

Medical Legal Partnership: Taking the relationship to the next level

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Symposium

Session Roadmap

- Overview of Medical-Legal Partnerships
- Link between Housing and Health
- Building the MLP at Project HOME's Stephen Klein Wellness Center (SKWC)
- Housing protocol at SKWC
- Lessons Learned
- Future Directions

Case

KH: 48 year old male

- history of diabetes
- chronic left knee pain due to osteoarthritis

He and his partner were renting a room from a landlord for about 2 years. In that time, basic utilities including water and electricity were often intermittently not available. Further, the place had an infestation of rodents.

What is a Medical-Legal Partnership?

the 30 second version

- Lawyer works as a member of the healthcare team to address social determinants to health
- Aims to utilize preventative law: screening for legal issues in the clinical setting to address issues before they reach crisis point
- Improves access to remedies for health-harming legal needs
 - Ideally, MLP lawyer will work on-site for immediate referral

Core components of an MLP

- Direct Legal Services
 - eg. representing at eviction hearings
- Improving Health Systems
 - Comprehensive training on legal needs and remedies
 - Enhancing tools for identification
 - Finding better ways to “treat” legal problems
- External Systems Change

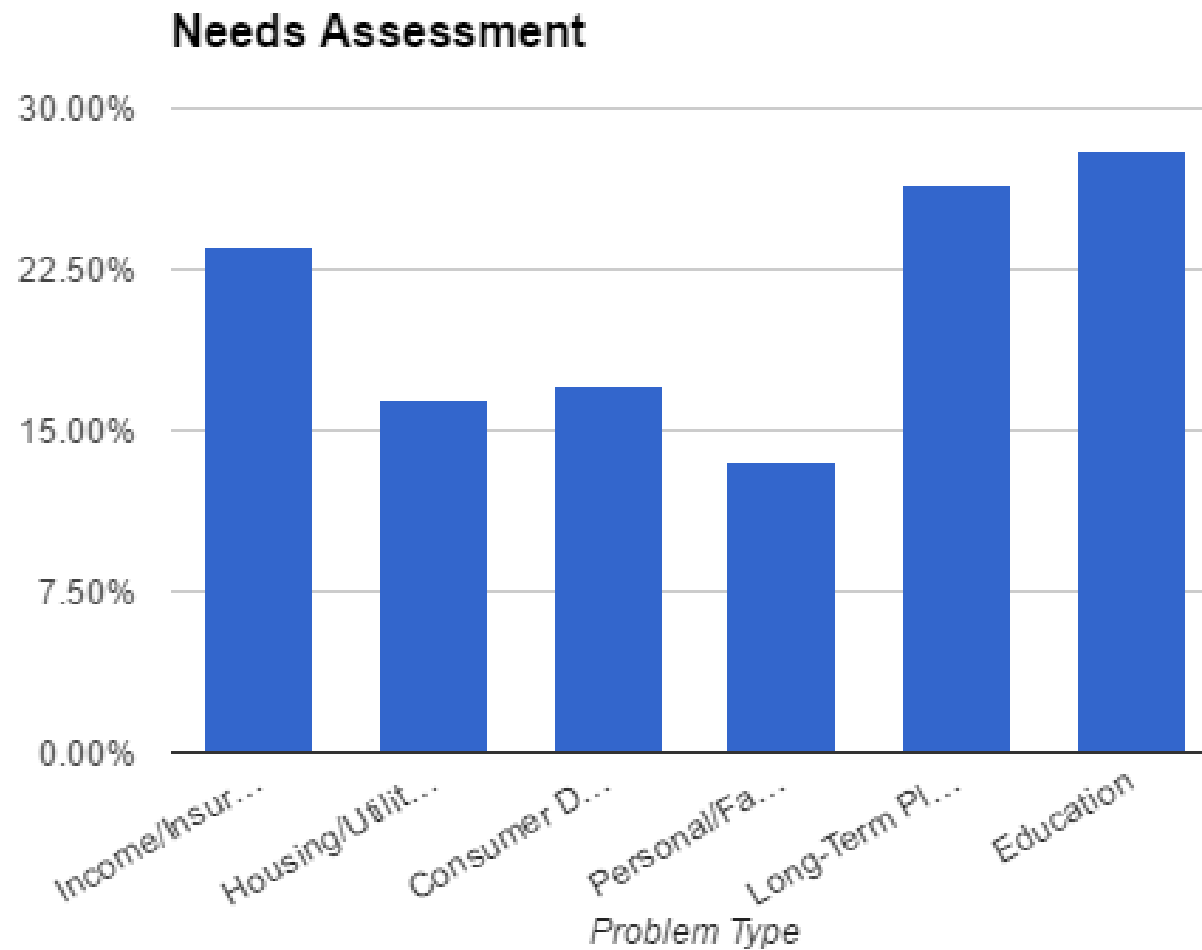
Stephen Klein Wellness Center

- Long standing free clinic, but start-up as an FQHC
- Rapid growth phase
 - In 2015, added increased medical, new behavioral health, new dental, among other services
 - 2015
 - 5214 medical encounters
 - 1673 individuals served (300 individuals at the end of 2014)

