

Building Your Team with a Medical-Legal Partnership



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Building Your Team with a Medical-Legal Partnership

Medical-legal partnerships (MLP) integrate the unique expertise of lawyers into health care settings to help clinicians, case managers, and social workers address structural problems at the root of so many health inequities. In this session, a panel of MLP practitioners will explore pitfalls, challenges, and opportunities from their perspectives in medicine, law, social work, and academia.

Who we are



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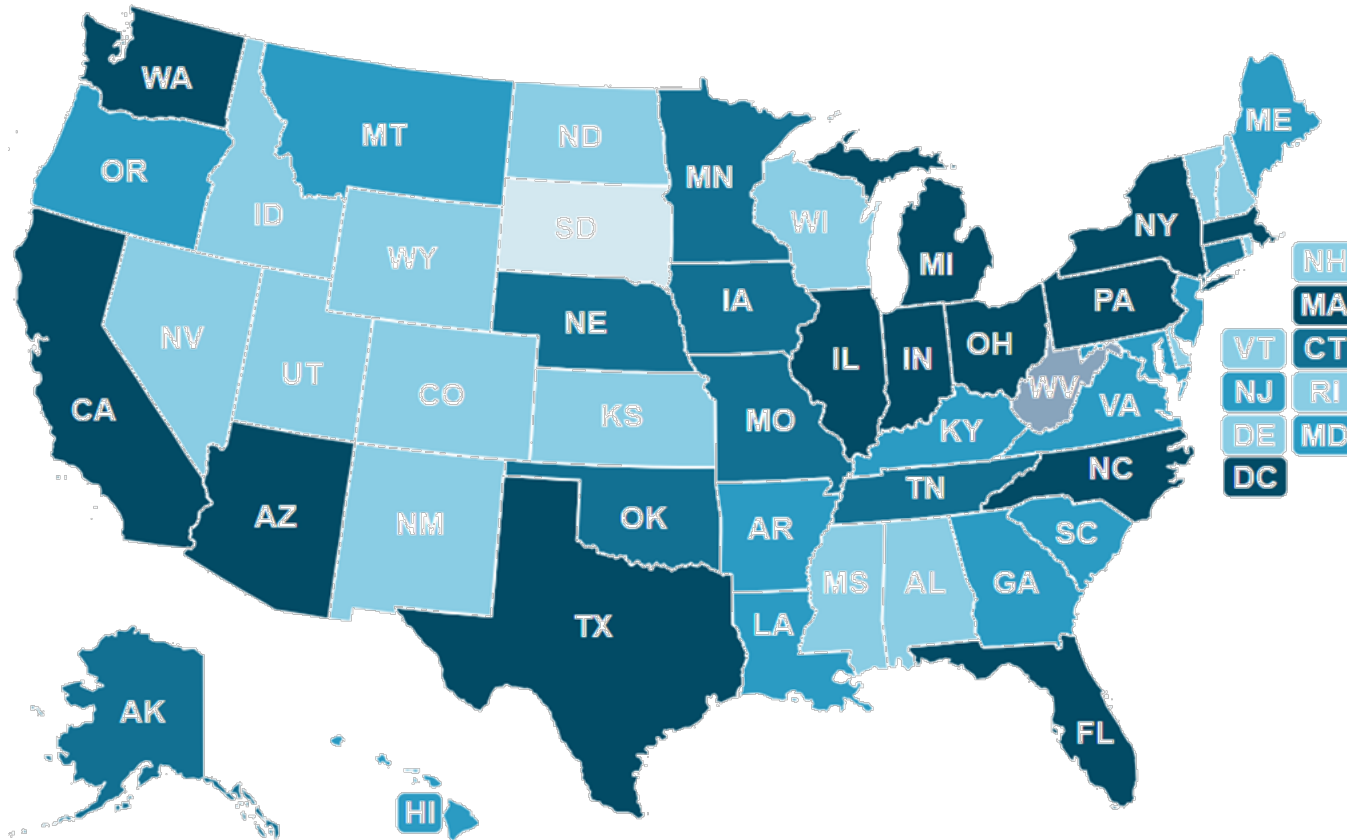


