Medical-Legal Partnership Fundamentals: Benefits of Integrated Care

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Medical-Legal Partnerships

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Session Overview

- MLP Overview
  - Mississippi Center for Justice
  - Whitman-Walker Health
  - AIDS Law Project of Pennsylvania
- MLP Issues
  - Co-locating
  - Funding
  - Referrals
- Discussion/Q&A
Integrating civil legal aid as part of quality health care

Medical-legal partnership embeds lawyers alongside health care teams to improve both individual and population health.
The medical-legal partnership approach

TRAIN & IDENTIFY NEED

TREAT PATIENTS

TRANSFORM CLINIC PRACTICE

IMPROVE POPULATION HEALTH

Individual patient interventions are pathways to finding policy interventions for improving population health.
Only 40% of health is determined by genetics and health care.

The rest depends on environmental and social factors.

*Source: The American Health Care Paradox*
MLPs help patients with I-HELP® issues

- Income & Insurance
- Housing & energy
- Employment & Education
- Legal status
- Personal & family stability
Three Sectors Address Social Determinants of Health in Silos

**HEALTHCARE**
treats illnesses caused or exacerbated by SDOH.

**LEGAL AID**
ensures access to benefits & services, enforces laws that keep people healthy.

**PUBLIC HEALTH**
tracks diseases on population level, addresses laws & education aimed at prevention.
Referral Models

POSSIBLE MODEL 1: REFERRAL NETWORK

- One or more medical partners agree to refer patients with potential legal issues to a participating legal partner.
- Medical partner gives legal partner’s contact information (such as a business card) to patient but does not directly communicate with legal partner on patient’s behalf.

- Any PHI transferred from medical partner to legal partner is requested by and transferred by patient.
- Legal partner does not communicate directly with medical partner.

Referral Models

POSSIBLE MODEL 2: COORDINATING STAFF

- Medical partner and legal partner agree to form MLP with some staff designated to coordinate identification and referral of appropriate cases.
- Dedicated staff (e.g., social workers, care managers, paralegals) may be employed by either party but are typically located on-site at the medical partner.
- Dedicated staff may be responsible for obtaining consent to share PHI with legal partner and/or facilitating communication between the MLP partners.

Referral Models

POSSIBLE MODEL 3: ONE ORGANIZATION

- Medical partner and legal partner are both part of the same organization.
- Referrals are made either by the medical partner directly or by dedicated staff within the organization.
- The MLP partners may share information using a common internal information management system, though a firewall may be maintained between PHI and legal information in that system.

From: Jane Hyatt Thorpe et al, Information Sharing in Medical-Legal Partnerships: Foundational Concepts, National Center for Medical Legal Partnership, July 2017
Insights from the Measurement Pilot: Challenges with Screening

• No consensus in field on which populations to screen
• No consensus on the best screening tool
• Even when the screening population is defined, screening can be inconsistent
• Who administers and reviews the screening tool varies by organization – process often relies on multiple staff in various roles
• Documentation of screening is a challenge
• Tracking data on screening is rarely done
The MLPs
Mississippi Center for Justice Medical Legal Partnership

**Partners**
- University of Mississippi Medical Center
- Mississippi State Department of Health
- Jackson Medical Mall Foundation

**Issues Covered: HIV Legal Issues**
- Housing Discrimination
- Employment Discrimination
- Privacy Rights Violations
- Public Accommodations Discrimination

**Services**
- Free legal assistance for people living with HIV
- Available to consult with clinic staff, as well as patients
- Educational literature on HIV legal rights
- Referrals to other attorneys and/or agencies
Case Example 1

**MLP** could’ve helped Ann Marie avoid losing her job by advising her about eligibility for Family Medical Leave Act and other Employment Protections.

