

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6778

### **Title**

*Economic analysis of virtual Medical Legal Partnership model*

### **Priority 1 (Research Category)**

Economic or policy analysis

### **Presenters**

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### **Abstract**

Context: Despite copious evidence of the positive health impact of Medical legal partnerships (MLP), public funding remains subject to economic arguments seeking return on investment (ROI) from the perspective of public payers. To date, there are less than a handful of economic analyses for MLP in the published literature. Virtual application of MLP offers an opportunity for economies of scale, sharing the services of one legal expert across multiple locations, theoretically improving the ROI. Objective: Evaluate the economic impact of receiving tele-legal services from Medicaid's perspective with regard to a) fee- for service (FFS) total cost of care; b) FFS cost of primary care; c) utilization for FFS primary care; d) utilization for FFS and capitated behavioral health (BH) and BH emergency department encounters. Study Design and Analysis: Tele-legal services were provided over 30 months, with correlating Medicaid claims data. Economic analysis utilized "difference in difference" methodology comparing individuals who received legal services to control groups: a) in the same clinic; b) in 12 other primary care clinics within the same health system. Control groups were matched on socioeconomic status, racial and ethnic group, age. Cost measures were adjusted to 2022 dollars using seasonally adjusted Personal Consumption Expenditures. Setting or Dataset: Medicaid Claims, Epic electronic health record. Clinics: AF Williams Family Medicine, Lowry Internal Medicine. Population Studied: Attributed patients of participating clinics; clinic staff; Colorado state agency staff. Intervention/Instrument: Legal-needs screening tool. Outcomes: Screens delivered (n), Referrals (n); legal outcomes (n); best practices; challenges; MLP-Domains (categorical) Results: Evaluations at the 30-month time horizon demonstrated, patients who received tele-legal services had an average increase of \$219 per member per month (PMPM) in total cost of care; average increase of \$27 PMPM in primary care costs; an average increase of 3 additional primary care appointments annually; and an additional increase in 1 BH appointment annually. Conclusions: Increased cost and utilization in primary care and behavioral health services, though net positive in the short run may not have had sufficient time horizon to demonstrate savings.

Inability to control for patients in legal crisis significantly limits the ability for economic analyses to fully demonstrate value through traditional ROI.

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