

USING THE LAW TO INFORM EMPOWERED PATIENT CARE IN AUSTIN

The Story of People's Community Clinic's
Evolving Medical-Legal Partnership with
Texas Legal Services Center

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THE PARTNERS

PEOPLE'S COMMUNITY CLINIC is a Federally Qualified Health Center that sees 16,000 patients annually. www.austinpcc.org

TEXAS LEGAL SERVICES CENTER (TLSC) is a non-profit legal aid agency providing free direct civil legal representation to low-income Texans and their advocates. www.tlsc.org

Together, they have operated a **medical-legal partnership** since 2012, where attorneys from TLSC are based at People's to provide legal services to patients, consult with providers, and apply an empowering legal framework to help shape clinic policy. The most common health-harming legal needs they address are food and financial insecurity, uninhabitable housing and threatened homelessness, and personal instability, especially concerning decision-making.

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PROLOGUE

The Power of Adding Legal Expertise to Patient Care

The same year that People’s Community Clinic in Austin, Texas, became a Federally Qualified Health Center in 2012, it began offering on-site legal services to its patients. Ask the health care providers and administrators at People’s if it was weird to suddenly have a lawyer walking around, consulting on cases, and seeing patients, and the answer you’ll get from everyone is pretty much the same: “No. That’s just the kind of place People’s is.”

Founded as a free clinic in 1970, People’s has always focused on empowering patients to learn about their bodies and take control of their health. This patient-empowerment frame was one of the things that first brought registered nurse Candice Trulson to People’s after she left the private sector. A first-generation immigrant herself, she wanted to reach people who were medically underserved, and she was drawn to the health center’s culture of examining all the factors — biological, environmental, and social — that affect their health.

Ms. Trulson remembers a patient she treated at People’s soon after he had suffered a stroke. He had lost the ability to speak and was paralyzed. The treatment he needed was clear: physical, occupational, and speech therapy. But the patient didn’t have insurance because Texas did not expand Medicaid and he lost his employer-sponsored coverage when he became unable to work; as a result, he had been discharged from the hospital without referrals to specialists or for follow-up care. His wife, who had medical issues of her own, was his sole caregiver, and with neither of them working, they didn’t have any family income.

When he came to see Ms. Trulson, she reached out to Keegan Warren-Clem, the health center’s on-site medical-legal partnership attorney. Ms. Warren-Clem helped the patient secure insurance to cover those specialty appointments, and also helped him and his wife successfully appeal denied public benefits that provided needed income during his recovery. With these things in place, Ms. Trulson could refer him for the necessary medical care and therapy.

It was a long and winding road, but two years after the appointment with Ms. Trulson, the patient had fully recovered. He was not only walking and talking, but had returned to his beloved karate, in which he held a black belt, and was teaching meditation. Working with this patient brought home just how vital having a lawyer on the team could be.

“As provider, I’ve always been aware of these kinds of legal issues that affect my patients’ care,” said Ms. Trulson, “But I didn’t have an outlet to address them until now. With an attorney on-site, there is a continuous flow between health and legal services that’s designed to optimize health and well-being. When we refer outside the clinic for services, we don’t get the same result; we don’t get the same follow up. I’ve never had this kind of opportunity at other clinics I’ve worked at.”

2003-2010

Early Attempts to Plan for a Partnership

PEOPLE'S COMMUNITY CLINIC

At an Institute for Healthcare Improvement conference in 2003, Dr. Louis Appel, People's Chief Medical Officer, saw a presentation about medical-legal partnership. It sounded like a promising way to address patients' complex health-related needs and like a natural fit for People's. He also felt the timing was meant to be.

People's had just hired Regina Rogoff as its Chief Executive Officer. Ms. Rogoff had previously worked for thirty years at a local legal aid agency, and she understood the ways legal problems could contribute to poor health. She too saw the promise of a program like this to help their patients.

But when Ms. Rogoff and Dr. Appel took the idea to People's Board of Directors, they were met with reluctance. The Board's primary role was to fundraise for the health center, and Board members feared the responsibility of finding funding to sustain a non-medical program like this one; they felt legal organizations should raise the money. So Ms. Rogoff and Dr. Appel started looking for money and legal partners who would help them raise it.

They thought they had found the right partner in The University of Texas at Austin School of Law. They began to lay the groundwork with a professor who ran a legal clinic, and had promising initial conversations with the Dean and a potential donor.

Across town, Dr. Roberto Rodriguez, then on the primary care faculty for the pediatric residency program at Dell Children's Medical Center and director of the Community Pediatrics curriculum, was also interested in starting a medical-legal partnership. He brought a doctor and lawyer team from UMass Memorial Medical Center to Austin to build support among local stakeholders by having the Massachusetts team share how their medical-legal partnership worked and the benefits they had seen for their patients. The team at People's connected with Dr. Rodriguez to try and coordinate a multi-organization partnership.

Ultimately, despite a lot of initial interest, the funding never came together, and the law school and the children's hospital both backed away. People's was back to square one.

