Medical-Legal Partnerships: A Life-Course Perspective

October 12, 2010

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DISCLOSURE STATEMENT

Speaker:

David Keller

Dr. Keller has documented that he has nothing to disclose.

Family Advocates of Central Massachusetts gratefully acknowledges through the Healthy Tomorrows Partnerships for Children Program from 2004-2009

The Life Course Perspective

The Life Course Perspective suggests that a complex interplay of biological, behavioral, psychological, and social protective and risk factors contributes to health outcomes across the span of a person′s life.

-From Pies, Lu, Kotelchuck and Parthasarathy, Creating a Paradigm Shift in Maternal and Child Health: Advancing the Life Course Perspective, APHA Session, 2008.

Following the Life Course is complex

IOM Report:

- Biology, behavior, social and physical environments are constantly interacting
- Developmental trajectory changes quickly
- Interventions need to work at different stages and in different domains
- Earlier intervention has greatest impact

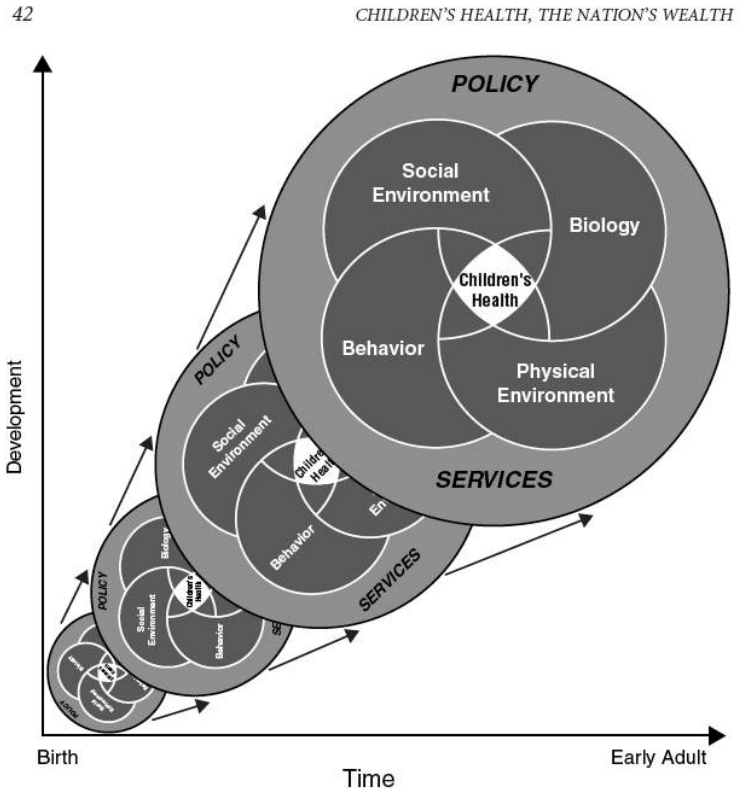
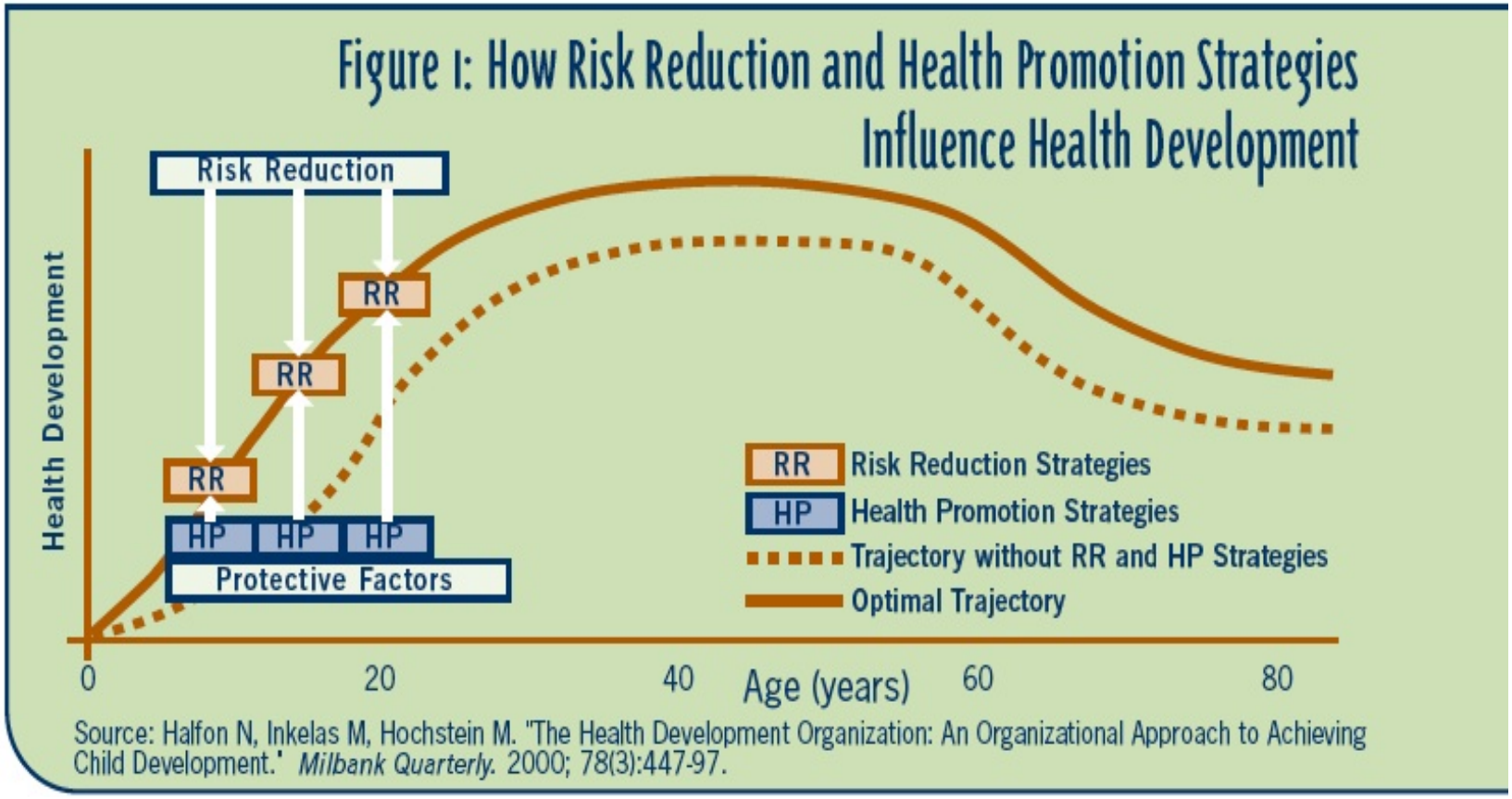


FIGURE 2-2 A new model of children's health and its influences.

From *Children's Health, the Nation's Wealth.* 2005. IOM: Washington. P. 42.

But potentially useful



Life Course Perspective is the core of Community Pediatrics

- Community Pediatrics is….
  - A *recognition* that family, educational, social, cultural, spiritual, economic, environmental, and political forces act favorably or unfavorably, <u>but always significantly,</u> on the health and functioning of children.