Starting a Medical Legal Partnership

- Strong core belief that affecting the social determinants of health leads to direct long-term health improvement (and perhaps cost reduction)
- Needs assessment
- Provider and staff education
- Referral form and a starting workflow

Needs Assessment Results



SKWC MLP

A PARTNERSHIP BETWEEN LEGAL CLINIC FOR THE DISABLED & PROJECT HOME

REFERRAL INFORMATION	PATIENT INFORMATION
Referring Provider:	Name: _____ DOB: _____
Preferred Provider Contact: (Phone / Pager / Email)	Parent/Caregiver's Name: _____
<input type="checkbox"/> PLEASE CALL CAREGIVER	Phone #: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<input type="checkbox"/> DECLINED SERVICES	Other Phone #: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<input type="checkbox"/> NEGATIVE SCREEN	Safe to leave a message? YES NO
	Preferred language: _____

I authorize the health care provider(s) named above to talk with Legal Clinic for the Disabled, Inc. (LCD), about my potential legal problem to see if LCD can help resolve the problem or refer me to other resources. I also authorize LCD to discuss my potential legal problem with my health care provider(s), therapist and/or social worker to help resolve my problem. I understand that I can cancel this authorization in writing at any time, except to the extent that LCD has already taken action in reliance on this authorization. This authorization will expire **one year** from the date of the signature listed below.

I have carefully read and understand the above and do herein expressly and voluntarily authorize disclosure of information between my healthcare provider(s), therapist and/or social worker and LCD.

Signature of Patient / Representative

Date

PRESENTING PROBLEM(S) (check all that apply):

The partnership does not handle criminal defense, malpractice, personal injury or traffic offenses.

1. Income/Insurance Supports

- a) Health Insurance issue/Medical Assistance (Medicaid)
- b) Social Security benefits SSD/SSI
- c) Assistance with Public Benefits (Welfare, WIC, Food Stamps)
- d) Dept. of Public Welfare (DPW) denial of benefits

2. Housing and Utilities

- a) Unsafe Housing Conditions/Housing Code Violations
- b) Access to Public Housing (denials, voucher problems)
- c) Eviction (check if Notice from Landlord or Court date)
- d) Utilities (shut off notice for gas/electric/water)

3. Consumer Debt

- a) Contacted by creditors for new or old debt

4. Personal and Family Safety and Stability

- a) Domestic Violence (Protection Order)
- b) Divorce
- c) Child Support or Child Custody

5. Long-Term Planning Documents

- a) Power of Attorney (financial matters)
- b) Health Care Power of attorney (health care matters)
- c) Living Will
- d) Will
- e) Standby Guardianship for children

6. Employment

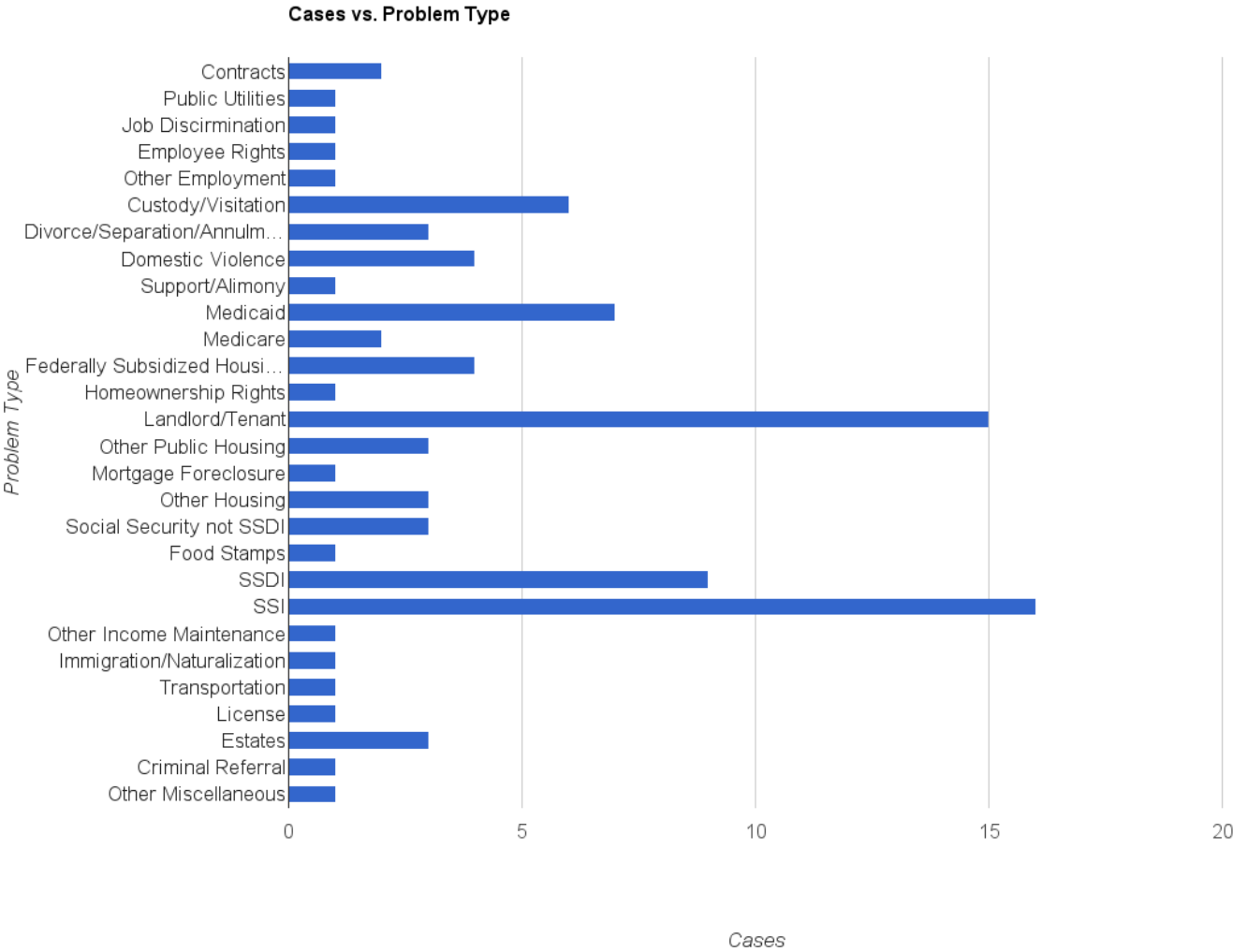
- Questions about medical leave from work
- Questions about discrimination based on cancer diagnosis