TEXAS LEGAL SERVICES CENTER

In 2010, Keegan Warren-Clem, a law student in Austin, was completing an internship with the Health Law Program at Texas Legal Services Center (TLSC), a non-profit legal aid agency. She worked on a case where a client had been denied insurance coverage for a prescription drug to treat a neurological condition. The doctor had already appealed the decision and lost, but the client's determination led him to TLSC, thinking a lawyer might be able to help. The drug that had been prescribed was brand new, and there was question about whether it could be legally covered to treat his condition given an underlying condition. Ms. Warren-Clem not only won the case for the client, but set federal precedent that expanded insurance coverage for people who need this medication.

"This case really made me wonder, 'Why are we asking physicians to do this kind of denial appeal in the first place?'" said Ms. Warren-Clem. "It was very heavily embedded in FDA regulations, and truly outside the scope of what a non-lawyer would know to do. As I began to do some research, I realized these kinds of programs — where lawyers worked upstream with doctors — already existed. They were called medical-legal partnerships, and it was the work I wanted to do."

She spoke with the leadership at TLSC, and together, they agreed to apply for a two-year Equal Justice Works fellowship to start a medical-legal partnership in Austin. Randy Chapman, then-Executive Director of TLSC, recalls that the appeal of the program was two-fold. First, it would allow their organization to serve people they couldn't reach otherwise, people who didn't see their problems as legal or know what legal aid was. Second, it would help TLSC strengthen ties and share learnings with the medical community. They just needed a health care organization to partner with.

2011 - 2013

MLP 1.0: Figuring Out How the Nuts and Bolts Go Together

People's seemed like a natural partner for TLSC. The health center served a large population that could benefit from medical-legal partnership services and had an incredible reputation in the community for being innovative and open to new projects. It also had Ms. Rogoff, and TLSC knew that support from clinic leadership would be vital to the project's success.

When they first spoke, Ms. Warren-Clem didn't have to sell Ms. Rogoff on the idea. The health center's previous efforts to start a program had created fertile ground; they had just been waiting for the right partner and for seed funding. The partnership was a go, and Ms. Rogoff told Ms. Warren-Clem that if she came, People's would fundraise to keep her after the two-year fellowship was over.

Partners agreed that success would hinge on how well legal services were integrated into the flow of the clinic, how receptive providers were to the program, and how easy it was for them to make referrals. In the first two years, the partners used protected clinical champion time to inform the screening process, and prioritized integrating the referral process and all follow-up communication into the Electronic Health Record.

The partners agreed that success would hinge on how well legal services were integrated into the flow of the clinic, how receptive providers were to the program, and how easy it was for them to interact with and refer patients for legal services. To help this along, Ms. Warren-Clem was given special permission by TLSC to be based out of People's and was granted remote access to the legal case management database — both unusual steps for TLSC. Ms. Rogoff and Dr. Appel agreed to paid protected time for three clinical champions from the outset — Dr. Sandra Frasser, a pediatrician; Annette Mathieson, then-Nursing Clinical Director; and Sarah Glenney, a Licensed Clinical Social Worker — to act as the bridge between the new service and the clinical staff. The champions could translate the pressures providers were facing, address workflow issues, and also help normalize the medical-legal partnership for other providers.

During her first few months at People's, Ms. Warren-Clem and the clinical champions were largely focused on two things: meeting with providers in every department to help them understand the kinds of legal services that were now available, and making sure providers could make referrals in the simplest way possible.

Before Ms. Warren-Clem started seeing patients, the health center conducted needs assessments with several hundred patients and dozens of providers, which turned up ten common legal needs. They tried to focus on those issues during the program's first six months by instructing providers to use a paper screening tool to ask patients ten yes-or-no questions and then to refer patients who screened positive by email, phone, fax, or most commonly, interdepartmental mail.

But clinicians felt this system was too burdensome on top of everything else they had to do in a 15-minute acute visit. They didn't like the volume of questions, and wanted to refer issues that came up naturally in conversation instead. And, critically, they wanted to make referrals to the medical-legal partnership the same way they did for everything else, through the Electronic Health Record (EHR). Sula Garza, the Director of Health IT, met with Ms. Warren-Clem to talk about what her reporting needs were, and they began strategizing about how to integrate the referral process directly into the EHR to ease both the referral and follow-up processes.

FAST FORWARD TO TODAY: Clinical Champions

Dedicated clinical champions remain a vital part of the partnership. Today, 13 people, with representation from every department and the front-desk, have paid protected time to meet monthly with Ms. Warren-Clem to talk about how the medical-legal partnership services are working, what problems need to be addressed, and what opportunities they want to pursue.