-Committee on Community Health Services. The Pediatrician's Role in Community Pediatrics. Pediatrics 2005;115:1092–1094.

Conceptually sound, but hard to operationalize

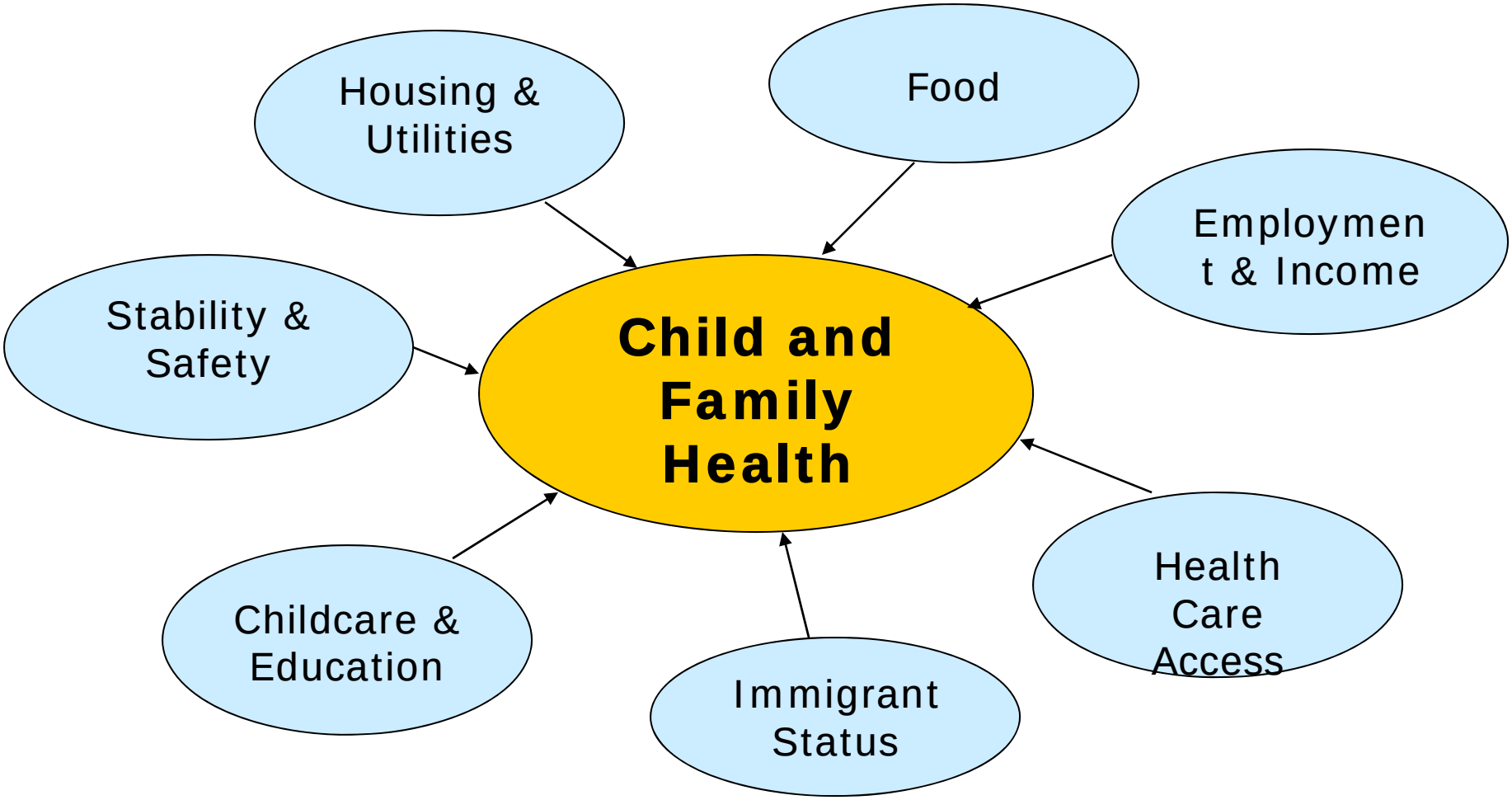
- Community Pediatrics is...
  - A *synthesis* of clinical practice and public health principles directed toward providing health care to a given child and promoting the health of all children within the context of the family, school, and the community.
- ***How do you make that real?***

-Committee on Community Health Services. The Pediatrician's Role in Community Pediatrics. Pediatrics 2005;115:1092–1094.

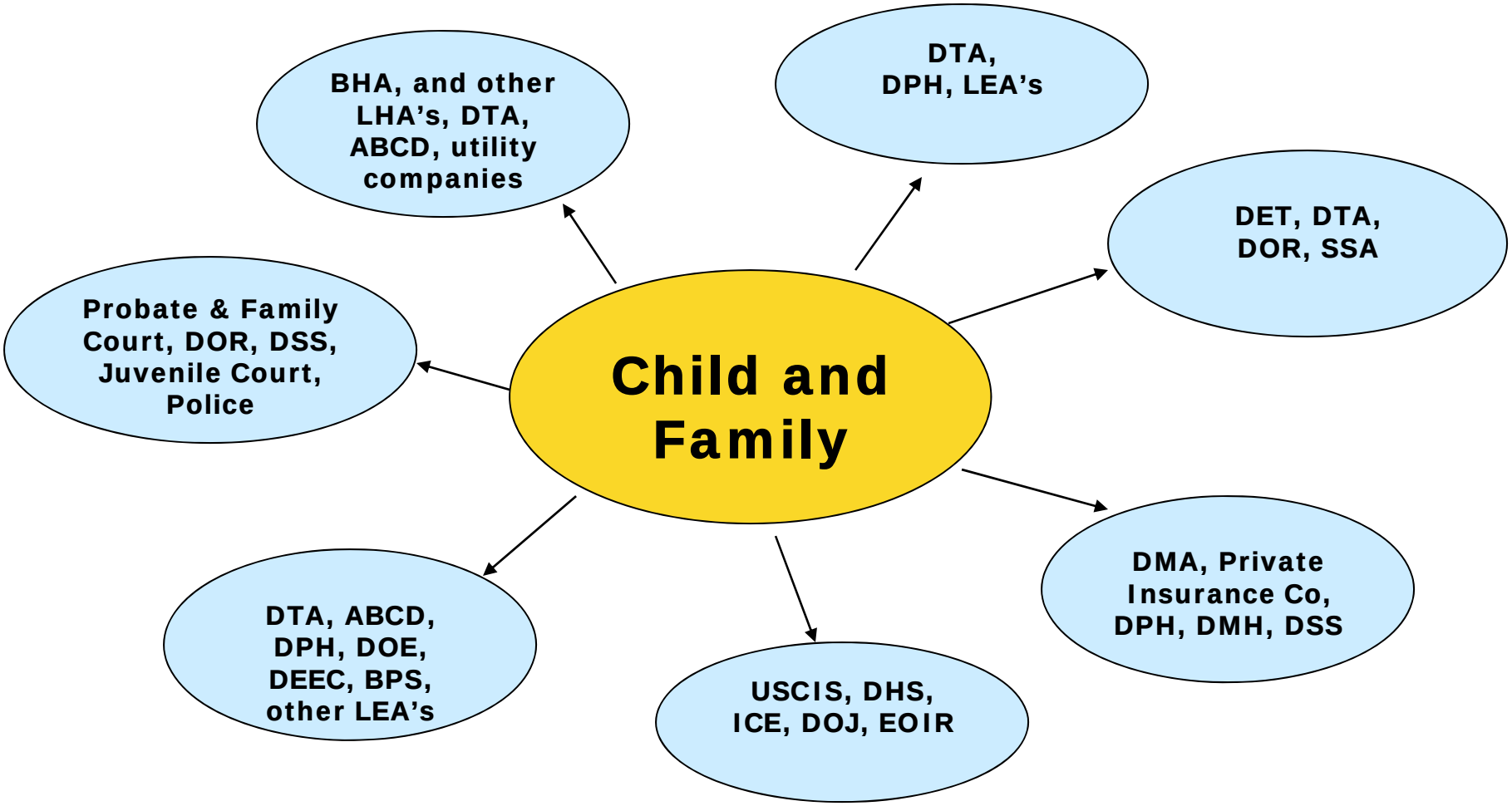
Origins of Medical-Legal Partnerships: 1993

