

Community Health

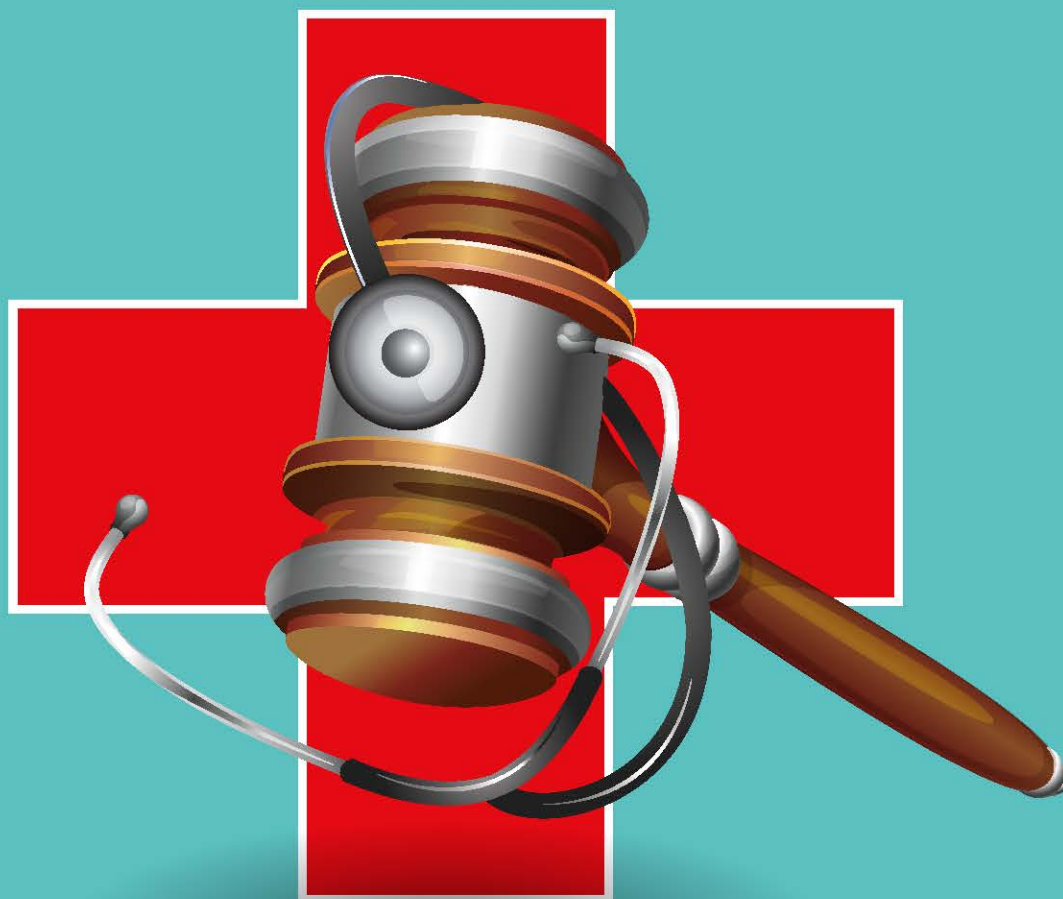
FORUM[®]



National Association of Community Health Centers

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The Medical-Legal Partnership



HEALTH + LEGAL CARE

AN RX FOR BETTER HEALTH OUTCOMES

At 127 health centers and 135 hospitals across the United States, on-site civil legal services are part of a growing approach to patient care. Teams from four health centers share why it is an investment worth making.

By Kate Marple

Engaging patients in their care

Planning for the end of life was a critical part of caring for a HIV/AIDS patient during the early days of the epidemic in the 1980s when effective medical treatments were very limited. Jim Graham, a lawyer by training and at that time, Executive Director of the Whitman-Walker Clinic (now called **Whitman-Walker Health**) in Washington, D.C., began writing wills for patients. He could not, however keep up with the need and in 1986, the health center hired its first in-house civil legal aid attorney.

Thankfully, medical treatments for HIV and AIDS have advanced over the years and people with these illnesses are living longer, healthier lives. But other civil legal needs have emerged among Whitman-Walker's predominantly LGBT patient population. In addition to issues concerning access to housing, public benefits and adequate health insurance, LGBT patients face discrimination

related to employment and insurance that effect their health and well being – problems that lawyers are uniquely qualified to address.

