

MEDICAL LEGAL PARTNERSHIP COLORADO

AURORA HEALTH ALLIANCE SDOH INTEREST GROUP

Patricia "Pia" Dean

Marc T. Scanlon



Medical Legal Partnership Colorado

Vision: To address legal barriers that effect a patient's health and to improve health outcomes for Colorado's vulnerable populations.

Food Insecurity

A 45-year old mother with diabetes walks into your healthcare clinic. She has been to the ED twice in the past six months with low blood sugar episodes. She consistently runs out of food at the end of each month since she has limited income from her minimum wage job. She has applied for SNAP three times and been denied because she could not get to the in-person interview required by the SNAP office. What do you do?

Asthma Prevalence & Housing Conditions

A 27-year old mother comes to your clinic with her 8-year old son. He was diagnosed with asthma at age 5. They live in an apartment complex that has roach and mice, and where they are exposed to second-hand smoke. She tells you that she has tried to talk to her landlord about the problems but he doesn't return her phone calls. Recently, her son has experienced several asthma attacks, causing him to be hospitalized. Last time, her son's previous doctor warned that if her son lands in the hospital one more time as a result of SHS exposure, she will have to report it to CPS. As a result, she and her son have been sleeping in her car.

MLP-CO Mission

- Service: Incorporate attorneys into an integrated health care team serving Colorado's vulnerable populations to address unmet legal needs and remove the social determinants that impede good health
- Education: Train health care, legal, and public health professionals in an interdisciplinary, integrated clinical system of learning to address the social determinants of poor health and health disparities
- Research: Provide social science research and data that supports innovation in developing population-based, health care delivery systems focused on prevention and wellness among Colorado's underserved populations
- Policy: Provide qualitative and quantitative information to promote the development of public policy that advances health equity

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MLP-CO Services

MLP-CO and Salud Family Health Centers

- Operating on-site at Salud Family Health Centers since March 2015
- Screened nearly 1,800 patients for legal needs
- Completed 350+ cases
- 200 cases are open and active
- *Expansion to Salud clinic in Aurora (May 2020)

I-HELP Categories

I = Income
Supports

H = Housing

E = Education

L = Legal
Status

P = Personal
Stability

- Income supports: access to insurance, food stamps, disability and other public benefits
- Housing: access to shelter, housing subsidies (Section 8), sanitary housing conditions (mold/lead), foreclosure prevention, utilities access
- Education: Individuals with Disabilities in Education Act (IDEA), Americans with Disabilities Act (ADA), and Section 504 compliance; Early Intervention programs

I-HELP Categories

I = Income
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Stability

- Legal status: immigration, asylum, Violence Against Women Act, U-Visas, T-Visas, criminal record issues
- Personal stability: guardianships, domestic violence, child & elder abuse & neglect, capacity/competency issues, advanced directives

Specifically Excluded Areas

- ❑ Family law
- ❑ Criminal law
- ❑ Employment law
- ❑ Worker's comp
- ❑ Personal injury
- ❑ Traffic

MLP-CO Process

- We have evolved over time and learned from our mistakes
- Legal Needs Survey available to all patients throughout the clinic
- Referrals from anyone within clinic
- Referrals from patients
- Care managed patients
- High-utilizers

Salud Performance Measures

- We developed our evaluation metrics prior to NCMPL's release of its Performance Measures Handbook.
- Worked with an epidemiologist, Dr. Angela Sauaia, who developed an evaluation tool based on validated measures (BRFSS, PHQ-9, SF-36, etc.).
- Administered at intake, every 6 months during pendency of case, and at conclusion.
- To date we have evaluated two cohorts:
 - ▣ 1st (Pilot) Cohort (2014): 19 clients
 - Evaluation of legal/health outcomes/satisfaction 6 months post initial MLP intake
 - ▣ 2nd Cohort Year (2015): 58 clients
 - Evaluation of legal/health outcomes/satisfaction at:
 - ▣ Baseline information upon legal intake
 - ▣ Follow-up 6 months post initial MLP intake

Sample Questions

- Thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?

- Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- Compared to when you first met your lawyer, would you say that your health is?
 - Much better, somewhat better, basically the same, somewhat worse, much worse, don't know

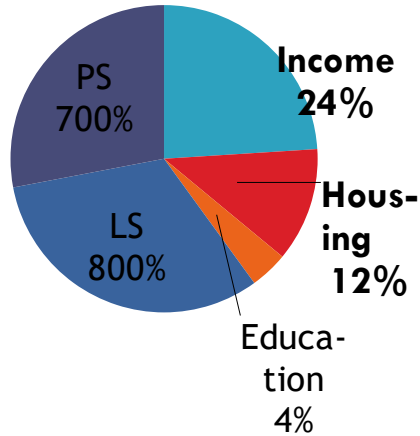
Methods

- Pilot Cohort: retrospective evaluation
- Cohort 2: prospective evaluation at:
 - ▣ Baseline: interviews conducted by lawyers, and
 - ▣ Follow-up: phone interviews by graduate students at 6 months or case closure