*Even though today we are focused on trying to detect issues that represent systemic need, there was some **value in the beginning in allowing providers to refer any legal issue they wanted.** It created buy-in from a variety of providers who weren't going to see certain connections if we had dictated to them what they should be looking for. Instead, they got to prioritize the things that mattered to them. For a long time, I used to laugh because I didn't have to look at the provider's name on the referral order to know who sent the patient. All you had to know was what the issue was, and that this was something this provider was very, very passionate about. But it meant they were bought in, and then they were talking to their peers about this great outcome. If we were studying this, it might be understood as a series of one-offs and might not have been thought to reflect systemic need. **But I think it matters because it meant that legal care was part of the conversation where it might otherwise not be. And all of the work we do today to implement clinic and systemic changes grew out of that.** The providers were willing to be at the table because early on I was listening to what they had to say, honoring their opinions, and trying to implement collaborative solutions.*



Keegan Warren-Clem
MLP MANAGING ATTORNEY
TEXAS LEGAL SERVICES CENTER

The first change was to add Ms. Warren-Clem to the internal referral list, which meant clinicians could make referrals to the medical-legal partnership in the same way they would to behavioral health or other specialists. Ms. Warren-Clem was given access to the EHR, and began receiving automated notifications when a new referral order was created. She could see the ICD-10 code—the medical symptoms or diagnosis the provider assigned to the patient during their visit—along with a comment box where the provider briefly described the reason for the referral. Once Ms. Warren-Clem saw the patient, she could add a note that would go back to the provider, letting them know what action had been taken and if the issue had been resolved for the patient.

This helped expedite the process, and pretty quickly referrals started coming in, largely related to housing, and public and disability benefits. Ms. Warren-Clem quickly increased her time on-site at People's from two half-days to four full-days per week.

But despite these positive changes, legal services still felt separate from other services at the health center, and the problem, both partners agree, was largely about location.

“It is important that leadership and staff at both organizations are passionate about the program from the beginning, but very quickly you have to move beyond a philosophical desire to do good. Becoming an integrated part of care comes down to figuring out how the nuts and bolts of two very different systems go together.”

Bruce Bower

DEPUTY DIRECTOR, TEXAS LEGAL SERVICES CENTER

Space constraints meant that Ms. Warren-Clem's office was in People's administration building across a major highway from where providers saw patients. When a referral was made, patients had to go see Ms. Warren-Clem in a separate space, or she had to make arrangements to borrow an onsite office; either way, there was no warm hand-off from a provider and no connection to the clinical service. And it meant that staff didn't run into Ms. Warren-Clem in the halls throughout the day, a little thing that can go a long way in helping to build relationships and toward feeling like part of a team.

The clinical champions and Ms. Warren-Clem were working on how to address that problem when her nonrenewable fellowship funding ran out.

2014

Funding Challenges Lead to a Short Break

Despite both partners' enthusiasm for the program and the health center's significant fundraising efforts, they were unable to find funding to continue the program. Ms. Warren-Clem left Austin for Southern Illinois University School of Law, where she earned an LL.M. in Health Law and Policy. But her heart was always in Austin.

While Ms. Warren-Clem was in Illinois, Ms. Rogoff made good on her earlier promise and secured funding from the Episcopal Health Foundation to support the medical-legal partnership. The foundation also sent a film crew to People's to capture a video story about a young patient and promote the work of the partnership. The foundation's support provided more than funding; it served as a much-needed third-party validator for People's Board of Directors that changed how they saw the program. Today, they are, “one-hundred percent on board,” according to Ms. Rogoff.

And when she graduated, Ms. Warren-Clem returned to People's to pick up where she left off.

FAST FORWARD TO TODAY: Current Funding Mix

- Philanthropic grant from the Episcopal Health Foundation
- Equal Justice Works Fellowship to support a second attorney
- Federal Expanded Services funding from the Health Resources and Services Administration (HRSA) via People's
- Support from Texas Legal Services Center's core operating budget

2015

MLP 2.0: Back in Business with a New Focus on Clinical and Systems Change

Months after Ms. Warren-Clem returned from Illinois, the health center opened up a new location, allowing them to move her office from the administrative building to a patient-accessible office in the clinical space. This move allowed her to see providers on a daily basis, and it changed how they interacted with her.

It not only led to more referrals, but it encouraged frequent “case consultations”, where providers would stop her in the hall or pop into her office to ask quick questions that essentially served as miniature trainings. Ms. Warren-Clem recalls a provider who asked about the best way to word medical support letters when a patient is applying for workers’ compensation benefits. She walked the provider through it, and now he is able to write those letters on his own, and doesn’t refer those patients for legal services.

The move also changed how patients interacted with legal services. They no longer had to go to a separate building or even to the administrative suite; they could meet with Ms. Warren-Clem in an exam room, and are often introduced to her by their clinician. Legal health appointments are scheduled by the same people who schedule every other health appointment. And now when patients check-in to see an attorney at the health center, they do so at the front desk, exactly the same way they would if they were coming to see a physician or nurse practitioner. It meant creating a check-out form specifically for legal services rather than medical services, but in the end, patients experience legal services just like any other health center service, helping to normalize it.

The biggest change since the move is that an attorney is now part of almost every operational committee at the health center, using their patient-centered legal perspective to help inform safe and effective clinical practices. Ms. Warren-Clem recently helped shape the health center’s policy on interpersonal violence and how abuse is reported so that it is more empowering for patients.

