

PLANNING FOR A MEDICAL-LEGAL PARTNERSHIP:

How many lawyers do we need to meet the legal need(s) of our patients?

OCTOBER 2020

AUTHORS

Mallory Curran, JD

Principal

Mallory Curran Consulting

Senior Advisor

National Center for Medical-Legal Partnership

Ellen Lawton, JD

Director

National Center for Medical-Legal Partnership

Kate Marple, MSc

Director of Communications &

Senior Research Scientist

National Center for Medical-Legal Partnership

Danielle Rahajason

Project Lead

National Center for Medical-Legal Partnership

CONTACT

For more info about medical-legal partnerships:

**National Center for
Medical-Legal Partnership**
medical-legalpartnership.org

One of the questions health care organizations most frequently ask about medical-legal partnership (MLP) is, “How many patients can one-full-time lawyer treat?” They are trying to understand how many lawyers their organization needs to fully address the legal needs of its patients. Unfortunately, there is not an easy formula to answer this question because many factors play a role in capacity:

- Patients may need help from a lawyer to address more than one problem.
- More complicated problems — like those related to child custody — require more hours of a lawyer’s time to address than more straightforward problems, like working with a utility company to set up a payment plan.
- Providing legal assistance to patients is only one function of an MLP lawyer. They also dedicate time to providing curbside consults to staff, building staff skills and capacity through workforce development activities, and working on clinic- and systems-level changes — all critical benefits of a medical-legal partnership. How a health care organization chooses to use an MLP lawyer’s time affects how many referrals they will be able to take. See Table 1 on page 4 for a breakdown of the variety of services an MLP lawyer can provide and the approximate time involved for each activity.
- Some MLPs opt to include other legal professionals on their team — like paralegals, legal intake specialists, and law students — which can increase the capacity of what a single lawyer can address, but requires additional budgeting.
- Health care organizations that elect to staff their legal services by contracting with a community-based legal services organization (as opposed to hiring lawyers directly to work for their organization) often have access to a pipeline of additional resources that can expand the capacity of a single MLP lawyer.

National Center for Medical  Legal Partnership

AT THE GEORGE WASHINGTON UNIVERSITY

UNPACKING THE LEGAL TEAM: IT'S NOT JUST LAWYERS

Just as physicians are not the only team members who provide health care, lawyers are not the only professionals who can provide legal care.

An MLP legal team is typically made up of at least one lawyer, but may also include paralegals, legal intake specialists, and law students. Health care organizations don't need to decide on their own if a paralegal or other legal team member is a good fit for their MLP; that's a staffing conversation to have with their legal partner. However, health care organizations should be aware that there are a range of legal professionals who can help serve their patients.

WHAT DO PARALEGALS DO ON AN MLP TEAM?

Paralegals can perform a range of activities. Some paralegals function like a nurse practitioner or physician assistant, and can do almost anything a lawyer can do except appear in court. Other paralegals function more like a medical assistant, conducting initial conversations with patients about their legal issue and giving the lawyer "vital signs" regarding legal case details and documents.

What's the best estimate of what one lawyer can do?

In some ways, MLP lawyers act similarly to subspecialists, directly treating a small number of patients with complex needs. As such, it can take significant legal resources to treat one issue, like preventing a patient from being evicted. In other ways, MLP lawyers may act similarly to the consulting psychiatrist in a busy behavioral health practice, spending more time consulting with health care team members than seeing individual patients. It can be helpful to review patient panel numbers, and for the health care team to gain an understanding of the lawyers' typical caseload capacity. Understanding allocation of legal and clinical resources in this way will help programs more effectively build and then meet their goals.

