

# Medical-Legal-Community Partnership

## 2016 Outcomes Report

### I. Introduction

Operating in the Philadelphia Department of Public Health's Health Center 3 since September 2013 and in Health Center 4 since January 2015, the Medical-Legal-Community Partnership (MLCP) applies the nationally recognized medical-legal partnership (MLP) model to provide free legal care to patients.

As a partnership between the Philadelphia Department of Public Health (PDPH) and Philadelphia Legal Assistance (PLA), the MLCP accepts clients through referrals from Health Center staff. MLCP advocates train social services and health care staff to identify health-harming legal needs of patients, which include any social, financial or environmental problem that has a damaging impact on a patient's health and can be addressed through civil legal aid, such as issues related to insurance, income, employment, education, housing and neighborhood conditions, legal status, and personal and family stability. Once Health Center staff identify such a problem and make a referral, the patient is seen by MLCP volunteer attorneys or law students, who are supervised by a staff attorney with over twenty years of experience in public benefits law. These legal advocates take on cases in teams of two or three in order to provide clients with comprehensive and accessible legal care.

In 2016, MLCP legal advocates were able to obtain over \$592,956 for clients, who presented with diverse and complex health-harming legal needs. By addressing these needs, legal advocates contribute to the Health Centers' holistic approach to patient health and have become important members of the care team.

### II. About the MLP Model

The MLP model integrates lawyers and paralegals into health care teams to detect, address and prevent the health-harming legal needs of patients. As of June 2017, 294 healthcare institutions across the United States have established MLPs. Populations served include but are not limited to children, low-income individuals and families, veterans, older adults, and those with disabilities or chronic illnesses.

While the structure and role of MLPs vary across locales and healthcare settings, core to the model is the inter-professional team of healthcare providers, social workers, and legal staff who collaborate on-site to meet the complex, inter-related needs of underserved populations. As members of the healthcare team, legal staff work to address the legal aspects of patients' medical and social service needs that so often impede access to and ability to benefit from protocols for the treatment and prevention of illness.

MLP teams address such issues as: health insurance access and income supports; housing safety and security; utilities; legal status; family stability and child welfare issues; domestic violence; and other health-harming socio-legal needs. MLPs have been funded through a variety of grant strategies with a goal to establish stable funding sources. The American Medical Association, the American and Pennsylvania Bar Associations, and many other organizations have adopted resolutions endorsing MLP. More information about the MLP model and movement can be found at the National Center for Medical-Legal Partnership website: [www.medical-legalpartnership.org](http://www.medical-legalpartnership.org).

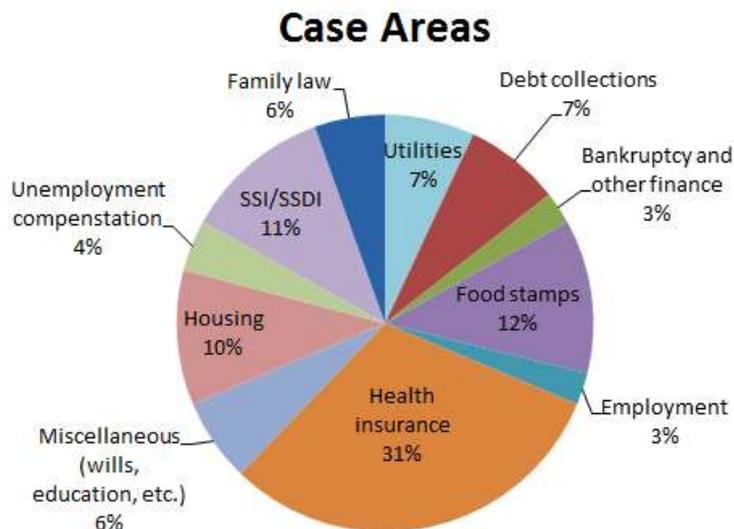
### III. Cases

The MLCP met with 172 separate clients with 223 legal issues in 2016. Of these, 201 cases were pursued to completion. The remaining 22 issues brought to the MLCP were not pursued by legal advocates directly, either because the issue did not have a legal solution or because the client was referred by the advocates to a partner organization that provides specialized assistance for complex legal issues, such as immigration and divorce. In the instances in which the issues did not have a legal solution, patients were referred to relevant social services agencies for assistance.