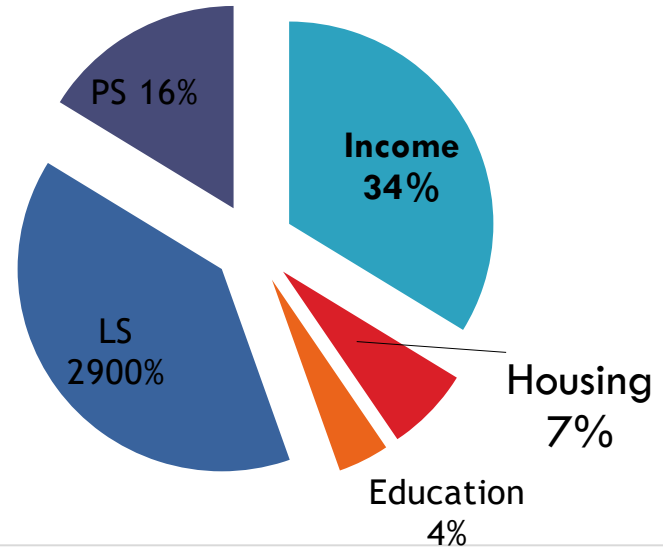
Results by Types of Cases

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Case Distribution-Cohort 1



Case Distribution-Cohort 2



Methods – Outcome Evaluation

1. Legal Outcomes: number/type of cases, resolution, patient-client satisfaction with legal counsel
2. Health Outcomes
 - ▣ Based on SF-36 and BRFSS
3. Cost/resource utilization
 - ▣ Healthcare costs at Salud and reimbursement
 - ▣ No shows
 - ▣ ED visits
 - ▣ Hospitalizations
 - ▣ Days missed from work

Legal Outcomes

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- Pilot Cohort: 65% success rate
- Cohort 2: 59% success rates varying from 33% to 73% depending on type of case (housing, education, etc.), several pending cases

Pilot Cohort Health Outcomes

Retrospective evaluation

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- **71%** reported physical health was better compared to 1st meeting with lawyer
- **76%** reported emotional health was better compared to 1st meeting with lawyer
- **76%** visited the ER less often
- **71%** admitted to the hospital less often
- **76%** missed less medical appointments
- **47%** missed work less often

Cohort 2 Health Outcomes

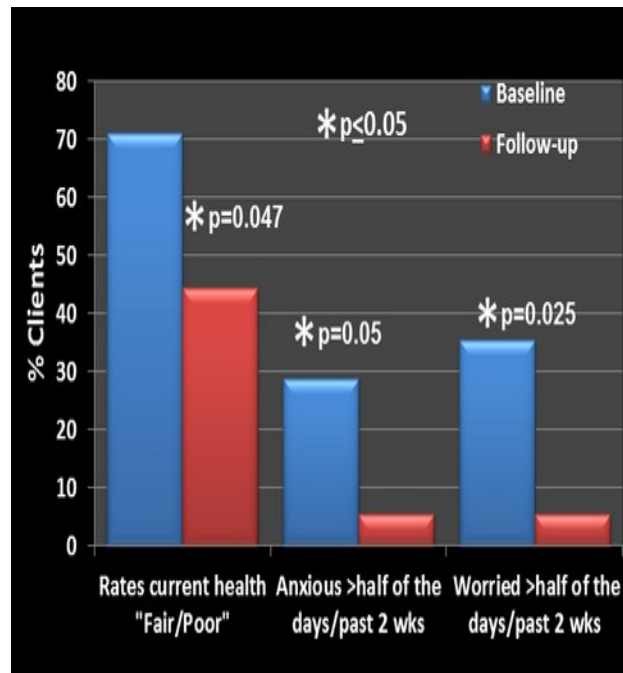
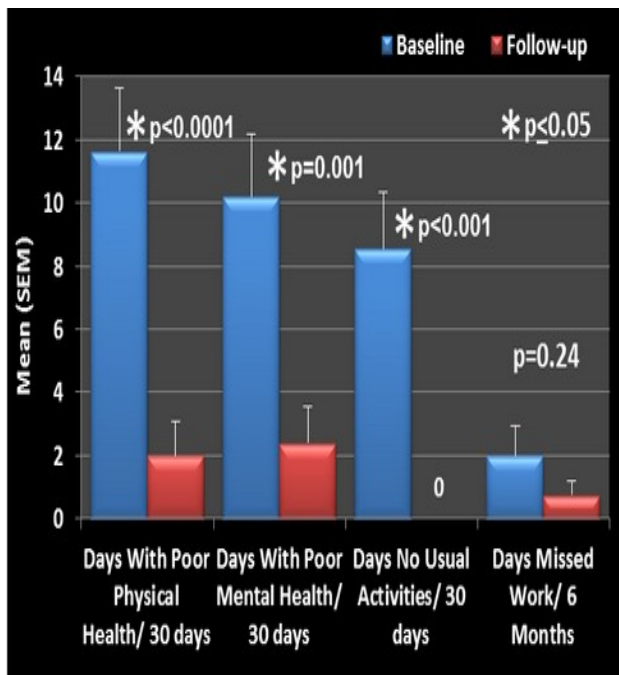
Prospective baseline and follow-up evaluation