- Frustration at Boston City Hospital
  - Health and social conditions linked
  - No prescription for food and housing
- Physician advocacy wasn't enough
- *Why not hire a lawyer?*

Laws Influencing Child Health



Complex Bureaucracies



ML-P at Boston Medical Center

- Provides direct, proactive legal assistance in house
- Educates health professionals to identify non-medical barriers to a patient's health
- Addressing systemic problems and gaps in services

- *Physician referral*
- *HELP Desk*
- *Advocacy Code Card*
- *Clinical Practice Guidelines*
- *Lawyer/doctor advocacy*

Dissemination of the model

A gradual dissemination:

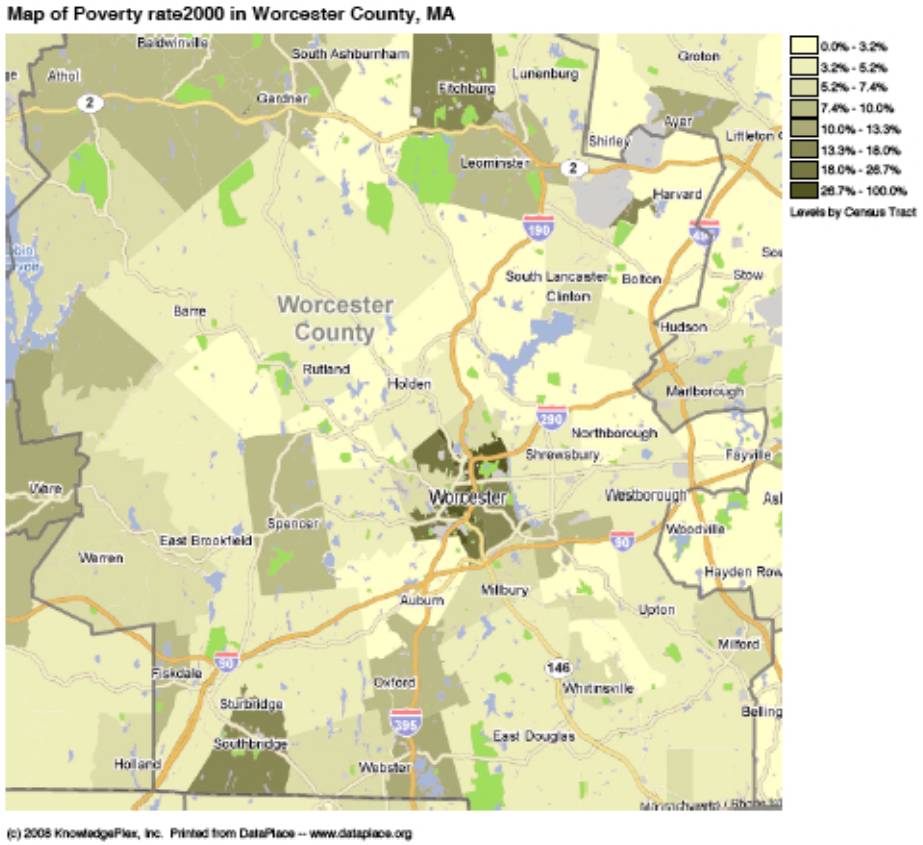
- 1993 Boston Medical Center
- 2000: Hartford
- 2002: Providence, Cleveland, Chicago
- 2003 Worcester

Challenges to dissemination:

- Developing trust
- Establishing partnerships
- Refining the model

Adapting to Central Massachusetts

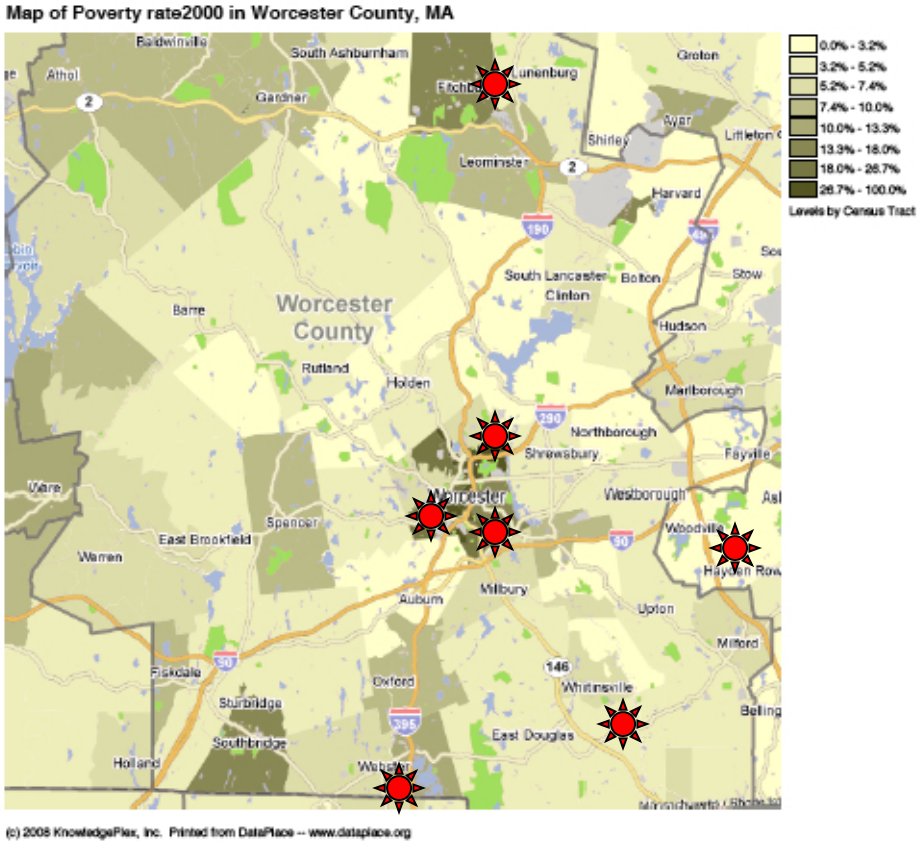
- Not the Chair
- No city hospital
- Dispersed low income communities
- Urban and rural poverty



Adapting to Central Massachusetts

Partnership with LACCM and practices

- *Worcester*
  - *Pediatric Primary Care*
  - *Adolescent Medicine*
  - *Genetics*
  - *Family Health Center*
  - *Great Brook Valley Health Center*
- *South County/ Webster*
  - *South County Pediatrics*
- *Blackstone Valley*
  - *Milford Pediatrics*
  - *Tri-River Family Health Center*
- *North County/ Fitchburg*
  - *CHC Family Health Center*



Barriers to Partnership Development

- Doctors and lawyers each:
  - Have powerful social roles.
  - Have well-developed social norms within their profession.
  - Have confidential relationships with patient/clients.
  - Have the habit of command.
  - Have dense jargon.
- Any of these can impede the development of a collaborative program.

