

# HEALTH CENTER MLP PLANNING, IMPLEMENTATION & PRACTICE WEBINAR SERIES



## Session 7

### MLPs in EMR, the Next Frontier: One System's Success



May 30, 2024 | 1- 2.30 PM ET



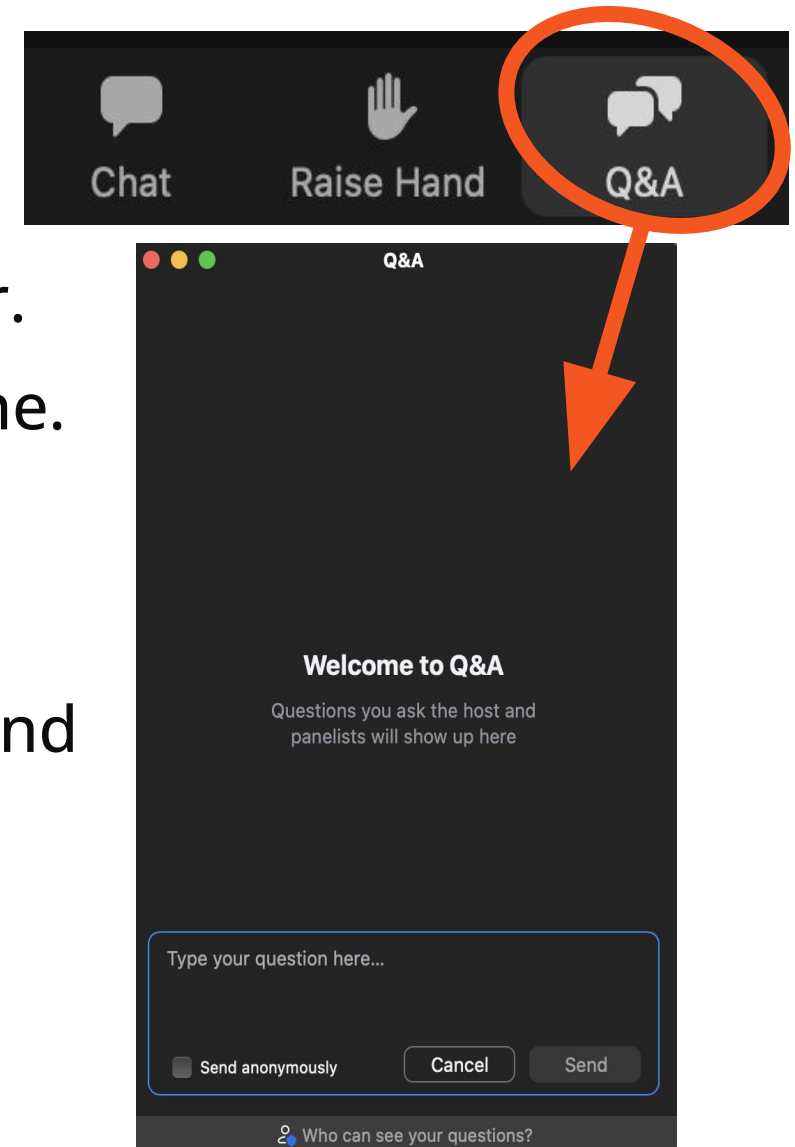
TEXAS A&M HEALTH  
Institute for  
Healthcare Access

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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## **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.*



# Housekeeping



# 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 \$602,314.00 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

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## 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).

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

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

## 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.

**Poll Question: Let's find out who is in the audience today.**



- 1) What type of organization are you from?** (choose all that apply)
  - a) Health care
  - b) Legal services
  - c) Academia
  - d) Other
  
- 2) Does your organization have a medical-legal partnership (MLP)?**
  - a) Yes
  - b) No
  - c) I don't know
  
- 3) How does your partnership exchange data and information between entities?** (choose all that apply)
  - a) Paper, only.
  - b) Email, only.
  - c) The legal team can receive referrals and limited information through the EHR
  - d) The EHR exchanges data with the legal team's case management software
  - e) After the referral is made, we do NOT exchange information or data as partners
  - f) Other



PIP Webinar Sessions	Corresponding Toolkit Topic
<b>Part 1: 9 Conversations that Will Help Lay a Strong Foundation</b>	
1. What SDOH problems do we want to address?	Part 1, Conversation 1
2. What staff do we need to meet the need(s) we identified and accomplish our goals?	Part 1, Conversation 2
3. Staffing the Legal Services of an MLP - Should we directly hire a lawyer or contract with another organization?	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



# Faculty



**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



**Jay Sicklick, JD**

Adjunct Professor of Law, UCONN  
Former MLP Director  
Connecticut Pediatric MLP

***Our Moderator Today***

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# Guest Speakers



**Emily Foote**

Senior Director  
Social Determinants of Health  
NYC Health + Hospitals



**Julie Brandfield**

Associate Director  
LegalHealth  
New York Legal Assistance Group



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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).

