

# LEVERAGING THE ELECTRONIC HEALTH RECORD

*to link health center patients with  
medical-legal partnership services*

## AUTHOR

MALLORY CURRAN, JD

Principal,  
Mallory Curran Consulting

Senior Advisor,  
National Center for Medical-Legal  
Partnership

## CONTACT

For more info about medical-legal  
partnerships:

**National Center for  
Medical-Legal Partnership**

[medical-legalpartnership.org](http://medical-legalpartnership.org)

Twitter: National\_MLP

## Introduction

For health centers seeking to take action on health inequities experienced by their patients, the electronic health record (EHR) represents a largely untapped resource to link social determinants of health and **health-harming legal needs**, activate **medical-legal partnership (MLP) interventions**, and identify upstream solutions to concerning community trends. MLP-focused, structured data collection and sharing are needed to reduce inefficiencies in current data tracking, to decrease missed opportunities for legal needs screening, and to mitigate the difficulties in tracking patient health and other outcomes after MLP interventions are delivered. This issue brief provides concrete examples of how health centers are leveraging the EHR to complement their screening for the social determinants of health as well as to increase their capacity to deliver targeted MLP-related interventions.

# CASE STUDY 1

## SCREENING AND REFERRING PATIENTS FOR HEALTH-HARMING LEGAL NEEDS IN THE ELECTRONIC HEALTH RECORD

MONTANA & IOWA

### The MLP Teams

#### MONTANA

- Montana Legal Services Association
- Montana Primary Care Association
- Alluvion Health
- Northwest Community Health Center

#### IOWA

- Iowa Legal Aid
- Iowa Primary Care Association
- AllianceChicago
- Primary Health Care
- Siouxland Community Health Center

### BACKGROUND

In 2018, with the support of a [Technology Innovation Grant](#) from the [Legal Services Corporation\\*](#), MLP teams in Montana and Iowa embarked upon a project to expand their capacity to identify, track, address, and evaluate health-harming legal needs among low-income patients by leveraging the EHR to help overcome social determinants of health and health inequities.

Through this project, the two MLP teams have begun to integrate screening for health-harming legal needs and to make referrals to the legal partners through the EHR. They have also created reports in the EHR on the new MLP data points and plan to use them to identify and respond to trends related to social determinants of health, key health indicators, and health-harming legal needs.

\*The Legal Services Corporation (LSC) is an independent nonprofit established by Congress in 1974 to provide financial support for civil legal aid to low-income Americans. LSC provides funding to 132 independent non-profit legal aid programs in every state that serve thousands of low-income individuals, children, families, seniors, and veterans.

### SCREENING FOR HEALTH-HARMING LEGAL NEEDS

Both the Montana and the Iowa teams compiled a list of screening questions designed to unearth unmet legal needs among health center patients. Prior to receiving the Technology Innovation Grant, the Montana team had been administering legal screening questions on a paper screener to generate referrals for MLP services, but had not tracked them in the EHR. The Iowa team created legal screening questions for the first time as part of the Technology Innovation Grant; prior to that they had relied on ad hoc referrals from the health centers.

Both MLP teams considered how the legal screening questions fit with questions designed to screen for social determinants of health via the [PRAPARE](#) screening tool. Ultimately, each team decided to keep the legal screening questions separate from the PRAPARE screening questions, but sought opportunities to make it easy to toggle between the two.

The Iowa MLP team received feedback that clinicians and other health care staff would like to have some additional information about what particular legal screening questions seek to uncover. The team developed a method by which a clinician could click on a (?) button near the legal screening question to see a pop-up box with additional information. [Graphic 1](#), on page 3 is a screenshot of a legal screening question with that pop-up information from the EHR at Siouxland Community Health Center.

### WHO CONDUCTS THE SCREENING?

Both MLP teams also thought carefully about who should conduct and enter the screening information, seeking to be mindful of the “screening fatigue” experienced by both health center staff and patients as well as the time pressures faced by many clinicians.

