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# Medical-Legal Partnerships

A model for integrating community services into the healthcare setting

Q:

“Why should health care organizations address civil legal needs as part of its response to patient and population health?”



HOORAY - THAT EAR IS BETTER...  
ANYTHING ELSE...?



A:

Every low-income person has **2-3 unmet civil legal needs** that create barriers to healthy living by affecting their eating, housing, employment and safety. Addressing those needs improves a person's health and helps medical treatments work more effectively.

# The Medical-Legal Partnership



A collaborative model that **combines health and legal services** to address **social and legal needs** that have an impact on overall health.



Embeds **lawyers as specialists** in the health care setting. Like other members of the health care team, legal staff are available to consult with clinical and non-clinical staff about system and policy barriers to care.



Some partnerships go further, leveraging knowledge and expertise to **advance local and state policies** that lead to safer and **healthier communities**, helping disrupt the cycle that returns people to the unhealthy conditions that would otherwise cause clinic visits and readmissions to the hospital.

# MLP vs. General Referral to Legal Services

- Direct referrals provide an effective platform to access legal services
- Legal team not only provides legal services to patients, but also participates in meetings and provides trainings to health care clinicians and staff

## Establish formal processes to:



Screen patients' health-related social and legal needs



Share data between health care and legal partners



Communicate about patient-clients



Jointly set priorities that reflect their shared mission

How does civil legal aid translate to  
better health outcomes?



# Legal Interventions as Health Care Outcomes

Common Social Determinant of Health	How Legal Services Can Help	Impact of Legal Services on Health/Health Care
<b>Income</b> Resources to meet daily basic needs	<ul style="list-style-type: none"> <li>Appeal denials of food stamps, health insurance, cash benefits, and disability benefits</li> </ul>	<ol style="list-style-type: none"> <li>Increasing someone's income means s/he makes fewer trade-offs between affording food and health care, including medications.</li> <li>Being able to afford enough healthy food helps people manage chronic diseases and helps children grow and develop.</li> </ol>
<b>Housing &amp; Utilities</b> A healthy physical environment	<ul style="list-style-type: none"> <li>Secure housing subsidies</li> <li>Improve substandard conditions</li> <li>Prevent evictions</li> <li>Protect against utility shut-off</li> </ul>	<ol style="list-style-type: none"> <li>A stable, decent, affordable home helps a person avoid costly emergency room visits related to homelessness.</li> <li>Consistent housing, heat and electricity helps people follow their medical treatment plans.</li> </ol>
<b>Education &amp; Employment</b> Quality educational and job opportunities	<ul style="list-style-type: none"> <li>Secure specialized education services</li> <li>Prevent and remedy employment discrimination</li> <li>Enforce workplace rights</li> </ul>	<ol style="list-style-type: none"> <li>A quality education is the single greatest predictor of a person's adult health.</li> <li>Consistent employment helps provide money for food and safe housing, which also helps avoid costly emergency health care services.</li> <li>Access to health insurance is often linked to employment.</li> </ol>
<b>Legal Status</b> Access to jobs	<ul style="list-style-type: none"> <li>Resolve veteran discharge status</li> <li>Clear criminal / credit histories</li> <li>Assist with asylum applications</li> </ul>	<ol style="list-style-type: none"> <li>Clearing a person's criminal history or helping a veteran change their discharge status helps make consistent employment and access to public benefits possible.</li> <li>Consistent employment provides money for food and safe housing, which helps people avoid costly emergency health care services.</li> </ol>
<b>Personal &amp; Family Stability</b> Safe homes and social support	<ul style="list-style-type: none"> <li>Secure restraining orders for domestic violence</li> <li>Secure adoption, custody and guardianship for children</li> </ul>	<ol style="list-style-type: none"> <li>Less violence at home means less need for costly emergency health care services.</li> <li>Stable family relationships significantly reduce stress and allow for better decision-making, including decisions related to health care.</li> </ol>

**Is this  
approach  
effective?**



# Studies show that when legal expertise and services are used to address social needs:



## **People with chronic illnesses are admitted to the hospital less frequently.**

Studies show that legal assistance targeted at improving housing conditions improved the health of asthma patients (*Journal of Asthma* and *Journal of Health Care for the Poor and Underserved*), and another study showed medical-legal partnership's positive impact on the health of sickle cell patients (*Pediatrics*).



## **People more commonly take their medications as prescribed.**

(*Journal of Health Care for the Poor and Underserved* and *Journal of Clinical Oncology*)



## **People report less stress.**

(*Journal of Health Care for the Poor and Underserved*)



## **Less money is spent on health care services for people who would otherwise frequently go to the hospital.**

One study showed that medical-legal partnership services reduces health care spending on high-need, high-use patients (*Health Affairs*).



## **Clinical services are more frequently reimbursed by public and private payers.**

Medical-legal partnerships have been shown to save patients health care costs and recover cash benefits (*Journal of Health Care for the Poor and Underserved* and *Journal of Palliative Medicine*).