**MLP** could have helped Ann Marie by assisting her with legal rights under the Fair Housing Act.

<table>
<thead>
<tr>
<th>6 months</th>
<th>12 months</th>
<th>16 months</th>
<th>18 months</th>
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<tbody>
<tr>
<td>Ann Marie is diagnosed HIV-positive.</td>
<td>Ann Marie needs weekly doctor’s visits. She misses a lot of work and her employer fires her for missed shifts.</td>
<td>Ann Marie requires assistance to pay her rent through the a rental assistance program for people with HIV/AIDS.</td>
<td>Ann Marie’s landlord evicts her when he figures out she is HIV-positive.</td>
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AIDS Law Project of Pennsylvania (and Southern New Jersey)

Two Current Onsite Programs

- **Prevention Point Philadelphia**
  - PPP staff send patients/clients to sign-up desk during clinic hours
  - No set space; use available rooms with chrome computers
  - Share spreadsheet, but no last names used
  - Bring and take files every time; leave nothing onsite

- **AIDS Law Project of Southern New Jersey**
  - “Warm handoffs” from medical staff to Legal but recently encouraging phone intakes
  - Permanent, shared office – but soon to be own dedicated space
  - Lesson: Leveraging funder
AIDS Law Project of Pennsylvania (and Southern New Jersey)

**Two Current Onsite Programs**
- **Prevention Point Philadelphia** – needle exchange and so much more
  - Focusing on Birth Certificates and Criminal Warrant Resolution
- **AIDS Law Project of Southern New Jersey**
  - Full range of Legal Services to people living with HIV/AIDS
  - Time split between KennedyHealth + Jefferson and Cooper’s Early Intervention Program

**Two Past Onsite Programs**
- **Lax Center at Philadelphia FIGHT** (an AIDS Service Organization)
  - Previously had onsite attorneys, found more efficient to maintain separate offices
- **Standby Guardianship Clinic at Strawberry Mansion Public Health Center**
  - Lessons learned: 1. People who are very ill do not want to spend extra time at doctor’s offices; 2. People with children are very busy; 3. When more immediate legal needs are present (eviction, utility shutoff, public benefits, etc.), not much interest in long-term planning.
Why MLP mattered?

Our specialty populations – HIV, LGBT, people facing social, legal, and economic barriers – require legal “care” to address these barriers.
Designing Service Delivery to Address Disparities

Integrated Care Team:
Medical provider, behavioral health specialist, adherence nurse care manager, insurance navigator, referral coordinator, lawyer, community health worker/retention specialist, nutritionist, etc.
Public Benefits and Insurance Navigation

- “Trained experts”
- Bilingual – English / Spanish & Amharic
- Screen all patients for insurance
- Help with eligibility, enrollment, and coverage issues
- “Screening” for any other health harming legal problems
- Better access for patients
- Providers have better options for care
- Workforce development – “right care, right provider, right time”
- Financial stability for health center
AIDS Law Project of Pennsylvania (and Southern New Jersey)

**Two Current Onsite Programs**

- **Prevention Point Philadelphia**
  - Organic need and personal relationships
  - Funding from Prevention Point and the City of Philadelphia

- **AIDS Law Project of Southern New Jersey**
  - A long circular story: Created and co-located with an ASO in NJ by the AIDS Law Project. Became its own entity with funding via Ryan White Grantee and NJ IOLTA, When the ASO closed, AACO came to AIDS Law Project to oversee.
  - Time split between KennedyHealth + Jefferson and Cooper’s Early Intervention Program

**Two Past Onsite Programs**

- **Lax Center at Philadelphia FIGHT** (an AIDS Service Organization)
  - Organic need and personal relationships
  - Each organization funded its own services from regular operating budgets; FIGHT provided space

- **Standby Guardianship Clinic at Strawberry Mansion Public Health Center**
  - Developed and funded by the City of Philadelphia’s Health Department.
Privacy, HIPPA, Confidentiality and MLPs: Referrals and Space
Health Insurance Portability and Accountability Act (HIPAA)

- Applies to the Medical Provider, but rarely the Legal provider
Attorney-Client Confidentiality and talking to the Medical Provider

- Rule 1.6: Confidentiality of Information
  - (a) A lawyer shall not reveal information relating to the representation of a client **unless**
    - the client gives informed consent,
    - the disclosure is impliedly authorized in order to carry out the representation or
    - the disclosure is permitted by paragraph (b).
Q & A