The Upstate Medical-Legal Partnership (MLP)

Intersection of Patients’ Medical & Legal Needs Requires Integrated Services

Nurturing Developing Minds Symposium, Greenville, SC
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Agenda

• Introductions
• Why collaboration between sectors is important to advance the field?
• What is an MLP?
• The numbers: What has our MLP achieved?
• Evaluating the impact of our MLP
• Collaboration as a Process
• Q & A
Why Engage in Collaborative Work?

• Strategic relationships with community partners can improve outcomes for individual patients
  ✓ With limited resources, multiple disciplinary efforts help us focus on what we do best
  ✓ Value of integrated “service delivery model”

• Provides an opportunity to focus on community-level priorities and “systemic impact”
  ✓ Use existing data about locally-defined needs to align resources for the most important work → “Impact Work”
The Practical Playbook: Public Health and Primary Care Together

“We posit that public health and health care, which have traditionally been divided and worked in parallel, can work together along with other partners to reduce the burden of clinical illness and improve the health and well being of our country.”
What are Principles of Good Collaboration?

- **Common Agenda**
  - Common understanding of the process
  - Shared vision for change

- **Shared Measurement**
  - Collecting data and measuring results
  - Focus on performance management
  - Shared Accountability

- **Mutually Reinforcing Activities**
  - Differentiated roles and responsibilities across partners
  - Coordination through a joint plan of action

- **Continuous Communication**
  - Consistent and open communication
  - Focus on building trust

- **Backbone Support**
  - Separate organization(s) with dedicated staff
  - Resources and skills to convene and coordinate participating organizations
What is an MLP?

Addressing Health Harming Legal Needs through Non-Traditional Collaboration
Medical problems are often just the tip of the iceberg...

...and are the result of health-harming civil legal barriers existing under the surface.
Upstate MLP: Medical-Legal Partnership

An MLP takes an integrated upstream approach to addressing and preventing **health-harming civil legal barriers** to patients’ health.

Health System
(Prisma Health)

Legal Aid
(South Carolina Legal Services)
Image 1: MLP Intervention for Asthma Example

A child is admitted to the hospital multiple times per year for asthma-related complications.

The doctor treats the child’s symptoms with inhalers and appropriate medicine but still the child returns to the hospital, as the doctor is unable to address the root cause of the child’s asthma: mold in the walls of his home.

Under an MLP approach, the doctor screens the patient and refers the family to an MLP attorney.

The attorney investigates factors in their home environment that could trigger asthma flare-ups and takes legal actions that would directly address the cause(s).

The landlord agrees to mold remediation, leading to fewer asthma flare-ups and a healthier family.

Source: Institute for Childhood Success
How Does Our MLP Partner?

Medical knowledge, facilities, and patient referrals
Prisma Health System

Legal expertise and remedy
South Carolina Legal Services

Evidence based practice and evaluation
Furman University IACH
A child is seen in a Prisma Pediatric Office

The provider makes a determination that the child needs a pediatric supportive service

A referral is made to Pediatric Support Services

The referral is triaged by the Program Coordinator

The child is connected to the appropriate service

Upstate MLP
Furman University Institute for the Advancement of Community Health (IACH)

Founded in 2016
Connects the Furman campus and the greater community to advance education and research devoted to supporting and improving health.

The IACH provides the MLP with:
- Evaluation of development of evidence-based program implementation.
- Program evaluation of impact on patients and the health system.
- Opportunities for future lawyers and providers to learn about innovative practices in medicine and legal aid.
South Carolina Legal Services

SCLS is a statewide private non-profit law firm that provides civil legal services to protect the rights and represent the interests of low-income South Carolinians.
I-HELP & Social Determinants of Health
National Center for Medical-Legal Partnership framework

INCOME
Resources to meet daily basic needs

EDUCATION & EMPLOYMENT
Quality educational and job opportunities

PERSONAL & FAMILY STABILITY
Safe homes and social support

HOUSING & UTILITIES
A healthy physical environment

LEGAL STATUS
Access to jobs

Source: National Center for Medical Legal Partnerships
https://medical-legalpartnership.org/response/i-help/
How Our Collaboration Works across People & Systems
How We Work Across Our Medical & Legal Systems
MLP Coordinators Role in Pediatrics & Geriatrics

- EPIC Workqueue- referral management
- SCLS Legal Server-Intake and client tracking
- Social Determinants Screening-data collection
MLP Client Intake - EPIC, Legal Server, & REDCap

**Prisma referrals from 28 pediatric facilities, 17 geriatric providers or other specialists**

Indicates MLP Coordinator Involvement
Proof in the Numbers
National MLP Impact

More

- Medications taken as prescribed.
- Clinical services reimbursed.

Less

- Admissions to the hospital.
- Money spent on health care.
- Reports of stress.