# Over 300 Partnerships Across the U.S.



**155**

Hospitals



**139**

Health Centers



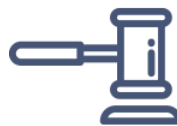
**34**

Health Schools



**146**

Legal Agencies



**52**

Law Schools



**64**

Pro Bono Partners

C·M·L·P

CAROLINAS MEDICAL LEGAL PARTNERSHIP  
TEAMING UP FOR A HEALTHIER COMMUNITY



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**Atrium Health**

# Two Offices, One Building, One Mission

- Long History
- Integrated Organizations
- Shared Resources
- United Front



# Atrium Health Participating Locations

- CMC Myers Park Pediatrics
- CMC Myers Park Internal Medicine
- Levine Children's Hospital
- Levine Cancer Institute



# Eligibility for Services



Generally clients must have incomes at or **below 200%** of the federal poverty level, with some flexibility depending on the case type



No citizenship or immigration status requirements



Patients not living in Charlotte Mecklenburg or surrounding area may need to be referred to legal services provider where they live

# Case Types We Accept



- Family Support and Health Care
- Legal Services for the Elderly
- Consumer Protection
- Western NC Low Income Tax Payer Clinic
- Veteran's Legal Services Project
- Immigrant Justice



- Protection from domestic violence
- Subsidized Housing: terminations, evictions & denials
- Landlord tenant disputes
- Exemptions from judgments



# The Referral Process

Medical staff and social workers **identify a legal barrier** to effective medical care for a patient

**Direct referral requires two forms:**

1. CMLP Referral Form
2. HIPPA Release of Information

MLP Coordinator **reviews referral** and may contact the social worker for additional information.

**Case assigned** to appropriate CCLA or LANC department. Patient may also be referred to another office, if appropriate.

**Paralegal calls the patient** to complete the initial intake process.

CCLA will **contact referring medical provider or social worker** with updates once case is assigned and when case is closed.

