Community Health
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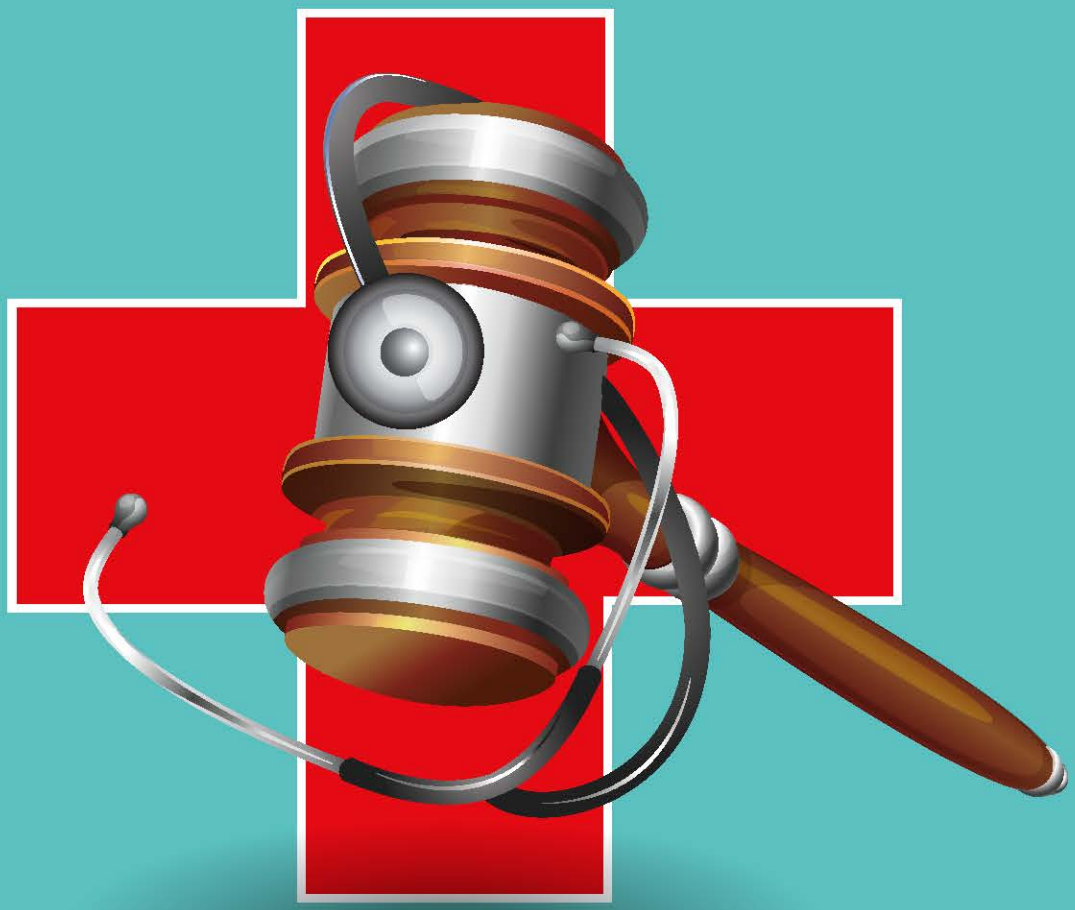
The Medical-Legal Partnership



The Medical-Legal Partnership Approach to the Social Determinants of Health

By Joel Teitelbaum, JD, LLM

"Does anything concern you about your housing conditions? Do you have enough food to eat? Do you feel safe at home?"

Every healthcare provider and allied health professional that works with low-income and vulnerable populations knows that patients' answers to these questions have an enormous impact on health. Yet too often when doctors, nurses, or patient navigators hear the answers, they are powerless to do as much as they would like to help remedy their patients' problems.

Reframing these types of patient problems can help. What many healthcare providers do not realize is social and economic conditions that influence a patient's health and well being [i.e., social determinants of health] are commonly civil legal problems that require a lawyer's help. In fact, each of the more than 50 million Americans living in poverty has at least one civil legal problem – unsafe housing, denial of public benefits for food, health insurance disputes, domestic violence – linked to individual and/or population health. Yet despite this connection and the fact that healthcare and civil legal aid professionals oftentimes provide services to the same vulnerable populations, the professions too infrequently address patients'/clients' needs in a coordinated way.

