

The ACA and Community Impacts: The Role of Medical-Legal Partnership

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Addressing Social Determinants of Health – Including Legal Needs

If the country is serious about reforming the health care system, it must look beyond improving access to insurance and the resulting medical care. Reforms must acknowledge and address the underlying causes of poor health, many of which cannot be adequately treated by health care professionals – doctors, nurses, social workers, and others – alone. For millions of low-income and vulnerable Americans, the barriers to getting healthy reflect unmet *legal* needs best remedied by legal services.

The Need for Professional Collaboration

Recognizing the negative impact that unmet legal needs have on individual and population health, and addressing them as a critical part of comprehensive health care, should translate into a healthier and more productive populace, and a more efficient health care system. One way to begin is to build stronger partnerships between the health care and legal professions and communities.

Working Definitions

Health-Harming Legal Need: A social problem that adversely affects a person's health or access to health care, and that is better remedied through legal-medical collaboration rather than health care services alone.

Legal Care: The full spectrum of interventions that address legal needs for individuals and populations. This includes legal screening, triage, consultations, legal representation, changes to institutional policy, and changes to systems policy.

Medical-Legal Partnership: A health care delivery model that improves the health and well-being of low-income and other vulnerable populations by addressing unmet legal needs and removing legal barriers that impede health.

Purpose of National Center for MLP

Goal

- Ensure every low-income individual has access to legal care as part of comprehensive health care.

Mission

- Lead research and policy activities to sustain existing MLPs and scale model nationally.
- Measure impact of MLP on health care costs as well as on patient health and well-being.

Need for MLP

Estimated 50 million people need legal care to be healthy

- Every low-income person has 1-3 unmet legal needs (LSC, *Documenting the Justice Gap*, 2009)
- 46 million people currently live in poverty in the U.S. (U.S. Census, 2011)

Many legal needs are health-harming

- Mold in apartment
- Improper utility shut-offs
- Improper insurance denials
- Domestic violence

MLP Core Activities



MLP Network Size

- More than 275 hospitals & health centers have partnered with local legal services to develop MLPs
- More than 500 legal & health care institutions have partnered
- There are 97 medical-legal partnerships in 37 states & DC

Breakdown of Partner Institutions

107 legal aid agencies (53 non-LSC agencies; 54 LSC agencies)

44 law schools

60 law firms

143 health centers (57 FQHCs)

134 hospitals (40 children's hospitals)

