Medical-Legal Partnerships & Public Health: An Innovative Collaboration to Improve Health Outcomes

Janet H. Goode, JD
Clinical Teaching Fellow
Pediatric Advocacy Clinic
University of Michigan Law School

Lauren Mutrie, MD, MSc
Affiliate Associate Professor of Pediatrics & Global Health
Pediatric Hospital Medicine
Northwest Permanente
Doernbecher Children’s Hospital, OHSU
We have no disclosures or conflicts of interest.
Objectives:

Define & describe medical-legal partnership

Examine MLP scope of work

Define benefits & impact of MLPs

Identify how MLP and public health are natural, collaborative partners in population health improvement

Use case-based examples to exemplify the above goals
1967
• Delta Health Center in Mississippi, the nation’s first federally funded rural health center, hires a lawyer to address patients’ food and housing problems

1993
• The first MLP is formed at Boston Medical Center after doctors trace pediatric asthma problems back to moldy apartments

2001
• Following an article in The New York Times about the Boston partnership, nearly 75 additional MLPs form between 2001 and 2006

2004
• The University of Michigan Law School starts the Pediatric Advocacy Clinic (PAC), one of the first MLPs to be based in a law school setting

2006
• Formation of the National Center for Medical-Legal Partnership (NCMLP)

2015
• Memphis (Memphis CHiLD) launches

2018
• 300+ MLPs in 46 states
What is medical-legal partnership?
MLP = Medical-Legal Partnership

A partnership between healthcare & legal institutions aimed at improving the health and wellness of vulnerable populations & transforming the response of healthcare system to social determinants of health

A collaboration of health and legal professionals to address and prevent health-harming social and legal needs (social determinants of health) for patients and populations

A healthcare delivery model that integrates legal assistance into patient care

*National Center for Medical-Legal Partnership*
Core of the Traditional MLP Alliance

- Train
- Identify
- Treat
- Transform
- Prevent
Legal Needs Impact Health (i-help)

- Income & Insurance
- Housing & Utilities
- Education & Employment
- Legal Status (immigration)
- Personal & Family Stability

Cases are like icebergs
Rationale & Benefits
Pediatric MLPs = best practice

MLP is an Effective Intervention

- Child poverty is widespread in the United States and concentrated in Memphis & Syracuse
- Serious negative effects on health and well-being of children with long-lasting impact into adulthood
- Children, especially those in poverty, who are exposed to adverse childhood experiences (ACE’s) are susceptible to toxic stress and a variety of health problems
- Clinicians need mechanisms to address the unmet social and psychosocial needs, and MLP is a holistic intervention

SDH and Pediatric MLP’s

- Pediatric care facilities are increasingly incorporating SDH into the way they structure the treatment of children, especially for those living below the poverty line
- Home visitation, care coordination, resource directories, community partnerships
- MLP metrics includes stress reduction, improvements in overall health and well-being, and measurement positive change in the community
Why MLP?

**Individuals:**

- Clients, Students, Providers

- High child poverty rate = high need for legal services
- Provide quality, holistic care to patients
- Early identification of legal issues allows for wider range of option in problem solving
- Medical-legal partnerships save patients health care costs and recover cash benefits (Journal of Health Care for the Poor and Underserved and Journal of Palliative Medicine)
- Training in interdisciplinary & collaborative skills expands career choices
- Increased satisfaction of healthcare professionals
  - Residents and health care teams trained by attorneys increase their knowledge and screening of patients’ social and legal needs (Academic Pediatrics, Journal of General Internal Medicine, and Journal of Graduate Medical Education)
  - Increased health care staff satisfaction when a medical-legal partnership program is part of the health care services at the health care site (Journal of Public Health Management and Practice)

See National Center for Medical-Legal Partnership Website: [http://medical-legalpartnership.org/mlp-response/](http://medical-legalpartnership.org/mlp-response/)
Why MLP?