All 201 of the cases pursued by the MLCP in 2016 addressed the social determinants of health. By addressing these diverse socio-legal issues, advocates empower patients to live healthier, less stressful lives. As shown in the chart below, almost one-third (31%) of cases involved access to health insurance. MLCP advocates helped clients apply for Medicaid and Medicare, appeal incorrect Medicaid denials, and retroactively cover hospital bills, thereby helping them to access necessary healthcare and avoid large debts. 58 of the 62 cases related to health insurance involved Medicaid coverage.

The MLCP also applied on behalf of clients for public benefits intended to increase low incomes and thus reduce the health impacts of poverty. In 2016, the MLCP handled 11 SSI cases, 12 SSD cases, and 24 food stamp (SNAP) cases. Enrollment in SNAP is crucial for many clients, as it is a reliable way to access healthy food. Additionally, 21 cases were related to safe and affordable housing, 20 were related to debt collections and finance issues, and 14 focused on utilities. Utilities cases included preventing utility shut-off, accessing payment assistance, and negotiating payment plans. When LIHEAP was available, the MLCP applied on behalf of clients in order to help them pay for heating during the winter months. This not only avoided the health effects of lack of heating, but also meant that patients did not have to make the decision between adequate heating and necessary items such as food, clothing, or medicine.

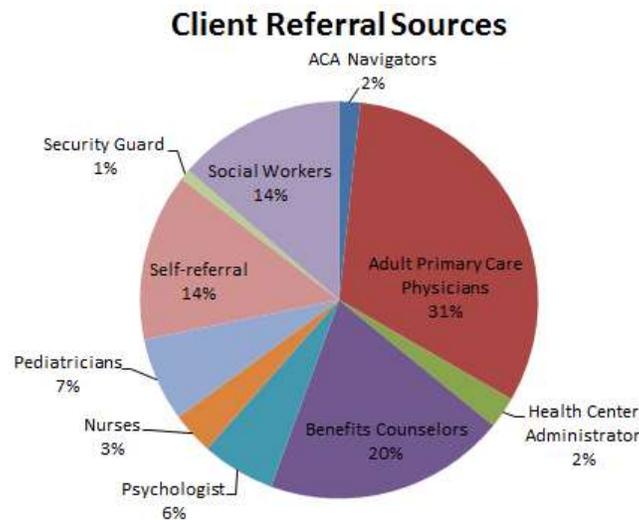
The remaining cases addressed by the MLCP in 2016 were related to employment, wills and estates, taxes, and family stability. These legal issues do not directly affect health, but addressing them reduces stress, removes victims from their abusers, and improves the well-being of individuals, their families, and communities.



#### IV. Client Referrals

Clients connect with the MLCP after they are referred, usually in person, by a member of the Health Center staff. The referral process is crucial to the MLCP because it facilitates collaboration and communication between health care, social services, and legal teams and avoids disruptions in the flow of patient care. As shown in the chart below, over one-third (38%) of client referrals in 2016 came from primary care physicians, both adult and pediatric, who identified that their patient had a health-harming legal need. Benefits counselors referred another 20% of clients to the MLCP. Because benefits counselors assist with insurance coverage and medical assistance applications, they are frequent referrers of clients who need assistance in applying for public benefits such as SNAP and SSDI/SSI or of those who present with legally-complex insurance situations.

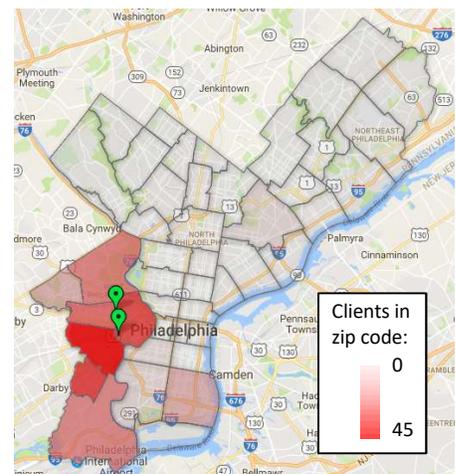
14% of clients “self-referred” to the program, meaning they found the MLCP on their own by reading signs posted around the Health Centers that advertise the availability of the service. Social workers referred an additional 14% of clients. Nurses, the health center psychologist, the ACA insurance navigators, and the security guard together referred the remaining 12% of clients. The diverse range of staff referrals indicate the integration of the MLCP into the health center infrastructure and the collaboration between the MLCP legal advocates and the health care and social service providers to improve patient well-being by identifying and addressing the social determinants of health.