Ultimately, both teams decided that while any clinician or health center staff member could conduct or enter the

### GRAPHIC 1. SCREENSHOT OF LEGAL NEEDS SCREENER IN THE SIOUXLAND COMMUNITY HEALTH CENTER EHR

**Legal Screening**    DOB: 07/23/1997    Patient Age: 21 Years Old

**Income and Insurance**

(?) Are your wages being garnished or do you have concerns about debts?    Yes    No

Comment: \_\_\_\_\_

(?) Do you have any tax problems or have you received notices from Internal Revenue Services?    Yes    No

Comment: \_\_\_\_\_

(?) Are you having trouble accessing health insurance benefits?    Yes    No

Comment: \_\_\_\_\_

(?) Have you applied for and been denied any cash or nutrition benefits, or have existing benefits been reduced?    Yes    No

Comment: \_\_\_\_\_

<<<    **PRAPARE**    **Orders**    Print Referral Letter    >>>>

v1.00 version date: 03/18/2019    AllianceChicago

Prev Form (Ctrl+PgUp)    Next Form (Ctrl+PgDn)

**Centricity Practice Solution**

Patients might describe these problem as: having money taken out of their paycheck to pay off debts, receiving harrassing phone calls from debt collectors, being sued in court by a creditor such as a bank or credit card company, or feeling overwhelmed by debt. Areas of law include: bankruptcy, debt collection, predatory lending, unfair / deceptive sales practices, or unpaid or underpaid wage claims.

OK

**Additional information available when a clinician clicks on a (?) near a legal screening question**

screening into the EHR, primary responsibility would lie with non-clinical staff such as behavioral health intensive care managers, care coordinators, family support specialists, and nurse care managers. The staff who most commonly screen patients with PRAPARE also ask patients the legal screening questions.

#### REFERRING PATIENTS TO THE LEGAL TEAM

The Montana and Iowa teams also reviewed options for making referrals to the legal team in the EHR. Because unmet health-harming legal needs might be identified outside the formal legal screening process, both teams decided to allow referrals to be made in the EHR whether or not a formal legal screening had been completed.

Both teams also used existing MLP paper referral forms as the basis to determine what information they wanted to transmit to the legal team in a referral. However, because they wanted the legal team to have additional information about the results of the screening for health-harming legal needs as well as confirmation of any consent received, each team expanded the amount of information shared at the point of referral. In addition to the information included on paper referrals (including patient name, date of birth, and contact information), the referrals also include information about positive screening for legal problems and patient consent. Much of this informa-

tion auto-populates in an EHR-generated referral document, saving valuable time for the clinical and support staff. On the back end, the data is also saved as structured data, making reporting easier and more meaningful.

The MLP teams also discussed how the information would be transmitted, via email or fax. In the future, both MLP teams would like to explore opportunities to transmit referrals via API directly to the legal partners' case management system to streamline and speed up the process even further.

#### CONTINUOUS QUALITY IMPROVEMENT: GATHERING FEEDBACK AND MAKING ADJUSTMENTS

Both MLP teams gathered feedback from clinical and support staff to make adjustments to the processes developed. Some adjustments were technical in nature; others were non-technical but necessary to support use of the new EHR-based tools. For example, after the project launched, clinicians and support staff in Iowa requested a script that they could use to introduce and explain the legal screening and referral to their patients. The MLP team produced and shared a sample script with the health care staff (see page 4 for the script and sample screening questions).

## SAMPLE LEGAL SCREENING QUESTIONS

**01**

Are you having trouble accessing health insurance benefits?

**02**

Are your children being denied services they need at school?

**03**

Are your wages being garnished or do you have concerns about debts?

**04**

Do you currently have a problem with your housing? (e.g. pests, mold, lead, having utilities shut off, landlord disputes)

**05**

Do you need advice or assistance in filing for or answering a dissolution (divorce) petition?

**06**

Have you applied for and been denied unemployment, workers comp, or disability benefits?

## IOWA SAMPLE SCREENING SCRIPT FOR HEALTH CARE STAFF

### PART 1: INITIAL SCREEN

Because we know that health and well-being are affected by a lot of things outside our clinic building, our health center partners with a number of different community organizations here in our area. [Name of legal organization] is a community organization that helps people with some kinds of legal problems, including problems with public benefits like food stamps, Medicaid, and SSI; problems with housing; and family law issues. They do not help with criminal law issues. These lawyers are not able to work with everyone who needs help, but when they accept someone as a client, their help is free – there is no cost to the client. We have been working with [name of legal organization] for many years, and they have been able to help a lot of our patients.