# Session 6 Recap



# Exploring Health Center vs. Hospital-Based MLPs

## Insights from Georgia Legal Services Program

### Learning Objectives

1

To learn generally about medical-legal partnerships (MLPs) and their formation

2

To discuss how relationships with community powerbrokers impact MLPs

3

To explore the differences between hospital-based and health center-based MLPs

4

To hear the insights of attorneys who facilitate the groundwork at MLPs

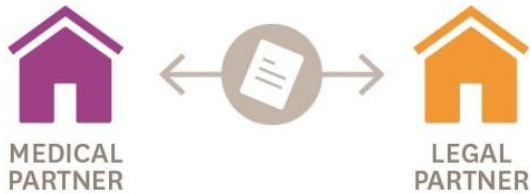


# How will we address patient consent and information sharing?

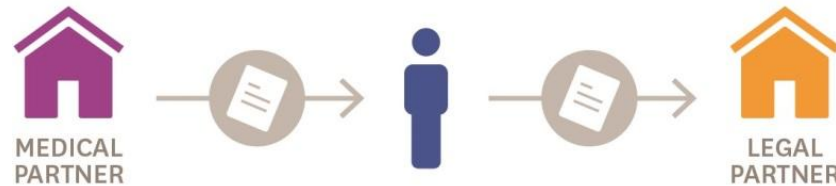


# Info-sharing process can depend on MLP structure

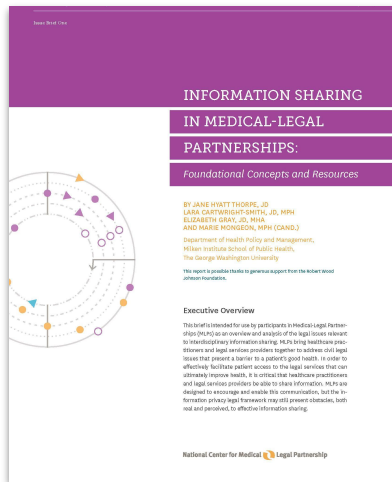
## Referral Network



## Coordinating Staff



## One Organization

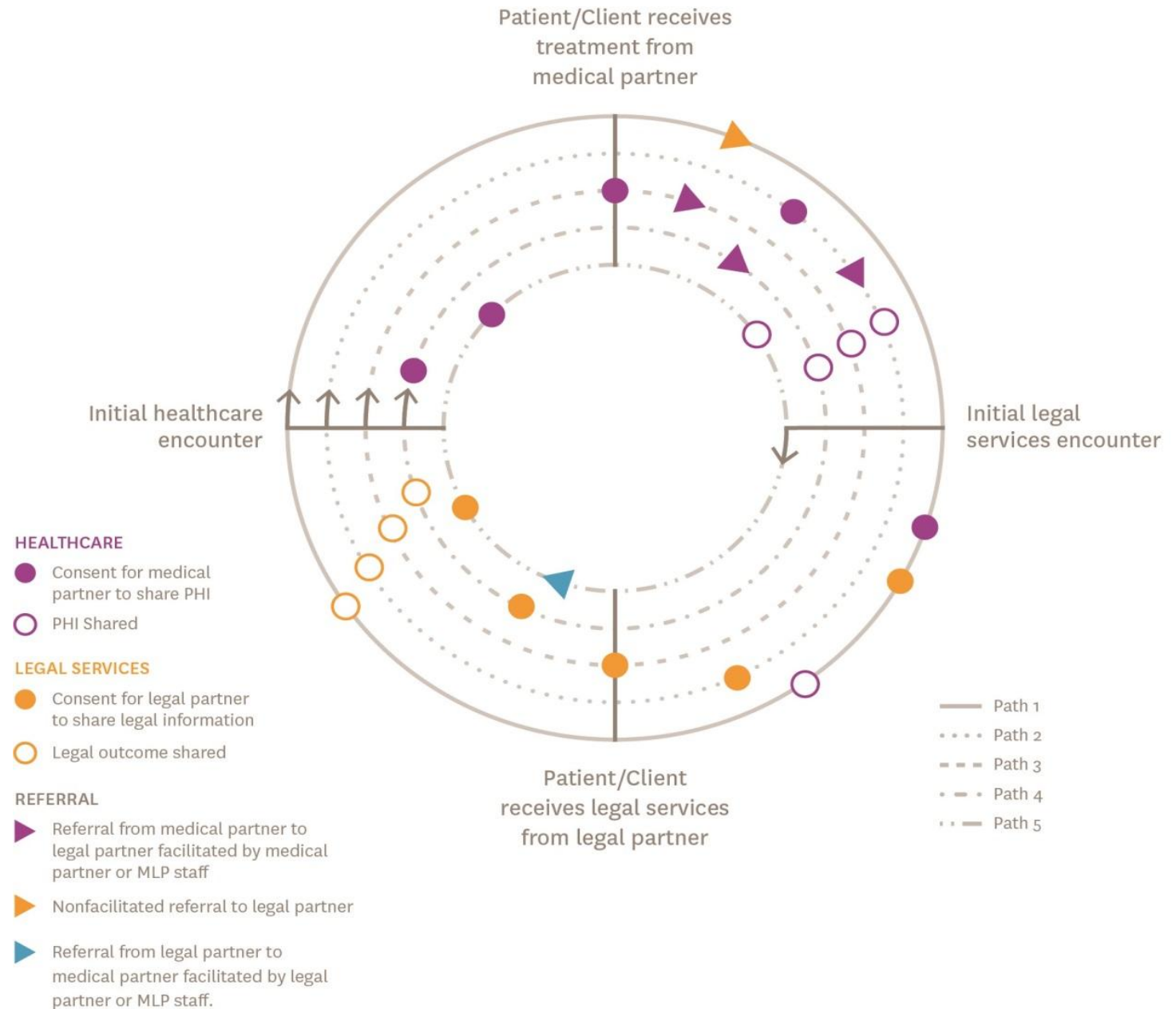


## [Information-Sharing in Medical-Legal Partnerships: Foundational Concepts and Resources](#)

An in-depth look at privacy laws, consent models, and MLP info-sharing tools.



# Five pathways for consent & disclosure of info for MLPs



# Questions to establish info-sharing parameters

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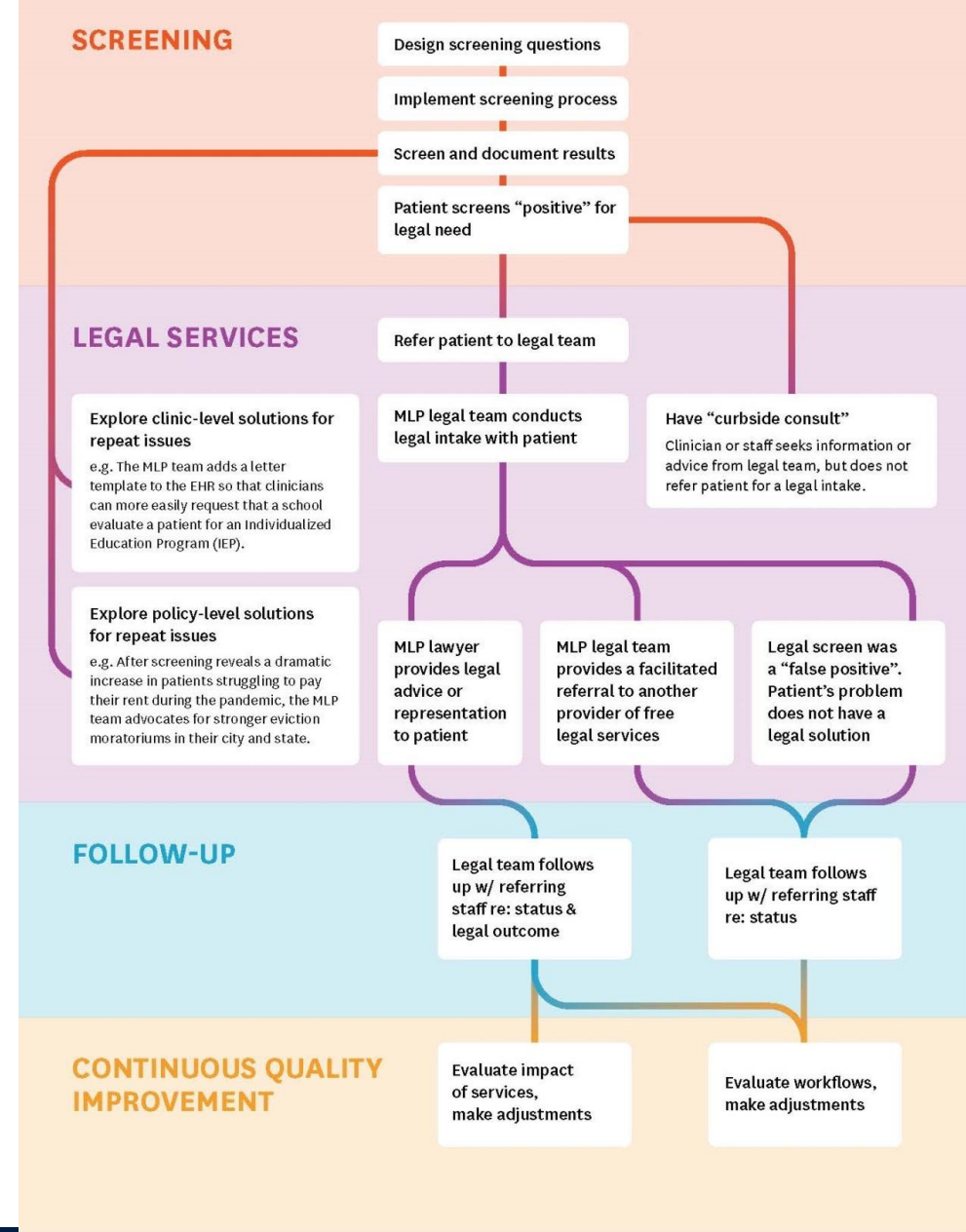