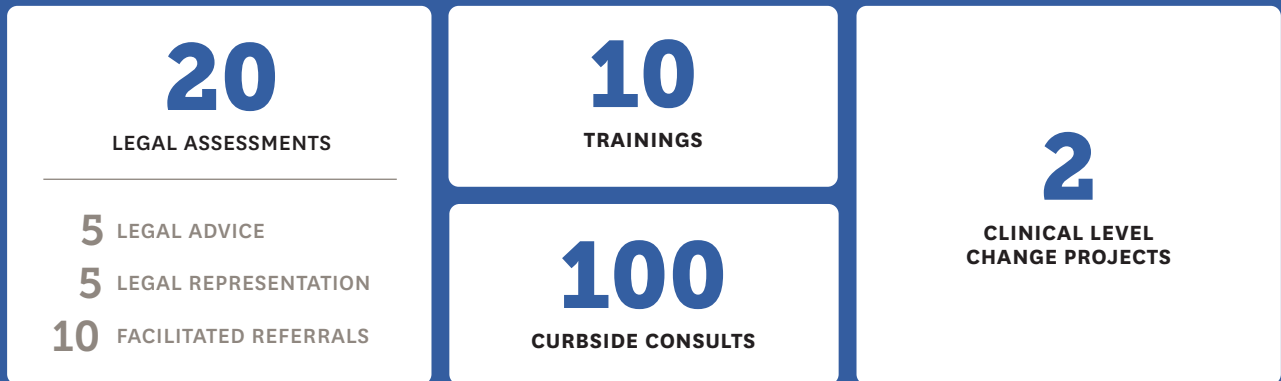
Table 1 on page 4 is designed to give an ESTIMATE of the AVERAGE time these types of activities may take. Please view the estimates as ballpark figures from which to start. **Health care organizations should be sure to discuss with their legal partners how proposed MLP priorities and staffing will impact these estimates for their MLP and adjust as needed.** Health care organizations can help significantly reduce the time lawyers need to complete many of these activities by streamlining workflows and contributing medical evidence when requested.

The graphic below offers three different estimates of what 1.0 FTE MLP lawyer could handle in a year based on prioritizing different types of activities, and using the time estimates outlined in Table 1 on page 4 for each activity.

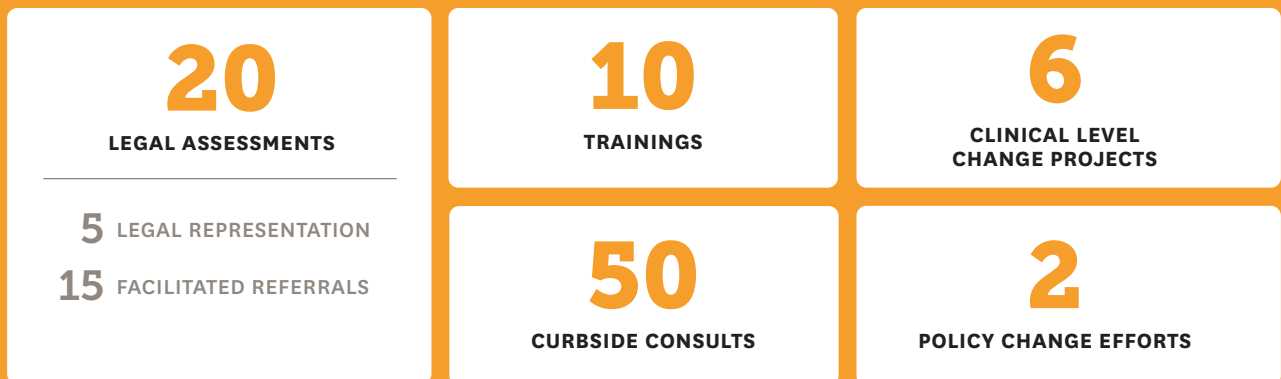
MODEL 1
Maximize Legal Representation of Patients



MODEL 2
Emphasize Curbside Consults with Health Care Staff



MODEL 3
Incorporate Policy Change



Given these parameters, a health care organization should look at the problem(s) identified in its MLP needs assessment and think further about how to leverage legal resources to maximize impact. If an organization plans to utilize one MLP lawyer — medical-legal partnerships reported a median of 1.0 legal FTE per health care site in the National Center for Medical-Legal Partnership’s most recent MLP site survey — it may need to narrow its focus further, spend more time on training, or budget for additional lawyers and legal team members. Planning conversations should focus not only on the problems a health care organization wants to address, but also on which types of MLP services — training, curbside consults, direct legal advice and representation for patients, clinic-level change activities, and/or policy-level change activities — it wants to prioritize to meet its goals.