Potential Conflicts

- Social roles

Stereotypes: Sharks vs quacks

- Social norms

Objective science vs. effective argument

- Confidentiality

Mand. reporting vs. privilege

- Habit of command

Prescriptions vs. subpoena

- Have dense jargon

Intern vs. intern

Medical And Legal Perspectives

Medical Perspective

Social History (I HELLP)

- Income
- Housing
- Education
- Legal status
- Literacy
- Personal safety

Legal Perspective:

Focused Advocacy

- Housing stability
- Financial security
- Dignity and safety
- Access to services

Focused advocacy: Housing stability

- Listen for:
  - Asthma not controlled
  - Lead
  - Multiple schools in a single year
  - Stress due to lack of secure place to live
  - Frequent moves
  - Staying with family or friends

Housing Stability: Sarah

- 16 year old girl with severe mobility and other disabilities
- Extensive services received at her home
- Family was evicted
- New apartment not available for 1 month

What happened?

- Referral to Family Advocates
- Attorney worked with family, pediatrician, and social worker to help Sarah's mom go to Housing Court and request a "stay of execution"
- Doctor wrote a letter justifying stay (with advice from attorney)
- Social worker went to court with family

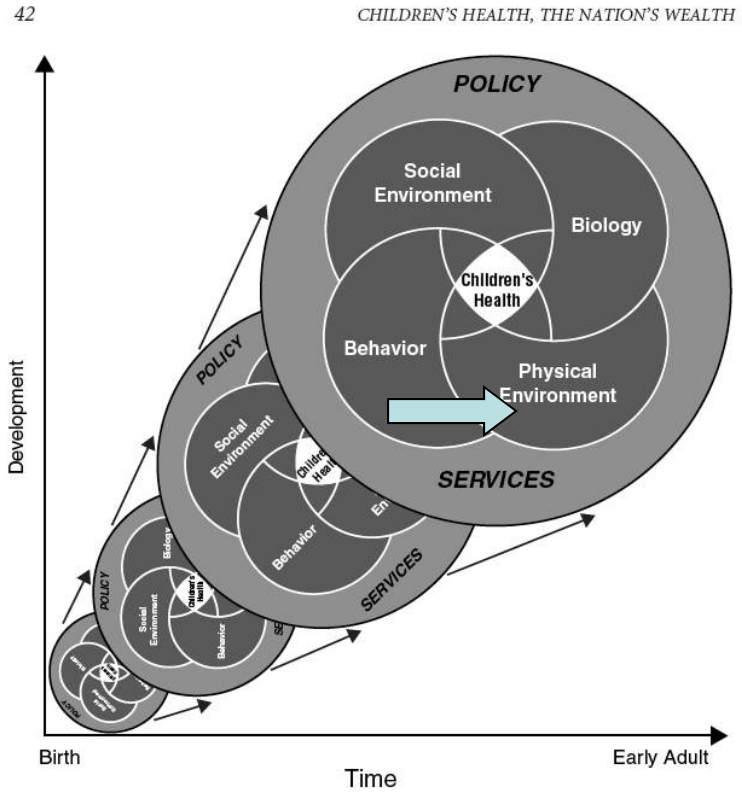


FIGURE 2-2 A new model of children's health and its influences.

The outcome:

- Sarah’s family was able to stay in the apartment until ready to move to new apartment
- Sarah’s services were able to stay in place, and only had to be transferred once

Focused advocacy: Financial security

- Listen for:
  - Multiple jobs
  - Applied for benefits or dropped from program (e.g. food stamps, TAFDC, SSI, fuel assistance, WIC)
  - Cannot afford medications
  - Faces tough choices (food vs. rent)
  - Cannot afford childcare

Financial Security: James

- 13 y/o boy who had brain tumor, in remission
- Needs growth hormone because of damage to pituitary gland from radiation
- Has private insurance which pays 80% of cost
- Lost MassHealth because of remission ,and could not afford 20% co-pay

What happened?

- James had appointment
- Physician noticed James hadn’t had growth hormone for 3 months
- Mother told of MassHealth termination
- Referral made
- Program advised mother to re-send income verifications that MassHealth had lost

But that’s not all…

- The attorney was ready to help mom if she was denied MassHealth.
- The attorney also realized that James may be eligible for SSI benefits, which would keep him securely on MassHealth.
- Attorney, mom, and doctor will work together to see if SSI eligible.
- Also turned out to be eligible for Special Education (brain damaged by treatment of tumor)

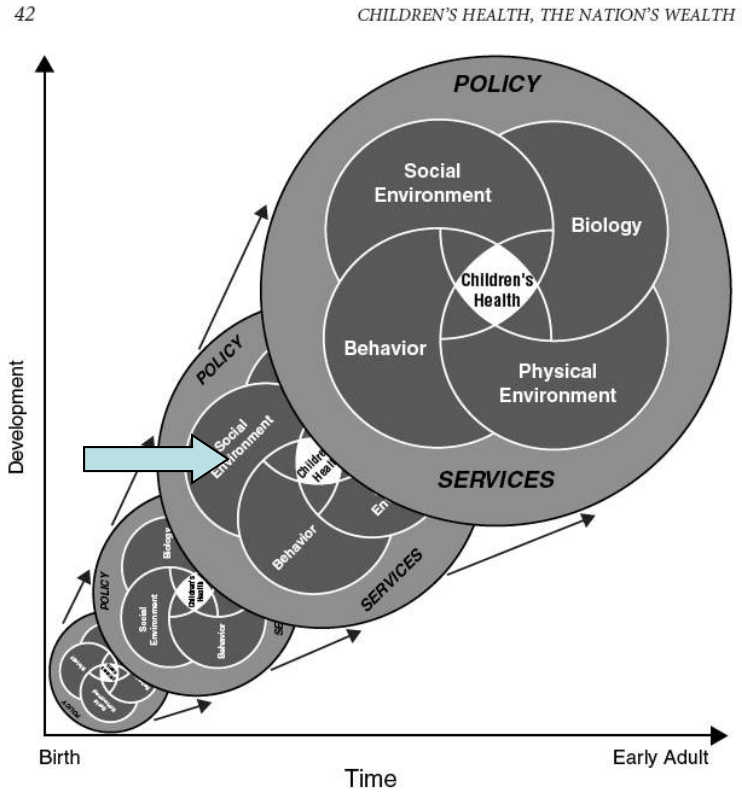


FIGURE 2-2 A new model of children’s health and its influences.

