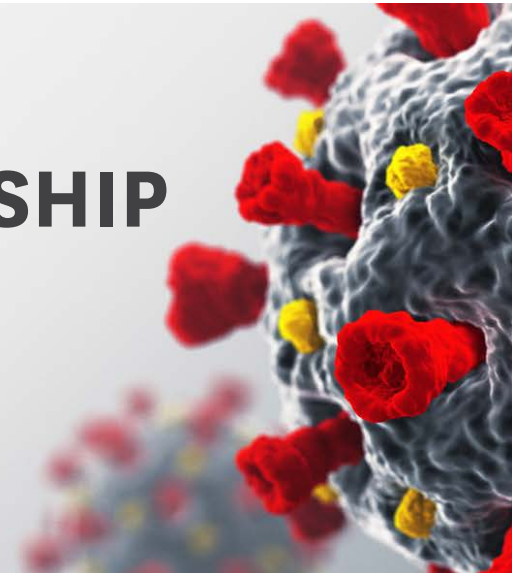


8 THINGS EVERY MEDICAL-LEGAL PARTNERSHIP CAN DO RIGHT NOW TO RESPOND TO COVID-19

APRIL 2020



Challenges Facing Medical-Legal Partnerships During the Pandemic

On March 30, 2020, the National Center for Medical-Legal Partnership convened a [COVID-19 Town Hall](#) with 250 medical-legal partnership practitioners who identified several challenges they are facing in responding to the pandemic. Many of these challenges are operational in nature, including diminishing referrals due to providers' focus on immediate medical needs, uncertainty about what issues to prioritize, and concerns about how to stay connected now that legal team members can no longer work on site. The strategies in this tip sheet respond specifically to these operational challenges.

Participants also reported difficulties around working on cases remotely, particularly where patient-clients lack access to technology. We recommend that MLP attorneys check out the resources available from the [Legal Services National Technology Assistance Project](#).

Additionally, participants expressed concerns around specific needs the pandemic has created for different populations, and challenges related to rapidly evolving local, state, and federal policies around evictions, public benefits, special education access, unemployment, and estate planning. We curated a [digital digest of resources that can help MLPs](#) respond to some of these issues. This list will be updated regularly throughout the crisis.

This tip sheet was compiled with information from our March 30th COVID-19 Town Hall, and includes insights from Emily Benfer (Columbia Law School), Mallory Curran (Mallory Curran Consulting), Donna Levin and Kerri McGowan Lowrey (Network for Public Health Law), Randy Retkin (LegalHealth, NYLAG), Keegan Warren-Clem (Texas Legal Services Center), and staff from the National Center for Medical-Legal Partnership.

01

Let health care providers drive your MLP's immediate response and service priorities.

How frequently legal teams hear from their health care partners right now will vary significantly based on the depth of the partnership when the crisis began. Regardless, as health care providers reach out to legal team members with concerns and questions about what they are seeing, MLPs should pivot consults and services to focus on answering their questions and providing support to address their concerns.

For example, the team at LegalHealth, a division of the New York Legal Assistance Group (NYLAG) in New York City, has heard from a lot of health care providers about individuals who are experiencing homelessness coming to the ER when they should be going to shelters. In response, LegalHealth has been doing advocacy with NYLAG's Shelter Advocacy Project to push for beds in shelters and in other isolation facilities where medically needed.

02

Legal team members should only reach out to health care providers when they have something to offer, not to ask for things.

- **DO** keep health care teams up-to-date on local policy developments that have a direct impact on service-delivery, referrals, and care.
- **DON'T** overwhelm health care providers with non-critical information.
- **DO** let health care providers know about changes to the MLP referral process and/or changes to the legal issues that your partnership can address.
- **DON'T** expect a response. Legal partners should remain available, but recognize that health care providers may not be able to respond or may need space.

03

Shift resources from front-line service delivery to broader-based legislative, administrative, and policy advocacy at the local, state, and national levels.