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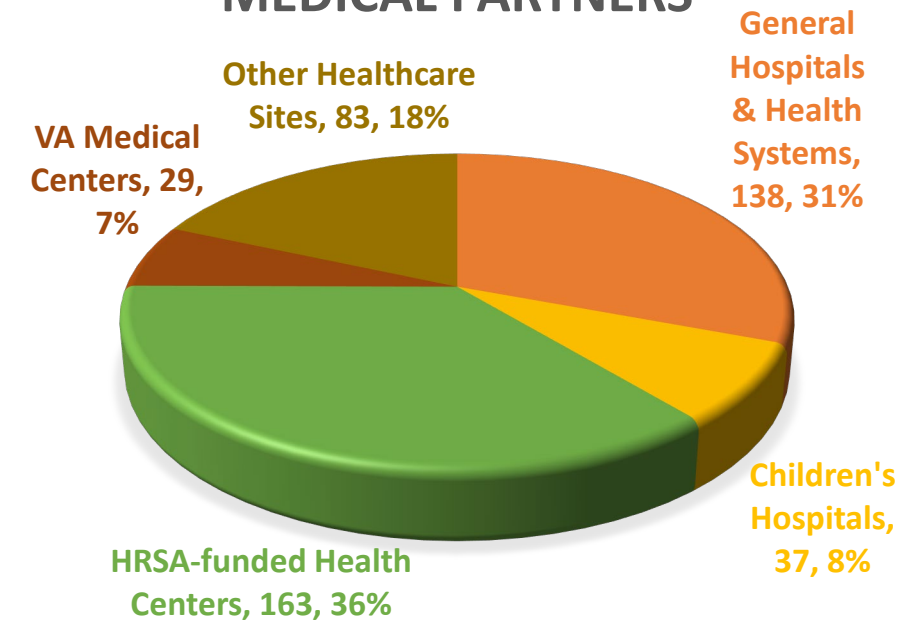
Nationally, there are at least 450 MLPs.



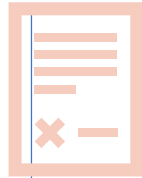
of Health Orgs with MLPs

0 1-3 4-6 7-9 10+

MEDICAL PARTNERS



Core Components of MLP



Formal Organizational Agreement



Defined Population



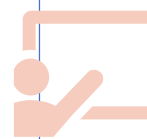
Strategic Screening



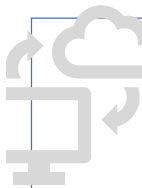
Legal Staffing



Lawyer in Residence



Lawyer-provided Training on NMDOH



Information-sharing



Joint Funding



Texas NMDOH Consortium

Core Components of MLP



Formal Agreement

Defined Population



Strategic Screening

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Information-sharing

Joint Funding



Core Components of MLP: Org. Commitment



- MLPs are created through a formal agreement between a healthcare organization and a legal services provider.
- The agreement
 - demonstrates organizational commitment to address NMDOH at the structural level,
 - outlines joint goals,
 - establishes responsibilities for partnership staffing, and
 - puts protections in place for patient privacy and confidentiality.
- Common documents include a Business Associate Agreement (BAA) and Memorandum of Understanding (MOU).
- Sample MOU: <https://medical-legalpartnership.org/wp-content/uploads/2020/08/Grace-Medical-Home-MOU.pdf>

Core Components of MLP: Population Health








- MLPs assist patients who have barriers to health stemming from social and environmental factors.
- Many MLPs designate a defined population for their work, such as focusing on persons with specific medical conditions. Others focus on populations according to federal and state funding regulations, such as for legal aid.
- Sample Targeting by Medical Condition: Pettignano, Caley, & Bliss, "Medical-Legal Partnership: Impact on Patients With Sickle Cell Disease," 128 Pediatrics e1482 (2011), <https://publications.aap.org/pediatrics/article/128/6/e1482/31099/Medical-Legal-Partnership-Impact-on-Patients-With>
- Sample Targeting by Social Condition: Taylor et al, "Keeping the Heat on for Children's Health: A Successful Medical–Legal Partnership Initiative to Prevent Utility Shutoffs in Vulnerable Children," 26 Journal of Health Care for the Poor and Underserved 676 (2015), <https://muse.jhu.edu/pub/1/article/590103/pdf>

