Establishing a Medical Legal Partnership in a BMT Clinic

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History of Medical Legal Partnerships (MLP)

First MLP -
Boston Medical Center Pediatrics
— Started 1993
— Provide medical and legal services in 1 setting
— Underserved populations

Benefits of MLP

• MLP’s have proven to:
  — Increase patient access to legal services
  — Decrease barriers to health care
  — Assist with income
  — Assist with community resources
  — Positively impact QOL
MLP Model
3 Central Themes

1. Providing Legal Assistance to Clients
2. Transforming Health and Legal Institutions
3. Achieving Policy Change

Importance of Social Work Involvement

- According to Georgetown Journal on Poverty and Law Policy: Social Workers should be integrated into the MLP Model, as their role is crucial to model effectiveness.

- Social Workers are equipped with unique skills to fully assess patient needs and barriers to connect to community resources, expand knowledge and non-legal solutions available to both patients and lawyers.

What Happened at the U of MN BMT

- The Adult Blood and Marrow Transplant (BMT) Clinic established a medical legal partnership (MLP) at the University of Minnesota Medical Center in order to better serve patient/family legal needs through proactive legal consultation. Cancer Legal Line (CALL) provides pro bono legal consultation and other legal services based on income guidelines to Minnesotans affected by cancer.
Setting

- Academic Hospital and Clinic
- Adult Blood and Marrow Transplant
- Transplants for diseases of bone marrow and clinical trials for Ovarian and Testicular Cancers
- Undergoing Autologous, Allogeneic, Natural Killer Cell Transplant or long-term follow-up
- 200+ transplants per year

Establishing Need

- Sibling donors who are not US Citizens and require legal assistance to travel to the US
- Risk factors for transplant are explained to patients and they are encouraged to prepare by securing Powers of Attorney for Legal/Financial, writing wills, Health Care Directives, etc.
- Communication difficulties, emergent medical care, or end of life issues arose where time was significantly limited to complete tasks or the opportunity was past

Process to identify partners in community

- Community partner already existed
  - Providing pro bono legal services to MN residents who met the income criteria and had a diagnosis of cancer
- Local law schools
- Local law practices
- Potential for assistance elsewhere in your region (completed by phone, fax, Skype, etc.)
Steps to Securing Funding

- Investigate what is available in your area
  - local foundations
  - American Cancer Society
- Be creative
  - cost sharing with legal office
  - piece together multiple sources of funding
  - local businesses may want to contribute
  - fundraising
- Start looking early to avoid missing grant application deadlines

Research Project

- To secure long term funding – data is very helpful
- We were challenged by our program to study the effects of legal consultation on our patient’s well-being

Process for Designing Project

- Study team (SW, RN, MD, and PhD)
- Approval of program
- Hypothesis
- International Research Board (IRB)
- Cancer Protocol Review Committee (CPRC)
- Measurement tools
- I-HELP
- Funding
- Data Analysis
Hypothesis

We hypothesize that providing legal consultation in an onsite BMT legal clinic will demonstrate improvement in patient concerns with legal issues and overall well-being.

I-HELP® MODEL

The goal of the I-HELP model is to provide a pneumonic device for describing medical legal issues.

- I—Insurance Coverage (health insurance, short/long term disability)
- H—Housing and Financial (eviction, foreclosure, creditor issues, bankruptcy)
- E—Employment (ADA/MHRA discrimination and reasonable accommodation, FMLA)
- L—Legal Planning (Guardianship, Wills, Powers of Attorney)
- P—Public Benefits (Social Security Disability Benefits, Supplemental Security Income)

Discussion of What to Measure

A pilot study in a family medicine clinic used the MyCaw and PSS-10 to measure outcomes with a MLP.