- What **agreements** are in place governing the MLP relationship and what do they require?
- What **laws** apply to the partner organizations?
- What restrictions, if any, are attached to the organizations' **funding**?
- What **structural model will best suit the info-sharing needs** of the MLP partners and the patients/ clients? Are there **any goals that are not being met** or processes that could be better aligned?
- What **consent process** will suit the needs of the **patients/clients and the MLP partner organizations**?
- What information **systems are already in place** and do they serve the needs of the MLP?
- What **kind** of information **and how much** information should be shared?

# How will we integrate legal services into our workflows and systems?

# Aligning screening with existing tools & workflows

- Why are we considering **screening**?
- What **questions** will we ask?
- **How / when / where** will patients be screened? Who will screen them?
- How will **patients' answers be documented**?
- Can we **use existing data in the EHR** to bypass the need for patient-to-patient screening or to screen only a subset of all patients?



# Resources



## Leveraging the Electronic Health Record to Link Health Center Patients with Medical-Legal Partnership Services

This issue brief provides concrete examples of how health centers in Iowa, Montana, and Texas are leveraging the EHR to complement their screening for the social determinants of health as well as to increase their capacity to deliver targeted MLP-related interventions.



# Resources, cont'd

## Electronic Exchange of Data and "Closing The Loop"

**ELECTRONIC EXCHANGE OF DATA AND "CLOSING THE LOOP":**

*Using the Electronic Health Record to Make Medical-Legal Partnership Referrals Confirm Successful Connections, and Receive Updates about Legal Outcomes.*

**AN IOWA CASE STUDY**

**Introduction**

For health centers seeking to "Close the Loop" on legal and social service referrals, automated processes within the electronic health record (EHR) and the electronic exchange of data with community partners are key tools in making, confirming, and getting updates about patient referrals.

Building the electronic exchange of data directly into the EHR is needed to reduce inefficiencies, document patient connection with available legal services, and track patient legal outcomes.

This Case Study provides a concrete example of how a medical-legal partnership (MLP) in Iowa set up electronic referrals in the EHR as well as the ability to "Close the Loop" via electronic updates from the legal partner. Those updates are delivered directly to the EHR and describe whether the patient connected with legal assistance and the legal outcomes of that assistance.

**Author:** MALLORY CURRAN, JD  
Principal  
Mallory Curran Consulting  
Senior Advisor  
National Center for Medical-Legal Partnership

**SIGNED BY:** SSI THAPA  
Research Associate (Communications)  
National Center for Medical-Legal Partnership

**CONTACT:** For more info about medical-legal partnerships:  
National Center for Medical-Legal Partnership  
medical-legalpartnership.org  
Twitter: National\_MLP

**PROJECT TEAM MEMBERS:**  
AllianceChicago, INConcertCare, Iowa Legal Services, Iowa Primary Care Association, Methodos Technologies LLC, Montana Legal Services Association, Qvera, and Sloustrand Community Health Center.

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## Do's & Don'ts of MLP Curbside Consults | Job Aid

**DO's & DON'Ts**  
of Curbside Consults with the MLP Legal Team

By Mallory Curran, Senior Consultant, National Center for Medical-Legal Partnership  
with input from the Technology, Data, and Information Sharing Committee of the Kaiser Permanente Medical-Legal Partnerships

Curbside Consults are an opportunity to assess whether a situation with a patient is appropriate for referral to the medical-legal partnership (MLP) legal team. They are also a chance to provide legal education in response to healthcare staff questions about general legal topics. Curbside Consults can take place during Office Hours created specifically for the MLP. However, Curbside Consults can also take place in a one-on-one setting or when the legal team participates in an existing case review meeting or rounds.

+ DO	x DON'T
<p><b>DO MAKE IT SHORT AND TO THE POINT. GIVE CONTEXT WITHOUT SHARING TOO MANY DETAILS.</b></p> <p>Share basic information about what is going on / what the potential legal problem is. If relevant, highlight basic information about the patient and impacted household members without disclosing any PII or PHI to the legal team.</p>	<p><b>DON'T SHARE PERSONALLY IDENTIFIABLE INFORMATION (PII) OR PROTECTED HEALTH INFORMATION (PHI) WITH THE LEGAL TEAM.</b></p> <p>Only speak about patients broadly (e.g., "I have a patient with this problem..."). Because Curbside Consults can turn into referrals, details should be as limited as possible to protect privacy in the event a referral is made in the future.</p> <p>Refer to the MLP consent job aid for a detailed discussion of PII, PHI, and protocols for disclosing this information.</p>
<p><b>DO ENSURE YOU KNOW THE PATIENT'S GOALS AND COMMUNICATE THEM TO THE LEGAL TEAM</b></p> <p>Let the legal team know what the patient hopes to learn or hopes will occur.</p>	<p><b>DON'T SEEK ADVICE ABOUT SUBPOENAS OR OTHER SITUATIONS WHERE ANTICIPATED LEGAL ACTION INVOLVES THE HEALTHCARE ORGANIZATION OR HEALTHCARE STAFF PERSON.</b></p> <p>When the healthcare organization or a healthcare staff person are involved in a current or anticipated legal action, that legal issue needs to be presented to the healthcare organization's own attorneys, not the MLP legal team. The MLP legal team cannot get involved. If presented with such an issue, the MLP legal team will refer the staff person back to the healthcare champion.</p>
<p><b>DO BE CLEAR ABOUT YOUR GOALS</b></p> <p>Let the legal team know what YOU hope to learn or hope will be resolved for the patient.</p>	<p><b>DON'T SEEK ADVICE ABOUT PERSONAL LEGAL ISSUES.</b></p> <p>Questions about an employee's personal or family legal issues are not appropriate during a Curbside Consult. However, some healthcare employees or people in their families may also be patients who are eligible to be referred for legal services. Those issues should be discussed in the same way as other patient issues, protecting PII and PHI.</p>