#### V. Client Demographics

The MLCP pursued cases for 154 individual clients in 2016. Of these clients, 106 identified as female and 48 identified as male. Average client age was 52 years and median age was 55 years.

As shown in the client density map, over half (57%) of clients live in the three zip codes immediately surrounding the Health Centers (green points): 19104, 19139, and 19143. Overall, 88% of clients live west of the Schuylkill River. According to the 2011-2015 American Community Survey, the percentages of residents living below the poverty line in these zip codes were 52.1%,



36.8%, and 31.5%, respectively.<sup>1</sup> The percentage of residents below the poverty level in Philadelphia overall is 26.4%.<sup>2</sup> In its 2016 justice gap study, the Legal Services Corporation found that 71% of low income households experienced at least one civil legal problem in the past year.<sup>3</sup> This highlights the need for accessible civil legal aid services in low income neighborhoods, such as those surrounding the Health Centers.

87% of clients identified as African-American, 8% identified as Asian, and the remaining 5% of clients identified as White, Hispanic, or opted not to disclose their race or ethnicity. 87% of clients spoke English, and the remaining 13% of clients spoke a wide variety of languages, including French, Mandingo, Bengali, Amharic, Arabic, Spanish, and Vietnamese. Approximately three-quarters of MLCP clients (76%) were citizens of the United States; 24% of clients were lawful permanent residents, asylees, or refugees.

45% of MLCP clients self-identified as disabled. This statistic is significantly higher than the disability rates for adults across the city, which in the 2011-2015 American Community Survey was 15.9%.<sup>4</sup> This emphasizes the importance of the MLCP for Health Center patients with disabilities, who may face additional barriers traveling outside of their community. Studies have found that persons with a disability are more likely to experience significant disparities across a wide range of health indicators and social determinants of health, including health care access, adequate housing, and employment, further emphasizing the need for holistic and accessible community-based care.<sup>5</sup>

## **VI. Client Outcomes and Program Returns**

In March 2016, MLCP advocates closed a case begun in 2015 on behalf of a Health Center patient who had acquired over \$110,000 in medical bills. The patient had applied for Medicaid but was denied due to his immigration status. Shortly after he became very ill and required extensive hospitalization. His primary care physician referred him to the MLCP and the pro bono advocate determined that his initial Medicaid denial was incorrect and his immigration status did indeed qualify him to enroll in Medicaid. The advocate helped the client to reapply for Medicaid and worked with him to contact billing agencies until his retroactive Medicaid coverage eliminated all of his hospital bills.

In November 2016, a patient, who is an immigrant from Vietnam, was referred to the MLCP by the clerical staff after she came into the Health Center with a notice stating that she had a judgment of \$1,702 entered against her for an outstanding radiology bill. The student legal advocate collaborated with the patient's physician and quickly ascertained that the patient had never received such services from the radiology provider, which was located out of state and ineligible for the client's Pennsylvania Medicaid coverage. The advocate then contacted the lawyer for the plaintiff on behalf of the patient to state that this patient did not receive the service and provided extensive supporting documentation. The lawyer investigated the advocate's assertion and subsequently filed to have the judgment vacated. This collaboration between administrative, medical, and legal professionals prevented the patient with limited English abilities from a significant debt.

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<sup>1</sup> U.S. Census Bureau (2016). Community Facts: 19104, 19139, 19143. Retrieved from <https://factfinder.census.gov/>

<sup>2</sup> U.S. Census Bureau (2016). Community Facts: Philadelphia County, PA.

<sup>3</sup> Legal Services Corporation (2017). The Justice Gap: Measuring the Civil-Legal Needs of Low-Income Americans. Retrieved from <https://lsc.gov/>

<sup>4</sup> U.S. Census Bureau (2016). Fact Finder: Disability Characteristics of Philadelphia County, PA.

