serve as a resource for participants throughout the series.



# Medical-Legal Partnership Planning, Implementation & Practice (PIP) Webinar Series

February – June 2024

## ACTIVE LEARNING

For each webinar in the PIP series, we are going to call on participants from health centers, primary care associations, health center controlled networks, and legal services organizations to **share insights regarding the specific domain or topic begin covered during the webinar.**

*Be prepared to engage!*



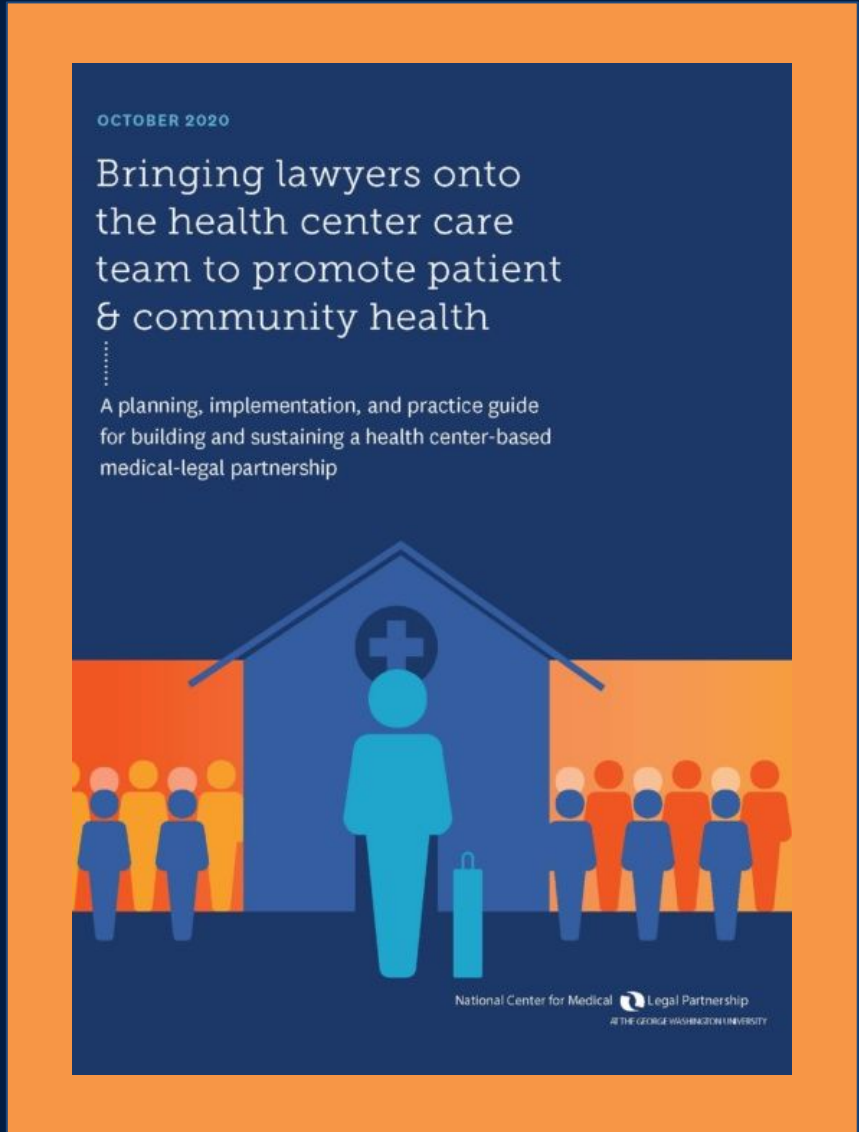
## Medical-Legal Partnership Planning, Implementation & Practice (PIP) Webinar Series


February – June 2024

### USE THE TOOLKIT AS YOUR GUIDE BEFORE, DURING & AFTER THE WEBINARS

The [toolkit](#) contains guidance and tools to help you start, strengthen, and sustain a MLP. It is broken into four parts:

- **Part I:** Essential conversations for MLP partners, covering staffing, funding, and information sharing with legal partners.
- **Part II:** Details on screening, referral, and service delivery workflows.
- **Part III:** Integrating legal services for health center workforce development, emphasizing training.
- **Part IV:** MLP projects addressing social determinants of health and promoting equity at a policy level