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Kaiser Permanente  
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# MLPs in EMR, the Next Frontier: One System's Success



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# Today's Learning Objectives

1

Understanding the impetus for building MLP referrals in EMR

2

Nuts and bolts on how system was built

3

Lessons learned and next steps





## ABOUT LEGALHEALTH

LegalHealth, a division of NYLAG, provides free legal assistance and develops policy to help New Yorkers who are experiencing financial hardship and have serious or chronic health problems. We bring together legal and medical professionals in the healthcare setting.

## ABOUT NYLAG

The New York Legal Assistance Group (NYLAG) is a leading non-profit that provides free civil legal services, financial counseling, and engages in policy advocacy efforts to help people experiencing poverty.

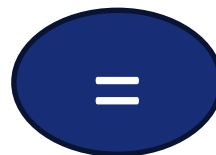
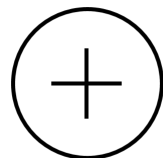


## We are Generalists - Range of Legal Services

- Government Benefits
  - SSI/SSDI
  - Public Assistance
  - Food Stamps
- Insurance Disputes
  - Medicaid
  - Medicare
  - Commercial
- Housing
- Veterans' Issues
- Immigration
- Debtor/Creditor Issues
- Workplace Accommodations
- Advance Planning
  - Will, health care proxy, power of attorney and permanency planning



## LegalHealth Model



- Train healthcare providers on health harming legal needs
- Provider referrals to legal clinic to be scheduled by health care facility
- 5-6 weekly on site legal appointments in ambulatory clinic (in-patient visits done too)
- Healthcare provider consultations throughout the week
- Systemic policy advocacy collaboration



## LegalHealth & NYC H+H

**2002**

LegalHealth Partners with  
H+H Elmhurst Hospital

**2014**

LegalHealth expands to all  
11 NYC H+H Acute Care  
Hospitals

**2016 & 2017**

LegalHealth funded by City  
to expand immigration  
services to H+H, including 3  
FQHCs

**2023**

NYLAG enters 3-year  
contract to provide MLP  
services across entire H+H  
system with EPIC integration



# NYC H+H by the Numbers

- **Nation's largest safety net healthcare system**

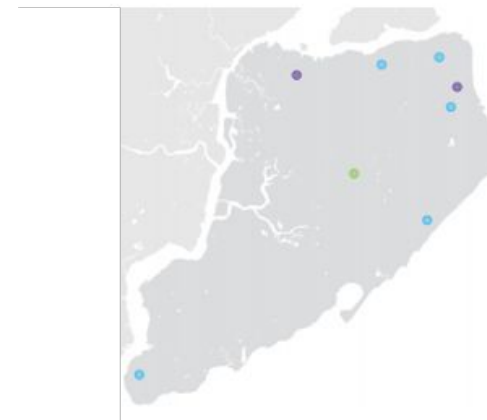
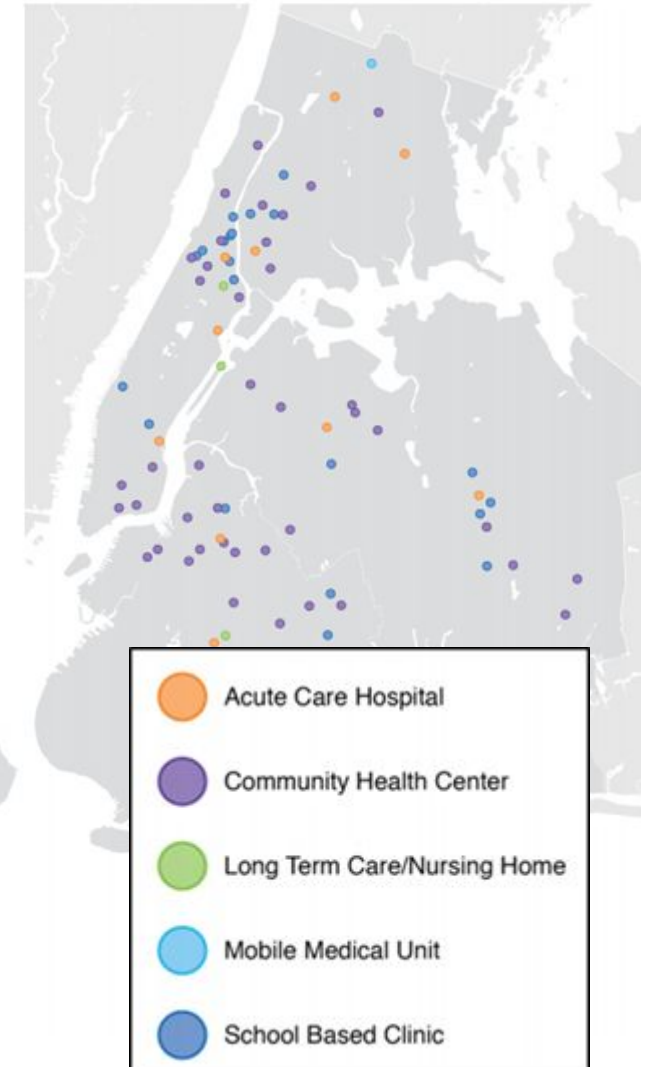
- 11 acute hospitals, 60+ health centers, 6 amb care centers
- Long-term care, home care, correctional health services
- 45,000 staff
- Serve all regardless of documentation status or ability to pay

- **1.1 Million+ New Yorkers served annually**

- 160,000 admissions
- ~1 million emergency department visits
- 4 million clinic visits (including 1 million primary care visits)

- **Our adult patients are:**

- 27% uninsured
- 37% speak a language other than English
- 6% homeless
- Racially and ethnically diverse:
  - 42% Hispanic/Latinx, 31% Black or African American, 9% White, 6% Asian/Pacific Islander, 12% Other





## What is Population Health?

- Population Health refers to "the health outcomes of a group of individuals"
- While not a part of the definition itself, it is understood that population health outcomes are the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, and environmental factors.
- Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health.
- Fundamentally, it is about a more proactive approach to addressing avoidable human suffering