When healthcare alone is not enough

Formal partnerships between a healthcare institution and a publicly funded civil legal aid agency or law school (i.e., Medical-Legal Partnerships or MLPs) aim to bridge the medical-legal divide with an approach to healthcare that embeds civil legal aid services into healthcare settings that serve vulnerable patients. This type of legal work is separate and distinct from that of a general counsel or compliance officer.

The MLP approach is built on the understanding that many social determinants of health require legal (vs. medical) interventions. At MLPs, healthcare and legal professionals are trained side-by-side about the intersection of health and legal needs and ways to screen for them. On-site legal assistance is part of patient care.

The MLP Approach to the Social Determinants of Health

MLPs also acknowledge that social determinants contributing to poor health require both system and policy change. They use individual cases to identify patterns of systemic need, transform institutional approaches, and work to prevent health-harming social and legal needs by advocating for improved population health policies.

An expanding approach to serve broader needs

Starting with the establishment of the first Medical-Legal Partnership in 1993 through 2006, MLPs sprouted up mainly in pediatric healthcare settings as passion projects that often lacked sustainability. In recent years, fueled by the creation of the National Center for Medical-Legal Partnership (NCMLP), the focus by social scientists on the importance of social factors in determining health, and the Affordable Care Act's prevention and professional collaboration efforts, MLPs have emerged as a flexible, visionary approach to the care of vulnerable populations.

The MLP approach is now practiced in 36 states by nearly 300 hospitals and health centers, and in settings as diverse as veteran care facilities, American Indian reservations, and correction facilities. As the role of MLPs has gained visibility and acceptance, government agencies, healthcare institutions, legal aid associations, and philanthropic foundations have coalesced in support of both individual partnerships and NCMLP.

Similar to the integration of behavioral health into primary care, the integration of civil legal aid services into healthcare improves access to services, builds team capacity, and promotes patient-centered care. Medical-Legal Partnerships have become more integrated into healthcare settings over time, with healthcare and legal partners sharing data, jointly developing service and training priorities, and establishing cross-sector communication loops. With deeper integration comes powerful upstream detection of the social conditions contributing to poor health, an ability to detect patterns at the population level and address them through policy solutions, and an opportunity for healthcare providers to assert their experience and expertise when policymakers design fixes for health-harming social and legal problems.

Upstream solutions also expand civil legal aid's capacity to respond to these problems – an important consequence given that legal aid resources are so scarce. Currently, fewer than one in five people who need legal aid are able to get it.

Given their mission and role in promoting population health, the nation's community health centers are poised to leverage existing community legal resources to build a more effective healthcare team and meet the needs of health center users who need legal assistance to be healthy. Approximately 10% of health centers currently operate MLPs, and the demand is increasing. In response to this need, the U.S. Health Resources and Services Administration (HRSA) recently awarded a National Cooperative Agreement to NCMLP to provide training and technical assistance to community health centers and primary care associations to support the integration of civil legal aid services into healthcare settings. And HRSA recently clarified that civil legal aid may be included in the range of "enabling services" health centers use to meet the needs of patients.

The hope is that with more partnerships, healthcare providers who ask patients those important questions about housing, hunger and safety – root causes of poor health – will have a legal expert down the hall to respond.

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FEATURE

A HISTORY OF THE MEDICAL LEGAL PARTNERSHIP MOVEMENT

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 **1980**s, 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 a 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.

Q&A 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.

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-legalparternership.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 heath 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.

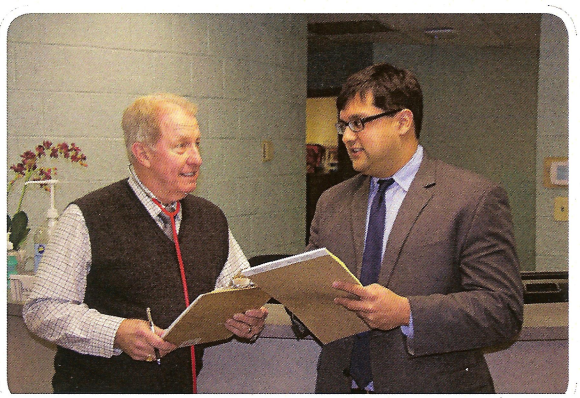
When the grant ended, Chaudhary, still an employee of Indiana Legal Services, asked Payne if the health center would pay his legal aid salary. She agreed, citing the fact that Chaudhary was asking for less money than he had recovered, and also that her staff had come to rely on him to solve problems.

"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.