PIP Webinar Sessions	Corresponding Toolkit Topic
<b>Part 1: 9 Conversations that Will Help Lay a Strong Foundation</b>	
 <b>1. What SDOH problems do we want to address?</b>	<b>Part 1, Conversation 1</b>
2. How many lawyers do we need to meet the need(s) we identified and accomplish our goals?	Part 1, Conversation 2
3. How will we staff our integrated legal services, as a “direct service” or “contract it” model?	Part 1, Conversation 3
4. How are we going to pay for it?	Part 1, Conversation 4
5. How do we develop a strong MOU for our MLP?	Part 1, Conversation 5
6. What other partners in the community can be helpful?	Part 1, Conversation 6
7. How will we address patient consent and information sharing?	Part 1, Conversation 7
8. Integrating legal services into the workflows and systems	Part 1, Conversation 8
9. How can we make sure our MLP is effective and sustainable?	Part 1, Conversation 9
<b>Part 2: Implementing Workflows for Screening and Legal Services &amp; Part 3: Strengthening the Health Center Workforce</b>	
10. MLP Trainings to Strengthen the Health Center Workforce	Parts 2 and 3
<b>Part 4: Moving Upstream from Patients-to-Policy</b>	
11. Using MLP to Move Upstream & Address Emerging Issues	Part 4



# Today's Learning Objectives

1

Identify the benefits of partnering with lawyers to help health center patients

2

Recognize medical-legal partnership (MLP) as an effective strategy for achieving health center excellence.

3

Perform the initial steps for determining your health center MLP's approach to SDOH



# Today's Speakers



**Keegan Warren, JD, LLM**

Executive Director  
Institute for Healthcare Access  
Texas A&M University Health Science Center



**Bethany Hamilton, JD**

Co-Director  
National Center for Medical-Legal Partnership



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# Support During and Between the Live Sessions

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The National Center for Medical-Legal Partnership has funding from the Health Resources and Services Administration (HRSA) to provide free technical assistance to health centers, look-alikes, primary care associations, and health center controlled networks interested in integrating legal services into their care delivery. As you work through this guide and the webinar series, the National Center for Medical-Legal Partnership can answer your questions, connect you with other medical-legal partnerships in your state, and provide additional resources. Contact us at [ncmlp@gwu.edu](mailto:ncmlp@gwu.edu).



**Reha Manikandasamy, MS**

Senior Research Assistant (Data Science)  
National Center for Medical-Legal Partnership  
Send questions to Reha at [ncmlp@gwu.edu](mailto:ncmlp@gwu.edu).

**Partner with lawyers? Oh my.**  
*Why?*



# The Quintuple Aim for Healthcare Improvement

2008: The [triple aim](#) – improving population health, enhancing the care experience, and reducing costs.

2014: The [quadruple aim](#) – improving healthcare workforce wellbeing

2022: The [quintuple aim](#) – advancing health equity



Nundy S, Cooper LA, Mate KS. The Quintuple Aim for Health Care Improvement: A New Imperative to Advance Health Equity. JAMA. 2022;327(6):521–522. doi:10.1001/jama.2021.25181

Yates Lennon, MD, MMM, President at CHES Health Solutions: [“The Quintuple Aim: What Is It and Why Does it Matter?”](#) (August 1, 2023) (Accessed Jan. 31, 2024)

# Advancing Health Center Excellence Framework

Conceptual structure aimed at promoting Health Center Program grantee excellence in **seven key domain areas**, which align with HRSA's [mission](#) –

“to **improve health outcomes and address health disparities** through access to quality services, a skilled health workforce, and innovative, high-value programs.”

[HRSA's Advancing Health Center Excellence Framework](#)

## Operational Domain Areas:

- governance and management
- workforce
- financial sustainability

## Service Delivery Domains:

- quality, patient care, and safety
- patient experience
- access and affordability
- population health and social determinants of health (SDOH)



# Advancing Health Center Excellence Framework



## Population Health and Social Determinants of Health (SDOH)



### Definition

The health center provides comprehensive services to address needs of the patient population. It achieves this by understanding the social risk factors and social needs in the community and by collaborating with diverse partners to address key drivers of poor health and improve health equity.

