

Protective Health Effect of Legal Intervention On People Living with HIV



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Presenters



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What we will cover?

- 1 WWH's experience providing legal services as a part of HIV care
- 2 Ways health-harming legal issues disproportionately affect PLWH
- 3 Findings from study of >3,000 HIV+ Whitman-Walker Health patients
- 4 Best practices and challenges using medical-legal partnership as care



Whitman-Walker Health

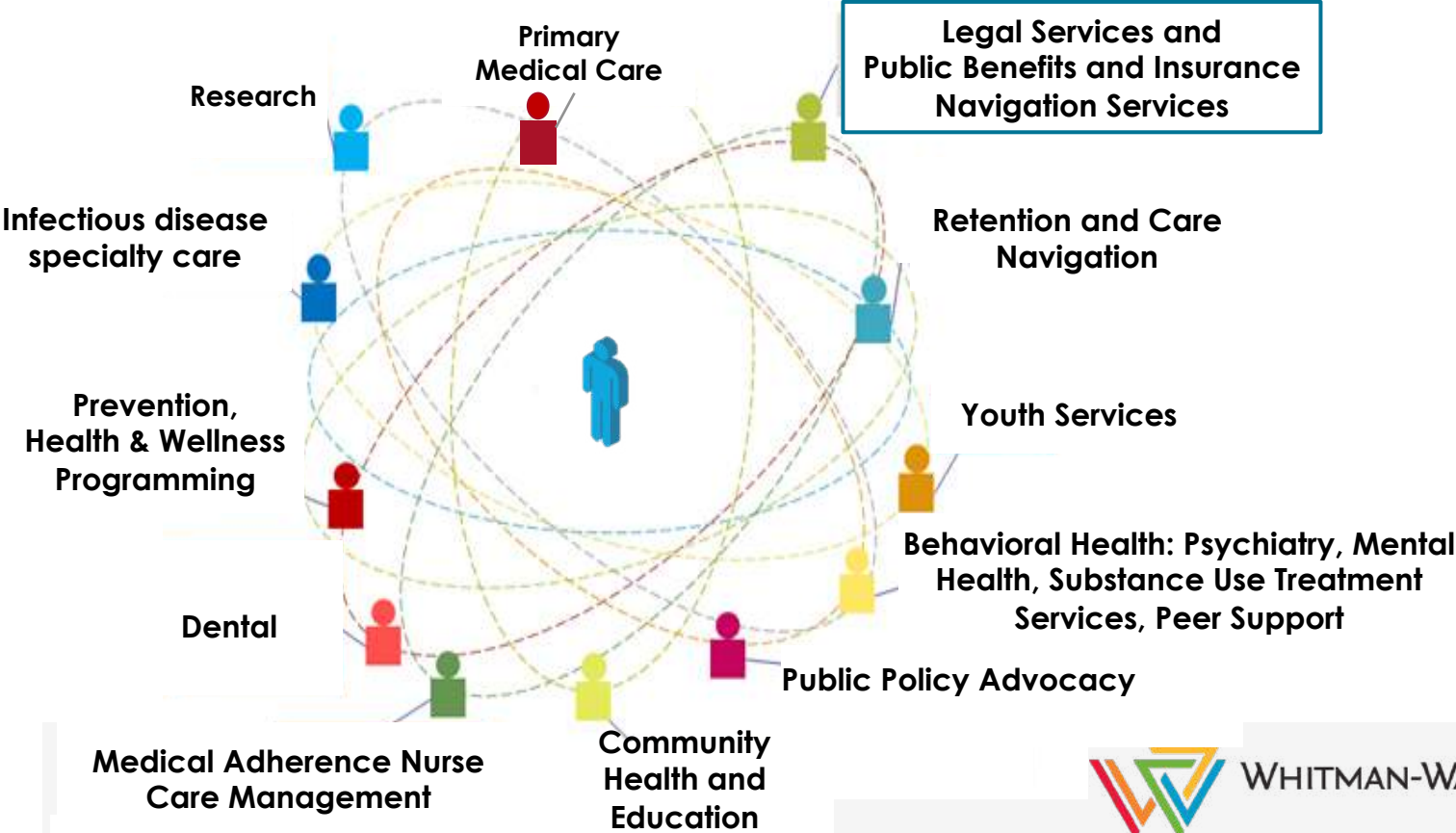
Who are we and who do we care for?



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Comprehensive integrated approach to health & wellness



What is a Medical-Legal Partnership?