1) (Kindig, D., and G. Stoddart. 2003. *What is population health?* *American Journal of Public Health* 93(3):380-383)

2) [www.publichealth.gc.ca](http://www.publichealth.gc.ca)





## Scheduling & Appointment Challenges

- Reliance on either one person per site to schedule or an overtaxed phone system
- Inconsistent reminders resulting in high no show
- Legal staff getting schedule in advance for conflict check
- Human error (names misspelled, incorrect phone number)
- Variation of clinic utilization across sites

Shared Goal: referrals and appointments made in same manner as medical appointments



## Background – Strategic + Operational Challenges

- Health care leadership wanted more and better data about the breadth and impact of MLP
- Local referral and scheduling systems were manual, inconsistent, under-resourced and lacked sufficient transparency
- Missed appointments, high “no show” rate
- Access to legal support not equitable
- Health care staff frustrated when they didn’t know how to connect their patients with LegalHealth
- No standard mechanism for “closing the loop” on referrals

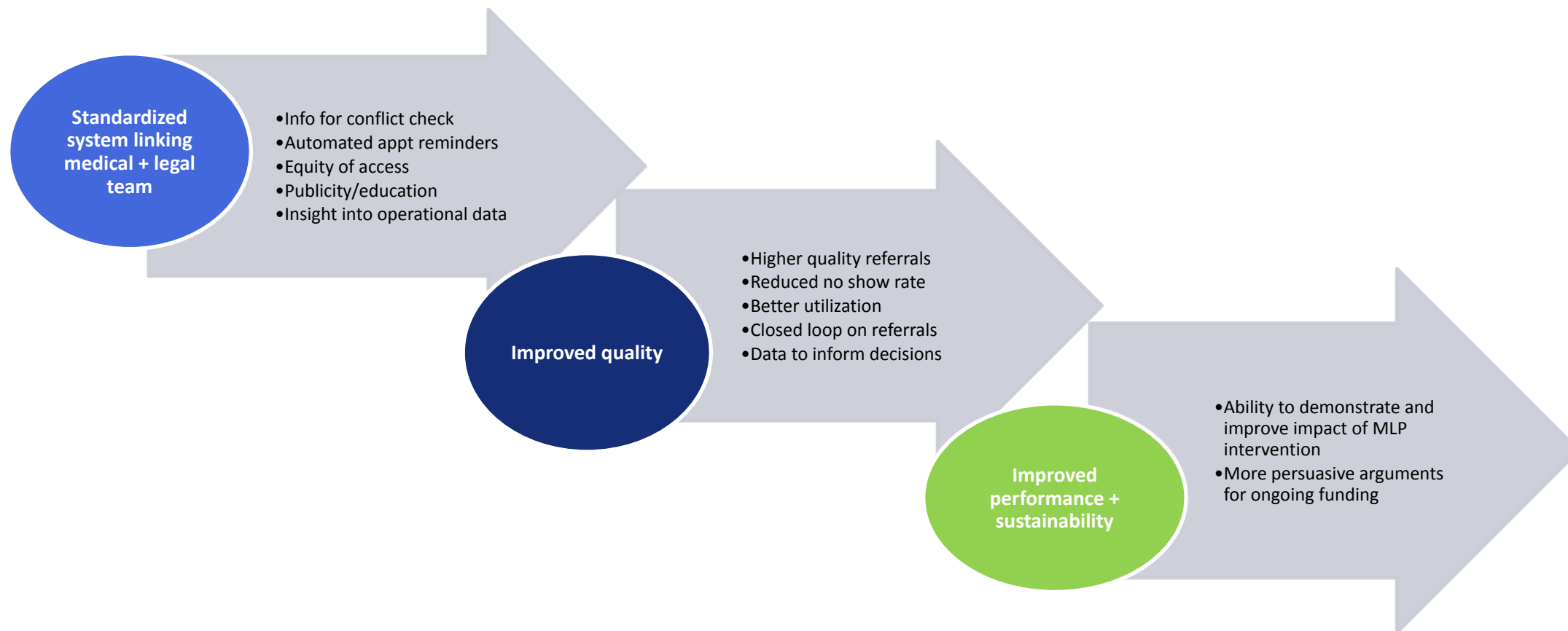


## Background – Key Players

- Health system leadership – Financial, Legal + Compliance, Clinical, Human Resources
  - Health system governance – decision-makers for resource allocation, centralized onboarding + clearance for attorneys, including staff to support EMR architecture + build
- Facility-based health care staff
- NYLAG/LegalHealth attorneys + paralegals
- Patients



## Strategic goals for new system





## Making the case for investment

- Population Health-led effort
- Identified challenges and possible solutions, eliminated several EMR-adjacent options that did not support scheduling functionality
- Designed preliminary solution with Epic consultant
- Established centralized onboarding process for HR
- Secured required Compliance + governance approval for full “discovery” and subsequent implementation
- Secured financial support for centralized staff to support new centralized process
- Sought input and buy-in from health care teams who had struggled to manage referral and scheduling process locally



# Implementation

- Epic Build
  - Discovery
  - Build and Test
  - Launch
- Central Operations
  - Staffing
  - Onboarding
  - Training
- Launch
  - Pilot
    - Attorney training
    - Health care team prep + training



## Operationalizing Epic with LegalHealth

- LegalHealth & H+H Population Health identified team responsible for operationalizing
- Weekly or bi-weekly operations meetings
- Wanted to create systems that worked for both sides of MLP