Institutions:
Health, Legal, & Educational

- Best practices: majority of top children’s hospitals ranked by US News & World Report have well-established MLPs
- Hospitals & medical/law schools remain competitive with strong academic recruitment
- Financial benefit to healthcare institution
- Helps healthcare institutions remain competitive in changing industry landscape (move to value-based care)
  - Supports medical home model
  - Helps manage utilization (cost effective)
  - Reduces health care spending on high-cost, high-use patients (Health Affairs)

See National Center for Medical-Legal Partnership Website: [http://medical-legalpartnership.org/mlp-response/](http://medical-legalpartnership.org/mlp-response/)
Why MLP?

Community

- Improvements in community health & well being
  - Patients better comply with health care treatments after their legal needs have been addressed by an MLP (Journal of Health Care for the Poor and Underserved and Journal of Clinical Oncology)
  - Legal assistance targeted at improving housing conditions improved health of asthma patients (Journal of Asthma and Journal of Health Care for the Poor and Underserved)
  - Patients report decreased stress and improved well-being after receiving legal assistance (Journal of Health Care for the Poor and Underserved)
  - Patients better comply with health care treatments after their legal needs have been addressed by an MLP (Journal of Health Care for the Poor and Underserved and Journal of Clinical Oncology)
  - MLP services improve health in sickle cell patients (Pediatrics)

- Student exposure to diverse & advanced medical/social/legal pathology fosters awareness & cultural sensitivity

- Funnel well-trained professionals into underserved populations

- Collaboration & interdisciplinary practice provide more creative & holistic problem-solving to complex, multifaceted problems

See National Center for Medical-Legal Partnership Website: http://medical-legalpartnership.org/mlp-response/
Almost half of the children living in Memphis & Syracuse live in poverty…

A tragedy experienced disproportionately by children of color.
Children experience poverty at higher rates

<table>
<thead>
<tr>
<th>Region</th>
<th>Adults</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>US national</td>
<td>13.4</td>
<td>18.4</td>
</tr>
<tr>
<td>Tennessee</td>
<td>15</td>
<td>21.2</td>
</tr>
<tr>
<td>New York</td>
<td>14.1</td>
<td>39</td>
</tr>
<tr>
<td>Memphis</td>
<td>24.6</td>
<td>43.3</td>
</tr>
<tr>
<td>Memphs NHB</td>
<td>28.9</td>
<td>47.4</td>
</tr>
<tr>
<td>Syracuse</td>
<td>32.4</td>
<td>41</td>
</tr>
<tr>
<td>Syracuse NHB</td>
<td>41</td>
<td>58</td>
</tr>
<tr>
<td>Syracuse Hispanic</td>
<td>58</td>
<td></td>
</tr>
</tbody>
</table>

Poverty (% of population)
Vision

Health care, social work, and legal professionals working collaboratively as a team to serve the holistic needs of children and families in Memphis.

Training of future professionals to serve the Memphis community in addressing health, well-being, and social justice.

Preventive and therapeutic legal advocacy for children and families with health-harming social and legal needs.

Elimination of barriers to health for children and families living in poverty through policies and regulations that address health disparities in our community.

Improved living and health conditions for all children and families in Memphis.
Collaborative Effort

Memphis Children’s Health Law Directive

The University of Memphis School of Law

Le Bonheur Children’s Hospital

Memphis Area Legal Services (MALS)

University of Tennessee Health Science Center (UTHSC), Department of Pediatrics
Referrals by IHELP Category

- Trends in Case Types

- Personal & Family Stability: 33%
- Housing: 22%
- Income & Insurance: 23%
- Education & Employment: 19%
- Legal Status: 2%
- Other: 1%
Referral Numbers by IHELP Category

- Income/Insurance
- Housing/Utilities
- Education/Employment
- Legal Status
- Personal/Family Stability
- Other

Graph showing referral numbers by IHELP category from 2015 to 2017, with quarters indicated.
Social Work
Neurology
Pediatrics
Rehab
CHAMP
ULPS Peds (Outpatient) Clinic
Other
Repeat Client
Neuropsychology
Endocrinology
Self-referral
LEAD
Healthy Lifestyle Clinic
Congenital Cardiology
NFP
Transitional Care
Patient Advocate
Palliative Care
Cardiology
Boling Center
10 Dept's first year referring