- Legal service providers working alongside or as integrated members of health care teams to screen for health harming legal problems and address social determinants and institutional barriers to health
- Medical-Legal Partnerships have been established in 294 health care institutions in 41 states
- Whitman-Walker Health has been providing both legal and medical services to patients for more than 30 years



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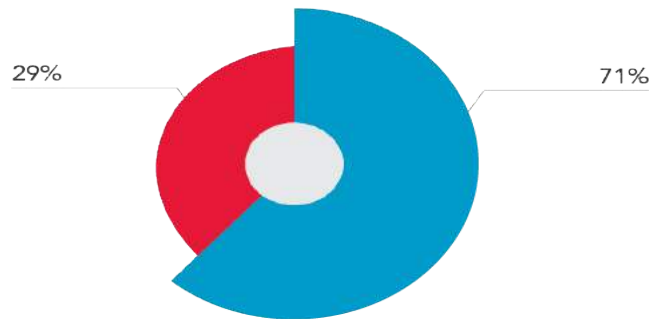
Whitman-Walker served more than **16,000** patients in 2016

- Our specialty populations:
 - HIV+
 - ✦ HIV-related medical care accounted for **37 percent** of all care
 - LGBT
 - ✦ **55 percent** identified as LGB (**8 percent** as Trans)
 - People facing social, legal, and economic barriers to care (often requiring legal intervention)
- Lawyers help make people better patients
 - Legal department served **3,120** unique clients, **6,069** services
- Payment reform and value based options require integrated care to improve outcomes and reduce costs
- Integration across all care services is key



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Gender



● Male ● Female

*8% of patients identified as transgender

Race/Ethnicity



● Black ● White ● Asian ● Other/Unknown

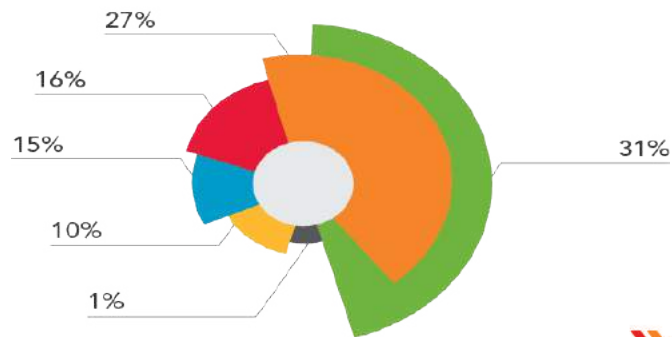
*17% of patients identified their ethnicity as Hispanic

Sexual Orientation



● Heterosexual ● Gay, Lesbian, Bisexual ● Other

Age



● <21 ● 21-30 ● 31-40

● 41-50 ● 51-60 ● 61 & Older



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Health-Harming Legal Needs

How are PLWH disproportionately impacted?



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Questions?

- What legal issues do you think disproportionately impact PLWH?
- What are some reasons to have a lawyer on the care team?

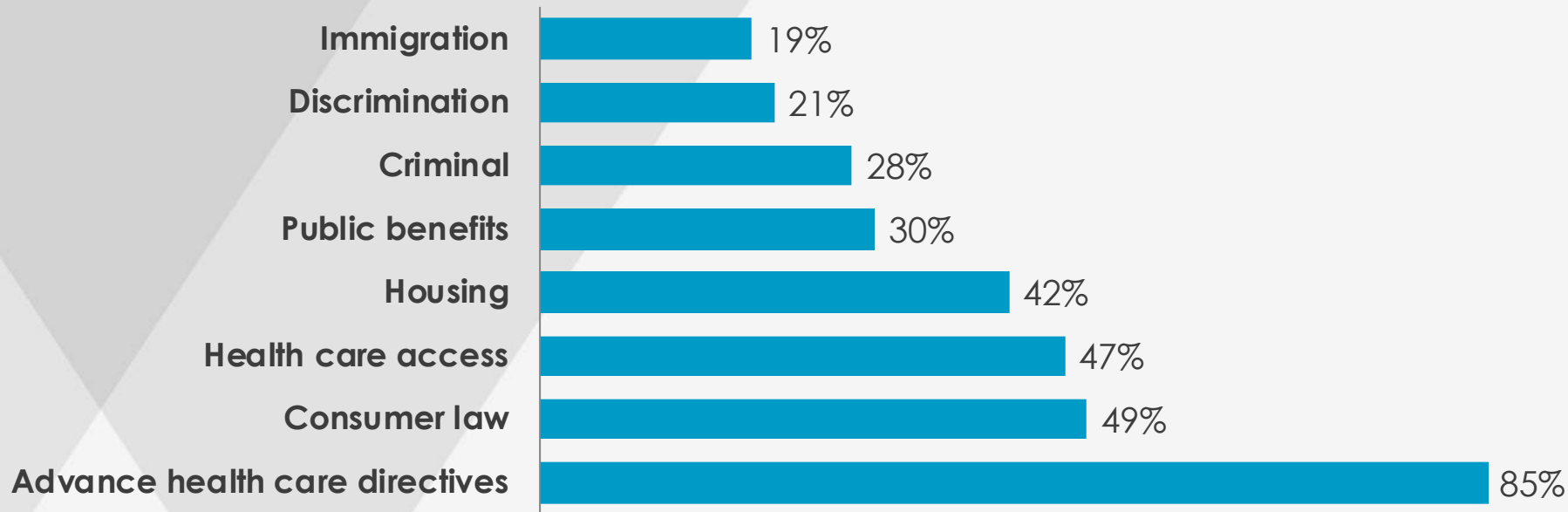


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Health-Harming Legal Needs of PLWH