Adapted from: National Center for Medical Legal Partnerships
https://medical-legalpartnership.org/impact/
MLP referrals logged electronically in EPIC.
MLP Coordinators have access to SCLS Legal Server.
5 full-time staff: Legal Director, Paralegal, Pediatric/Program Coordinator, Geriatric Coordinator, & Evaluation Coordinator.
SCLS attorneys in 3 SCLS offices help handle MLP cases.
Activated relationship with the Greenville Bar Pro Bono Initiative.
4 ‘embedded’ MLP office locations at Prisma.
Prisma referrals come from 28 pediatric facilities, 17 geriatric providers & other adult specialists.
## Upstate MLP Numbers (2016-2019)

### Pediatrics (started in 2016)

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Transfer %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Referrals</td>
<td>423</td>
<td>-</td>
</tr>
<tr>
<td>Total Intakes</td>
<td>442</td>
<td>95.7%</td>
</tr>
<tr>
<td>Accepted Cases</td>
<td>372</td>
<td>84.2%</td>
</tr>
</tbody>
</table>

### Most Common Case Types

<table>
<thead>
<tr>
<th>Case Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI, Medicaid, other benefits</td>
<td>89</td>
</tr>
<tr>
<td>Guardianship/Conservatorship</td>
<td>82</td>
</tr>
<tr>
<td>Custody/Visitation</td>
<td>58</td>
</tr>
</tbody>
</table>

### Geriatrics (started in 2018)

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Transfer %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Referrals</td>
<td>125</td>
<td>-</td>
</tr>
<tr>
<td>Total Intakes</td>
<td>115</td>
<td>92.0%</td>
</tr>
<tr>
<td>Accepted Cases</td>
<td>96</td>
<td>83.5%</td>
</tr>
</tbody>
</table>

### Most Common Case Types

<table>
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<tr>
<th>Case Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power of Attorney/Advance Directives</td>
<td>40</td>
</tr>
<tr>
<td>Medicaid</td>
<td>13</td>
</tr>
<tr>
<td>Adult Guardianship/Conservatorship</td>
<td>11</td>
</tr>
</tbody>
</table>

**Important to note that the hard numbers aren’t everything.**

Things to consider: Case complexity, co-morbidity, multi-generational households, financial impact, long-term impact, policy positions, and strategic impact litigation.
How Do We Measure Success?
What is Program Evaluation?

- “...application of evaluation approaches, techniques, and knowledge to **systematically assess** and improve the planning, implementation, and **effectiveness** of programs.”
Why We Evaluate

- Evaluation findings can be used to make ongoing improvements in program effectiveness and patient/client satisfaction
  - They build a case for ongoing and sustainable funding (internal and external) based on improved health outcomes or cost savings
**Black Box of Evaluation: Process and Outcome Measures**

- **Intervention as Intended**: designed to achieve our outcomes of interest
- **What we actually did?**
- **Outcomes we hope to achieve and measure**

Process Evaluation

Outcome Evaluation
# What are We Measuring and Why?

## Inputs
- Partnerships between Prisma, SCLS, & FU
- Partner resources & staff
- EPIC and Legal Server
- Evaluation Team
- Interns

## Activities
- Provider referrals of patients with HHLNs
- Screening for SDOH/HHLNs & Legal Intake
- Integration of medical and legal data
- Legal services and case management
- Training for referring physicians and attorneys

## Outcomes
- Legal expertise embedded in the patient care team- measure: documentation of process
- Increase in system understanding and capacity to address SDOH & HHLNs- measure: trends in referrals & provider perception/satisfaction surveys
- Reduction in patient SDOH burden- measure: pre & post-screening
- Improved patient satisfaction- measure: post patient survey

## Impacts
- Improved patient and family mental and physical health outcomes- measure: pre & post patient survey
- Improved caregiver legal understanding- measure: pre & post patient survey
- Reduction in unnecessary in patient and ED visits- measure claims and billing data
What Does Good Collaboration Look Like?
How Are We Good Collaborators?

1. Brought partners to the table whose mission aligned with the spirit of an MLP

2. Developed overarching Upstate MLP goals with C suite stakeholders

3. Revisit goals and success with C suite leadership quarterly

1. Convened key stakeholders (leadership, staff, and funders) to define what success would look like for our MLP

2. Worked with Academic partner to identify how to measure elements of success

3. Evaluation Team embedded within the operations team.

**How Are We Good Collaborators?**

- **Common Agenda**
  - Common understanding of the process
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- **Mutually Reinforcing Activities**
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**1. Buy in from C suite leadership**
**2. MOU’s between partners with defined roles, responsibilities, and staffing commitments**
**3. Multi-disciplinary implementation team who respect each other’s expertise**
**4. Shared grant writing and management**
SC MLP Collaborative
Columbia CHAMPS and Upstate MLP

✓ Taking collaboration beyond the Upstate
✓ Sharing “Best Practices”
✓ Cooperating with each other’s educational efforts
✓ Official partnering of medical systems forming Prisma Health
“If collaboration is always easy, you aren’t doing it right.”
Why is the MLP different than just referring?
What was your most painful realization about the collaboration?
Knowing what you know, what would you do differently?
What advice would you give someone who is starting a new collaboration?
If you have questions about the Upstate MLP please contact Catie Buckingham at:

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