<sup>5</sup> Krahn, G. L., Walker, D. K., & Correa-De-Araujo, R. (2015). Persons with disabilities as an unrecognized health disparity population. *American Journal of Public Health*, 105(S2), S198-S206.

In a patient feedback survey, 92% of respondents agreed that they feel less stressed or anxious as a result of legal services from the MLCP. This supports the theory behind the MLP model. The negative impacts of chronic stress have been frequently documented in health care literature, and MLPs are uniquely situated to mitigate many social stressors by connecting patients with benefits, resources, and legal advice.<sup>6</sup> Additionally, 92% of respondents agreed that they feel more hopeful about the future as a result of the services. All respondents agreed that they were happy with the way they received help from the program, and that the information and help they received was easy to understand. All respondents agreed that the Health Centers were convenient places to receive legal services, and that they better understand their legal rights after meeting with advocates from the MLCP.

In 2016, MLCP legal advocates were able to obtain over \$592,956 for clients. \$441,948 was obtained in benefits, which include obtaining Medicaid coverage, enrolling in SNAP benefits, or preventing utility termination. The remaining \$151,007 was obtained in the form of lump sum benefits for clients, such as in cases where medical debt was eliminated through retroactive coverage or charity care.

## **VII. Current Funding and Upcoming Opportunities**

The MLCP's annual budget is \$130,000, which covers salaries, fringe and benefits for employees who support the MLCP's work. In-kind (e.g., contribution of space from PDPH, etc.) and pro bono support from students and attorneys are estimated at a value of \$470,000 per year. In 2016, the MLCP worked with 5 pro bono attorneys and 16 students to provide services to patients.

The MLCP has potential to reduce the drain on City revenues and to put money back in the pockets of patients by appealing inappropriate denials of Medicaid and other public benefits, including workers' compensation and social security income. Return on investment (ROI) through health care recovery dollars has been demonstrated as a sustainability strategy in other MLPs across the country; one community health center-based MLP had a 319% ROI between 2007 and 2009.<sup>7</sup> Given that the MLCP's supervising attorney has twenty years of experience with public benefits law and that the program has now established a steady stream of dedicated and competent pro bono volunteers, the MLCP is well-equipped to deliver a similar ROI with its generalist law practice.

Moving forward, MLCP is working to increase and solidify the benefits brought to clients, the Health Centers, external medical providers, and insurance companies. One of these efforts is regular participation in meetings and communication with other MLPs across Philadelphia to share strategies and outcomes. Additionally, the MLCP is pursuing access to the electronic health record (EHR) system of the health centers in the hopes that it will encourage and facilitate the referral process and the pro bono staffing model of the MLCP. With EHR inclusion, Health Center staff will be able to refer patients electronically as well as access feedback regarding patients' cases at any time. With a rotating group volunteer attorneys and students, this will be a useful tool for consistent interaction with the health care team. Electronic referrals will also make it easier for staff to refer patients, and likely increase the number of clients seen by the MLCP. Obtaining access to the EHR system and insurance coverage data will also allow for a more detailed calculation of the ROI from the MLCP for both the PDPH and insurance providers.

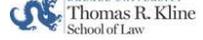
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<sup>6</sup> Teufel, J. Heller, S. M. and Dausey, D. J (2014). Medical-Legal Partnerships as a Strategy to Improve Social Causes of Stress and Disease. *American Journal of Public Health*, e1-e2

<sup>7</sup> Teufel, J. A., et al. (2012). Rural medical-legal partnership and advocacy: a three-year follow-up study. *Journal of Health Care for the Poor and Underserved*, 23(2), 705-714.

## VIII. Conclusion

The MLCP uses a holistic view of patient health to build social structures that address not only present symptoms, but the systemic obstacles that cause many health issues. It achieves meaningful results for the population it serves by decreasing patients' stress and increasing their confidence, stability, and sense of agency. At present, the MLCP reaches patients at Health Centers 3 and 4, providing legal assistance as a part of the health care team. It has also begun interacting with benefits counselors from additional Health Centers to assist with Medicaid applications and appeals via phone and email. With support and collaboration from PDPH, the Medical-Legal-Community Partnership would be able to open offices throughout the health center system to mitigate and resolve health-harming legal issues for a larger Philadelphia population.



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