“It’s so helpful to be able to tag team issues like this,” said Alex Berry, Chief Compliance Officer. “The compliance department can take on the health center’s perspective, and the medical-legal partnership brings the patient perspective into these conversations. It helps us build the best policies for the clinic.”

This can also mean helping to educate staff and providers around how to counsel families when the law affects their safety and health care. A significant portion of People’s patient population is at risk from the new Immigration and Customs Enforcement (ICE)

policies, which in turn, greatly increases their stress, and fear of seeking services. Ms. Warren-Clem worked with providers and staff to clarify what these policies mean for immigrant families, both to help make sure that People’s remains a safe space for its patients, and so that staff can provide appropriate counsel to mixed-status families around, for example, their children’s Medicaid renewal applications.

People’s applied for and received a three-year Texas Healthy Adolescents Initiative grant to implement best practices for increasing accessibility to comprehensive healthcare for adolescents, including well visits, and to inform youth engagement in

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Alex Berry

CHIEF COMPLIANCE OFFICER
PEOPLE’S COMMUNITY CLINIC

clinic practices. One need that emerged was a process to guide youth at the health center through the care transition as they turn 18. Adolescent providers spend a lot of time counseling youth and their families around all the changes that occur when a teen suddenly becomes responsible for their own medical care — everything from trying to help teens and their guardians become emotionally ready for this independence, to more practical concerns like who has access to health records and is responsible for insurance. Ms. Warren-Clem was part of this workgroup, and provided insights into a variety of legal considerations around this process, such as eligibility for certain public benefits, navigating insurance concerns, setting up health care proxies, and establishing guardianships or alternatives in situations where a teen



Having legal counsel on-site is a really valuable resource for us as providers. *Issues come up daily, and considering health-harming legal needs has become part of the day-to-day practice of our pod now. And it's really helpful for families, especially families that may be intimidated by institutions. If the family is here in the exam room, I can call a lawyer to come in, and the family can just see their face and say hi. That seems to help a lot. It can take a long time to work through things with families because of where their comfort and trust levels are. So having that interface within the clinic is quite powerful.*



Dr. Celia Neavel
DIRECTOR OF ADOLESCENT HEALTH
AND GOALS PROGRAM
PEOPLE'S COMMUNITY CLINIC

is unable to be responsible for their own medical care. Together, the group developed an information packet that is distributed to all families transitioning in the month the teenager turns 17½. In partnership with The University of Texas School of Law and attorneys from the community, Ms. Warren-Clem organizes annual free legal clinics on alternatives to guardianship for families, which is helpful because some families who won't take an individual referral will come to a group legal clinic.

2017

Expanding to Women's Health and Taking a Population-Based Approach

Dr. Appel remembers one of the most significant cases ever referred to the medical-legal partnership. A young couple was expecting their fourth child together, but what should have been a joyous time turned tragic when the woman died from complications leading up to childbirth. Suddenly, a man was mourning his partner and left to raise their four young kids alone.

Because the couple had never married — they were undocumented and feared deportation if they took that legal step — the hospital wouldn't treat him as the father of his new daughter, and they tried to place the baby in foster care. Amidst everything else, Dad was afraid he might lose his child, too.

He was referred to Ms. Warren-Clem, who facilitated legally documenting paternity and ensured Dad could take his daughter home. It was a straightforward, simple, and quick step that changed the course of several lives.

This case presents an extreme example of how legal issues collide with maternity care, but many legal issues regularly arise during pregnancy that can impact the stress and health of women and their babies — things like immigration status, child custody, employment discrimination, domestic violence, and a lack of access to health insurance. Providers at People's Center for Women's Health regularly referred patients to Ms. Warren-Clem for help with these kinds of issues.

However, when the health center opened its new site in 2016, the Center for Women’s Health was re-located. Ms. Warren-Clem stayed in the clinical building with behavioral health, pediatric, adult, and adolescent medicine, and thus was no longer on-site with the Center for Women’s Health to connect with providers for those really important case consultations.

Texas is ranked number one in maternal mortality in the United States, with rates exceeding those in developing countries, and there was an increasing desire — both in health care generally and at People’s specifically — to link social determinants of health with maternal mortality, and to see if addressing these issues could reduce maternal stress and thus improve outcomes. So in 2017, People’s welcomed Daphne Wilson, its second Equal Justice Works Fellow and full-time attorney, to focus exclusively on women’s health. It was also a chance to pilot a project with a preventative component to try and get ahead of certain legal problems before they became acute.

As part of this project, women who are due to give birth during the same month participate in group prenatal visits at the health center throughout their pregnancy. They meet once a month for two hours, and more frequently as they approach delivery, and they have a reunion after their babies are born. The women take their own blood pressure, track their own stats, and become more involved and empowered in their care. The groups also take on a peer support function; the women lead discussions on a variety of topics, allowing them to share concerns and offer suggestions with people who are going through the same thing. It normalizes their situations and builds social capital.