Performance expectation areas that illustrate the priorities for Population Health and SDOH are:

- Population needs assessment and management
- **Community needs and resource mapping**
- Resource allocation
- Community partnerships and collaborations
- Track and close social service referral loops



### Community partnerships and collaborations

- Develop multisectoral partnerships to offer social services
- Have a system for cataloguing social services available to patients and the community
- Engage in multi-sectoral collaborations to achieve health equity

### Track and close social service referral loops

- Periodically review the availability of social services offered to patients and community members to identify gaps in services
- Close the referral loop by reviewing the outcomes of social service referrals

[HRSA's Advancing Health Center Excellence Framework](#)



# How can integrating legal services help a health center achieve its mission?

Scan the QR code or use the URL (also in the chat) to go to Mentimeter.

<https://www.menti.com/alcjdpaf5g16>



Using Mentimeter, please type a brief response to the question.

Feel free to share your **name** and **organization type** (health care, legal, etc.).



**How can integrating legal services help a health center achieve its mission?**

Medical-Legal Partnership results in:

- 1. Healthier patients**
- 2. A stronger health center workforce**
- 3. Improved health equity**

*...and more*



## Healthier patients

Some examples of alignment:

## The Quintuple Aim

- improving population health

## Advancing Health Center Excellence Framework

- population health and social determinants of health (SDOH)



# Where do legal services fit within a health center's response to SDOH?

## SOCIAL DETERMINANTS OF HEALTH

are broadly defined by the World Health Organization as the conditions in which people are born, grow, work, live, and age. These circumstances are shaped by economic and social policies, political systems, and social norms, and they contribute significantly to health disparities.

## SOCIAL NEEDS

are the more immediate, individual needs that patients enter the health center with every day as a result of social determinants of health.

## LEGAL NEEDS

are, simply put, the subset of social needs that have legal solutions. The distinction in this guide is made to help health centers understand where lawyers can be helpful\*.

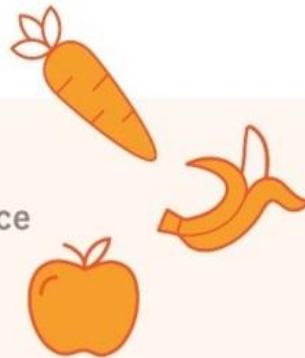
*\*Table 1 on page 8 highlights a variety of legal needs that MLP lawyers can address for patients.*

FOR EXAMPLE

A food desert



A family's need for fresh produce today



A family's need to file an appeal after their SNAP benefits are incorrectly cut



# A stronger health center workforce

Some examples of alignment:

## The Quintuple Aim

- improving healthcare workforce wellbeing

## Advancing Health Center Excellence Framework

- workforce



# How different team members address social needs while working at “top of their license”

HERE'S HOW

## A FAMILY OF 4

is struggling to make rent after one Mom is unable to work during her cancer treatment.



## A Community Health Worker

can help the patient fill out applications, pull documents together, and may go to benefits office with her.

## A Case Manager / Social Worker

may work with the patient to determine what housing, disability, insurance, and food benefits she is eligible for. They write support letters and gather medical documentation as needed.

## A Lawyer

may advise the patient about the Family Medical Leave Act and job protections to help ensure her job is waiting for her after treatment. They can help CHWs and case managers understand benefit eligibility and problem-solve as needed. They may assist the patient with appeals if benefits are denied.

## Improved health equity

Some examples of alignment:

## The Quintuple Aim

- advancing health equity

## Advancing Health Center Excellence Framework

- quality, patient care, & safety
- patient experience
- access & affordability
- population health and social determinants of health (SDOH)



# MLP is one of the only health care delivery system interventions that tackles individual needs AND underlying policies

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Training activities and direct legal services help health centers address individuals' legal needs.

When a landlord refuses to make improvements to an apartment with mold, an MLP lawyer can enforce safe housing laws to get the mold removed.



By detecting patterns in patients' needs and using upstream strategies to target unhealthy policies, MLPs prevent future problems and advance health equity.

An MLP team works together to change their city's lead ordinance to prevent children from being lead poisoned at home.



# Is there an evidence-based approach to legal services integration?



# The Medical-Legal Partnership (MLP) Approach

Medical-Legal Partnership (MLP) is an **upstream** approach where legal services and health care professionals **collaborate to address and prevent the social, economic, and environmental factors that impact patient health and contribute to health disparities.**

The MLP approach is a **flexible, evidence-based intervention. MLP embeds lawyers as specialists into the health care setting to disrupt the cycle of returning people to unhealthy conditions.**

Core MLP activities include:

## Legal Assistance

to address patients' social needs & help the health center workforce operate at "top of license"

## Training

to build knowledge, capacity & skills that strengthen the health center workforce's response to SDOH

## Clinic-Level Changes

that leverage legal expertise to shape clinical practices to address many patients' needs at once

## Policy Change Strategies

that advance healthy regulatory, administrative, & legislative policy solutions for whole communities



# Value of MLP: CrescentCare



The value of their health center - based MLP goes beyond increased access to health care, housing, employment, food and financial stability, and educational opportunities for clients.