Because you told us that you are having some issues with [x], I would like to see if the lawyer might be able to help you with that issue and maybe some other issues, too. I have a few questions I would like to ask you to get some more details about what is going on. Is it okay with you if I ask you some additional questions? It's your choice, and if you would rather I did not ask you the questions, that is okay.

### PART 2: IF PATIENT SCREENS "POSITIVE" FOR ANY LEGAL ISSUE(S)

It looks like there are a few things that a lawyer might be able to help you with. Like I said before, [name of legal organization] is not able to help everyone who has a legal problem, but I would like them to take a look at your legal issue. To do that, I need to send them a referral. Would you like me to send a referral? It's your choice, and if you would rather I did not send a referral, that is no problem and I will not send any of your information to [name of legal organization]. You can also think about it, and let us know another day that you would like a referral.

### PART 3: IF PATIENT CONSENTS TO THE REFERRAL

Read the consent language to the patient, and have the patient sign before sending the referral to [name of legal organization].

**SAMPLE PROCESS**

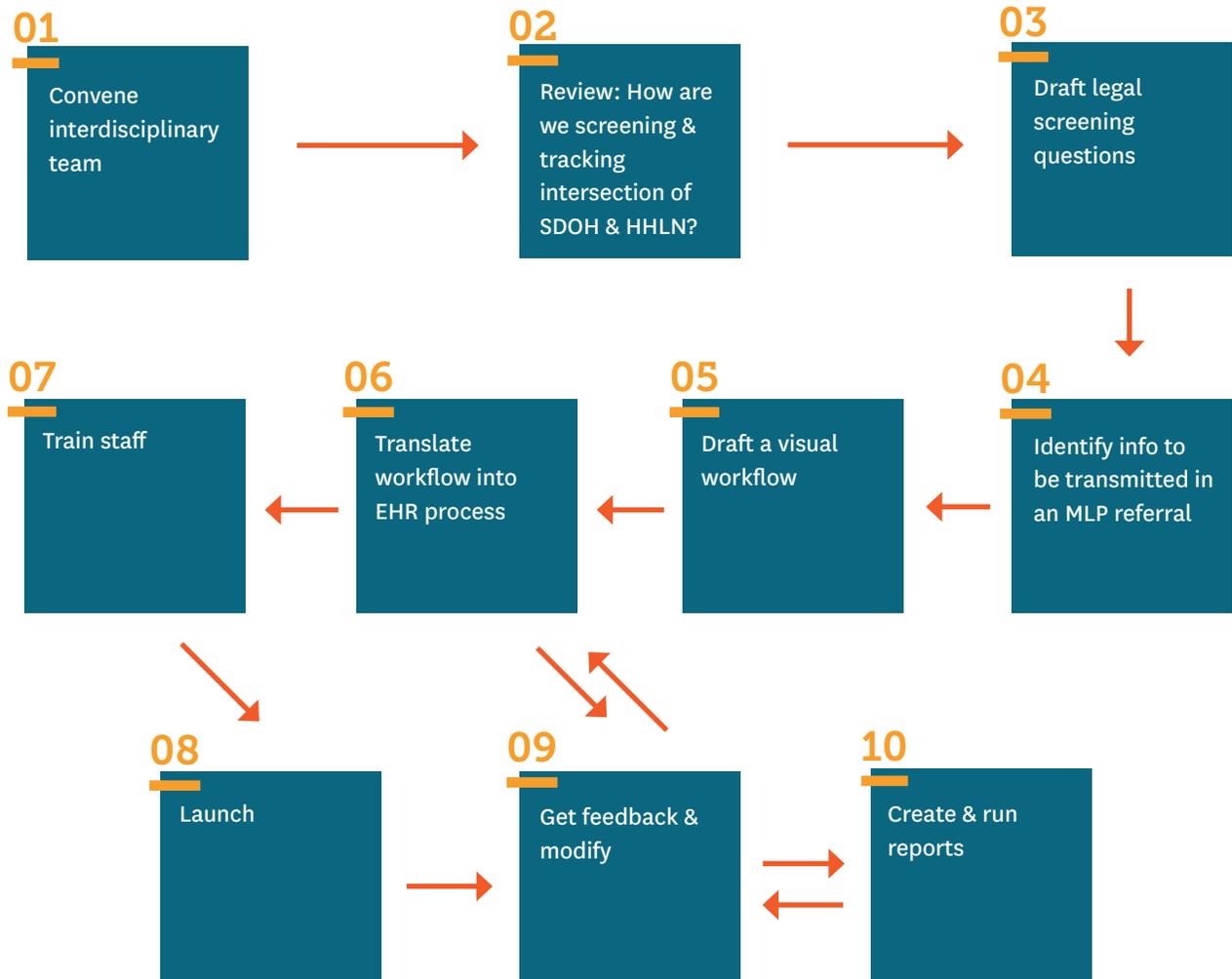
Although individual MLP teams will develop their own processes by which to implement legal screening and referral into the EHR, the sample process in Graphic 2. highlights the steps taken by the Iowa team.