One of the signature elements of Ms. Wilson’s project is her participation in these groups as a co-facilitator. In each session, she introduces a different legal issue that corresponds with the medical or social topic, such as prenatal acknowledgement of paternity, advance directives, or custody, and facilitates an informed discussion of the challenges and opportunities law provides for addressing their health-harming needs. Women are then welcome to sign up for targeted legal services if they feel they need and want them.

There will soon be more of these groups at the health center than Wilson can staff, as well as similar groups at other health care organizations throughout Texas. People’s just secured grant funds to create an English- and Spanish-language video series featuring these legal conversation starters and roleplaying exercises that can be used in other groups, extending the reach of this service. Along with creating a replicable model they hope to share widely, the video project will also make legal interventions for pregnant women more accessible and create engaging ways to have patient-centered discussions about the topics.



Medical-legal partnership is such a wonderful resource to have right here. The stress these women carry in their lives can eclipse so much of everyday activities, and I often get questions that I have no idea how to answer...

‘Can I get insurance now, and will that affect my immigration status later?’

‘I just got my paperwork and I was told not to use any government support. Does that mean I can’t use CHIP to pay for my pregnancy?’

If someone can’t use CHIP to pay for their pregnancy and delivery, that’s tens of thousands of dollars in debt they are taking on. So to be able to tell them that they can do that, or to say, ‘Let me get you someone who’s in the right position to advise you on that,’ — it is life-changing for that person to not have to live with that kind of debt and that kind of fear.



Joanne Chiwaula
CERTIFIED NURSE MIDWIFE
PEOPLE’S COMMUNITY CLINIC

PRESENT DAY

Figuring out Medical-Legal Partnership's Role in the Health Center's Broader Social Determinants of Health Strategy

Because many health care organizations operate as the ultimate safety net in their communities, they are left to try and compensate for broader structural failings that create health inequities. Health care organizations over the last decade have begun trying to figure out and implement a plan to address patients' social determinants of health. People's is no different, and includes medical-legal partnership as part of a broader strategy in this area.

People's has been recognized as a Level 3 Patient-Centered Medical Home (PCMH) for the last four years, and it now has a grant from the Episcopal Health Foundation's Community-Centered Health Home (CCHH) Initiative to develop specific ways for the health center to go beyond clinic walls and take community action to prevent illness and poor health.

"I used to describe medical-legal partnership as the first step out the door of PCMH," said Ms. Rogoff. "If you're being patient-centered, you're going to follow that patient out into the community to help with things that can't otherwise be addressed through medical treatment. But CCHH isn't just looking at your patient, it's looking at the community of people that your patient is a member of. In a way, medical-legal partnership is a good bridge between PCMH, which is inward-looking, and CCHH, which is more outward-looking into the community." As part of the CCHH grant, People's has developed a single, organization-wide social determinants of health screening tool that is informed by national screening tools, but is action-oriented with suggested community-conscious interventions for positive responses.

"One of the core pieces of the tool we are putting together is that we want to have a specific resource to address anything we ask about," said Dr. Appel. "Because it adds a burden on providers to make referrals, we don't want to waste time on things that won't result in something meaningful for our patients."

Their medical-legal partnership has substantially influenced the new screener in that many of the questions that are included link specifically to services the attorneys can provide at the health center, or to partnerships they have helped to build with organizations outside the health center. Ms. Warren-Clem recently finalized a relationship with the Austin Tenant's Council (ATC) to take the majority of the clinic's straightforward housing cases that benefit from non-attorney mediation so that she can focus her time elsewhere. If legal representation is needed, the MLP attorneys are available, which also allows the ATC mediators to advocate more aggressively than they might otherwise.

"The thing that I really love is that Keegan has been on the CCHH grant core leadership group, and she is part of the team working to develop the screening tool," said Dr. Appel. "Having that voice and perspective is really valuable beyond the individual patient services she provides."

And Ms. Rogoff is quick to note the amount of interplay between the lawyers and the social work staff at People's. "Clinics understand having people work to the top of their certification," she said. "That's what happens with this, too."

LOOKING AHEAD

Tackling Populations, Systems, and Payment

When asked where their medical-legal partnership goes from here, the teams from People’s and Texas Legal Services Center (TLSC) agree that the long-term goal for their medical-legal partnership is not to universally screen and treat all patients’ individual legal needs; it’s not a realistic use of their resources given both the widespread need and the fact that a lawyer’s practice differs from that of a health care provider.

As Ms. Warren-Clem noted, “There is no way for a lawyer to see twenty-four patients a day in fifteen-minute intervals, and we don’t operate with our own independent support staff like doctors do.”

While both partners agree that providing direct legal services to patients is incredibly meaningful in certain cases and will always be part of the program, the consensus is that the real value of their medical-legal partnership is in using legal expertise to inform clinical processes so that the health center is as safe and as empowering a place for its patients to receive care as possible.