Give or fax this form to: Tomas Bednar, Legal Clinic for the Disabled, Inc.

(Office): 215.587.3344; (Fax): 215.587.3166

Magee Rehabilitation Hospital, 1513 Race Street, Philadelphia, PA 19102

2015 Stats



Landlord/Tenant

Criminal Referral
Immigration/Naturalization

Medicaid

SSDI

Support/Alimony Other Miscellaneous

Custody/Visitation

Employee Rights

Food Stamps Public Utilities Other Housing

Homeownership Rights Contracts License

Job Discrimination

Mortgage Foreclosure Other Employment

SSI

Divorce/Separation/Annulment

Domestic Violence

Medicare Transportation

Federally Subsidized Housing Rights

Other Public Housing

Social Security not SSDI

Estates Other Income Maintenance

Developing a Focused Workflow

- Better identification through universal screening (MA protocol)
 - Medical assistant asks: “Are you having any issues with your landlord?”
 - If person answers “Yes”:
 - MA asks more details
 - Fills out the following simple referral form
 - Places it in the LCD mailbox
 - MA checks off box in EHR marking that referral was made.
 - If lawyer is present during visit, MA/Provider will make warm hand-off.

SKWC MLP—LANDLORD / TENANT REFERRAL FORM
A PARTNERSHIP BETWEEN LEGAL CLINIC FOR THE DISABLED & PROJECT HOME

MEDICAL ASSISTANT	PATIENT
Referring Medical Assistant:	Name:
Preferred MA Contact: (Phone)	Parent/Caregiver's Name:
	Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
	Other Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
	Safe to leave a message? YES NO

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Landlord / Tenant Problems

- Do you have problems with mold, rodents/insect or repairs in your home that your landlord will not fix?

- Have you received a written or verbal threat of eviction from your landlord?

- Are you having other legal issues with your landlord?

Case

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He and his partner were renting a room from a landlord for about 2 years. In that time, basic utilities including water and electricity were often intermittently not available. Further, the place had an infestation of rodents.

Case

- I had been seeing him for a year and had no idea any of this was going on. He did not bring it up and I did not ask.
- Fortunately, KH began withholding rent.
- On screening: picked up that he was having issues with his landlord.

Case

- Recently threatened eviction
- With help of LCD, came to light that Landlord did not have license to rent out property.
- Ultimately able to move out of property with return of deposit

Lessons Learned and Future Directions

- Need a streamlined workflow otherwise it will not happen
 - Utility Protocol
- Patient identified screening
- Continuous provider and staff education
 - 1:1 training for residents and new staff on social determinants
 - Regular staff-wide training
- Maximize attorney hours on-site

Challenges

- Funding
 - Sustainable partnership requires a financial contribution from the health center
- Time
 - Dedicate onboarding time to social determinants of health including MLP
 - Monthly case reviews where MLP issue is a focus of at-least part of the review
 - Separate, at-least quarterly, lectures around a specific MLP issue
- Confidentiality
 - HIPAA
 - Attorney/client relationship

Thank You!

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