Core Components of MLP: Screening for HHLN

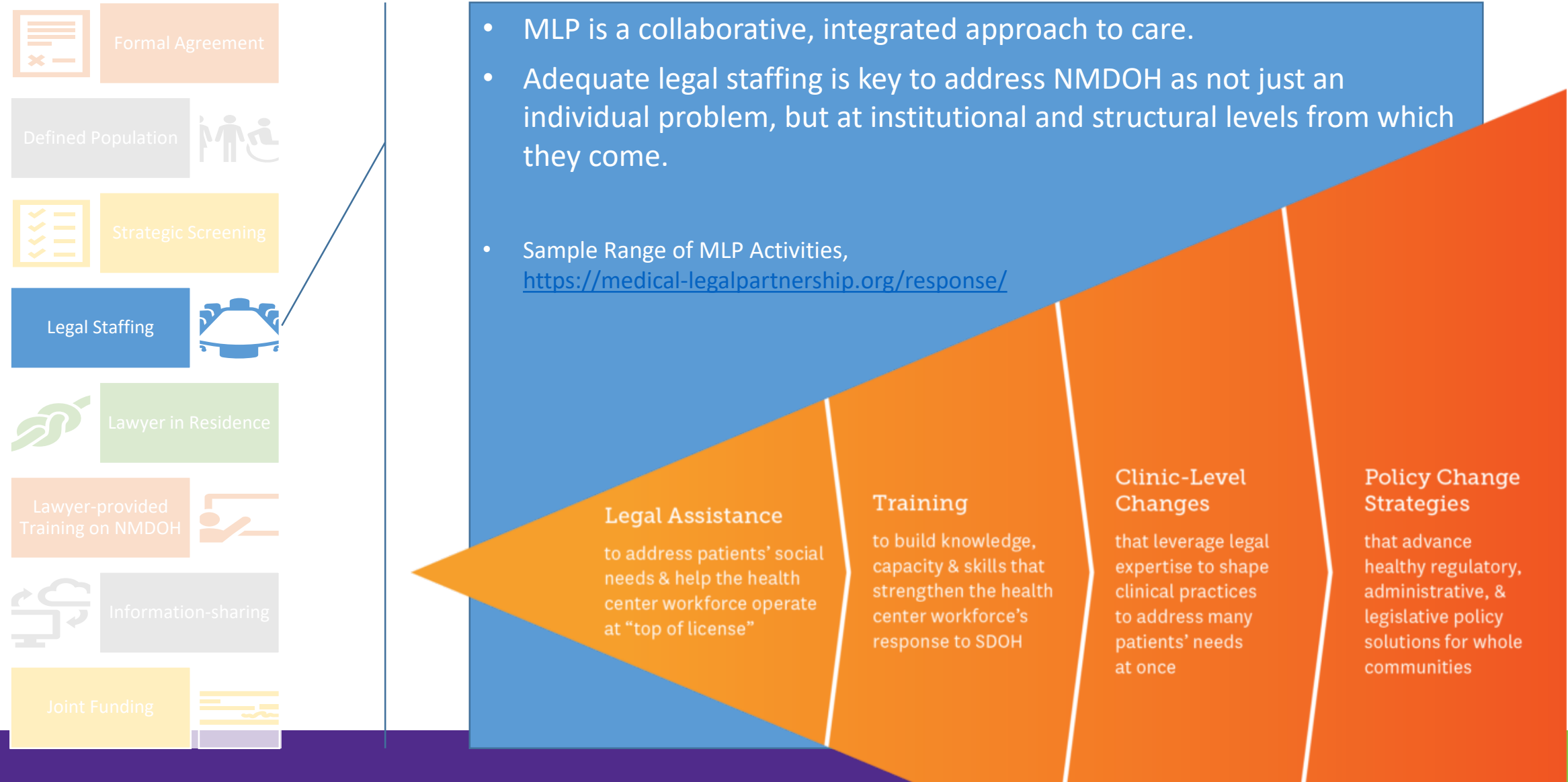


- MLPs develop a strategy to screen patients for NMDOH that may be addressed through legal interventions.
- Legal care intake recognizes that NMDOH occur along a spectrum. MLP provides individualized approaches to a patient's needs.
- The I-HELP framework has five domains that can help healthcare organizations identify health-harming legal needs.