Ms. Warren-Clem noted that the project at the Center for Women’s Health is likely to be used as a model for any future growth. While she plans to continue floating between all departments and thinking about clinic operations, any new projects or attorneys will likely focus on a specific population. TLSC finalized a collaboration with another health care organization to integrate an attorney into LGBTQ+ health care; the attorney started in August 2018. There are also discussions about hiring an additional attorney at People’s school-based clinic to focus on legal issues for adolescents that undermine education and, by extension, health. Taking a population focus, Ms. Warren-Clem noted, is more conducive for detecting the kind of systemic problems the partnership hopes to focus more on over time.

Karen Miller, the new Executive Director of TLSC, takes pride in the MLP and its impact on addressing the systemic problems that hurt people at their most vulnerable core—their health. She notes, “It’s exciting to watch new generations of doctors and lawyers embrace this concept and see the enthusiasm for more medical-legal partnerships to address health and legal concerns across Texas.”

There are currently eight medical-legal partnerships in Texas, with several more in the planning stage¹. Mr. Chapman, the recently retired Executive Director of TLSC, hopes more medical-legal partnerships will start in the state over the next few years, and that they will band together to address statewide policies and

appropriations that impact health. “At both the practice and the policy levels, medical-legal partnership is a way to concretize the bridge between health and law,” he said.

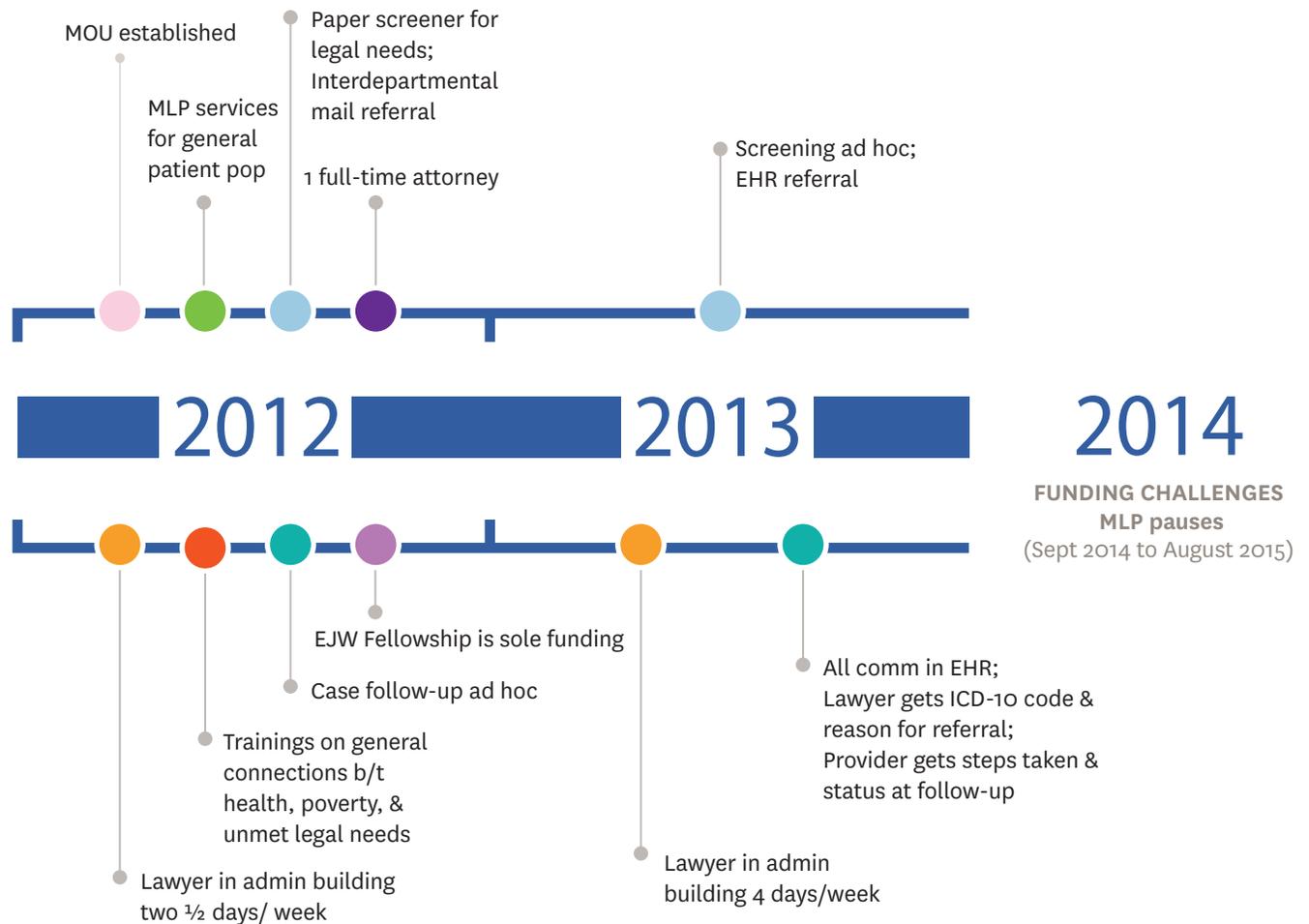
Ms. Rogoff noted how important it is that Ms. Warren-Clem has tried to link traditional legal aid process outcomes to health outcomes when sharing data with the clinic, and that she is focused on health in the cases she chooses to take on. “There are many legal problems that are important to address in our communities that aren’t directly related to health,” noted Ms. Rogoff. “But we can’t do it all. No institution can bare all societal ills. We need to stay focused on our mission and the issues that directly impact our patients’ health and their ability to access health care.”