2015
2016
2017
Referral Types from Social Work Services

- Income/Insurance
- Housing/Utilities
- Education/Employment
- Legal Status
- Personal & Family Stability
- Other
Referral Types by Department

Outpatient clinic
Gen. Peds (hospital)
Asthma program
Rehab

- Income/Insurance
- Housing/Utilities
- Education/Employment
- Legal Status
- Personal & Family Stability
- Other
Referral Types by Department

- Early Intervention & Development Pgm
- Neurology
- Neuropsychology

- Income/Insurance
- Housing/Utilities
- Education/Employment
- Legal Status
- Personal & Family Stability
- Other
### Income
- 4 successful SSI appeals = more than $143,000 in back payments
- 1 appeal of SSI benefit amount resulting in a $300/month benefit increase
- 4 in progress

### Housing & Utilities
- Successful negotiation with MLGW resulting in removal of $1400 arrearage incurred by client’s abusive/estranged husband
- Successful negotiation avoiding shutoff for client with infant with medical equipment needing electricity
- 5 FED defense cases; all resulted in favorable negotiation/resolution for client

### Education & Employment
- 10 special education cases
- Successful request for evaluation and creation/implementation of IEP
- Successful enrollment and transfer of placement for child with complex medical needs
- Successful creation of 504 plan for child with VATER Syndrome
- Successfully drafted and executed severance agreement for a mom of a child with newly diagnosed autoimmune disease

### Personal & Family Stability
- 11 conservatorships granted
- 14 conservatorships in progress
- Successful appointment of grandmother as guardian to needed surgery for child
- Successful awarding of custody for grandparent in D&N case
- 2 wills, 1 POA for a minor child, 1 Adv. Care Directive drafted

### Medical-Legal Partnership Clinic (2 years)
- 142 cases accepted
- 93 cases materialized
Growth & Accomplishments

- High referral rate
- Participation in National Survey
- Formalized strategic plan
- Urban Child institute Grants
- Kresge Grant 2017
- Expansion of staff
- Establishment of community relationships and partnerships

- International, National, & Regional Presentations
  - University of Victoria, BC: Interdisciplinary Collaboration in Medical Legal Partnership: An Experiential Model of Practice and Learning, 2017
  - Stanford Law School: Collaborative Rounding 360, 2017
  - Le Bonheur Child Advocacy Symposium: Child Advocacy in Education through Medical Legal Partnership, 2017
  - Children’s Hospital Association Webinar: Screening for Social Determinants of Health: Two Member Experiences, 2016
  - Opportunities in Working Across Disciplines: Principles of Clinical Medicine, 2015
  - Memphis Pediatric Society
  - Local town halls, noon conferences, intern orientations, UTHSC & U of M lectures
  - Local newspapers and magazines
CNYMPH Mission Statement

To create new knowledge about public health through research and to strengthen the workforce by preparing a diverse group of professionals to plan, implement, evaluate and advocate for population-based health policies and programs.

The CNYMPH Program will achieve its mission through coordinated efforts directed toward three overarching program goals focusing on:

A. **EDUCATION:** To educate a diverse group of professionals with the values, commitment, knowledge, and technical skills necessary to improve population health.

B. **RESEARCH:** To advance public health knowledge by developing an active program of population-based health research and program evaluation.

C. **SERVICE AND OUTREACH:** To develop active community partnerships and collaborative endeavors that contribute to sound public health policies and practices at the local, state, and global levels.

CNYMPH Statement of Values

- **Open Learning Environment:**
  The CNYMPH program strives to nurture an open learning environment, where a diverse body of students is allowed the academic freedom to pursue new ideas and develop a sense of lifelong learning through the spirit of inquiry, innovation, and creative problem solving.

- **Service:**
  The CNYMPH faculty, staff, and students will strive to model and embody the spirit of community service, engagement, and collaboration.

- **Advocacy:**
  The CNYMPH program will seek to improve the health of its community, its region, and the human population as a whole by striving for social justice, advocating for vulnerable populations, and working collaboratively to reduce health disparities.