67 participants completed the tools pre/post legal interventions
  - PSS-10 decreasing 8.1 points
  - MYCAW improving 1.8 points

Measurement Tools

• **MYCAW:** The Measure Yourself Concerns and Wellbeing (MYCAW) is a simple tool to identify 1-2 concerns and the extent to which the concern bothers an individual. The tool has a first form and follow-up form.

• **PSS-10:** The Perceived Stress Scale (PSS-10) is a 10-item scale, which has been well-described in the literature. The scale has demonstrated validity and reliability in a number of studies.

• The **Legal Services Satisfaction Survey:** A tool developed by the investigators to measure aspects of satisfaction with legal services provided. The tool was derived through examining exemplars of other tools used by MLPs. Tool reliability and validity have not been established. Based on a literature review no validated MLP satisfaction tool was found.

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Establishing a BMT Legal Clinic to Support Patients with Cancer Undergoing Blood or Marrow Transplant

Patient Satisfaction Survey

Please check yes or no below if you contacted and received services from Cancer Legal Line:

Yes_________                     No___________

If you answered yes, please complete all the below:

Please check one response that best answers each question:

**Question**

- How satisfied were you with the legal help you received through the legal services offered?
- How well the attorney listened to what you had to say and understood what you wanted?
- How well the attorney seemed to know about the laws with regard to your concerns?
- Being able to access the attorney?
- The attorney's ability to explain things so you could understand?
- Getting the kind of help from the attorney that you wanted?
- How the help with your legal problem made things better in your life?

Please make any additional comments below on the services provided by Cancer Legal Line:

___________________________________________________
Study Arms

• **Intervention Study Arm**: Patients randomized to the study’s intervention arm are scheduled for a 90-minute legal consultation with a CALL attorney in our BMT Clinic. During this consultation, the goal is for the attorney to assess the patient’s self-identified legal needs.

• **Control Study Arm**: Patients randomized to the study’s control arm receive the current standard of care. Our current standard of care includes providing patients with the CALL brochure and encouraging them to contact CALL to address their self-identified legal needs.

A Patient Experience in the Study

• **Present Study**
• **Educate and Consent**
• **Administer questionnaires**
• **Randomize patient**
• **Assign to randomized Group**
• **Follow-Up** at day+ 28 and day +100

Methods

• This is a 2-arm randomized controlled study comparing patients receiving the BMT Legal Clinic intervention to patients receiving the standard of care intervention. Patients will be randomized using block randomization in a 2:1 fashion with twice as many patients receiving the MLP intervention. Randomization will be stratified by age (<60 versus ≥ 60) and type of transplant (allogeneic or autologous). Stratification by donor type is important since autologous patients will receive the post-transplant survey at 28 days and allogeneic patients will receive at 100 days post-transplant.

• **Target sample size:**
  • BMT Legal Clinic intervention = 56
  • Standard of care = 28
Update on Accrual

• Total Accrual Goal = 84
• Randomized to Intervention Group Goal = 56
• Randomized to Control Group Goal = 28

• Accrual to date: 50
• Randomized to Intervention Group = 30
• Randomized to Control group = 20

Challenges

• Partnership outside of current team
• Managing expectations of stakeholders
• Education about research process
• Funding – nothing is free

Results and Implications

• Results: The study is currently in the accrual phase.
• As of April 1, 2015, a total of 49 patients have been enrolled.
• Study enrollment is expected to be completed by September 30, 2015 and data analysis by January, 2016.

• Implications: Patients at risk for significant treatment related complications or illness may benefit from proactively addressing their medical-legal issues, especially if their illness renders them physically, mentally or emotionally unable to address these issues independently.
• Medical-legal issues may have significant financial and emotional impact on patient-families that could potentially be avoided if addressed proactively.
Items to Consider

- Time in addition to current work
- Staffing needs
- Work distribution of MLP project
- Space for attorneys
- Scheduling appointments
- Funding - short and long-term

What Would We Do Different?

1. Timing of Legal Clinic Appointment
2. Shorter pilot period to allow for changes

Questions?
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References