Focused advocacy: Access to services

- Listen:
  - Medications and services denied by MassHealth
  - Difficulty paying for medication
  - Child doing poorly at school
  - School not responsive to needs of child

Access to Services: John

- 13 year old boy for his annual physical
- Dxed at age 8 with ADHD and profound learning disability
- Treated with stimulant medication and IEP
- Can’t read a paragraph in office; doesn’t understand assignments

What happened?

- Referred for reevaluation
  - Educational testing showed function at 3rd grade level, similar to testing done in 4th grade.
  - School claimed adequate services in place
  - Physician and specialist wrote letters to school
  - School claimed adequate services in place and denied request for neuropsych testing
- Family and physician frustrated, and patients starting to feel like a failure
- Referred patient to Family Advocates.

The outcome:

- Attorney worked with family and pediatrician
  - Family “choiced” to new district
  - Both attended team meeting
  - Neuropsych exam ordered at team
- Results:
  - Global delay IQ =70
  - New IEP
  - New services in place

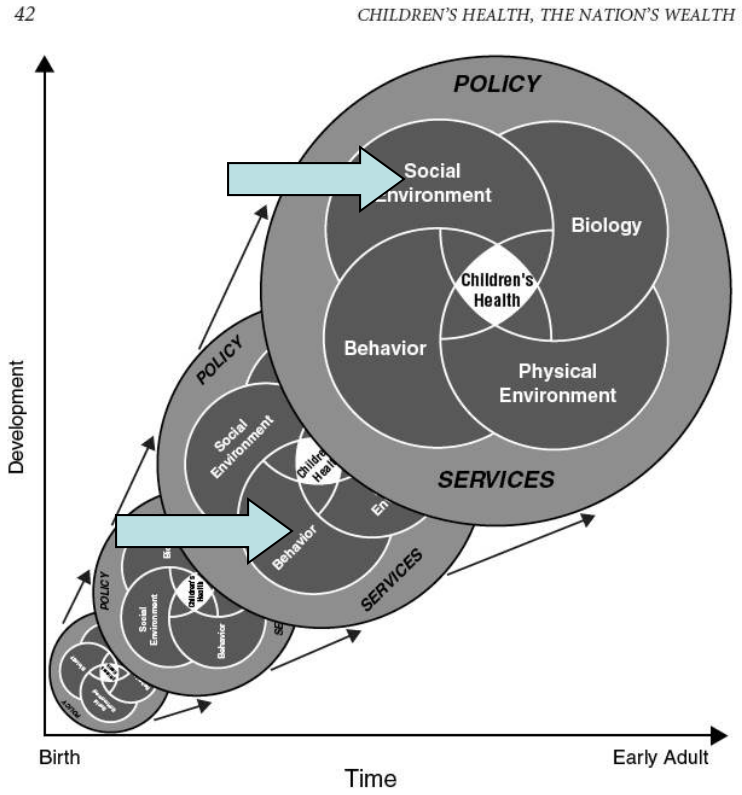


FIGURE 2-2 A new model of children's health and its influences.

Focused advocacy: Dignity and safety

- Listen:
  - Violence in the house
  - Fear of accessing benefits and health care for citizen children
  - DSS involvement

Dignity and Safety: Margie

- Margie is a 10 y/o, presenting for a school PE in September
- Recently moved back for Florida with kids
- Fearful, father plans to take the children back to Florida
- Hx domestic violence

What happened?

Referred to Family Advocates

- Attorney met with family
- Restraining order drafted
- Custody and divorce finalized
- Children stopped moving around so much.

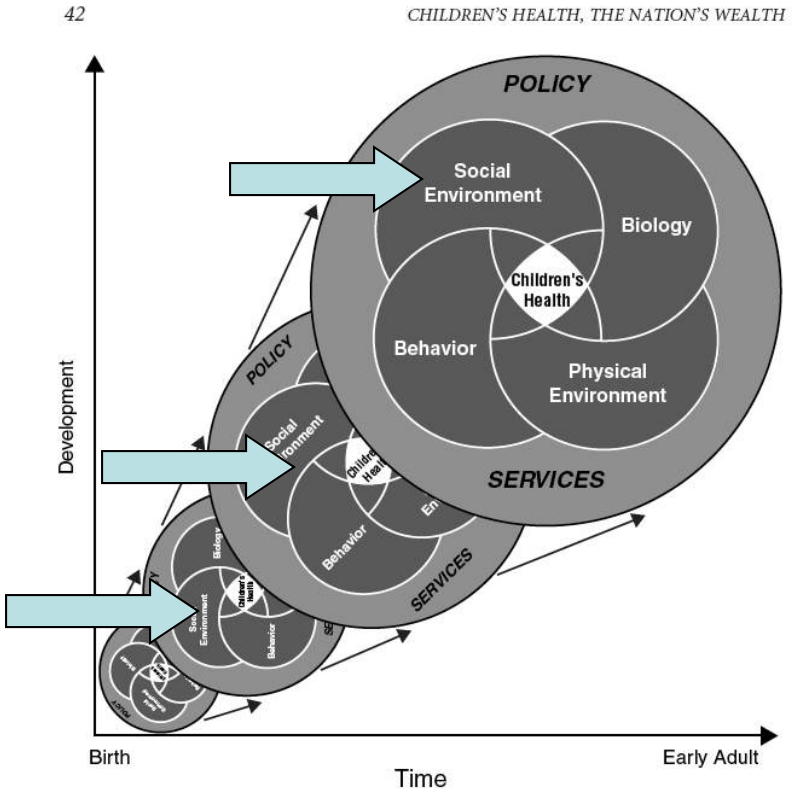


FIGURE 2-2 A new model of children's health and its influences.

