



WHITMAN-WALKER HEALTH

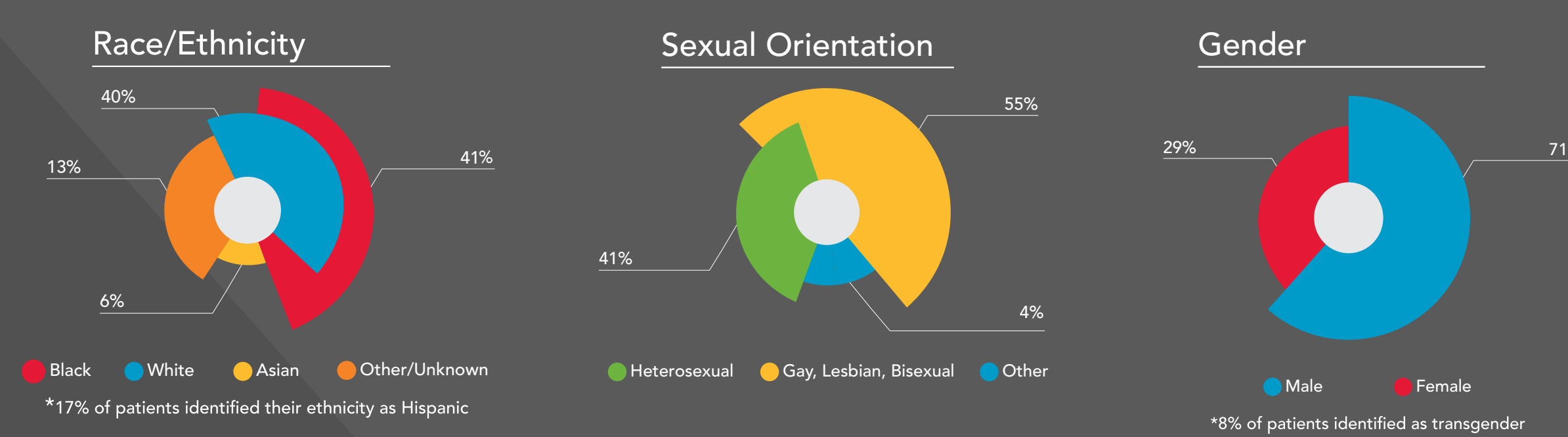
WE SEE YOU.

The "Protective Health Effect" of Legal Services as an Integrated Care Intervention for People Living with HIV

Guillaume Bagal, MHA and Erin M. Loubier, JD
Whitman-Walker Health

BACKGROUND

- While research indicates that 98 percent of people living with HIV (PLWH) experience legal problems in areas including healthcare, immigration, and employment, few are successful in receiving needed legal assistance.
- Medical-Legal Partnership (MLP) is an intervention where lawyers work alongside healthcare providers to detect and address health harming legal problems and social needs.
- Whitman-Walker Health (WWH), a DC-based FOHC that specializes in LGBT health and HIV care, has provided legal services as part of HIV care for over 30 years.
- Limited work has examined the relationship between health outcomes and the integration of legal services in healthcare delivery.



OBJECTIVES

This study aims to:

- Explore the relationship between specific health outcomes and the legal interventions for PLWH, specifically:
 - Viral load suppression
 - Adherence to medical care (as measured by kept vs missed appointments)
- Describe whether there is a differences between WWH HIV+ patients who received both medical and legal services and those who only received medical services.

METHODS

- Data were extracted from 3,344 PLWH who were WWH patients from 2012 through 2014.
- The data included sex, gender, age, race/ethnicity, income, housing stability, missed appointments, scheduled appointments, viral load results, and state of residence.
- The data also included whether these patients received legal services and the types of legal services received.
- The study population was broken down into two groups: (1) patients who had only received medical services and (2) those patients who received both medical and legal services within the study time period.
- Outcome variables selected were: (1) viral load suppression as a health outcome measure and (2) missed medical appointment rates as an indicator for patient engagement in care.
- Two sample t-tests were conducted to determine if there were statistical significances in viral load suppression and appointment adherence between both patient groups. A series of one-way ANOVA tests were conducted on subgroups to determine the impact of public benefit and insurance navigation services, which are also services that WWH Legal Services team provides.

RESULTS

Study Population

- Over half of the population in the study identified as LGBTQ.
- The majority of HIV+ patients who received medical care at WWH also interact with WWH's in house Legal Services team.
- Legal Services team includes Public Benefits and Insurance Navigators (PBINs) who assist with health insurance needs and are paralegals screening for health harming legal needs. PBINs assisted 95 % of HIV+ patients who received both medical and legal services.
- The primary comparison groups are:
 - Patients who only received medical services (n= 1,307 / 39 %)
 - Patients who received both medical and legal services (n= 2,037 / 61 %)
- Subgroups:**
 - Patients who only received PBIN services (n= 1,015)
 - Patients who did not receive PBIN services as part of other legal services they received (n= 95)
 - Patients who received PBIN services along with other legal services (n= 927)
- These two groups were similar in the demographic characteristics of sex, gender, race and ethnicity, income, and housing stability.

Legal Intervention and Viral Load Suppression

- HIV+ patients who had a Legal Services intervention had a statistically significant greater rate of viral load suppression (76%) than patients who only received medical services (69%). P value < .0001 at 95% confidence interval.