***“It’s increasing their awareness and empowering them to be advocates for themselves, to reach out for the legal assistance that they need.”***

– Ranie Thompson, JD, Director of CrescentCare Legal Services

NCMLP MLP Spotlight: CrescentCare: An MLP for the Community:  
<https://medical-legalpartnership.org/crescentcare-an-mlp-for-the-community/>



# Laying a Strong Foundation

# What does “SDOH” mean?

## Social Determinants of Health



Social determinants of health (SDOH) are the conditions in the environments where 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.

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved January 27, 2024, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

# A Word about Words: SDOH Matters

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International, federal, state, and local agencies each have their own definitions for SDOH.

Some agencies use other terms. For example, the Texas Department of Health and Human Services uses “non-medical drivers of health.”

**Before you decide which SDOH to address, it is prudent for your MLP to align with the terminology used by the agencies that inform your organizational priorities.**

*Seminal Resource:* Robert Wood Johnson Foundation, “A New Way to Talk about the Social Determinants of Health” (2010),  
<http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023>

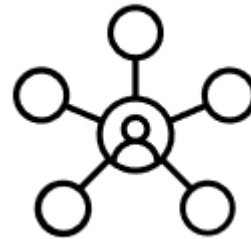


# Common Factors to Prioritize Your MLP's Approach to SDOH

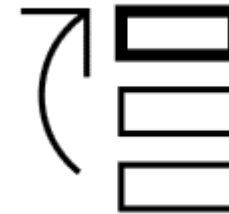
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Which patient population may benefit most from legal care?



Which unmet social need is most common amongst all patients?



What are the organization's regulatory mandates or financial opportunities?



# Three Approaches



Toolkit

## All patients, specific social need

### Example

The most common unresolved social needs among the health center's patients pertain to housing\*, so MLP resources are focused there. Any clinician or staff member can refer any patient to the MLP lawyer for assistance with evictions, housing conditions, housing subsidies, etc. The health center may or may not choose to expand to other issues in the future.

*\*This could also be access to public benefits, access to educational supports, etc.*

## Specific patient population, all social needs

### Example

The health center's needs assessment reveals that pregnant people\* would benefit most from legal services. Any clinician or staff member can refer any pregnant person to the MLP lawyer for any identified social need. The health center may or may not choose to expand to other groups in the future.

*\*This could also be children with asthma, individuals experiencing homelessness, people who use behavioral health services, people with substance use disorders, socially vulnerable older adults, people with diabetes, transgender individuals, etc.*

## All patients, all social needs

### Example

Any clinician or staff member can refer any health center patient to the MLP lawyer for any identified social need.



# Review Current Screening Tools and/or Data

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Many healthcare entities screen for health-related social needs through screening tools administered to patients or members of the community, such as PRAPARE, WellRX, or a CHNA. Existing data from these tools can provide insight into unmet needs that MLP can address.

## What screening tool are you using?

Scan the QR code or use the URL (also in the chat) to go to Mentimeter.



<https://www.menti.com/alcjdpaf5g16>



# Review Current Screening Tools and/or Data

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Many healthcare entities screen for health-related social needs through screening tools administered to patients or members of the community, such as PRAPARE, WellRX, or a CHNA. Existing data from these tools can provide insight into unmet needs.

Your health center asks patients if they are worried about losing their housing. More than 25% of patients screen positive. Your CHWs report that charitable funds are limited, and there are long wait lists for affordable housing. **How might this inform your MLP design?**



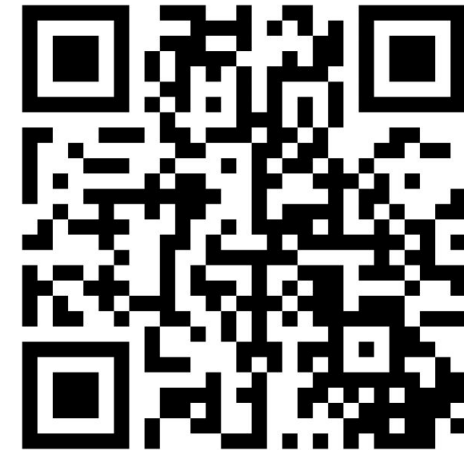
# Interview Clinicians and Other Staff

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Almost all healthcare workers see challenges for patients that they face barriers to solving. Through formal or informal interviews, you can spot opportunities.

