Medical-Legal Partnership: What is It & How Can I Get Involved?

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Only 18% of Americans surveyed believe that “lawyers contribute a lot to society.”

Source: Pew Research Study, July 2013
“As we focus on how to build healthier communities over the next 50 years, we must remember that health does not exist in a vacuum separate from wealth, from the laws we write, from the systems we create to protect our citizens, or from the injustices that exist in each of these things.”
The problems are visible.  
The solutions are not.

Worried how he will pay for this.
RESOLVED, That the American Bar Association encourages lawyers, law firms, legal services agencies, law schools and bar associations to develop medical-legal partnerships with hospitals, community-based health care providers, and social service organizations to help identify and resolve diverse legal issues that affect patients’ health and well-being.
What types of lawyers are there?

- Private Practice Attorneys
- Corporate Attorneys
- Public Interest/Gov’t
- Academics
- Civil legal aid
- Public Health
Availability of legal assistance in the U.S.

Table 6: Comparison of Private Lawyers to General Population and Legal Aid Lawyers to Low-Income Population

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.
MLPs help patients with I-HELP® issues

- Income & Insurance
- Housing & energy
- Employment & Education
- Legal status
- Personal & family stability
It’s a Culture Shift

• Team Huddle at 7:30am!
• Team? What team?
• Prevention is.....not a thing
• None of your beeswax!
How MLPs differ from referrals

- Work onsite and participate in clinical meetings
- Establish formal screening processes of patients’ health-harming social needs
- Share data and communicate about patient-clients
- Detect and address patterns of systemic need
Impact of treating legal problems with MLP

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

People more commonly take their medications as prescribed.

People report less stress.

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

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

Read the research on our website.
State of the MLP Field

2016-2017 Report Coming Soon!

MLP Health Care Partners by Organization Type

- General Hospital/Health System: 33%
- FQHC: 33%
- Children's Hospital: 17%
- Other: 17%

Notes: n=129.
Source: 2016 NCMLP Survey.
MLP Legal Partners by Organization Type

- LSC-Funded Legal Aid Organization: 40%
- Non-LSC-Funded Legal Aid Organization: 31%
- Law School: 20%
- Other: 9%

Notes: n=103.
Source: 2016 NCMLP Survey.
Total number of referrals by health care organizations to MLP legal partners in the past year.

<table>
<thead>
<tr>
<th>Range</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>&lt;50</td>
<td>23%</td>
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<tr>
<td>50-99</td>
<td>30%</td>
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<tr>
<td>100-250</td>
<td>28%</td>
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<tr>
<td>251-500</td>
<td>12%</td>
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<tr>
<td>&gt;500</td>
<td>9%</td>
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Notes: n=111.
Source: 2016 NCMLP Survey.
MLP Legal Partners Median Annual MLP Budget

Notes: n=94.
Source: 2016 NCMLP Survey.
Patient-Centered Health Care Model Includes MLP

Pilot Medical Legal Partnership Targets High-Need, High-Use Patients

Lancaster General Hospital’s Pilot Program Embeds Attorney in the Health Care Team

95% of high use patients enrolled in program had 2 or more legal needs

Source: “Embedding Civil Legal Aid Services in Care for High-Utilizing Patients Using Medical-Legal Partnership”; Health Affairs, April 22, 2015.
Overview of Lancaster Medical Legal Partnership

2011
- Began in 2011 with LG Superutilizer pilot
  - small foundation grant allowed Lawyer to be part of interdisciplinary team

2013
- Superutilizer project became *Care Connections*

2014
- Health Affairs article published data based on Superutilizer pilot

2015
- In July, United Way Collective Impact grant established attorney position for 3 years, funds 0.73 FTE initially, now 0.6 FTE. (shortfall made up with fundraising)
  - United Way grant required at least 3 partners, so funds were also allotted to a community agency which provided financial case management / representative payee services
In a study at Lancaster General Health:

- 95% of high-need, high-cost patients had 2 - 3 unmet legal needs.
- When legal problems were addressed, inpatient and Emergency Department use dropped by 50%.
- And overall costs fell by 45%.

more than superutilizers
“Typical” Care Connections Patient

- Usually multiple, chronic, co-morbidities including CAD, CHF, COPD, DM, CKD. With frequent admissions.
- Often behavioral health (childhood trauma (ACEs), serious mental illness, substance use disorders)
- Sometimes with intellectual disability
- Always with social isolation, or significant psychosocial barriers (DV, housing, food insecurity, transportation, financial, etc.)
- Any combination elevates risk

- Lancaster County consists of urban, suburban, and extremely rural areas. Patients come from all types of living situations from city rooming houses to trailers in isolated rural settings. Homeless persons may be living in either urban (shelter) or rural environments (campsites, forested areas).
Care Connections clients
Lancaster County Programs

Twin Rose Lancaster Hospital Heart Group

Superutilizers Program Healthy Beginnings
Nurse Family Partnership Geriatric house call HIV Clinic (Ryan White Grant)
PCMH NCQA Level 3 Accreditation PACE / LIFE Program Participation

Additional resources include: psychiatrists for inpatient, social workers, palliative care, hospitalists, advanced practice providers, RNs/MAs, etc.