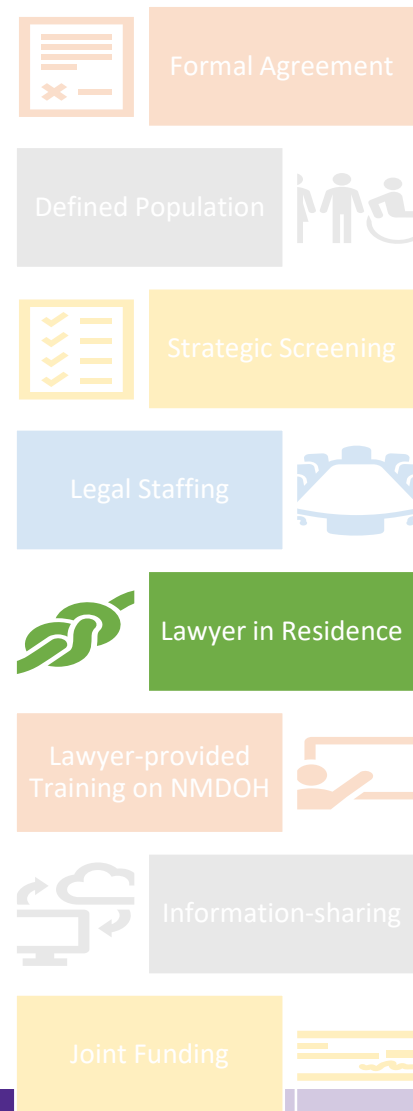
- Kate Marple, How Legal Services Help the Health Care System Address Social Needs (2015), <https://medical-legal-partnership.org/response/i-help/>

Common Social Determinant of Health	How Legal Services Can Help	Impact of Legal Services on Health / Health Care
INCOME Resources to meet daily basic needs 	<ul style="list-style-type: none"> • Appeal denials of food stamps, health insurance, cash benefits, and disability benefits 	<ol style="list-style-type: none"> 1. Increasing someone's income means s/he makes fewer trade-offs between affording food and health care, including medications. 2. Being able to afford enough healthy food helps people manage chronic diseases and helps children grow and develop.
HOUSING & UTILITIES A healthy physical environment 	<ul style="list-style-type: none"> • Secure housing subsidies • Improve substandard conditions • Prevent evictions • Protect against utility shut-off 	<ol style="list-style-type: none"> 1. A stable, decent, affordable home helps a person avoid costly emergency room visits related to homelessness. 2. Consistent housing, heat and electricity helps people follow their medical treatment plans.
EDUCATION & EMPLOYMENT Quality educational and job opportunities 	<ul style="list-style-type: none"> • Secure specialized education services • Prevent and remedy employment discrimination • Enforce workplace rights 	<ol style="list-style-type: none"> 1. A quality education is the single greatest predictor of a person's adult health. 2. Consistent employment helps provide money for food and safe housing, which also helps avoid costly emergency health care services. 3. Access to health insurance is often linked to employment.
LEGAL STATUS Access to jobs 	<ul style="list-style-type: none"> • Resolve veteran discharge status • Clear criminal / credit histories • Assist with asylum applications 	<ol style="list-style-type: none"> 1. Clearing a person's criminal history or helping a veteran change their discharge status helps make consistent employment and access to public benefits possible. 2. Consistent employment provides money for food and safe housing, which helps people avoid costly emergency health care services.
PERSONAL & FAMILY STABILITY Safe homes and social support 	<ul style="list-style-type: none"> • Secure restraining orders for domestic violence • Secure adoption, custody and guardianship for children 	<ol style="list-style-type: none"> 1. Less violence at home means less need for costly emergency health care services. 2. Stable family relationships significantly reduce stress and allow for better decision-making, including decisions related to health care.