It is critical to be realistic about capacity issues and communicate what the legal team will and won’t be able to handle. Health care partners should talk with their legal partners and adjust these numbers as needed to reflect the focus areas, priorities, and staffing of your MLP. Health care organizations should also keep in mind that the first year that an MLP is in operation, the legal team is unlikely to reach these numbers. Much of the first year is spent on foundational activities, including planning meetings, development of screening tools, figuring out data tracking, engaging in outreach to different health care teams that don’t fall under “training”, etc. An experienced lawyer is also able to complete more activities than a recent law school graduate. Review how goals line up with reality over time.

TABLE 1. TIME INVOLVED IN DIFFERENT TYPES OF MLP SERVICES

| | DESCRIPTION | BENEFITS OF THIS SERVICE TO THE HEALTH CARE ORG | AVERAGE TIME INVOLVED |
|-------------------------|---|---|--|
| BI-DIRECTIONAL TRAINING | <p>Training for clinical and non-clinical workforce: Information on the types of legal issues patients face, how the legal team can help, how to identify and refer patients for legal services, and confidentiality and consent.</p> <p>Training for legal team: Information on health care organization’s structure and mission, specific health / health care issues the target population(s) face, phrasing legal questions in supportive way, and guidance about what clinicians can and cannot do regarding legal concerns.</p> | <ul style="list-style-type: none"> • Builds skills and capacity in staff by increasing knowledge about the structures that create risk factors that lead to poorer health outcomes, which can then be incorporated into clinical protocol, treatment recommendations, etc.; and • Contributes to <u>ACGME Core Competencies</u> including: Patient Care, Practice-Based Learning and Improvement, and Systems-Based Practice. | <p>4 – 10 hours (for a 1-hour training)</p> <p>Includes planning the training, creating materials related to the training, giving the training, and addressing follow-up questions from the training.</p> |



TABLE 1. TIME INVOLVED IN DIFFERENT TYPES OF MLP SERVICES

| DESCRIPTION | BENEFITS OF THIS SERVICE TO THE HEALTH CARE ORG | AVERAGE TIME INVOLVED | |
|---|--|--|---|
| <p>CURBSIDE CONSULT OR TECHNICAL ASSISTANCE W/ CLINICIAN OR STAFF MEMBER</p> | <p>A formal or informal conversation (in person or via messages) where the MLP legal team shares patient-centered legal information in response to a question from the health care team. In a typical <i>ad hoc</i> curbside consult, the legal team never meets or receives any identifying information about the patient, if there is one, who inspired the legal question. However, some MLPs have a formal protocol by which technical assistance can be requested either separate from or in tandem with a patient referral. Still others include the legal team as part of case huddles for complex patients and legal information is delivered in that setting.</p> | <ul style="list-style-type: none"> • Builds skills, knowledge, and capacity in staff who learn how to handle similar situations in the future; • Can assist more patients through lower intensity intervention; and • Contributes to ACGME Core Competencies including: Patient Care, Practice-Based Learning and Improvement, Interpersonal and Communications Skills, and Systems-Based Practice. | <p>15 minutes – 4 hours Includes talking with the clinician or staff member, conducting follow-up research and/or communication, and documenting the consults.</p> |
| <p>INITIAL LEGAL INTAKE/ ASSESSMENT/ CHECK-UP</p> | <p>An in-depth assessment of the patient’s legal needs and a review of their eligibility for services. This assessment typically screens for a range of legal issues, not just those for which the patient was initially referred to the MLP.</p> | <ul style="list-style-type: none"> • Informs the patient and health care team whether there may be a legal solution to a social problem impacting the patient’s health and well-being. | <p>30 minutes – 2 hours (depending on the legal issue)</p> |