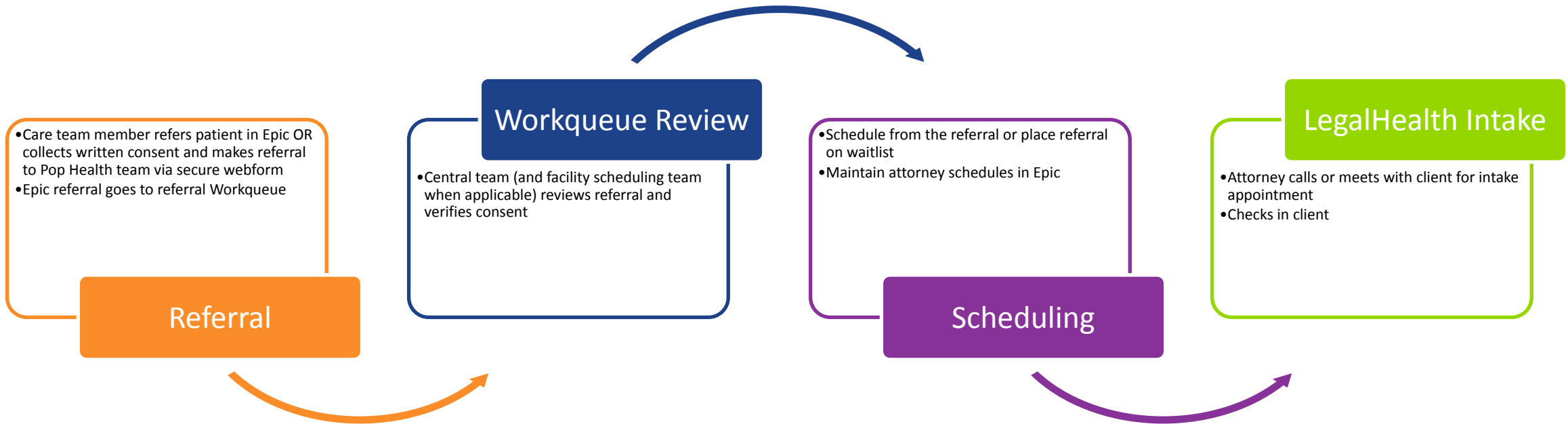


## Operationalizing Epic with LegalHealth

- Identifying legal issues for referrals
- Establishing clearance criteria so legal staff could use EPIC
- Training scheduling team on LegalHealth services and expectation setting with future clients
- Creating protocols together for process
- Training legal team on accessing appointment schedule in EPIC and checking patients in
- Hiring legal program manager



# Epic Workflow Overview





# Referral Processes

## Referrals must be made by a staff member:

- Epic
  - Any clinical staff with ability to place orders (aka “referrals”) in Epic can refer to LegalHealth
  - Can find by searching “LegalHealth” “Legal” or “NYLAG”

After Visit Procedures ^		
Px Code	Name	Type
REF1113	AMB REFERRAL TO LEGALHEALTH	Referral



# Referral Details

Ambulatory Referral to LegalHealth

 Accept
  Cancel

**1** Patient verbally agreed to referral for free legal aid services to address health-related social needs (e.g. housing, advance planning, financial issues) to further the patient's health or mental health care as part of their treatment plan.

**1** Patient consented to sharing their contact and appointment information with NY Legal Assistance Group (NYLAG). Note that only written consent may be collected for referrals from an OASAS-licensed clinic.

Primary reason for referral

**1** Assistance needed

Process Inst.: Please note: LegalHealth cannot accept referrals related to criminal matters, taxes, and personal lawsuits (such as small claims suits, worker's compensation matters, personal injury claims, medical malpractice concerns, and actions/complaints against NYC Health + Hospitals)



# Scheduling

- Referrals are captured on a workqueue (task list) in Epic – centralized staff contact patients to schedule

F	ID	Name	Service Area	Active Count	Active
☆	23889	LI LEGALHEALTH REFERRALS BY DEPARTMENT READY TO SCHEDULE	NYC HEALTH AND HO...	5	Yes
☆	23813	PARENT LEGALHEALTH REFERRALS BY DEPARTMENT READY TO SCHEDULE	NYC HEALTH AND HO...	0	Yes

Referral/Authorization Workqueue LI LEGALHEALTH REFERRALS BY DEPARTMENT READY TO SCHEDULE [23889] Last refreshed: 2/22/2023 11:27:56 AM

Refresh Filter Edit Defer Assign Show Mine Notes Sched St Upd Preauth Assign Chart Appt Desk Patient Station In Basket Msg WQ History Duplicate Maintenance Make Appt

Active (Total: 5) Deferred (Total: 0)

Referral Date	MyChart Status	Patient MRN	Name	Date of Birth	Language	Reason for Referral	Multiple Issues	Referred By...	Authorizing Provider	Ordering Pro...
02/21/2023	Activated	1003638	TEST,KELLY M	01/01/1980	English	Family law	No	LI PRMCRE	GO FAMILY MEDICINE, PHYSICIAN	GO FAMILY...
02/21/2023	Activated	1100374	TEST,SCOTT	03/15/1959		Housing	Yes	LI ENT	YAO, NATHANIEL LIM	GO FAMILY...
02/21/2023	Pending Activation	510001061	TEST,STEPHANIE	05/14/1989	English	Advance planning	No	LI VSOCIAW...	WALLACH, ANDREW BRIAN	GO WORKE...
02/22/2023	Activated	1100374	TEST,SCOTT	03/15/1959		Immigration stressors		LI PRMCRE	GO FAMILY MEDICINE, PHYSICIAN	GO FAMILY...
02/22/2023		1100390	IPCLINDOC,VERBENA	01/15/1973	English	Family law	No	LI VSOCIAW...	YAO, NATHANIEL LIM	GO WORKE...



## Template Management

- Each LegalHealth clinic has a schedule template in Epic
- NYC H+H staff manage schedule templates (times/dates, number of slots, urgent slots, unavailability, etc.)
- Appointments slots are built out 4 months in advance
- Currently centrally managed

# Attorney View



**Schedule**

Check In Cancel Check-In

May 16, 2024 Today

May 2024

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8

HHC LEGALHEALTH (All Providers) Filter by Status Total: 16

Time	Status	Visit Type	Provider	Patient	DOB	Cu...	Pt Language	In...	Notes	Reason for Referral	Reason for Referral Subtopic
9:30 AM	Sched...	Legal Consult Televisit	KC LEGALHEALTH H GENERAL		54 y.o. / M	No	English	No		Immigration stressors	
9:30 AM	Sched...	Legal Consult Televisit	LI LEGALHEALTH H GENERAL		71 y.o. / F	No	English	No	Immigration call mobile first		
9:30 AM	Sched...	Legal Consult Televisit	HHC LEGALHEALTH H ...		56 y.o. / F	No	English	No		Immigration stressors	
10:30 AM	Sched...	Legal Consult Televisit	LI LEGALHEALTH H GENERAL		44 y.o. / F	No	English	No		Housing	Eviction with court date
10:30 AM	Sched...	Legal Consult Televisit	KC LEGALHEALTH H GENERAL		62 y.o. / M	No	English	No		Immigration stressors	
10:30 AM	Sched...	Legal Consult Televisit	LI LEGALHEALTH H ...		60 y.o. / M	No	English	No			

Dept: HHC LEGALHEALTH

Create

My Schedule

- HHC LEGALHEALTH

LegalHealth Referral Review

LegalHealth Referral R...