Core Components of MLP: Staffing



Core Components of MLP: Integrated Solutions



- In the majority of partnerships, lawyers are available onsite a few days per week, enabling them to respond quickly to patients' needs and clinicians' questions through curbside consultations. Close proximity to clinical staff members deepens lawyers' understanding of the health challenges patients face.
- When lawyers are off site, partnerships use established protocols for telephone consultations or follow-up appointments to address patients' needs. Over time, lawyers see patterns of benefit denials or discriminatory practices and work to change rules and policies to mitigate barriers to health and improve health equity.

Core Components of MLP: NMDOH Root Causes



- NMDOH are not intuitive, and most MLPs provide training on their root causes.
- The goal of the MLP model is to better address NMDOH by leveraging legal services and expertise to advance individual and population health.
- Sample Training Impact: Jessie M. Pettit, Anne M. Ryan, Julie Armin, Barry D. Weiss, "Medical-Legal Partnerships to Enhance Residency Training in Advance Care Planning," 51 Family Medicine 353 (2019), <https://journals.stfm.org/media/2259/pettit-2018-0189.pdf>.

Core Components of MLP: Information-sharing



- MLPs rely on information-sharing between health care and legal staff. For example, referral forms or orders from healthcare providers may relay to legal services information from the NMDOH screening.
- Sharing a patient's protected health information can raise concerns about compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, 42 CFR Part 2, and other applicable federal and state laws.
- Sample conservative approach to information-sharing: <https://medical-legalpartnership.org/wp-content/uploads/2017/07/Information-Sharing-in-MLPs.pdf>
- For a more contemporary analysis of information-sharing within MLPs, see Sage W, Warren K. Swimming together upstream: how to align MLP services with U.S. healthcare delivery. Journal of Medicine, Law, and Ethics. 2023.

Core Components of MLP: Funding

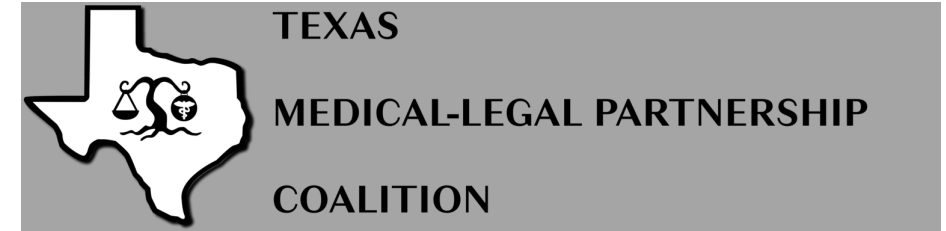


- MLPs are variably funded, including by healthcare organizations, health plans, Legal Services Corporation, state funds, legal aid fellowships, law schools, law firms, external grants, foundation funding, hospital community benefit funds, and charitable donations.
- Many FQHCs choose to use their federal funding for MLP legal services, which has been permissible since 2014. Nonetheless, nearly half of the health care organizations in MLPs contribute in-kind resources only.
- For an overview of MLP funding, see Financing medical-legal partnerships, <https://medical-legalpartnership.org/mlp-resources/financing/>.
- Sample MLP grant language: <https://medical-legalpartnership.org/wp-content/uploads/2020/08/Sample-Annotated-MLP-Grant.pdf>

Learn More

National Center for Medical  Legal Partnership

- **Get Involved:** <https://medical-legalpartnership.org/>
- **Highlighted Resource:** A Planning, Implementation, and Practice Guide for Building and Sustaining a Health Center-based MLP, <https://medical-legalpartnership.org/mlp-resources/health-center-toolkit/>



- **Get Involved:** <https://www.txmlpc.org/>
- **Highlighted Resource:** Recommended Standards and Guidelines for Medical-Legal Partnerships in Texas, <https://www.txmlpc.org/membership/operational-guidelines>