TABLE 1. TIME INVOLVED IN DIFFERENT TYPES OF MLP SERVICES

| DESCRIPTION | BENEFITS OF THIS SERVICE TO THE HEALTH CARE ORG | AVERAGE TIME INVOLVED | |
|---|---|---|--|
| <p>LEGAL ADVICE TO PATIENT</p> | <p>Legal advice is provided to an individual patient by a lawyer (or by a law student or paralegal under the direct supervision of a lawyer).</p> | <ul style="list-style-type: none"> • Provides the patient with expert legal advice regarding options to resolve a problem that may be impacting health. The advice may give the patient the tools they need to resolve the problem on their own. Alternatively, the advice might also help the patient understand if there currently are no good options for resolving the problem; and • The health care organization can document that they were able to “close the loop” by connecting the patient with the MLP. | <p>1 – 4 hours</p> <p>Includes doing legal research, talking to the patient, and providing written follow-up documents to the patient. With the patient’s permission, this will also include follow-up with the health care team.</p> |
| <p>LEGAL REPRESENTATION OF A PATIENT</p> | <p>Legal representation includes legal advice to the patient but also involves formal action taken on behalf of the patient with another entity, such as a federal or state agency, landlord, school district, or other adverse party (such as an abusive spouse or partner). The formal action may include going to court, advocating for a patient with an administrative agency including at an administrative hearing, attending an Individualized Education Program (IEP) meeting or school disciplinary hearing, making phone calls or sending a letter to a landlord. The patient and the legal team will sign a retainer agreement outlining the scope of the representation.</p> | <ul style="list-style-type: none"> • Provides the patient with expert legal services to resolve a problem that may be impacting health, such as preventing an eviction / homelessness; reinstating health insurance coverage; or gaining a documented immigration status; and • The health care organization can document that they were able to “close the loop” by connecting the patient with the MLP. | <p>4 – 80 hours</p> <p>It depends on the type and complexity of the case. Appealing a denial of SNAP benefits and appearing at a hearing could take 4 hours. Preparing and submitting a U visa application could take 40 hours, while an asylum case that goes to hearing could take 100 hours. Some cases may also stretch out over a period of a year or longer, such as a Social Security disability appeal.</p> |



TABLE 1. TIME INVOLVED IN DIFFERENT TYPES OF MLP SERVICES

| | DESCRIPTION | BENEFITS OF THIS SERVICE TO THE HEALTH CARE ORG | AVERAGE TIME INVOLVED |
|-----------------------------|--|--|---|
| FACILITATED REFERRAL | A “warm hand-off” of a patient’s legal care by the MLP legal team to another provider of free legal services. More than simply giving a phone number or website address of the other legal provider to the patient, the MLP legal team member may spend a significant amount of time ensuring the referral is successful, including directly communicating with other legal organizations and sharing relevant evidence/ documentation (e.g., medical records) with the patient’s permission. | <ul style="list-style-type: none"> • Connects the patient with an agency that has the appropriate expertise to address the legal issue; and • The health care organization can document that they were able to “close the loop” by ensuring connection with an outside organization. | <p>30 minutes – 2 hours</p> <p>This may include direct communication with receiving legal services organizations and compiling necessary medical documentation. With the patient’s permission, this will also include follow-up with the health care team.</p> |
| CLINIC-LEVEL CHANGE | MLP provides opportunities to engage in activities that will lead to clinic-level change, and these opportunities often grow out of trends seen in curbside consults or patient referrals. These activities seek to implement quality improvement initiatives and/or increase MLP capacity by identifying solutions that can be accessed for all patients without needing to make individual referrals to the MLP. Many health care organizations invite the MLP lawyer to sit on committees or work groups on which their patient-centered, systems-expert views can help identify opportunities for clinic-level improvements. | <ul style="list-style-type: none"> • Can address social needs before they become acute; • Save clinical and legal team time by assisting patients with a lower intensity intervention; • Contributes to health equity; and • Contributes to ACGME Core Competencies including: Patient Care, Interpersonal and Communications Skills, Professionalism, and Systems-Based Practice. | <p>Varies widely based on the type of project.</p> <p>For example, it may take 4 hours to create each new letter template for the EHR and 25 hours to participate in an overhaul of your health care organization’s social history screening.</p> |



TABLE 1. TIME INVOLVED IN DIFFERENT TYPES OF MLP SERVICES

| DESCRIPTION | BENEFITS OF THIS SERVICE TO THE HEALTH CARE ORG | AVERAGE TIME INVOLVED |
|-----------------------------------|---|--|
| <p>POLICY-LEVEL CHANGE</p> | <p>Upstream strategies pursued by the health care and legal teams to address regulatory, administrative, or legislative policies that can help more people and, in the best case scenario, prevent problems from occurring or becoming acute and improve health equity. These strategies tackle SDOH broadly rather than individuals' social and legal needs.</p> | <ul style="list-style-type: none"> • Helps many people at once; • Can be a form of prevention, addressing larger issues with systems before needs arise in more individuals; • Contributes to health equity; and • Contributes to ACGME Core Competencies including: Interpersonal and Communications Skills, Professionalism, and Systems-Based Practice. |