**Case is reviewed** by supervising attorney and determines appropriate action.



# Education Opportunities in the MLP



Regular **trainings** to Clinical and Non-Clinical staff on CMLP services



Monthly informal **meetings** with Pediatric Residents



**Workshops** for Continuing Education Units



**NC Housing Law:** Evictions, Tenants' Rights and Fair Housing

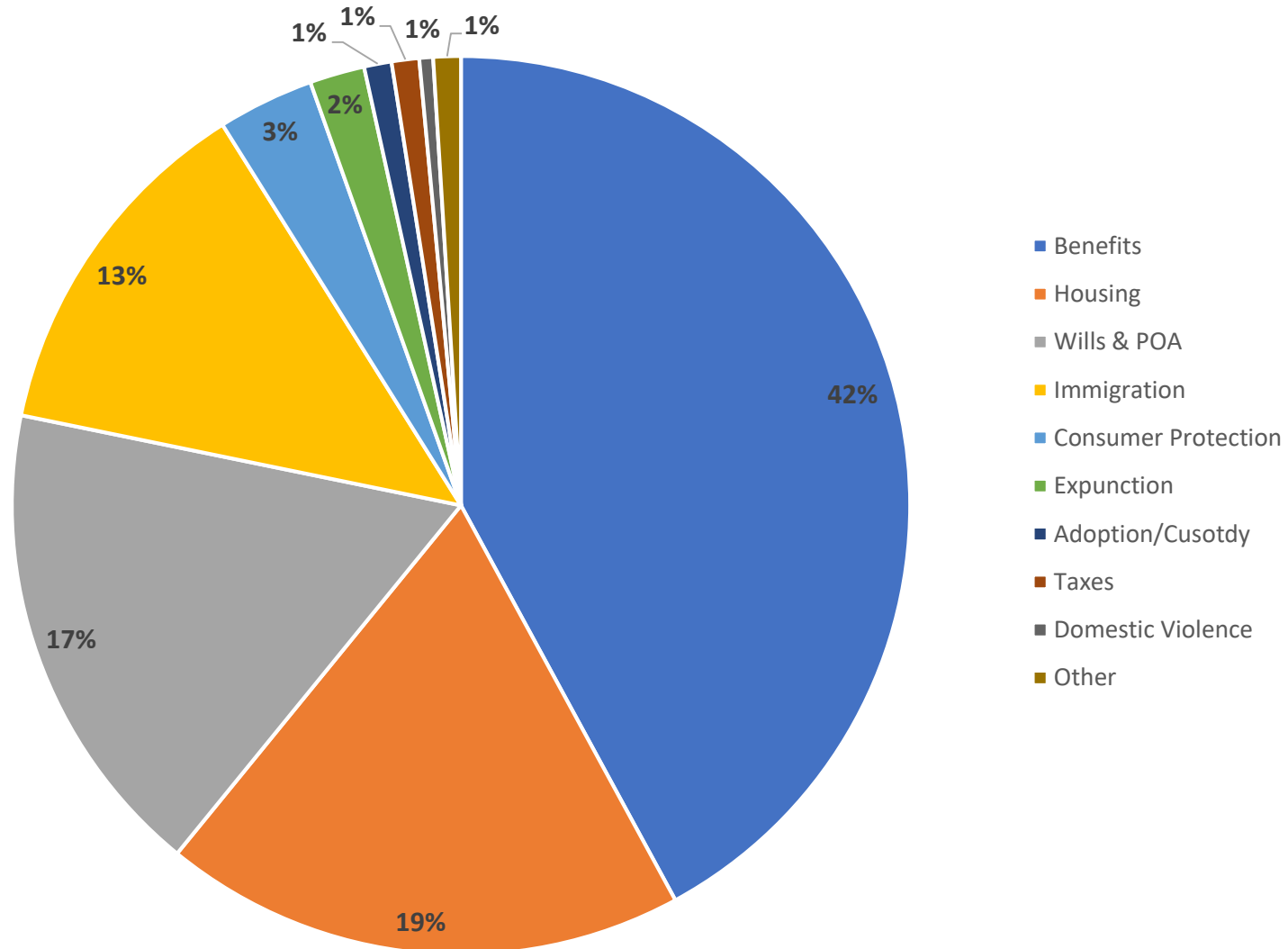


**Legal Assistance** for Immigrant Patients & Public Benefits



**Social Security Disability and SSI:** What Providers Need To Know

# CMLP 2017 Referral Areas



# How can legal interventions impact your healthcare system?

Financially, Atrium Health has realized over **\$2 million dollars** in healthcare utilization recovery stemming from legal issues.

**Total Ambulatory Charges: \$189,956**  
**Total Facility Charges: \$2,432,358**

Facility Charges by Service Line	
Service Line	Facility Charges
Oncology	\$ 1,072,654
General Surgery	\$ 525,347
Medicine	\$ 367,037
Women's Health	\$ 109,816
Orthopedics	\$ 96,135
Behavioral Health	\$ 85,050
Cardiovascular	\$ 67,211
Pediatrics	\$ 51,113
Neurosciences	\$ 50,211
Undefined	\$ 7,358
Rehabilitation	\$ 271
Other Surgery	\$ 156
Grand Total	\$ 2,432,358



Data source: Atrium Health, Strategic Services Group  
 Ambulatory charges are from adult Medicaid patient's coverage date from 2016/2017 (with legal assistance) through 8/15/17; facility charges are from adult Medicaid patient's coverage date from 2016/2017 (with legal assistance) through 6/30/17. Charges were found for 32/39 Medicaid patients in this time period.

# Starting Your Own MLP Resources

## National Center for Medical-Legal Partnership

- **MLP Toolkit:** Laying the groundwork
- **Messaging guide:** Framing legal care as health care
- **Performance Measures Guidebook:** Seven initial performance measures and how to use them
- **Issue Brief:** Screening for health-harming legal needs
- **Webinars & Virtual Office Hours**



# Case Study

Debbie and Robert have been married for over 30 years. She is an avid hiker and adventurer. Together they have three children, two boys and, the youngest, a girl.

In 2010, Debbie had a seizure and testing revealed she had brain cancer. Debbie began cancer treatment and left her work at Holy Angels. Robert was unable to work due to his own physical disabilities and mental health conditions. They learned to live conservatively from her Social Security benefits.

Robert made Debbie his biggest priority and dedicated himself to caring for her. This required sacrifice on behalf of everyone since their boys were attending college out of state and their youngest daughter was starting to look at schools as well.

After years of fighting cancer and several rounds of chemotherapy, her condition had progressed. In November of 2016, she found out her Medicaid had terminated and was no longer paying for her treatment. After numerous phone calls, emails and hours spent waiting at the local Social Services office, they still had no answers or a clear way out.

In a short time, Debbie accrued over \$245,000 worth of medical bills. The progression of Debbie's condition and Robert's mental health status were taking a toll on their ability to ameliorate the situation.

In addition, the family was struggling to survive on her disability benefits alone and found themselves barely scraping by, sometimes struggling to buy enough food even though they received Food Stamps.

# Discussion

- What are the legal issues?
- What are the financial issues?
- What are possible solutions?





## Medical Coverage

- Reduce/eliminate lapse in treatment due to lack of coverage
- Retroactive coverage to cover past due medical bills
- Prospective coverage to continue access to services and treatment



## Food Stamps

- Access to healthy foods
- Combat malnutrition during cancer treatment
- Combat food insecurity for the whole family



## Social Security Disability

- Promote financial stability and alleviate financial burden



## Will & End of Life Planning

- Makes a difficult time easier
- Stability for surviving family
- Avoids lengthy probate process

# Thank you



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