**In a word or two, what was the last challenge a colleague mentioned to you?**

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<https://www.menti.com/alcjdpaf5g16>



# Interview Clinicians and Other Staff

---

Almost all healthcare workers see challenges for patients that they face barriers to solving. Through formal or informal interviews, you can spot opportunities.

*Raise your hand to unmute.*



Your state struggles with avoidable maternal morbidity and mortality. Your OB-GYN team laments that one reason is that key measures of pregnancy health are often delayed past thirteen weeks because patients lack coverage.

**How might this inform your MLP design?**



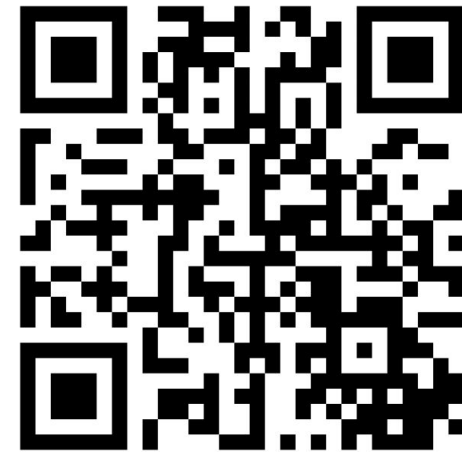
# Take Stock of Existing Priorities and Capacity

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Consider whether special funding provides opportunity to leverage legal expertise in meaningful ways.

**Type a word that describes the greatest public health crisis you wish your organization could solve.**

Scan the QR code or use the URL (also in the chat) to go to Mentimeter.



<https://www.menti.com/alcjdpaf5g16>

# Take Stock of Existing Priorities and Capacity

Consider whether special funding provides opportunity to leverage legal expertise in meaningful ways.

*Raise your hand to unmute.*



Both the medical and the legal organizations have recently received opioid settlement funds. The health center plans wants to go upstream by addressing chronic pain through an organized approach. **How might this inform your MLP design?**



# Survey the Landscape for Related Priorities

Federal, state, and local agencies may have set goals with which your entity should align. Consider those that regulate your organization directly as well as those that regulate your partner.

*Raise your hand to unmute.*



States that provide Medicaid through one or more managed care organization (MCO) are required by 42 CFR § 438.340 to have a written quality strategy, with updates every three years. Your state's current quality strategy includes three social care priorities: food insecurity, housing, and transportation. **How might this inform your MLP design?**



# Examine EHR Data

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Give a thumbs up if you know what Z Codes are.



# Examine EHR Data

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Give a smiley face if you have used Z Codes for any reason.





# Examine EHR Data

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Use population health strategies to segment your patient population, such as by

- condition
- disparities
- risk factor
- treatment
- demographic
- insurance type



# Examine EHR Data

*Raise your hand to unmute.*



Use population health strategies to segment your patient population, such as by

- condition
  - e.g., all patients with HTN
- disparities
  - e.g., all patients with BMI>40
- risk factor
  - e.g., all patients with  $4.0 < A1C < 6.0$
- treatment
  - e.g., all patients receiving MAT
- demographic
  - e.g., all patients who are homeless
- insurance type
  - e.g., all patients paying sliding-scale fees

An adult medicine physician notes that young and middle-aged people with similar nationalities seem to have their cancer diagnosed much, much later than other patient populations. The EHR data accords with her suspicion. **How might this inform your MLP design?**



# Conduct a Needs Assessment

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Generate initial awareness and buy-in for MLP through formal surveys, collecting anecdotal information, or polling select groups, such as a patient support group.