Systemic Advocacy

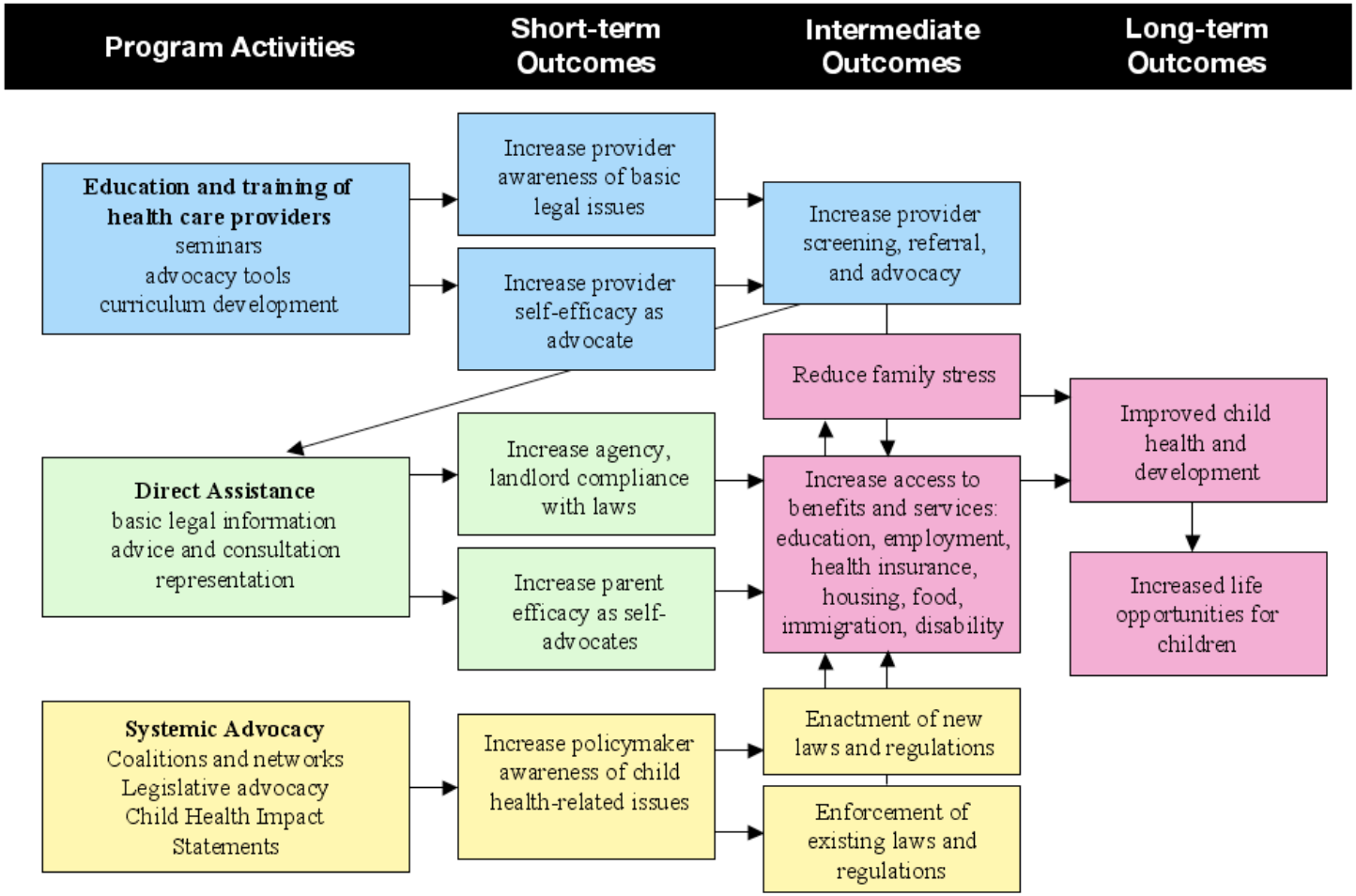
More likely to occur when a parent has a passion:

- 12 y/o with poorly controlled bipolar disorder ==> challenged notion of SP ED services
  - ==> mother became spokesperson for CBHI
- Children with CP are loosing services
  - ===> Noted similar problems throughout Worcester County
  - ===> MassHealth responded to request for meeting

Evaluation of Medical-Legal Partnerships

- Challenges:
  - Qualitative vs. quantitative outcomes.
  - Child vs. family as unit of analysis
  - Health is hard to measure.
  - Funding is critical – particularly with huge cuts to Legal Services funding happening NOW

Logic Model: Medical-Legal Partnership



source: Family Advocacy Program, Boston Medical Center

Simplified Logic Model: FACM

Program Goal: To improve the health of low-income children and their families who receive primary care in participating sites

Resources

LACCM coordinator

LACCM lawyers

Pediatrician champion

Evaluation TA

Advisory Board

Health Tomorrows TA

Participating clinic sites

Activities

Training
- Develop curriculum
- Conduct didactic trainings for medical providers

Implementation
- Provide legal counsel for eligible children and their families
- Develop tracking system for referred families
- Hold regular Advisory Board meetings
- Hold monthly project staff meetings
- Engage summer research student to develop and validate screening instrument

Outputs

Training
Written curriculum
# of trainings held
# of medical providers trained

Implementation
- Lawyers provide legal counsel as appropriate
- Tracking system developed and implemented
- Regular Advisory Board and staff meetings held; stakeholders engaged
- Validated screening instrument developed

Outcomes

Medical providers refer families appropriately for legal counsel

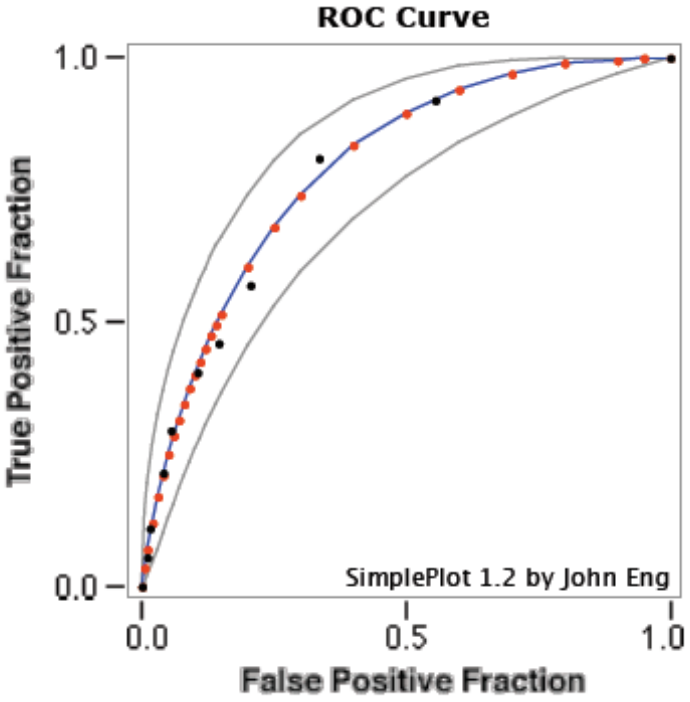
More children and families receive needed legal counsel

Parents are better able to advocate for themselves and their families

Children's health improved as determined by
- Housing
- Financial security
- Dignity and safety
- Access to health care

