

Introduction

A medical-legal partnership (MLP) operates through a joint partnership between the legal and medical fields. Low-income and marginalized people who have medical problems also typically have unmet legal needs. If these legal needs can be solved, then the problematic medical issues will begin to alleviate.

Before implementing an MLP, there are a variety of costs and benefits which must be considered. Determining and evaluating these costs and benefits serve a variety of purposes and objectives. It is important to note that there are both qualitative and quantitative costs and benefits which are relevant to this research. The forthcoming analysis is meant to inform those wishing to implement an MLP, as to the costs and benefits which will accrue to such endeavors.

Objectives

1. Determining where the most money can be saved, through the implementation of an MLP
2. Be able to place a dollar value on a case that is addressed and remedied through the MLP
3. Determine what benefits can be realized by investing in an MLP (both qualitative and quantitative)
4. Determine what costs will be incurred in implementing an MLP (both qualitative and quantitative)



Materials and Methods

Newspaper articles, the Law Society of Saskatchewan's *Code of Professional Conduct*, academic articles, CIHI data, and Department of Justice reports were all used in the research and writing of this paper. Five cost-savings and benefits topics were identified, along with four expenses/costs. Each of these topics were then investigated using Google Scholar, as well as search engine results. Sources were drawn upon in order to gain an understanding of each different topic. After informing myself of the different topics, a number of pages were written explaining them to the reader.

Results

Cost-savings and benefits:

1. Less people accessing the health care system

a. Most cost-savings accrue to Daily Ward visits at hospitals, as opposed to community walk-in clinics and the Emergency Department:

| Type of Visit | Dollar Value of Visit | Reduction in usage | Savings |
|-------------------------------------|-----------------------|--------------------|----------|
| Hospital Daily Ward | \$4073 ¹ | * 19.30 % | \$786.09 |
| ED | \$136 ² | * 19.30 % | \$26.25 |
| Mediclinic (Family Physician visit) | \$58.15 ³ | * 19.30 % | \$11.22 |

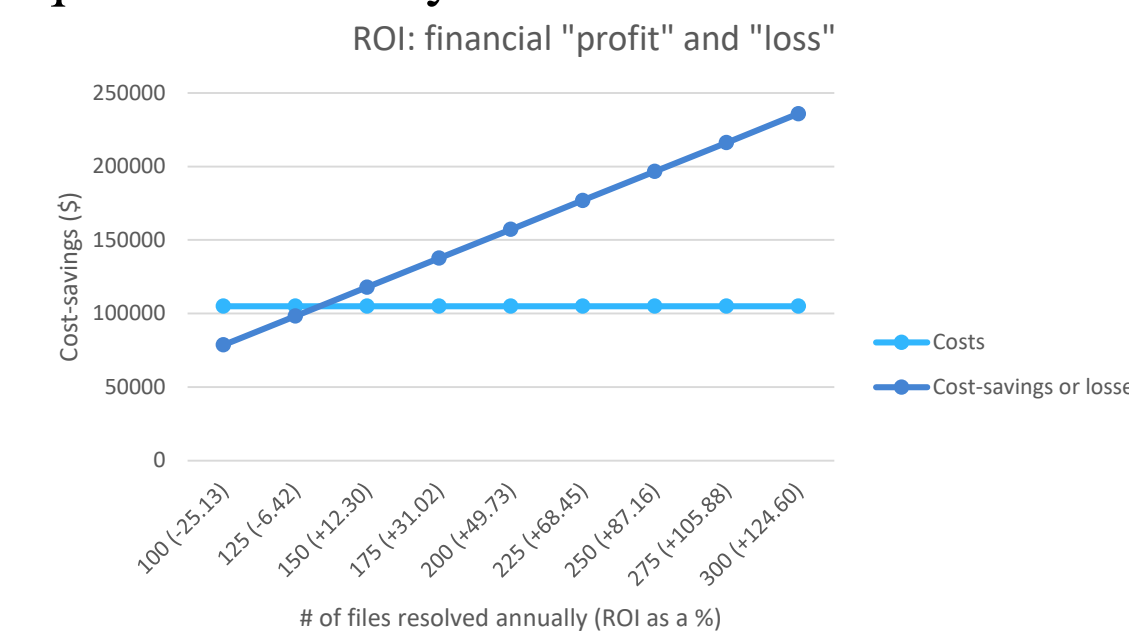
b. The above 19.30% 'reduction in usage' comes from the average change in usage, as illustrated in the table below. The average of the values in the third column amount to a 19.30% reduction in health problems.