While both partners agree providing direct legal services to patients is incredibly meaningful in certain cases and will always be part of the program, the consensus is that the real value of their medical-legal partnership is in using legal expertise to inform clinical processes so that the health center is as safe and empowering a place for patients to receive care as possible.

Linking outcomes across sectors is incredibly difficult, but there is another reason it is increasingly important to keep trying. “As long as we are dependent on foundation funding, the program will always be vulnerable,” said Ms. Rogoff. “Until the value is somehow built into the reimbursement structure so that it can be part of general operations, there will always be some risk. The connection between services and outcomes has to be clearer, and so does the line of sight between costs. I’m not going to say that I think there is any great possibility of that happening soon, but to the extent that this is a model worth existing within health institutions, there does have to be a way for the cost to be rationalized.”

¹ National Center for Medical-Legal Partnership, “Medical-Legal Partnerships in Texas & Opportunities for Growth,” (2018). Available at: www.episcopalhealth.org/en/research/research-reports/medical-legal-partnerships-texas-opportunities-growth

A TIMELINE OF CORE OPERATIONS AND GROWTH



Additional Elements of People’s Medical-Legal Partnership

PAID PROTECTED CLINICAL CHAMPION TIME

2012

.01 FTE physician

2013

Added .01 FTE nurse & .01 FTE SW

2015 – PRESENT

.03 FTE physician; .03 FTE nurse; .03 FTE SW; .1 FTE other

CLINIC & SYSTEMIC PROJECTS

2017

- Developed clinic protocol for youth transitioning to adulthood
- Integrated legal advice into group prenatal visits
- Advised on health center policy on increased ICE activity

2018

- Advised on health center policy on reporting interpersonal violence
- Established clinic protocol for medical decision-making for both elder & LGBTQ+ populations
- Ensured law as key determinant of health was part of routine SDOH screening
- Established clinic protocol for patient-families fearing removal

IT CHANGES TO SUPPORT MLP ACTIVITIES

2016

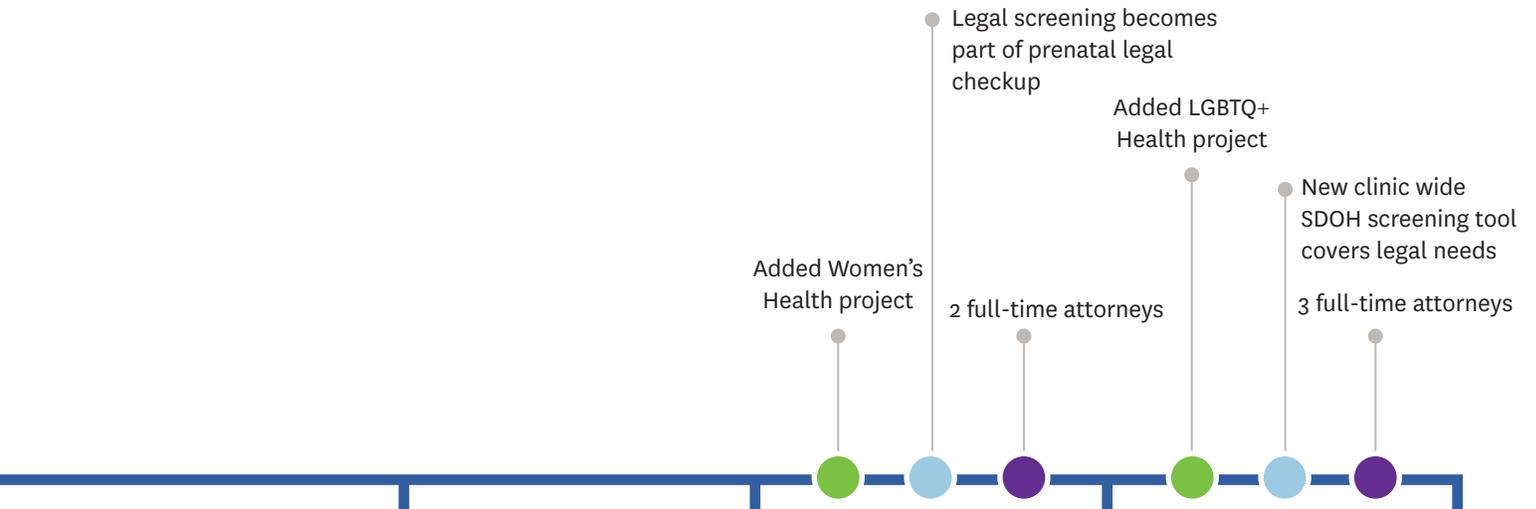
- Added MLP resources to People’s shared drive (e.g. templates for writing public benefits letters).