**Consider Existing Workflows**

Health centers that are considering adding legal screening questions to the EHR should also consider integrating them into existing EHR screenings and workflows for standard patient care to ensure minimal redundancies and inefficiencies in the full workflow of seeing the patient, screening the patient, and using the EHR simultaneously. Legal screening questions can be added to workflows involving questionnaires for new patients, in updates of social history, or other workflows relevant to particular patient populations, such as pregnant patients, patients receiving behavioral health services, or patients with complex needs.

**GRAPHIC 2. IOWA PROCESS FOR ADDING MLP SCREENING & REFERRAL TO EHR**

Note: HHLN = health-harming legal need



## LESSONS LEARNED

The Technology Innovation Grant undertaken in Montana and Iowa is a work in progress, and the MLP teams are continuing to learn as they go. While they are not ready to prescribe best practices for integrating MLP screening and services into the EHR, they have compiled some “lessons learned.”

### 01

**It is important to convene an interdisciplinary team to determine the content of the screening, design the workflow, and identify data to transmit in a referral.**

Team members with a variety of roles should be involved in the development of the EHR project. Examples include administrators, case managers / care coordinators, clinicians (nurses, physicians, physician assistants, psychologists), health center controlled network (HCCN) staff, health IT staff, lawyers, primary care association (PCA) staff, social workers, and risk managers / compliance officers. Not all roles need to be represented in each planning session, but both the Montana and the Iowa MLP teams included participation from most of the above staff roles at one point or another.

### 02

**Social determinants of health and health-harming legal needs are intertwined, and EHR-centered conversations about one should include conversations about the other.**

For health care entities that have a medical-legal partnership or are contemplating building a medical-legal partnership, conversations about screening for and tracking social determinants of health should include conversations about screening for and tracking health-harming legal needs, and vice versa. For example, health centers can consider how to use SDOH screening (e.g., PRAPARE) to unearth the need for higher-level legal screening of a patient. Health centers can also use processes developed to refer patients to legal partners as a template or test case for how to refer patients to other community partners.

### 03

**Workflow should drive the technology; technology should not drive the workflow.**

In the spirit of the best practices of user-centered design and patient-centered care, teams should understand what the workflow around screening and referral will look like prior to investing time and energy into developing technology prototypes. The workflow and the subsequent technology should serve both the staff and the patient engaging in that workflow. Both the Montana and Iowa MLP teams created a visual representation of the workflow to help guide the development of the technology. Initial representations can be done first with pen and paper, sticky notes, on whiteboards, or with online tools. Technology should not be implemented simply because it is innovative – it should serve a specific purpose within the healthcare setting. (It can be innovative, too, of course.)

### 04

**Spend time determining how patients will provide consent for a referral.**

Teams should plan ahead to determine how patients will provide consent to be referred to a legal partner. Consent may look different for an EHR-based referral than it does for a paper-based referral. The Montana MLP team overhauled its consent and release of information forms in anticipation of the launch of the EHR-based screening and referral. The health care teams in Montana are responsible for obtaining and uploading consent documents using e-signature software, and the referral indicates to the legal team whether consent has been obtained but does not send the actual consent documents. In Iowa, the patient signs consent directly on the referral document itself.