| # of unmet legal problems | % of people experiencing a health or social problem ⁴ | percent change from prior | average in percentage change |
|---------------------------|--|---------------------------|--|
| 0 | ? | - | 19.30% average |
| 1 | 18.7 | ? | decrease in health |
| 2 | 36.0 | -48.06 | problems: 19.30% * |
| 3 | 41.5 | -13.25 | \$4073 = \$786.09 per legal problem solved |
| 4 | 57.6 | -27.95 | |
| 5 | 67.7 | -14.92 | |
| 6 | 61.6 | +9.9 | |
| 7 | 78.5 | -21.53 | |

c. The 'Gross Value' is calculated as the number of files solved annually multiplied by \$786.09 (amount saved per file solved). The 'Net value' comes from the Gross Value minus the cost of a lawyer of \$105,000:

| Files solved annually | Gross Value | Net value | ROI |
|---|-------------|------------|---------------------|
| 100 | 78,609 | -\$26,391 | -25.13% |
| 125 | 98,261 | -\$6,739 | -6.42% |
| 134 | 105,336 | +\$336 | -0.32% (break even) |
| 150 | 117,914 | +\$12,914 | 12.30% |
| 175 | 137,566 | +\$32,566 | 31.02% |
| 200 | 157,218 | +\$52,218 | 49.73% |
| 207 (average files per lawyer at CLASSIC) | 162,721 | +\$57,721 | 54.97% |
| 225 | 176,870 | +\$71,870 | 68.45% |
| 250 | 196,523 | +\$91,523 | 87.16% |
| 275 | 216,175 | +\$111,175 | 105.88% |
| 300 | 235,827 | +\$130,827 | 124.60% |

d. The graph below gives a visual representation of the financial implications resulting from however many files are solved. Less files solved equal more money lost. More files solved equal more money made.



2. Health care practitioners (HCPs) better able to perform at their highest level:

- a. The National Center for Medical Legal Partnership explains how in a 2016 survey of MLPs in America, it was found that: 86 percent of physicians reported improved health outcomes for patients, 64 percent reported improved patient compliance with medical treatment, and 38 percent of physicians explained how they were able to perform "at the top of their license."⁵
- b. Other promising data from: LegalHealth in NYC,⁶ Legal Assistance to Medical Patients in New Jersey,⁷ MLP Boston Medical Center's Leadership in Advocacy Block,⁸ Advocacy Boot Camps,⁹ and Poverty Simulation¹⁰

3. Incorporating legal training into HCP education:

"Future physicians will require an understanding of both the complex healthcare system in which they will practice, as well as the multiple factors that affect their patients' health across their patient panel and community, and the social and environmental context in which their patients live. Appreciation of the broader legal and regulatory structures that form that environment is critical."¹¹

4. Fulfilling access to justice calls to action: local (Dean's Forum) and national (Cromwell and CBA)

5. Increased satisfaction of health care patients: Health Law Partnership (HeLP) in state of Georgia¹²: 59.5% - HeLP improved financial situation; 38% - HeLP improved children's physical health; 38% - HeLP improved children's emotional health

Expenses and costs, drawbacks:

1. **Lawyer's salary:** \$105,000 in SK¹³
2. **Space for the lawyer:** where will the lawyer physically work and operate?
3. **Reliance on pro bono lawyers:** no mandated pro bono work in any province in Canada¹⁴
4. **Time required to train HCPs:** from 3 hours (MLP BMC Boot Camps) to 4 weeks (MLP BMC Leadership in Advocacy Block)

Recommendations

1. Triage lawyer be located within a hospital (focusing on Daily Ward intakes)
2. \$786.09 saved per file solved; break-even point: 134 files solved per year by triage lawyer
3. There is a chance such an investment may lose money (anything less than 134 files solved, variances in dollar amounts saved per file resolved)
4. May be better to focus on qualitative benefits of an MLP (HCPs greater ability to perform better, fulfilling access to justice calls to action, and increased patient satisfaction)

References

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