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- Demographics at baseline (N=55)
 - ▣ Mean (SD) age: 42 years (13)
 - ▣ 73% women
 - ▣ 62% spoke Spanish at home
 - ▣ 52% less than high school education
 - ▣ 72% income < \$30,000/year
 - ▣ 33% on SNAP

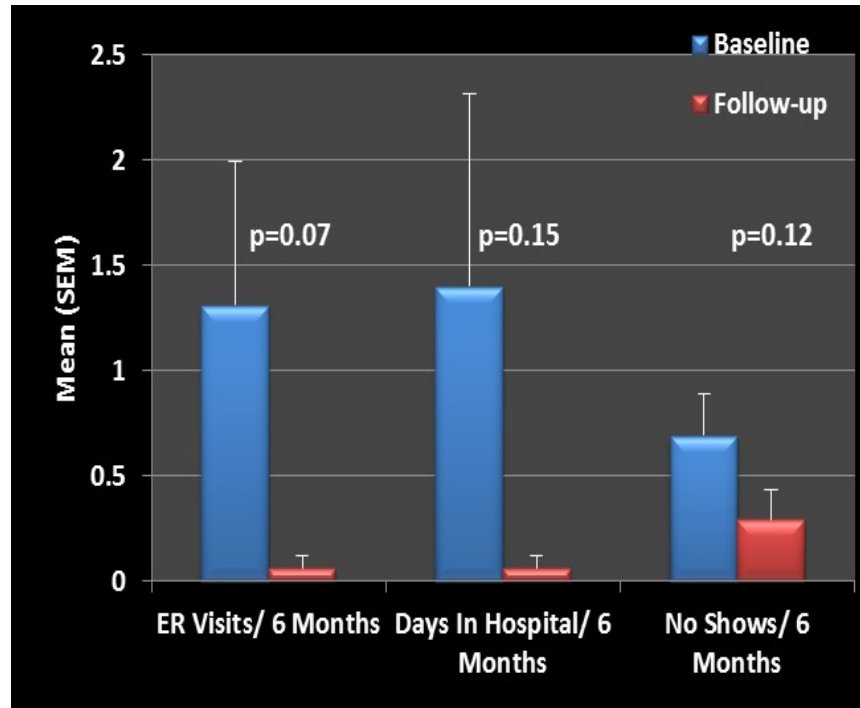
Health Outcomes

There were consistent improvements in health outcomes, most of them, statistically significant



Health Utilization

Likewise, there were consistent improvements in health utilization outcomes, albeit these did not reach significance.



Cost/Resource Utilization

- We are working with Salud to refine determinations of cost/resource utilization.
- Currently our methodology is piecemeal and subjective.
- We are looking for ways to track electronically – through the EMR or otherwise

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MLP Considerations

Initial Considerations

- ❑ Particular geographic regions
- ❑ Specific populations
- ❑ Specific disease/condition categories
- ❑ Economic/income parameters
- ❑ Services limited to specific sites/facilities/entities
- ❑ Other limitation

Collaborations



- ❑ Law schools, medical schools, and schools of public health, social work, nursing, etc.
- ❑ Civil legal aid organizations
- ❑ Medical organizations
- ❑ Law firms
- ❑ Other federal or state actors

MLP Models

- Volunteer attorneys
- Law school clinics
- Clearinghouse entities
- Staff attorneys
- Civil legal aid clinic department

Choice of Entity

- 501(c)(3) nonprofit entities – separate or as part of larger nonprofit
- Organized within medical partner entity
- Law school clinic
- As part of a medical or nursing school or schools of public health or social work
- Within a law firm
- Within governmental agency
- Other organization – religious, community, etc.

Caveats

- Almost every private funder will ask about:
 - ▣ Financial involvement of medical partner
 - ▣ Data, data, data – ROI is becoming the norm
- Many grant funders are currently limiting grants dollars to research – no direct service allowance
- We are still figuring out how to bill for enabling services ala HRSA guidance
- Increased PMPM for clinics offering pro bono legal services

Essential Elements

- A dedicated and involved medical partner
- A medical champion
- Consultants on key areas of law with which you don't have adequate expertise
- Someone dedicated to evaluation measures
- Someone dedicated to data entry and retrieval and creation of reports
- Funding specialists

Funding Sources

- HRSA “enabling services”
- Medicaid payer / HCPF
- Medical provider
- Grants and other funding sources
 - ▣ RWJF
 - ▣ National Center for Medical-Legal Partnerships
 - ▣ State grantors



Questions?