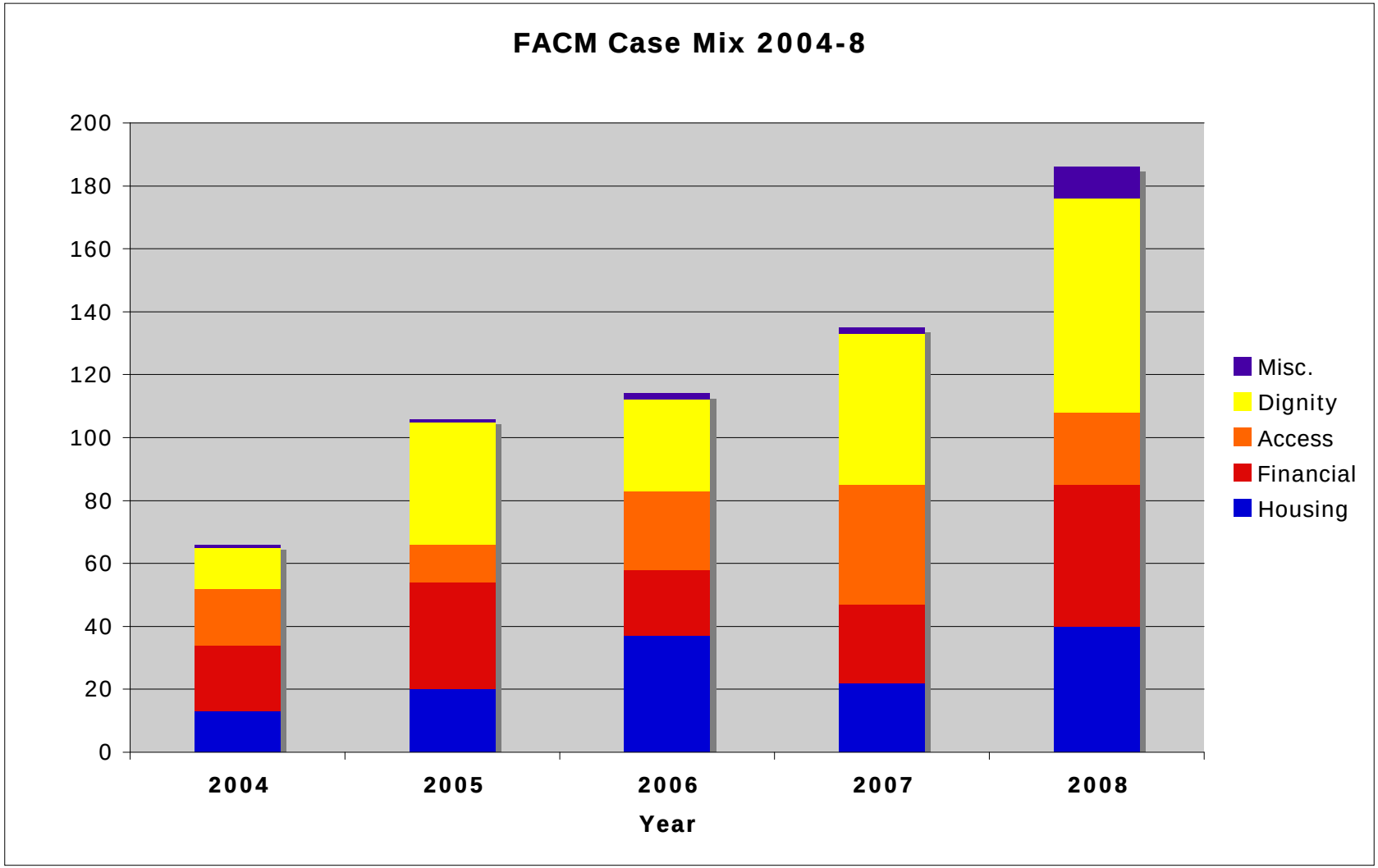
MASQ: Screening for Mental Health issues

- Ten-item brief questionnaire developed; acceptable in clinical setting.
- MASQ as effective as clinical interview in identification of patients who could benefit from referral to legal assistance.



DM Keller, N Jones; JB Savageau, S Cashman**.** Development of a brief questionnaire to identify families in need of legal advocacy to improve child health. Ambulatory Pediatrics 2008. 8:266-9

Evaluation of Medical-Legal Partnerships



Case Outcomes, 2006-2008

Family Income Compared to FPL	
Less than 125%	334 (79.3%)
125-187.5%	56 (13.1%)
Greater than 187.5%	19 (4.5%)
Unknown	12 (2.9%)
Client Gender	
Male	49 (15.7%)
Female	351 (83.4%)
Unknown	4 (1.4%)
Race (Self-Report)	
White	173 (41.1%)
Black	23 (9.0%)
Hispanic	125 (43.5%)
Asian	4 (1.0%)
Other	19 (4.5%)
Unknown	4 (1.0%)

Primary Language Spoken	
English	293 (69.6%)
Spanish	77 (18.3%)
Other	2 (0.5%)
Unknown	49 (11.6%)
Referral Location	
Family Health Center	115
UMass Pediatrics	135
CHC/ Fitchburg	17
South County Pediatrics	72
Milford Pediatrics	19
Tri-River Family Health Center	6
Other	9

Level of Service

Brief service includes a full intake and telephone advice.

- *188 cases (43%) - Unable to access long term outcome*

Referral sent to another agency with more specific skills in an area of law.

- *61 cases (14%) - Unable to assess long term outcome*

Extended service involves multiple meetings and assistance in document preparation.

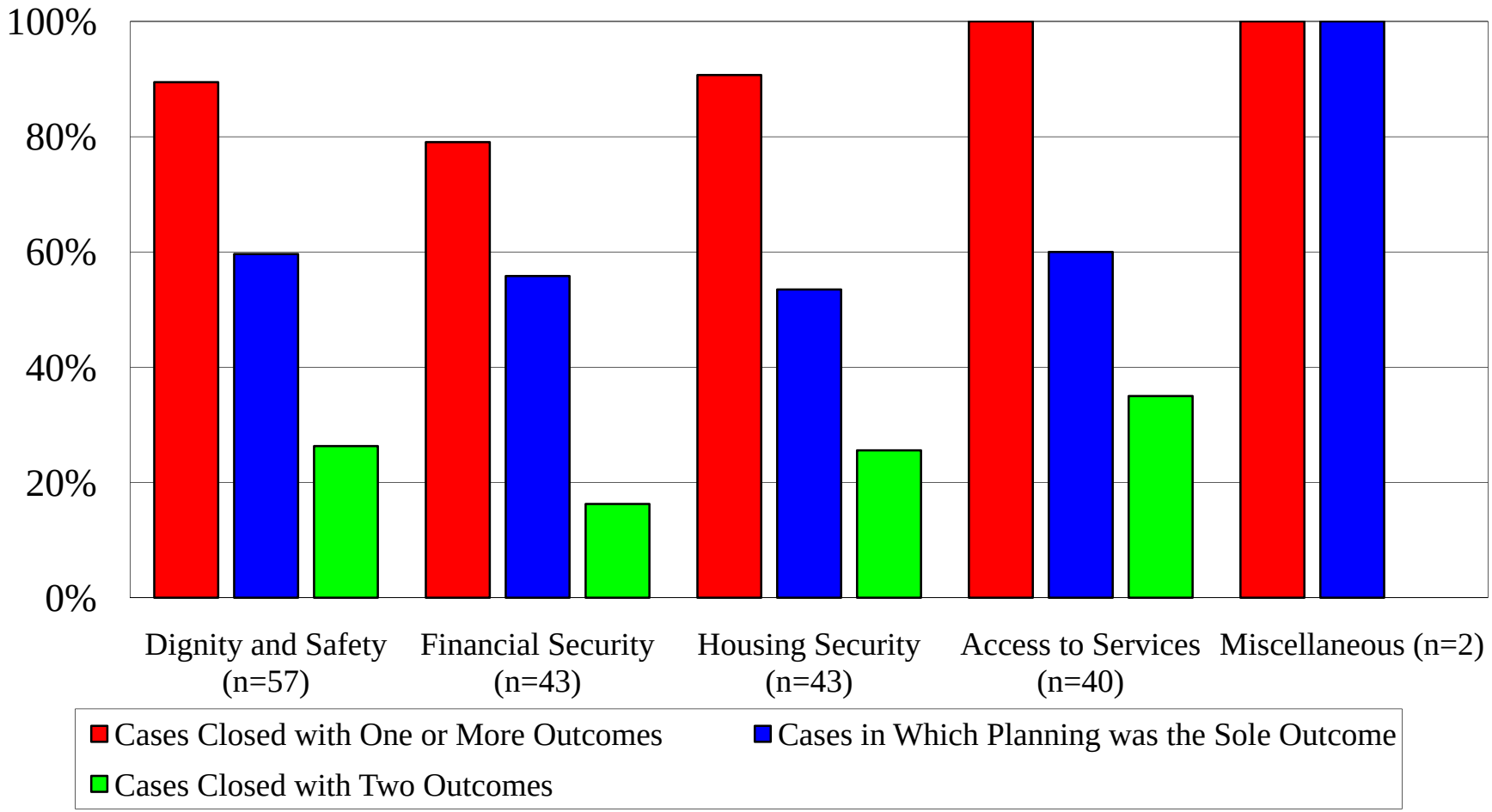
- *136 cases (31%)- Outcome data available*