- **Professionalism:**
  The CNYMPH faculty and staff will envelop all of these values in an overarching sense of passion, integrity, and ethical practice.
Improving population health:
education in a culture of advocacy & collaboration

- Incorporating students from multiple disciplines in MLPC classes & legal case rounds:
  - Law
  - Medicine
  - Public health
  - Other professions related to healthcare (social work, psychology, pharmacy, nursing etc)

- Honing legal skills while participating in collaborative (medical) rounds:
  - Issue spotting/SDOH
  - Connecting medical conditions to social conditions with legal components
  - Legal analysis
  - Counseling (both doctors & clients)
  - Upstreamist & institutional issue spotting

- Benefits of interdisciplinary education:
  - Interdisciplinary & collaborative skills training expands career choices
  - Exposure to diverse & advanced medical/social/legal pathology fosters awareness & cultural sensitivity
  - Funnel well-trained professionals into underserved populations

- Public health as a necessary partner to assess & impact population health:
  - Issue spotting/SDOH
  - Connecting medical conditions to social conditions with legal components
  - Identification and evaluation of performance/impact measures
  - Upstreamist & institutional issue spotting → policy change advocacy
General Impact Assessment

- Public health as a partner to move the conversation from legal outcomes to a (community) health & well-being framework

- Effect of MLP intervention:
  - Patient/Client health and well-being
  - Community
  - Hospital
  - Learners
  - Providers

- Outcome categories:
  - Health Impact
  - Family Resilience & Stability
  - Legal Impact
  - Economic Impact
  - Educational Impact
  - Policy Impact
  - Professional Impact
Metrics, Outcomes, & Impact

• Inform local, state, and national policy
  • What is useful data for your population and at your institution?
  • What unique patterns are revealed after the first year of referrals?
  • Importance of data stewardship and governance- how do these concepts relate in law and medicine)? How can you use your data in legal/medical education? What can be done with the data we have?
  • Outcomes of equity and justice implications: how to measure such principles?

• Central to MLP sustainability and scholarship
  • Incorporate data analytic team within MLP early
  • Ensure that environment is conducive to data collection with pre-selected, standard metrics, adaptable plans, IRB approval
  • Ensure data readiness at local, institutional, and macro levels
MLP Impact Assessment: Moving towards standardized measures

• 7 Standard Metrics Identified by NCMLP
  • % Healthcare partner staff trained in MLP
  • % patients screened for health-harming legal needs
  • % patients with at least one health-harming legal need who are addressed/treated by the health care team
  • % Patients who are referred to legal aid and receive a legal screening/intake
  • % total MLP patients/clients with health-harming legal needs in each i-HELP category
  • Average financial benefit received by MLP patient/client
  • Estimated financial benefit received by healthcare institution per patient due to MLP interventions
Metrics & Outcomes: Challenges

- How to measure complex principles like equity and justice?
- Identifying locally relevant metrics and outcomes
- Long term outcome monitoring
- Data sharing issues including ethical concerns, regulations, security, and compatibility issues between partners
- Access to individual, community, and state-wide data
- Financial
Pediatric Advocacy Clinic (PAC)

MISSION

To achieve justice and dignity for all low-income children and their families by integrating high-quality legal advocacy into health care settings. As a medical-legal partnership, we pursue our mission by uniting health care providers, attorneys, and social workers to eliminate the effects of poverty on children’s health and well-being.
Areas of focus

- Income & insurance
  - SSI, food stamps, and other public benefits cases
  - Medicaid/EPSDT appeals
- Housing
- Education
  - Special education
  - Disability accommodations
- Personal & Family Stability
  - Custody & child support
  - Domestic violence/Personal Protection Orders
  - Guardianship & DPOAs
References

• National Center for Medical Legal Partnership. http://medical-legalpartnership.org
• Tyler, L. Allies not adversaries: teaching collaboration to the next generation of doctors and lawyers to address social inequality. Health Care L. & Pol’y 249: 2008.