Whitman-Walker is one of the few medical-legal partnerships (MLPs) where attorneys are directly employed by the health center. Today, ten attorneys work full-time at the center and any clinician or staff member can refer a patient for legal assistance. The health center's legal team has a large footprint, providing civil legal services to 2,400 individuals annually.

"My number one priority is to keep patients engaged in regular healthcare," says Don Blanchon, Executive Director at Whitman-Walker. "Over the last 30 years, we've found that stable housing, steady employment, and regular health insurance all greatly impact a patient's ability to stay in care. When those needs are addressed by our legal team, it has an enormous impact."

HRSA Recognizes Civil Legal Aid as "Enabling Service" for Health Centers

In recognition of the link between health and legal needs of vulnerable and low-income populations, the U.S. Health Resources and Services Administration (HRSA) recently clarified that civil legal aid may be included in the range of "enabling services" that HRSA-funded health centers (FQHCs) provide to meet the primary care needs of the population and communities they serve. Go to www.medical-legalpartnership.org for more information.

Sometimes, a legal problem is an entry point to healthcare services. Whitman-Walker sees this frequently among transgender individuals.

"People come to our legal clinic for help changing their name and gender on their license," says Dan Bruner, Director of Legal Services at Whitman-Walker. "While working with them, we find they have not received regular healthcare for years, and the legal clinic becomes an entry back to regular care, either at our own health center or elsewhere."

Seven hundred miles away, **Erie Family Health Center** in Chicago also uses civil legal services as a strategy to engage patients in care. Chicago's high asthma mortality rate and a lead poisoning rate 175 times the national average are both results of poor housing. Chronic housing problems were one impetus for starting an MLP – the Health Justice Project – with Loyola University Chicago School of Law in 2010.

"Legal challenges often overshadow chronic disease management and prevention in the list of our patients' priorities," says David Buchanan, Chief Clinical Officer at Erie. "When patients' legal needs are addressed, they are better able to focus on successfully managing their medical, oral health, and behavioral health issues."

The medical-legal partnership does not stop at Erie's door, however. A significant portion of time is spent helping the next generation understand why individuals do better when health and legal needs are met in tandem. In addition to training medical residents at Erie, the partnership runs co-located courses for legal, medical, public health, and social work students at Loyola.

Recovering Medicaid dollars to improve health outcomes

In 2010, Jay Chaudhary, an attorney with Indiana Legal Services, a federally-funded civil legal aid agency, walked into **Eskenazi Health Midtown Community Mental Health** in Indianapolis and told its CEO Margie Payne that he wanted to help patients enroll in Medicaid and appeal denials. He had a grant to support the work, and his goals were to get patients access to consistent insurance coverage and recover lost dollars for the health center. Payne thought it was an idea worth trying.

As the health center's sole attorney, Chaudhary focused exclusively on securing Medicaid benefits for patients, many of whom had a dual diagnosis of a mental health condition and a developmental disability that complicated access to certain benefits. He was on-site every day, building relationships and taking referrals from clinicians and staff. Providers began asking Chaudhary questions about how to prevent some of the problems they encountered, like how to better document conditions in Medicaid applications so that benefits would not be denied. These case consultations became common and saved clinicians time and unnecessary follow up.

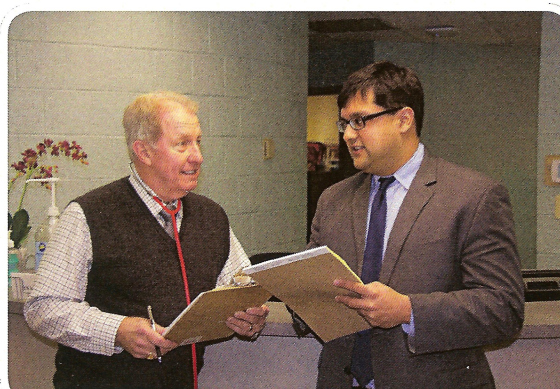
When the grant ended, Chaudhary, still an employee of Indiana Legal Services, asked Payne if the health center would pay his legal aid salary. She agreed, citing the fact that Chaudhary was asking for less money than he had recovered, and also that her staff had come to rely on him to solve problems.