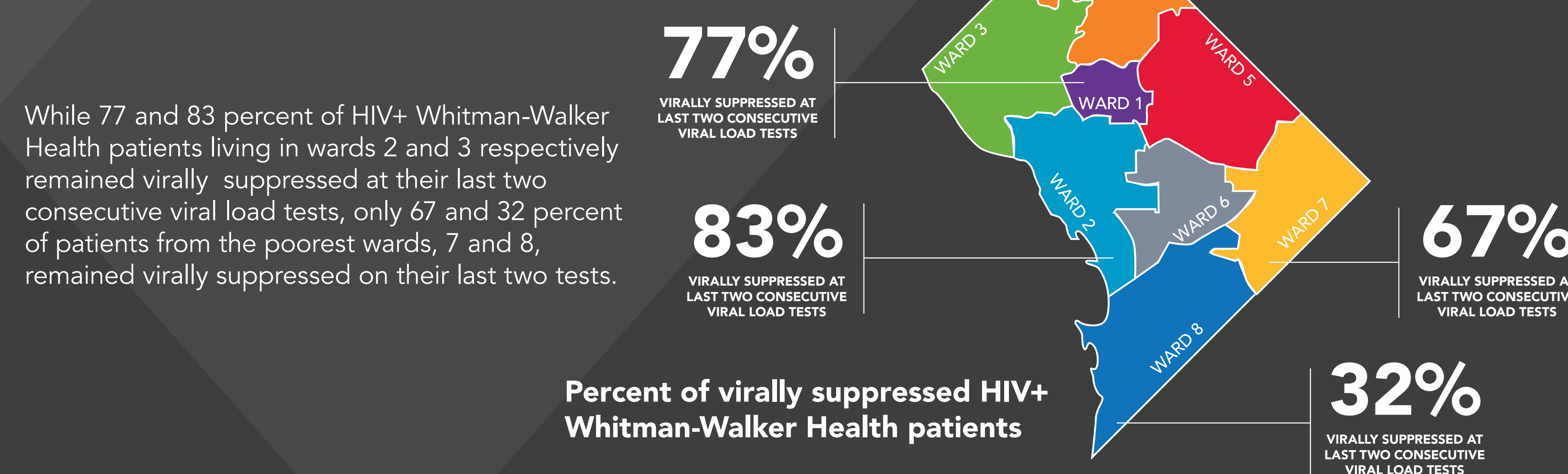
- PBIN services had a positive impact on viral load suppression, especially when administered alongside other Legal Services interventions.

Legal Intervention and Patient Engagement

- We concluded with statistical significance that patients receiving legal services missed fewer appointments. P value < .0001 at 95% confidence.
- While patients who only received medical care missed 17 percent of appointments, those who received both legal and medical services missed 15 percent of medical appointments.

Additional Findings Pertaining to D.C. Wards as Indicator of Health Outcome

- For patients who received both medical and legal services, where they resided in the District had an impact on their viral load suppression:



CONCLUSION

Receiving Legal Services led to what we are calling "a protective health effect" on PLWH. These findings confirmed what we had long suspected – addressing patients' legal needs impacts positively their health – measured by a health outcome variable – viral load suppression – and a patient engagement variable – adherence to appointments.

- Higher adherence to medical appointments for patients who received both medical and legal services leads us to believe that the added connection and support lawyers provide as part of the medical team strengthen patients' engagement in care.
- Public Benefits and Insurance Navigation services as a centralized screening and engagement service enhance the Legal team's intervention.
- Integrating legal services as part of the healthcare delivery team exemplifies using expertise to solve social needs and health harming legal problems.
- The much lower rates of viral suppression among medical and legal clients who resided in the District's poorest wards likely highlight higher levels of health harming legal problems and social needs generally and support the need to continue having two lawyers on the team at our Max Robinson Center in Ward 8 to enhance access and address the unique needs of those residents.
- While this study focused on PLWH, many people face health harming legal problems and health care has come to recognize that over half of health is impacted by social needs not genetic or purely health factors.
- WWH's care team seeks to use the right professional, providing the right expertise and care, at the right time.
- Whitman-Walker Health's innovative integrated healthcare delivery model treats the whole patient and a lawyer offering "legal care" is a critical member of the team.

LIMITATIONS

- While we established a positive correlation between the legal intervention and these two measures of health outcomes, the study does not confirm causation. The timeframe between the legal interventions and the viral load tests were not synchronized and there is a question as to what timeframe most makes sense.
- A few additional limitations exist, as follows:
 - A lack of consistency existed between how legal and medical collected gender information, which led to an underrepresentation of transgender patients in our study.
 - The viral load suppression measure constituted the last two consecutive tests in the research period, but not the length of time between these two tests.
 - The data on income and housing was only collected at initial registration during the study's time period.
 - The small size of the sample of patients who did not receive PBIN services along with the other legal services they received (n=95).

REFERENCES

Ayako Miyashita, Amira Hasenbush, Bianca D.M. Wilson, Ilan Meyer, Sheila Nezhad, Brad Sears. The Legal Needs of People Living with HIV: Evaluating Access to Justice in Los Angeles. April 2015. The Williams Institute. <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Legal-Needs-People-Living-with-HIV-Los-Angeles-County-April-2015.pdf>

Flickinger, Tabor E. et al. "Higher Quality Communication and Relationships Are Associated with Improved Patient Engagement in HIV Care." Journal of acquired immune deficiency syndromes (1999) 63.3 (2013): 362-366. PMC.

Lauren A. Taylor, Caitlin E. Coyle, Chima Ndujume, Erika Rogan, Maureen Canavan, Leslie Curry, and Elizabeth H. Bradley. Social Determinants of Health: What Works? June 2015. Yale Global Health Leadership Institute. http://bluecrossfoundation.org/sites/default/files/download/publication/Social_Equity_Report_Final.pdf

Michael J. Mugavero, Jessica A. Davila, Christa R. Nevin, Thomas P. Giordano. From Access to Engagement: Measuring Retention in Outpatient HIV Clinical Care. AIDS Patient Care STDS. 2010 Oct; 24(10): 607-613. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2965698/>

WWW.WHITMAN-WALKER.ORG