Full representation involves appearing before some branch of court.

- *44 cases (10%)- Outcome data available*

Open cases- 9 cases from 2008 are still pending.

Evaluation of Medical-Legal Partnerships



Evaluation of Medical-Legal Partnerships

From provider focus groups:

What medical-legal partnership does well?

- Fosters comfort with undocumented persons
- Enhances the physician's ability to overcome social and financial barriers
- Allows physicians to address non-medical concerns of patients in informed manner

From the Transcript

- “I’ve felt like there’s a place for me to turn when I identify something with a patient that seems unfair. Whether it’s the school not offering services to a child that I think merits it, or a family being unfairly treated by their landlord. You know, I think whereas in the past I would just commiserate . . .now I feel like there’s a way to at least help them fight.”

Evaluation of Medical-Legal Partnerships

From provider focus groups:

Barriers to FACM Success?

- Inadequate screening
- Overwhelming bio-medical concerns that take precedence in the encounter
- Time constraints
- Difficulties in inter-professional communication

From the Transcript

- “I don’t think we’re in the habit of asking the breadth of questions that might really identify a lot of the patients. . . We don’t necessarily ask a lot of questions about housing or food security or safety, I mean, should we? Sure, we should be asking those questions, but do we have time? You know, does it necessarily come up as a priority?”

Lessons learned

Addressing the multiple inputs of a life-course perspective in medical practice requires a multidisciplinary approach and a broad definition of health

Establishing a medical-legal partnership requires physicians and lawyers to establish a different kind of relationship

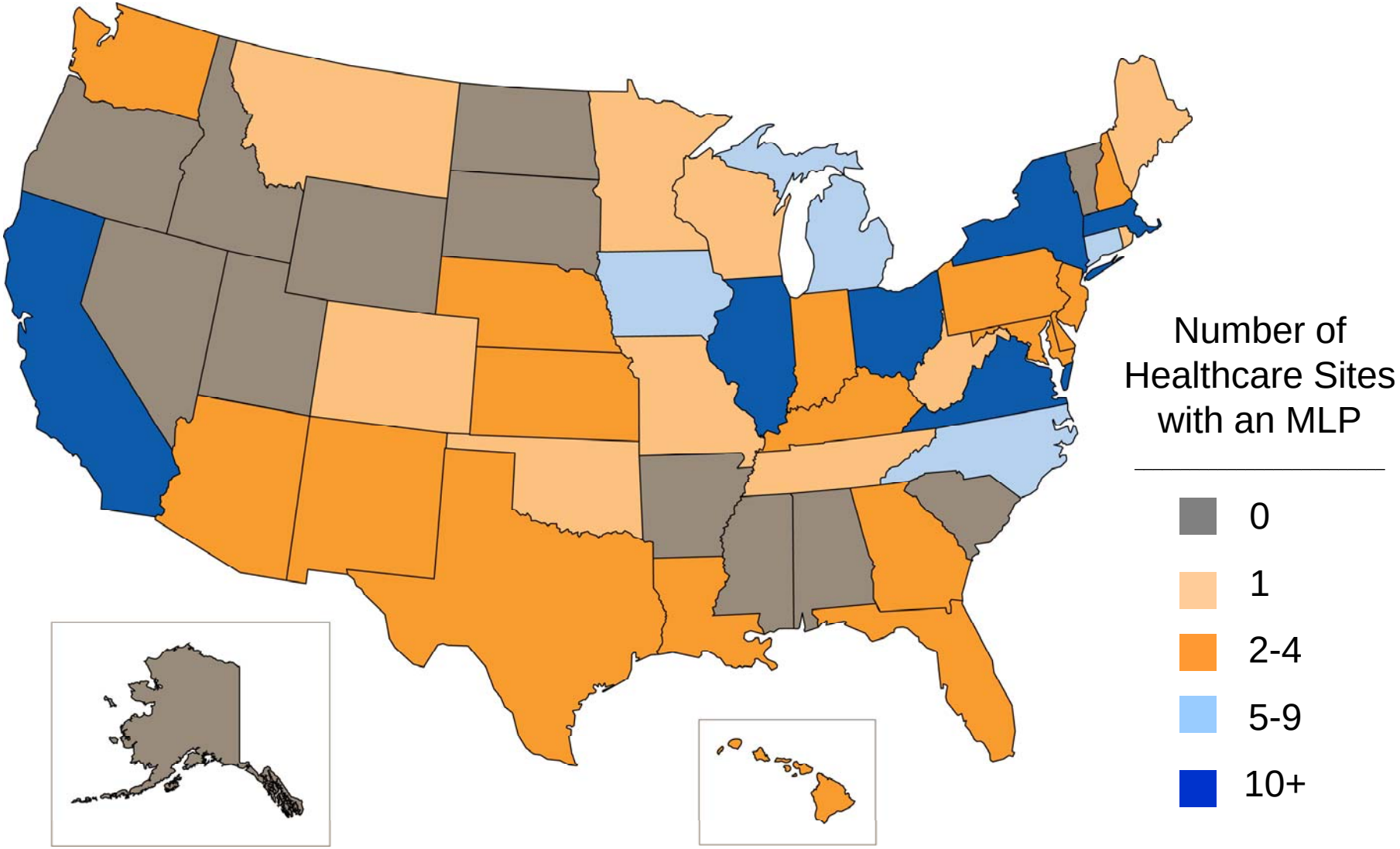
Screening for legal problems is possible, and should be integrated into other screenings as part of preventive care

For children living in poverty, access to legal advice can improve their lives without overloading the judicial system

Establishing the effectiveness of the model will require ecological research focused on the long term impact of the intervention of children, families and practices

MLP in 2010

225 hospitals & health centers

National Center for Medical Legal Partnership
RAISING THE BAR FOR HEALTH

http://www.medical-legalpartnership.org/