Medical-legal partnerships are naturally situated to identify patterns in patients' needs and address these problems at a systems level, and MLPs have long been engaged in this [patients-to-policy work](#). The pandemic has created an even greater need to address issues at a systems level, and this is a great time for MLPs to shift even more of their time and resources in this direction, particularly if referrals have slowed because health care providers are engaged elsewhere.

In Austin, Texas, the teams at People's Community Clinic, Texas Health Action, and Texas Legal Services Center recently led efforts on a successful emergency rule-making petition for a statewide directive around utility protection. In New York City, LegalHealth has been working to change practice laws and regulations to expand standby guardianships to include anyone exposed to COVID-19. The executive order is currently in the Governor's office.

04

Reinforce the availability of "curbside consults" with health care providers, which can be done via video chat, phone, or email.

Use "curbside consults" not only to answer health care staff's questions about individual patients, but also to help them understand changes to things happening systemically that impact patient care and well-being.

05

Think beyond the immediate crisis, and prepare for what's coming.

While not a perfect analogy, it can be helpful to think of the lifecycle of civil legal issues during the pandemic similarly to their lifecycle during a natural disaster. This [report from the Legal Services Corporation Disaster Taskforce](#) outlines different types of civil legal issues during three stages of a disaster response: the short-term (1 to 6 weeks after the event); the medium-term (1 to 6 months after the event); and the long-term (6 months to years after the event).

Medical-legal partnerships should start to think about the different issues that will likely occur during each stage, and, where possible, begin to plan ahead for their responses during the medium- and long-term stages. Some questions to consider:

- What will our partnership need to do to train staff during the medium-term stage?
- What will we need to do to reach patient-clients during the medium- and long-term stages?
- What do we need to do to expand capacity beyond individual advocacy? For example, can we leverage the Electronic Health Record to include letter templates for issues that we know will become increasingly common?

06

Seek flexibility with funding, and think long-term.

As needs and resources change, flexibility around service-delivery will be critical. It's important to begin planning now for your partnership's long-term financial flexibility and sustainability. Here are a couple steps to consider:

- Request flexibility from your funders. Forecast for them that different needs will emerge over the next 18 months from both patient-clients and health care systems, and that you need to be able to pivot services and approaches accordingly.
- Ensure the legal partner's leadership team considers your MLP a key stakeholder in what is going to be a long disaster response in your community.
- As appropriate, communicate anticipated funding needs to health care partners that could flexibly support the legal partners' work in the short-, medium- and long-term stages of the crisis. As we move into a different phase of recovery, health care partners may want to ensure legal partner engagement and participation via broad COVID-19 related funding streams.

07

Keep systems and procedures consistent wherever possible.

A lot is changing, but to the extent that you can, keep known referral and communications procedures consistent. Keep MLP team meetings on the same days and at the same times even if they are remote. To get info to providers or patients at-large—about services or changes in laws—use the health care organization's existing preferred method(s) of communication (e.g. the intranet, patient portal, etc.)

08

Plan trainings for patient-clients.

It's likely that trainings for health care providers will be on hold for the foreseeable future. Now is a good time to start thinking about what trainings will be most useful for patient-clients, and start planning new ways of conducting outreach.

A Note About Starting a New Medical-Legal Partnership to Meet the Crisis

Whether you're interested in starting an MLP to respond to COVID-19 or you were already in the early planning phases for an MLP, it's best to wait. Launching an effective MLP requires significant engagement from health care leadership and providers, and they don't have the necessary time right now. (For more info on the timeline for starting an MLP, see this [case study about the Austin Medical-Legal Partnership](#). For more info on the planning process, see the [VA Readiness Guide](#), a toolkit that can be adapted for other settings.) If you were already in the planning phase, here's what legal partners can do now:

- Make contact with your perspective health care partner(s) to offer guidance around evolving laws and policies.
- Focus on the medium-term stage, and think about how you'll be ready to help health care partners when the immediate crisis is over and they are back at the planning table.
- Talk to your funders to re-align expectations and ask for flexibility.