2017

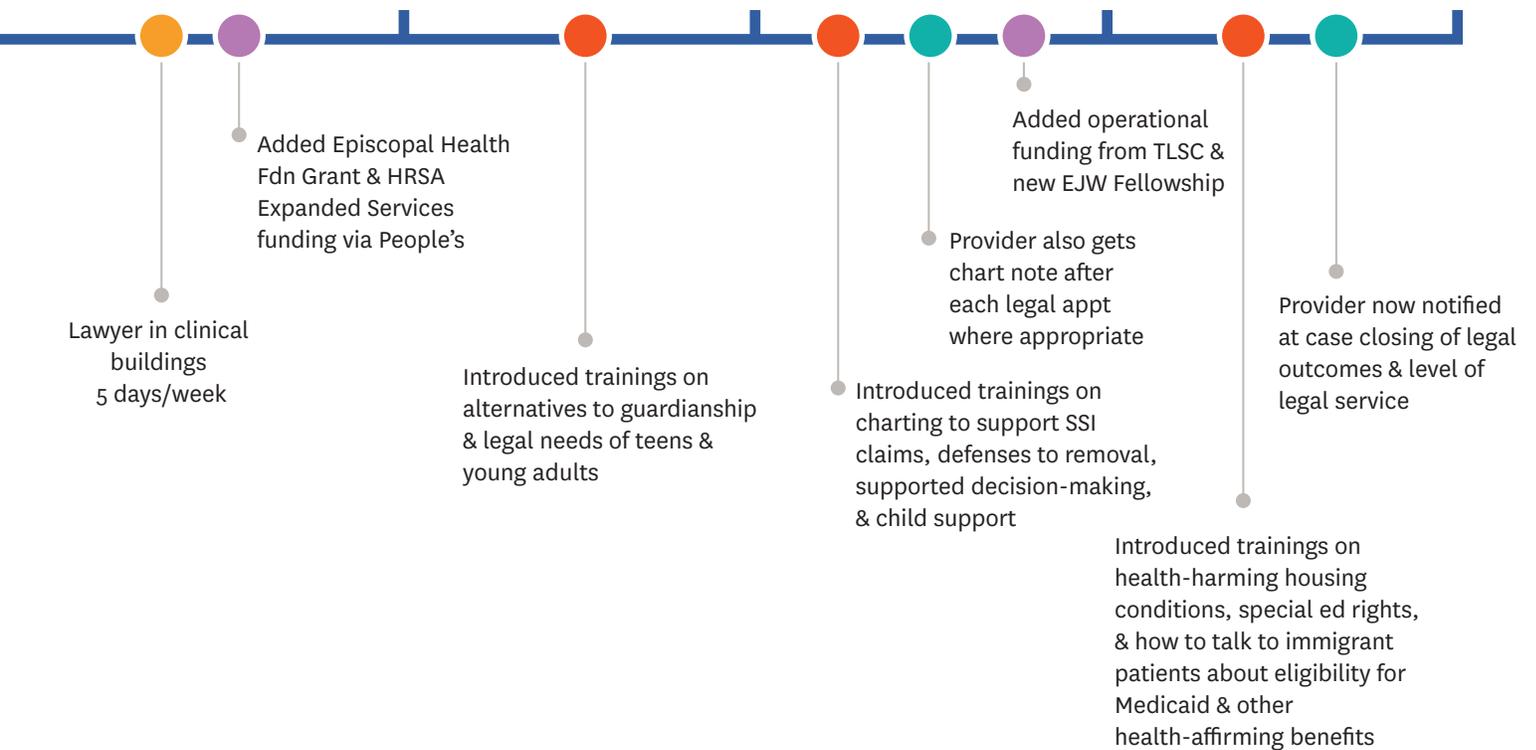
- Added legal problem codes & intended health impacts to EHR service picklist.

2018

- Added legal outcomes & service level to EHR picklist.
- Changed medical records to document attorneys as part of patient’s care team.
- Changed TLSC’s case management system to one that tracks health data.



2015 2016 2017 2018



CORE COMPONENTS OF ANY MEDICAL-LEGAL PARTNERSHIP²

- Formal agreement b/w health & legal orgs
- Designated patient population
- Strategy to screen for social needs
- Legal staffing
- "Lawyer in residence" at health care setting
- Training health care providers & staff to recognize where legal services may help
- Info sharing b/w health & legal partners
- Funding devoted to partnership

2 M Regenstein, J Trott, A Williamson, J Theiss, "Addressing Social Determinants Of Health Through Medical-Legal Partnerships," 37 Health Affairs 3, 380-381 (2018).

MISSION

Recognizing the enormous potential for legal services to help health care providers respond to the social needs and deficiencies they see every day in their clinics, the National Center for Medical-Legal Partnership's mission is to foster a system in which all health organizations can leverage these services. Over the last decade, the National Center's work has helped cultivate programs that do just that at nearly 350 hospitals and health centers across the U.S.

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