Prevalent Legal Issues Areas Reported



Source: The Williams Institute. The Legal Needs of People Living with HIV, Evaluating Access to Justice in LA. 2015

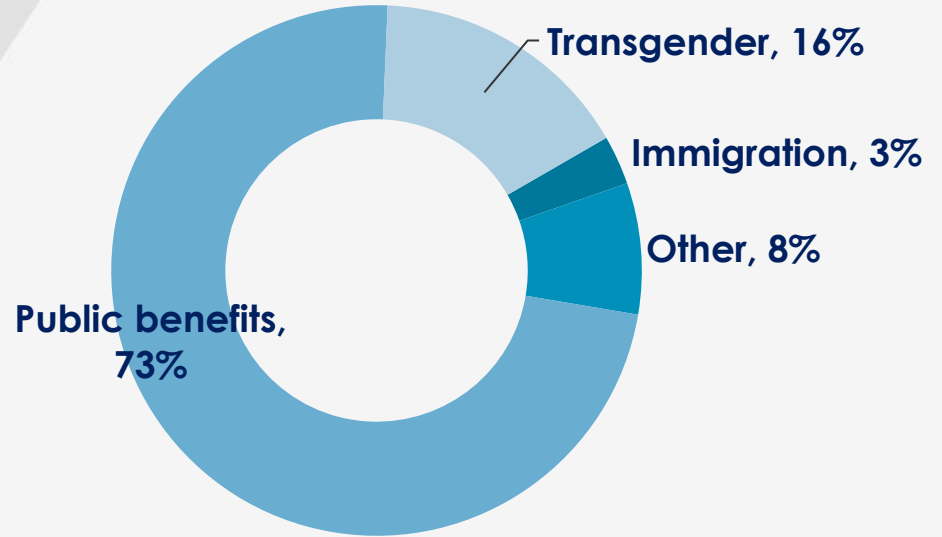


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Health-Harming Legal Needs at Whitman-Walker Health

Top Practice Areas

Public Benefits
Transgender/Identity Docs
Immigration
Insurance (non-public)
Discrimination/Workplace Rights
Future Planning
Privacy/Confidentiality



The legal issues handled represent the practice areas for the **6,069** services provided.



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How has the history of the AIDS epidemic played a role in the disproportionate impact of the health harming legal problems for PLWH?

- Stigma
- Discrimination
- Poverty
- ...



Innovations in Service Delivery – Using Legal Care and Data to Overcome Disparities and Improve Health

Program examples:

- Public Benefits and Insurance Navigation services
- Name and Gender Change Legal Clinics



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Public Benefits and Insurance Navigation

- “Trained experts”
- Bilingual – English / Spanish & Amharic
- Screen all patients for insurance
- Enrollment assistance
- Help with eligibility and coverage issues
- Better access for patients
- Providers have better options for care
- Workforce development – “right care, right provider, right time”
- Financial stability for health center



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Role of “Support Services” in Accessing Affirming Care

- Name and Gender Change Legal Clinic
- Legal clinic launched in 2012
- Assisted over 800 transgender individuals with identity documents



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Legal Intervention is the Gateway to Health Care for Trans Community

- 2010 – About 200 transgender individuals in medical care (*3 percent of patients*)

Compared To

- 2016 – Over 1,000 transgender individuals in medical care (*12 percent of patients*)



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Study with over 3,000 HIV+ patients at Whitman-Walker

Protective Health Effect of Legal Intervention



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Retrospective Study of 3,342 Patients Living with HIV

- The relationship between the provision of legal services and...
 - Adherence to medication – Evaluated by viral load suppression (>200 = *virally suppressed*)
 - Adherence to care – Evaluated by missed medical appointment rates
- 3,342 patients who received WWH services from 2012 through 2014
 - Group 1: Patients receiving both legal & medical services (n=1,959)
 - Group 2: Patients receiving only medical services (n=1,383)



We hypothesized that those **receiving legal services** would be...