**Patient Demographics**

Patient Name:

MRN:

Gender Identity: Female

DOB:

Address:

Contact Numbers: (Work Phone) \*Preferred\* (Home Phone)

**Referral Information**

Service: Ambulatory Referral to LegalHealth

Referring Provider: Tan, Suzette, NP

Referral Details: [Click to View](#)



## Successes

- Equity of access
- Closed loop for referring staff
- Data
  - Improved, accessible data – visualizations
  - Demographics of patients by location
  - Insight into who is referring (staff role, department)
- Standardized appointment reminders
- Reduced no show rate/increased utilization
- Improved staff satisfaction





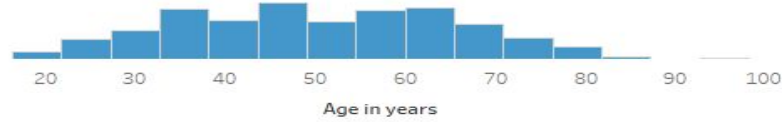
## Case Success

- Ariella was referred by her social worker at Bellevue Hospital for immigration stressors. Her appointment was on March 30, 2024 and the attorney did a full immigration screen and Medicaid eligibility assessment. On April 15, the social worker referred the patient for another appointment for government benefits/NYS Medicaid and specifically noted her urgent need for a liver transplant. The Population Health scheduling team, aware that the patient had just met with the attorney, reached out directly to LegalHealth to see if another appointment was needed. While the client had not mentioned the need for organ transplant, the attorney in doing a full immigration legal consultation had asked for the client's immigration documents. Luckily, those had just arrived, and the attorney was able to verify that the patient did not need a new appointment, and was able to advise the client and social worker on how the client could apply for Medicaid and what documents to provide.
- **Take Aways: Appointment history shows in EPIC so that duplication/repeat appointments are avoided and available for other patients**



# Sample Epic Data

Age



Sex



Language



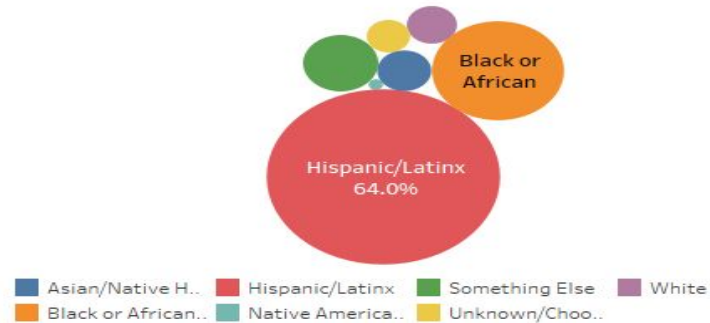
High Risk



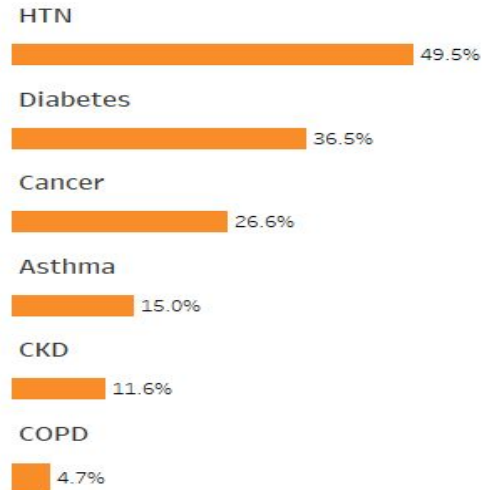
NYC Care



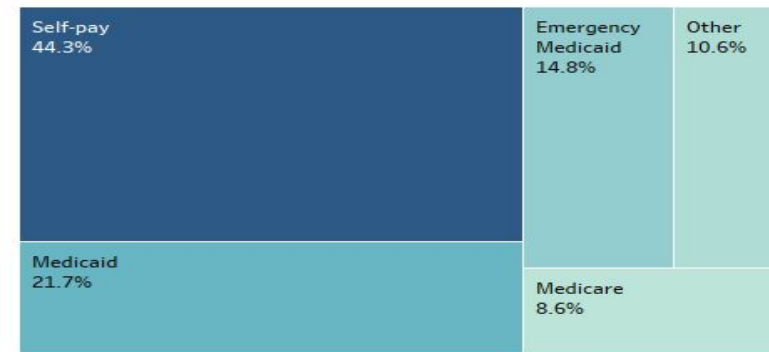
Race/Ethnicity



Diagnoses



Primary Payer Group





# Sample Epic Data

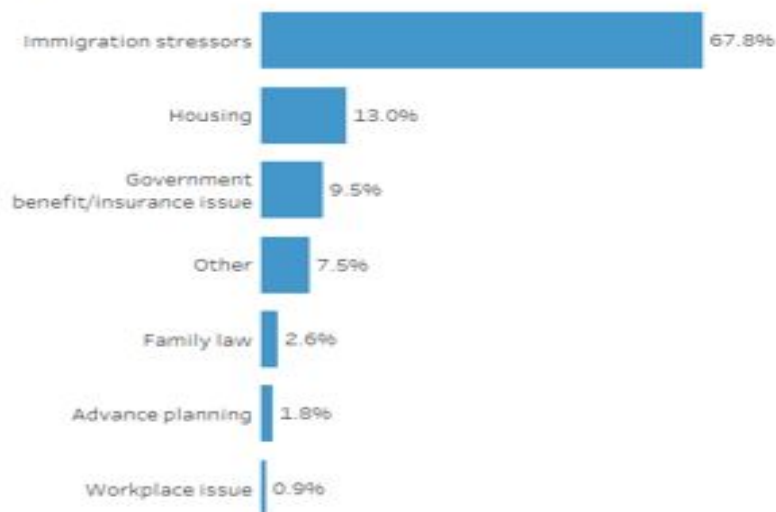
Patients Referred  
**4,393**

Referral Schedule Rate  
**67.0%**

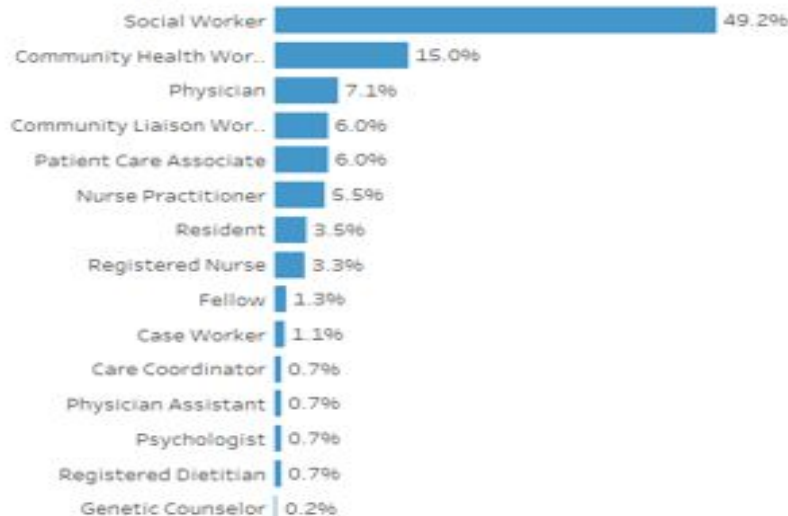
No Show Rate  
**21.0%**

Median Days from Referral to Appointment  
**30.0**

## Reason for Referral



## Referring Provider



## Utilization Rate



## Median TNAA





# Consent for LegalHealth Data Exchange

**Consent**

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**Note: Consent to Release Information**

The funder of this service, the H+H hospital system, has asked us to pass along information about you and your legal problem so that they can evaluate how the program is working. With your consent we would release the following information:

- the type of legal issue that I have raised with the LegalHealth attorney (for example, legal assistance related to housing, immigration, or Social Security benefits);
- the type of legal service that LegalHealth provided to me (for example, representation in court, help completing legal documents, or basic advice);
- the date I started receiving assistance from LegalHealth, the date I stopped receiving assistance from LegalHealth, and the time spent on my case; and
- whether LegalHealth addressed the issue, or was unfortunately unable to help.