38 medical schools

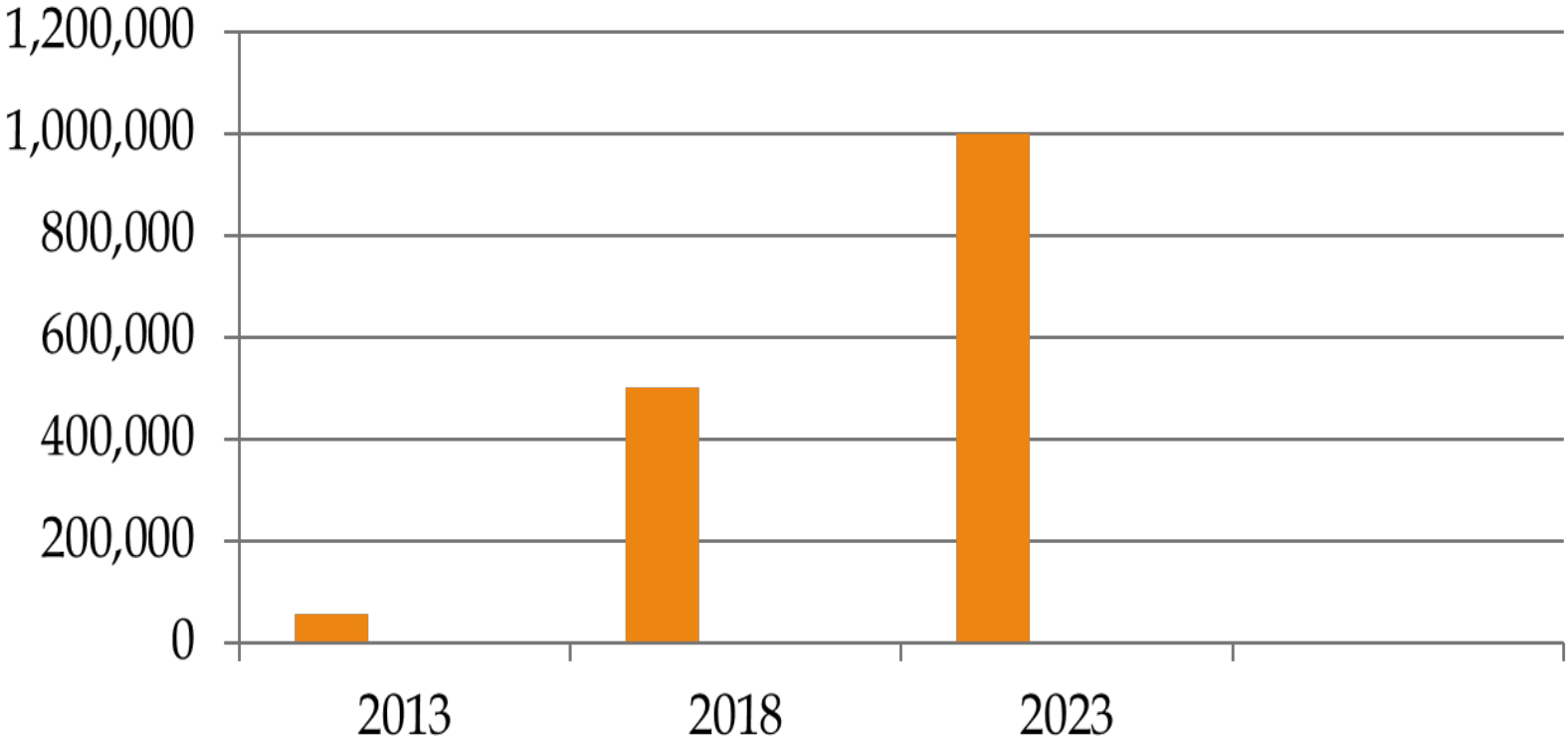
47 residency programs

Impact of MLP

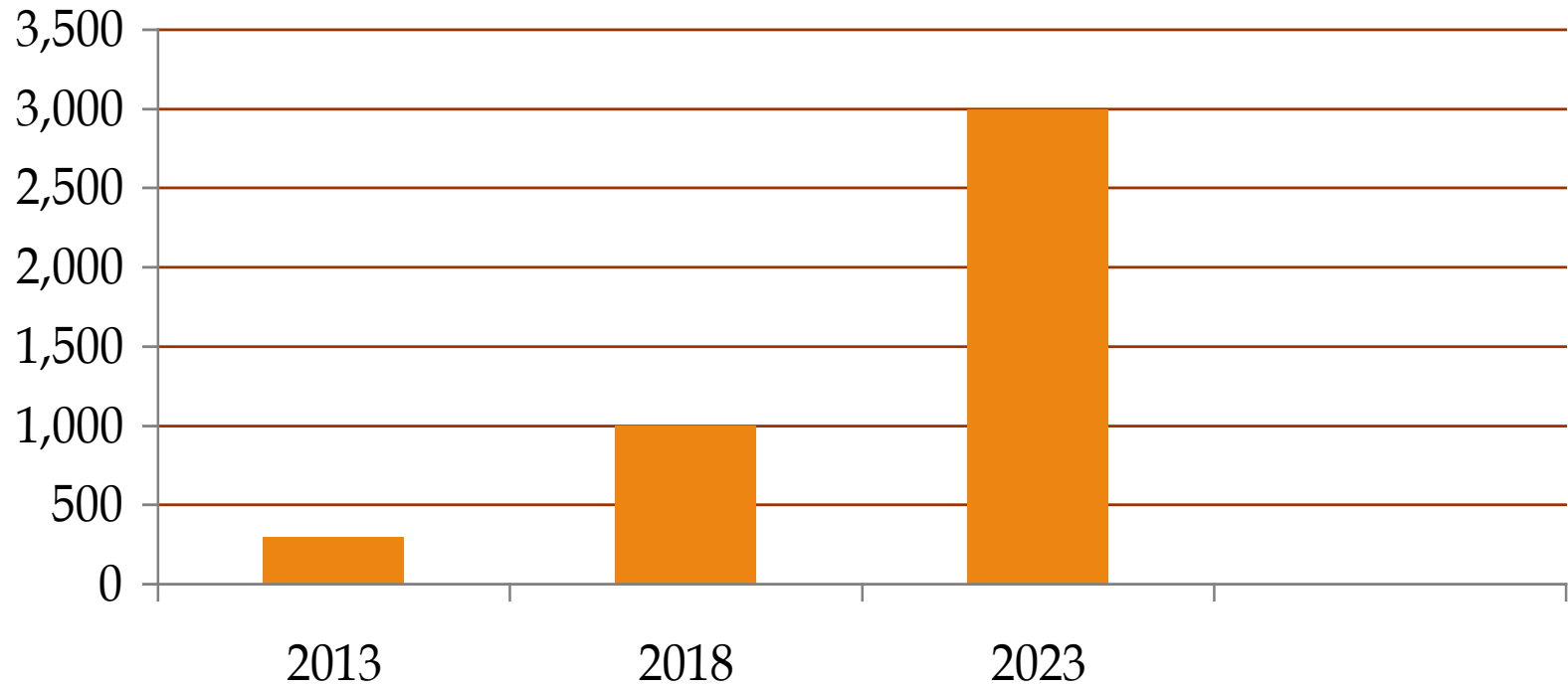
In 2011 the MLP Network:

- Provided direct legal assistance to **53,000 people**
- Trained more than **10,000 health care professionals** on the connections between unmet legal needs and the health of their patients
- Recovered over **\$37.7 million for patients**
- Recovered nearly **\$700,000 for health care institutions**

Patients Who Receive MLP Assistance



10-Year MLP Growth Targets in Hospitals & Health Centers



The ACA and MLP Share Similar Goals and Themes

ACA is replete with demonstration projects and care delivery pilots for programs that share many core components of MLP—**prevention**, internal and external **systems change**, and the development of an **integrated, collaborative healthcare system**. The ACA calls for increased collaboration among providers, reorganization of the delivery system to have a more “patient-centered” focus, and an enhanced emphasis on keeping patients healthy rather than treating them after they become sick.

Potential Linkages Between the ACA and MLP

Accountable Care Organizations

Chronic Disease Management programs

Community Health Needs Assessments

Community Transformation grants

Consumer Assistance Program grants

Essential Health Benefits

Marketplaces/Exchanges

Medicaid Expansion

National Quality Strategy

Navigator program

Wellness Programs

Accountable Care Organizations

Groups of doctors, hospitals, and other health care providers who come together voluntarily to give coordinated, high quality care to patients. Coordinated care helps ensure that patients, especially the chronically ill, get the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors.

For example: Might an ACO want to buy MLP services as part of a suite of benefits?

Community Health Needs Assessments

Under the ACA, all nonprofit hospitals must conduct a community health needs assessment (CHNA) at least every three years, defined to include not only an assessment of need but also adoption of an implementation strategy describing how identified needs will be met. Under recent NPRM, the obligation to conduct a CHNA applies not only to hospital organizations but also to all of the facilities they operate.

For example: Could MLPs provide counseling around community health improvement and/or readmissions prevention?

Consumer Assistance Program grants

The CAP Grants program provides nearly \$30 million to help states and territories establish or strengthen consumer assistance programs, which provide direct services to individuals around:

- Helping consumers enroll in health coverage
- Helping consumers file complaints/appeals against health plans
- Educating consumers about their rights
- Tracking consumer complaints/strengthening enforcement

For example: Because states may partner with not-for-profit organizations that have a track record of working with consumers, could an MLP serve as a partner in a CAP grant?

Essential Health Benefits

The ACA requires that health plans offered in the individual and small group markets, both inside and outside of Exchanges, offer a core package of “essential health benefits.” EHB must include items and services within at least the following 10 categories: (1) ambulatory patient services, (2) emergency services, (3) hospitalization, (4) maternity and newborn care, (5) mental health and substance use disorder services, including behavioral health treatment, (6) prescription drugs, (7) rehabilitative and habilitative services and devices, (8) laboratory services, (9) preventive and wellness services and chronic disease management, and (10) pediatric services, including oral and vision care.

For example: Could an MLP be reimbursed for preventive/wellness/case management services under EHB?

Navigator program

Earlier this month, CMS issued a proposed rule regarding Navigator standards in Federally-facilitated and State Partnership Marketplaces. Under the ACA, Navigators are intended to provide unbiased information to consumers that will aid them in understanding and applying for the various types of coverage within their state Marketplaces. Specifically, the proposed rule outlines conflict-of-interest, training and certification, and meaningful access standards designed to ensure that Navigators in all Marketplaces remain impartial and accessible.

For example: Could an MLP meet the regulatory definition of “navigator”? Either way, could an MLP provide enrollment assistance trainings?

Wellness Programs

The ACA includes provisions that may encourage more employers to offer Wellness programs. And includes grants for small firms to start wellness programs. It also directs the CDC to provide technical assistance and other resources to help employers evaluate wellness programs.

For example: Could an MLP secure funding to develop a program for employees who experience significant premium hikes as a result of new Wellness programs? Could an MLP work with small, low-wage employers to help connect them to Wellness Programs?

Key Resources

Poverty, Health and Law: Readings and Cases for Medical-Legal Partnership (ed. Elizabeth Tobin Tyler) is the definitive text on MLP, covering the theoretical underpinnings of the model and offering strategies for implementation and evaluation in different settings.

The 2013 Medical-Legal Partnership Toolkit will help MLPs (new and existing) better align program activities, increase healthcare engagement and achieve sustainability.

For additional information:

1) MLP Website

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

2) Health Reform GPS Website

<http://www.healthreformgps.org/>