# How Legal Interventions Address SDOH

I-HELP™	How Lawyers Can Help
Income & Insurance	<ul style="list-style-type: none"> <li>★ Appeal denials of food stamps, disability, cash assistance, or health insurance coverage</li> </ul>
Housing & utilities	<ul style="list-style-type: none"> <li>★ Secure housing subsidies</li> <li>★ Improve substandard conditions</li> <li>★ Prevent evictions</li> <li>★ Protect against utility shut-off</li> </ul>
Education & Employment	<ul style="list-style-type: none"> <li>★ Secure specialized education services</li> <li>★ Prevent and remedy employment discrimination</li> <li>★ Enforce workplace rights</li> </ul>
Legal status	<ul style="list-style-type: none"> <li>★ Resolve veteran discharge status</li> <li>★ Clear criminal/credit histories</li> <li>★ Assist with asylum applications</li> <li>★ Change name and gender-markers</li> </ul>
Personal & family stability	<ul style="list-style-type: none"> <li>★ Secure restraining orders for interpersonal violence</li> <li>★ Secure adoption, custody, and guardianship for children</li> <li>★ Document medical and financial plans for the future</li> </ul>

This chart was adopted from the messaging guide, "[Framing Legal Care as Health Care](#)." Please do not modify it without permission. The citation for the chart is: Marple, Kate. Framing Legal Care as Health Care. Washington, DC: The National Center for Medical-Legal Partnership, January 2015.

# Linking Unmet Needs with Legal Interventions

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While unmet social needs always have a corollary in law, there may be reasons that a legal intervention is not available to meet an identified health-related social need, including:

- limited human resources
- federal or state prohibitions on the legal organization working with certain populations, such as undocumented immigrants, or engaging in certain types of cases, such as personal injury
- lack of relevant expertise

**Thus it is critical to link the identified health-related social needs with anticipated legal interventions in a way that sets expectations and defines success.** The legal team's electronic records can be a key source for testing the accuracy of the predicted linkages.



# Avoiding Fragmentation in Social Needs Care

At its best, MLP is an integrated model of joint priority-setting with close linkage between the legal interventions and the health-related need.

**AUTONOMY** → **INTEGRATION**

	<b>REFERRAL NETWORK</b>	<b>PARTIALLY INTEGRATED MLP</b>	<b>FULLY INTEGRATED MLP</b>
<b>Healthcare institution's view of legal services</b>	Legal needs loosely connected to patient well-being; legal professionals are valued allies, but separate from HC services.	Legal needs connected to patient health; Legal care is complementary/ancillary to HC services.	Legal needs are tightly connected to patient health; Legal care is integrated part of HC services.

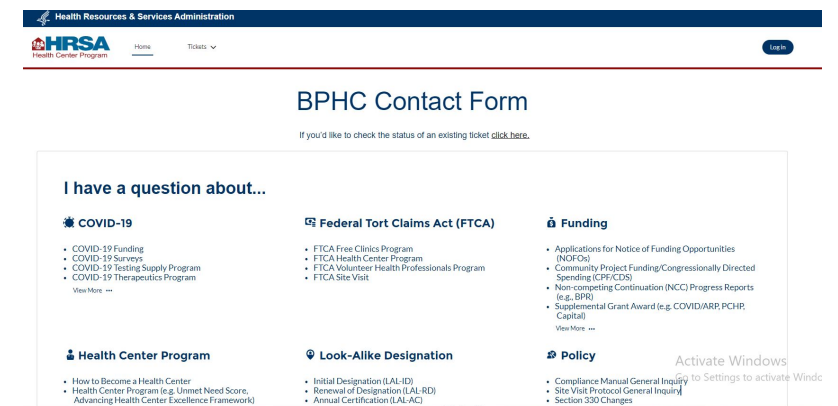
In linking unmet legal needs with legal interventions, consider the full range of MLP activities, from individual legal assistance to training and from institutional procedures to changing the law. Because lawyers are experts in the levers of social change, the opportunities are boundless.

# Key Resources



Health Center MLP Toolkit: ["Bringing lawyers onto the health center care team to promote patient & community health"](#)

Health Center Program Support:  
[BPHC Contact Form](#)



Screenshot of BPHC Contact Form at <https://hrsa.my.site.com/support/s/> (Accessed on Jan. 29, 2024)

# HEALTH CENTER MLP PLANNING, IMPLEMENTATION & PRACTICE WEBINAR SERIES



## PART 2

**UP NEXT** 

**HOW MANY LAWYERS DO WE NEED TO MEET THE  
NEED(S) WE IDENTIFIED AND ACCOMPLISH OUR GOALS?**



**Feb 15, 2024 at 1 PM ET**



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# Thank you!

Please help us improve future sessions by completing our short evaluation.



<https://www.surveymonkey.com/r/WYFQFMM>



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