NYLAG is also requesting consent to share information with your individual healthcare providers to enable them to know how we are helping you and sometimes to assist with next steps.

You can still receive legal services even if you do not consent. This is not a legal retainer.

	<input checked="" type="radio"/> Able to consent <input type="radio"/> Unable to consent
<b>Release of Data</b> *	<input type="radio"/> Consents <input type="radio"/> Declines
<b>Speak with Provider</b> *	<input type="radio"/> Consents <input type="radio"/> Declines



## Challenges

- Long timeline
- Pandemic!
- Bureaucratic barriers
- Competing priorities
- Culture change for legal staff
- Communications issues associated with “remote” scheduling team
- Less flexibility – increased need for standardization
- Coverage
- Centralized scheduling staff at capacity



## Lessons learned

- Build in more detail when client can't be reached
  - Left voice message
  - Voicemail full/non-working phone
  - Patient unable to speak (noisy environment)
  - Patient no longer wants appointment
- Ability to track or flag certain sensitive referrals
- Issues around requesting for consent to share data



## Next steps

- Complete implementation across health system
- Optimize intake appointment documentation
- Closing the loop on outcome of referral
- Data analysis
  - Reaching target population?
  - Impacting target population?
  - Health outcomes

# Questions & Answers



*Raise your hand to unmute.*



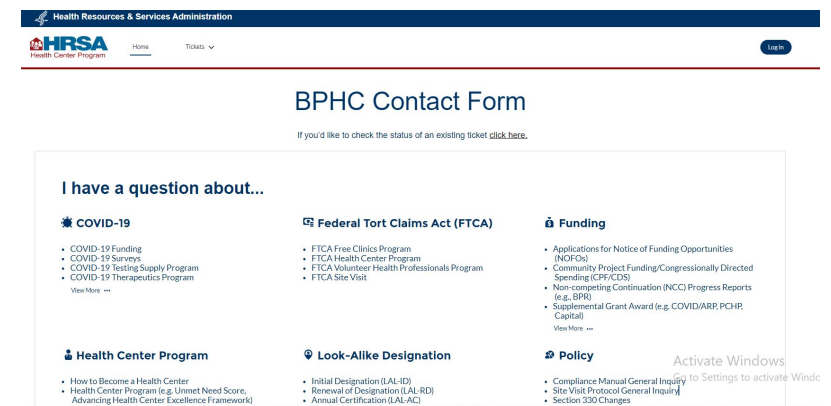


# Key Resources



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



Next Session

**UP NEXT** 

## Crafting Effective Trainings to Strengthen the Health Center MLP Workforce



June 6, 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

# UPCOMING SESSIONS!

- **Crafting Effective Trainings to Strengthen the Health Center MLP Workforce**

June 6, 2024 | 1-2.30 PM ET

- **Ditch the Pitch: Building Effective Messaging for Different Medical-Legal Partnership Audiences**

June 13, 2024 | 1-2.30 PM ET

- **Moving OUD/SUD Care Upstream through Partnership with Legal Aid**

June 20, 2024 | 1-2.30 PM ET

## Health Center MLP Planning, Implementation & Practice (PIP) Webinar Series | February – June 2024

By National Center for Medical Legal Partnership

[Youtube Playlist](#)

### Overview

As part of its work with the Health Resources and Services Administration (HRSA), 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 Webinar Series). The [Health Center MLP Toolkit](#) will serve as a resource for participants throughout the series.

For each webinar in the PIP series, NCMLP will seek input or examples from a health center and/or PCA with experience in the specific domain or topic to provide insight and commentary and respond to audience questions.

The series will address the following T/TA needs:

1. Understanding the core components of medical-legal partnerships;



The registration links for upcoming webinars and the archives of past presentations will be shared at [https://medical-legalpartnership.org/mlp-resources/pipwebinarseries\\_2024/](https://medical-legalpartnership.org/mlp-resources/pipwebinarseries_2024/)

# Thank you!

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



<https://www.surveymonkey.com/r/5CXRGBQ>



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Institute for  
Healthcare Access

Sign up to join our newsletter!

<https://medical-legalpartnership.org/about-us/newsletter/>

National Center for Medical  Legal Partnership

AT THE GEORGE WASHINGTON UNIVERSITY

# Upcoming Resource

Look out for our upcoming publication!

## Fostering Sustainability through Performance Measurement in Health Center Medical-Legal Partnerships: Insights from a Diverse Learning Collaborative

*Authored by*

James Teufel, MPH, PhD

Consultant for the National Center for Medical-Legal Partnership

JUNE X, 2024

## Fostering Sustainability through Performance Measurement in Health Center Medical-Legal Partnerships: Insights from a Diverse Learning Collaborative

**AUTHORED BY**

James Teufel, MPH, PhD  
Consultant for the National Center for Medical-Legal Partnership

**EDITED BY**

Jacqueline Banos, MPH  
Maria Casoni, MSL, MPH  
Bethany Hamilton, JD of the National Center for Medical-Legal Partnership

**PUBLICATION DESIGN BY**

OPUS Design

### What is a health center?

**HEALTH CENTERS:**

- Are community-based and serve more than 30 million people, about 90% of whom have incomes less than 200% of the federal poverty level.
- Provide access to medical, dental, behavioral, and other health care services.
- Provide care for all, with special initiatives for people experiencing homelessness, agricultural workers, and residents of public housing.
- A public or nonprofit entity can become a HRSA-supported health center by applying for Health Center Program funding or receiving designation as a Health Center Program look-alike. HRSA's Bureau of Primary Health Care (BPHC) oversees the

### Summary

This paper underscores the vital role of sustainability in clinical settings, focusing on medical-legal partnerships (MLPs) within health centers (HCs). Drawing insights from a learning collaborative initiative facilitated by the National Center for Medical-Legal Partnership (NCMLP), supported by the U.S. Health Resources & Services Administration (HRSA), we introduce performance measures and metrics