Less likely to miss
medical appointments
than HIV+ patients with
no legal intervention

More likely to be virally
suppressed than HIV+
patients with no legal
intervention



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Relationship Between **Legal Intervention** and **Missed Appointments**

- Patients who received legal and medical services missed less appointments than patients who had no legal intervention
 - 19 percent vs. 23 percent missed medical appointments
- Using 2-Sample t-test, we conclude, with statistical significance, that clients receiving legal services missed less appointments
 - 95% confidence interval
 - P value > .0001

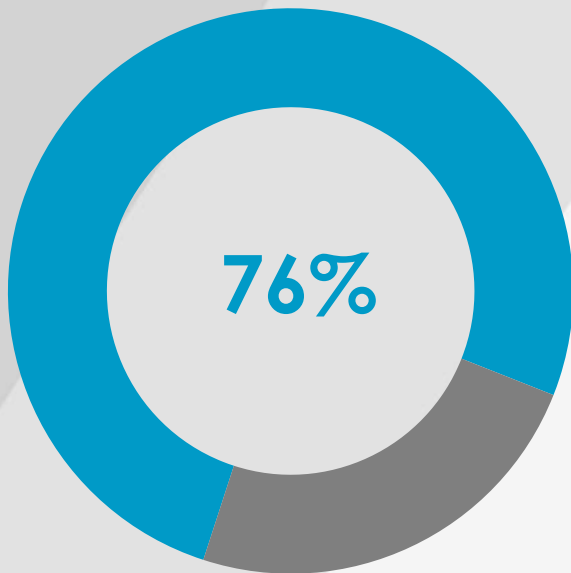


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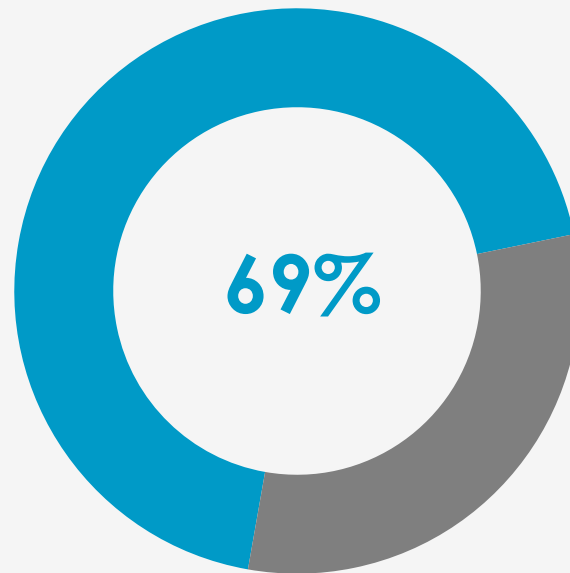
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Virally Suppressed Results in Two Consecutive Appointments

Medical
&
Legal



Medical
only



- We conclude, with statistical significance, that more patients who received legal intervention were virally suppressed during their last two appointments
 - 95% confidence interval
 - P value > .0001



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What Some of These Patients Say about our Legal Staff

They are problem solvers.
Legal staff know the right
people to call and the right
forms to fill out.
Are very connected.

Legal staff go above and
beyond, and do things that
aren't necessarily expected.
For example, reach out with
check-in phone calls.

They successfully coordinate with
clinical staff & other WWH staff.
They make the interface with WWH
services easy and seamless.
They may anticipate issues before
they occur.



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Best Practices and Challenges using Medical-Legal Partnership as Care



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Challenges in Medical-Legal Partnerships (MLP)

HIPAA & ethics challenges to lawyers on the care team and accessing EHRs

Healthcare members of team must recognize the value of lawyers as specialty referrals to solve health harming legal problems to improve health outcomes

Financial investment to support MLP

No third party payer for legal / grants and fundraising model and institutional support by health care entity

Note: HRSA & Ryan White consider Legal as an enabling service for FQHC



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Current tensions for future exploration

- MLP models differ
 - Legal Aid entity partners with health care entity (referrals)
 - Legal Aid entity partners with health care entity (co-location/partial integration)
 - Health care entity employs legal services as part of care team (full integration)
- Alignment and recognition that legal services as specialty care is critical to solve health harming legal problems – WWH believes full integration is only way to achieve this goal
- Return on Investment – Justifying the financial investment – using data to estimate and document value of the MLP to health outcomes
- Lawyers are by professional training always considering how to solve new problems
 - Need to focus on value to the patient and to the health care entity
 - Need to collect data about investment



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Best Practices

- Legal Care as a specialty practice / referral
- Legal Care as a continuum of services
 - Public Benefits and Insurance Navigation
 - ✦ Eligibility and enrollment expertise
 - ✦ Front long trained screeners for health harming legal problems / social determinants of health / life circumstance barriers
 - ✦ Maximizing insurance coverage for patients
 - Critical to patient access to care and troubleshooting problems
 - Revenue enhancing for health center
 - Legal Services representing clients to overcome health harming legal problems
- Alignment, ROI, and value of lawyers – **“Right care, right provider, right time, right cost”**



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