Community Resources

- Financial assistance (Food stamps, welfare, etc.)
- Housing support and transitional assistance
- Protective services
- Counseling and legal services
- Social rehabilitation
- Domestic abuse support services
- Emergency / transitional housing
- Support for the disabled
- Crisis interventions
- Case management
- Child welfare
- Housing, shelters, missions
- Food banks / stamps / distribution

Lancaster County Programs

- Treatment for serious mental illness
- Safety net services for the frail elderly
- Rehab / detox services
- Coalition to End Homelessness
- Housing support and transitional assistance
- Other county programs include: Children & Youth Agency, Lancaster County Prison, Adult Probation & Parole Services, Veteran’s Affairs

Member Navigation:

- Inpatient Psych
- Emergency Department
- Urgent Care
- Outpatient Center / Clinic
- LG Health Express

- Mobile Psychiatric Nursing
- Assertive Community Treatment (ACT)
- FQHC BH Integration Project
- SouthEast Lancaster FQHC
- Welsh Mountain Medical & Dental Center FQHC

- MH / MR / EI
- Poverty Assistance
- Office of Aging
- Drug & Alcohol Commission

Lancaster General Health

- Lancaster Hospital
- LGMG
- Heart Group
- Twin Rose
- Independent Physicians

- Superutilizers Program
- Healthy Beginnings
- Nurse Family Partnership
- Geriatric house call
- HIV Clinic (Ryan White Grant)
- PCMH NCQA Level 3 Accreditation
- PACE / LIFE Program Participation

- Inpatient
- Emergency
- Urgent Care
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- Mobile Psychiatric Nursing
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- Payne
- LGH-affiliated physicians
- Care / access programs
- FQHCs
- County / community services
- Collaboration
- Flow of funds
- Claims reimbursement
- Formal linkages
Development of Care Connections High Risk Team

Care Connections Team
- Physician
- Advanced Practice Provider (NP)
- Navigators (Home-based)
- Community Health Worker
- Social worker / Behavioral Health
- Chaplain
- Clinical Support Specialist
- RN Case manager
- Clinical pharmacist
- County Social Services Liaison
- Legal Services

The core care team is responsible for coordination (gets what is needed, when it is needed, where it is needed)

Patient Centered Medical Home

Member

Data/claims analytics

Enrollment

Enablement

Communication

Coordination

Acute Episodes

County & Community Resources

Support Services

Place of Residence

Advance Care Planning

At home / Institution

Virtual care

At the Clinic

Transition Plan Development

Graduation Assessment

Repatriate
Care Connections team at morning huddle
Daily Huddle ➔ Team Consult ➔ Enrollment Screen ➔ EMR Referral ➔ Identification of Legal Issues ➔ Data capture: I-HELP, ICD-10 codes ➔ Outreach/intake by attorney ➔ Legal advice/ representation/referral ➔ Team feedback/EMR in-basket
To function effectively within multidisciplinary complex care team, we have found legal partner needs at a minimum:

- Read-only access to charts on current patient list
- Secure messaging capabilities

- Ability to document can assist in outcomes tracking
  - Make electronic referrals to MLP
  - Record/resolve SDH with ICD-10 codes

- Very limited documentation of legal assistance within medical record
Prevalence of Health Harming Legal Needs at Enrollment

184 PATIENTS

I: 58%
H: 23%
E: 5%
L: 1%
P: 14%
Breakdown of Income-related legal needs

107 patients

- 17% social security benefits
- 14% general financial insecurity
- 13% health insurance
- 12% unable to afford Rx copays
- 12% food insecurity
- 9% SNAP
- 8% medical debt
- 5% other income-related needs
- 5% other debt
- 2% no income
- 2% transportation-related needs
Breakdown of Housing-related legal needs

43 patients

28% utility termination
19% eviction
19% unsafe / unstable housing
15% homelessness
13% poor housing conditions
4% subsidized housing issues
2% homeownership issues
2% landlord / tenant disputes
• Can we capture social determinants?
• EMR evolution
• Defining the benefit
• Using this work to go after at-risk contracts
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<tr>
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<th>Pre-MLP</th>
<th>Post-MLP</th>
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<tr>
<td><strong>Outpatient visits</strong></td>
<td>9.28</td>
<td>13.42</td>
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<tr>
<td>Per Enrollee</td>
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<tr>
<td>Data Gathered</td>
<td>6/30/15</td>
<td>12/31/16</td>
</tr>
<tr>
<td><strong>Specialist visits</strong></td>
<td>3.51</td>
<td>8.38</td>
</tr>
<tr>
<td>Per Enrollee</td>
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**Volume Increases Post MLP**

- 45%
- 139%
ED + inpatient utilization

**Emergency Visits**
- Pre-enrollment (12 mo.): 602
- Post-enrollment (18 mo.): 350
- Decrease: 42%

**Inpatient Visits**
- Pre-enrollment (12 mo.): 605
- Post-enrollment (18 mo.): 278
- Decrease: 54%

186 graduated patients 1/31/17 since inception
Total cost (based on charges)

**Pre-Enrollment Cost:** $28,935,785

**Post-Enrollment Cost:** $14,438,894

50% cost reduction

- 186 graduated patient charges FYD 1/31/17 since inception 9/1/13, 12 month pre vs. 18 mo. post-enrollment
LESSONS LEARNED: SUSTAINABILITY

Social Determinant Data Key to Successful Risk-Based Contracts
Payers should collect social determinant data from EHR systems to develop risk-based contracts that better target high-need patient groups, leaders at HIMSS17 stated.

Accountable Health Communities Model

Social Determinants of Health

Source: Authors’ analysis and adaptation from the University of Wisconsin Population Health Institute’s County Health Rankings model ©2010, http://www.countyhealthrankings.org/about-project/background
For more information

www.medical-legalpartnership.org

NCMLP

National_MLP
Questions
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