### 05

**Leverage external deadlines to help prioritize this work.**

Both the Montana and Iowa MLP teams found that having external deadlines set by an outside funder was helpful. All personnel working on this project have multiple responsibilities and competing priorities. The external deadlines helped to prioritize and advance the goals of the project.

# CASE STUDY 2

## PROVIDING LEGAL INFORMATION AT THE POPULATION LEVEL

### AUSTIN, TEXAS

#### BACKGROUND

While the Technology Innovation Grant project described above focuses on screening for health-harming legal needs and making referrals at the patient level, other health center-based MLPs are using the EHR to deliver legal information at the population level.

The MLP between the People's Community Clinic and the Texas Legal Services Center in Austin, Texas, developed a one-page, two-sided information sheet that is sent in monthly batches to all patients who are turning 17½ years old. The information sheet was developed after the MLP identified a trend of young people being referred to the MLP lawyer for help with shared decision-making and future care planning. The identification of the population health need was facilitated by the individual EHR-based referral orders, which include medical diagnoses that follow the patient's legal appointments, and for which the lawyers add "legal diagnoses." The discovery of the co-occurrence of certain medical conditions with certain legal needs resulted in the formation of an interdisciplinary work group.

Although the needs of patients with disabilities sparked the initial discussion, the work group determined that many families have questions related to their child's transition to legal adulthood at age 18, regardless of whether the child has a relevant disability or not. The work group developed the information sheet with general information about changes that patients and families can expect, as well as more detailed information about options for patients who might need assistance making health care-related or other important decisions. The information sheet, available in English and Spanish, also includes information on how patients can get in touch with the MLP to discuss these issues in more detail.

#### Download Austin's Transition Packet

[Click here to download](#) the transition packet in English and Spanish.



#### USING EXISTING DATA IN THE EHR TO IDENTIFY OPPORTUNITIES FOR MLP INTERVENTION

Health centers should also consider developing EHR-based reports to identify opportunities for MLP intervention. No new screening questions or data points need to be added to the EHR in order to benefit from this type of reporting.

For example, health centers could use internal reports to identify patients who:

- Have lost health insurance in the past 3 months;
- Have certain diagnoses and score at risk on the PHQ-9 or GAD-7;
- Are experiencing homelessness;
- Have complex medical and social needs and are neither employed nor receiving disability benefits; or
- Score above a certain threshold in the number of PRAPARE questions on which the patient screens positive for unmet needs.

Health centers do not need to disclose the contents of these reports with their legal partners. Instead, the results of these reports can help guide internal health center conversations about which patients should receive more in-depth screening for health-harming legal needs and/or be offered referral to the MLP. Similarly, the reports can be used to identify concerning trends, such as an increase in the number of patients losing health insurance, and be used in the aggregate to consult with MLP legal partners to explore upstream solutions for all impacted patients.

## Additional Resources

Health centers are encouraged to review the following National Center for Medical-Legal Partnership issues briefs to help inform efforts to leverage the EHR to link patients with MLP services. All are available for free download from [medical-legalpartnership.org/resources](http://medical-legalpartnership.org/resources).

**1** Health Center-Based Medical-Legal Partnerships: Where They Are, How They Work, and How They Are Funded

**2** Information-Sharing in Medical-Legal Partnerships: Foundational Concepts and Resources

**3** Screening for Health-Harming Legal Needs

## Acknowledgments

Many people offered important insights, experiences, and contributions to this issue brief, including:

- **Kallie Dale-Ramos, JD**  
Montana Legal Services Association
- **Sarah Dixon, MPA**  
Iowa Primary Care Association
- **David Faldmo, MPAS, PA-C**  
Siouxland Community Health Center
- **Erin Planalp, JD**  
Iowa Legal Aid
- **Shannon Pohl, MS, BSN, RN**  
AllianceChicago
- **Olivia Riutta**  
Montana Primary Care Association
- **Keegan Warren-Clem, JD, LLM**  
Austin Medical-Legal Partnership

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$625,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](http://HRSA.gov)