"More and more, care for patients is measured by whether or not health outcomes are improved," says Payne. "When Jay helps patients access insurance coverage or other benefits, their quality of life improves, and in turn so do their health outcomes. It is imperative that we use whatever expertise and resources are available to improve the health outcomes of our patients."

Medicaid cases are still part of the medical-legal partnership's work, but the team now addresses other civil legal issues, particularly around housing conditions. There are two full-time attorneys; one continues to represent individual patients while Chaudhary has transitioned to working with clinicians and staff to identify opportunities to address systemic problems.

Addressing root causes of illness

In 2009, people from the Micronesian Islands – which have a "Compact of Free Association" agreement with the United States – lost their federal Medicaid benefits. At the same time, Hawai'i's Department of Health and Human Services announced a plan to reduce state-funded insurance benefits to the same population. This one decision threatened coverage of dialysis, cancer treatments and other emergency services for nearly 30 percent of the approximately 10,000 patients at **Kokua Kalihi Valley Comprehensive Family Services (KKV)** in Honolulu. The health center's MLP played a critical role in ensuring state coverage was not cut, testifying at public hearings and organizing community forums.



A physician and attorney meet for a case consult at Eskenazi Health. PHOTO CREDIT: Mark Fredericks

Two attorneys and law fellows from the University of Hawai'i who work at KKV's MLP spend the majority of their time working with the healthcare team and the community at-large to identify opportunities for broader health-focused policy change. By

combining the medical knowledge of healthcare providers with the ability of legal advocates to think systemically, MLPs are in a unique position to inform healthier policies. And it is in addressing upstream causes of illness that the health center sees the value and potential of its partnership with the law school.

According to David Derauf, KKV's Executive Director, "One of the biggest challenges facing primary care and community health centers is staff burnout. Clinicians see the underlying causes of their patients' problems, but don't have the resources or expertise to fix them. And they burn out trying. Having lawyers to help address those systemic causes of illness helps my staff work better."

Dr. Alicia Turlington, a pediatrician at KKV agrees. "I can't imagine practicing medicine without a lawyer on my team," she says. "I think that I'd be practicing substandard care. Not asking questions about housing, benefits and food would feel wrong, but so would asking if I couldn't do anything about it. Our lawyers help me treat those things."



Staff attorney Randy Compton presents an MLP 101 training to the pediatric healthcare team at KKV.

PHOTO CREDIT: Joseph Esser

Cost and the value proposition of medical-legal partnership

Medical-legal partnerships are funded by a mixture of hard dollar contributions from healthcare and legal institutions and philanthropy. Whitman-Walker combines external fundraising and grants from the D.C. Bar Foundation and Maryland Legal Services Corporation with support from Ryan White HIV/AIDS Program and D.C. health insurance navigator grants. The **Eskenazi Health Midtown** center includes attorneys as part of its general operating budget. The University of Hawai'i School of Law pays one MLP staff attorney's salary, and KKV helps the partnership raise new money for the rest.

Preliminary data indicates potential for financial returns on investment. The Southern Illinois Medical-Legal Partnership showed 318% return on the healthcare partner's investment through Medicaid recovery dollars over three years, and a pilot study at Lancaster General Hospital documented a 51% reduction in healthcare spending in cases where "superutilizing" patients' legal needs were addressed.

Figuring out long-term funding when there is no fee-for-service structure to support civil legal services in healthcare is a tension acknowledged by healthcare and legal partners. While the need to gather more evidence is clear, most partnerships look to how healthcare is transforming and acknowledge a different value proposition around patient engagement, provider productivity and community benefit.

"The current healthcare business model is driven by provider productivity," says David Derauf of KKV. "Our MLP allows us to begin to address upstream concerns and make investments where we can alleviate clinic burden. I know we are doing the right thing."

And medical-legal partnerships are looking to what lies ahead. "With the expansion of risk-based contracting under the Affordable Care Act," says Erie's David Buchanan, "addressing non-medical issues which affect health and healthcare utilization is an important tactic which we believe will give our organization a strategic financial advantage."

Kate Marple is Manager for Communications for the National Center for Medical-Legal Partnership at the George Washington University. For more information about NCMLP, visit www.medical-legalpartnership.org.