Request for Proposal
Medical Legal Partnership Tech Project Management

We will consider all responses that are sent to the RFP Coordinator, Krista Partridge, at kpartrid@mtlsa.org, by 5:00 pm MDT on November 3, 2017. Please include the name of the project, “MLP Tech Project Management” in the subject line. All communication concerning this Request for Proposal must be directed to kpartrid@mtlsa.org. Any oral communications will be considered unofficial and nonbinding on MLSA. Only written statements issued by the RFP Coordinator may be relied upon.

PROJECT SUMMARY
Through this Request for Proposal (RFP), the Montana Legal Services Association (MLSA) is soliciting proposals for project management of the Medical Legal Partnership Tech Project (MLP Tech). The MLP Tech Project will expand the capacity of Medical Legal Partnerships in Montana and Iowa to identify, track, address, and evaluate health-harming legal needs among low-income patients by leveraging legal case management systems and electronic health records to overcome social determinants of health and health inequities. MLSA’s primary partners on this project are the Montana Primary Care Association, Iowa Legal Aid, the Iowa Primary Care Association, and the National Center for Medical-Legal Partnerships. The full MLP Tech Project Narrative is attached as Exhibit A.

WHO WE ARE
MLSA is a law firm that empowers low-income people by providing legal information, advice, and other services free of charge. Our mission is to protect and enhance the civil legal rights of, and promote systemic change for, Montanans living in poverty. MLSA accomplishes its mission by engaging with the low income community in Montana to become their advocates to change the systems that keep people in poverty.

SCOPE OF WORK
The MLP Tech Project will progress in five phases, some of which will run parallel or overlap with others:

1. Capturing MLP data in two electronic health record systems;
2. Screening for & tracking responses to unmet legal needs in electronic health records;
3. Capturing MLP data in legal case management systems;
4. Linking electronic health records and case management systems with application program interface (API); and

The Project Manager will be responsible for overall coordination of project partners and contractors during each phase of the project to ensure the completion of milestones in accordance with the Project Timeline (attached as Exhibit B).

Specific duties of the Project Manager include:
• Assist MLSA in soliciting proposals and finalizing contracts for software development in LegalServer, Pika, eClinicalWorks, and Centricity.
• Assist MLSA in providing oversight and management of software development contractors.
• Assist MLSA in coordinating the testing and debugging of software and API development;
• Establish and facilitate the work of MLP Electronic Health Records working groups in Montana and Iowa to determine MLP data points to be collected in electronic health records; and update and improve existing screening and referral mechanisms based on the new MLP data points.
• Establish and facilitate the work of MLP Case Management System working groups in Montana and Iowa to improve, enhance, or implement MLP fields in Legal Server and Pika.
• Establish and facilitate the work of MLP API working groups in Montana and Iowa to identify information to be shared between legal case management systems and electronic health record systems.
• Conduct interviews to determine interest in pursuing machine learning; assess the feasibility and cost of implementing machine learning.
• Assist MLSA in conducting an evaluation of the project by:
  o working with MLSA to draft an evaluation plan and establish evaluation criteria;
  o conducting interviews and surveys of key health care center and legal services staff regarding the usability, usefulness, and accuracy of the fields, features, and forms;
  o assessing patient/client outcomes to ensure efficient and accurate tracking of client needs;
  o and, reviewing MLP reports produced from the electronic health records and legal case management systems.

PROJECT SCHEDULE
• RFP released – October 17, 2017
• Responses due no later than 5pm MDT, November 3, 2017
• Successful proposal announced no later than – November 10, 2017
• Contract signed and work commences by November 30, 2017
• See “Exhibit B - Project Timeline” for interim milestone tasks and deadlines
• The project will be completed by June 30, 2020.

PAYMENT
Payment arrangements will be negotiated with the successful bidder and may include payment in installments based on completion of milestones, or monthly payment based on invoices for time spent.

THE INFORMATION WE NEED
For consideration, please provide:
1. Vendor name, address, federal tax identification number, and a description of the vendor's legal status, e.g., corporation, sole proprietor, etc.
2. Vendor contact’s name, telephone number, and email address.
3. A statement that guarantees that the response constitutes a firm offer valid for sixty (60) days following receipt and that MLSA may accept any time within the 60 day period.
4. Provide two (2) references for other similar projects you have completed. Please include a phone number or email address of the referenced individual so he/she may be contacted.
5. Provide an estimated number of hours you believe the project will take.
6. Provide a statement of your hourly rate and any other information about your compensation requirements.
7. Provide a statement of how you propose to complete the project.

Proposals that exceed 10 pages in length will not be accepted. Late proposals will not be accepted and will be automatically disqualified from further consideration. Vendors must respond to each question/requirement listed above. In preparing their response, vendors should restate each requirement and then give their response.

SELECTION CRITERIA
We will consider all responses that are sent to kpartrid@mtlsa.org by 5:00 pm MDT on November 3, 2017. Please include the name of the project, “MLP Tech Project Management” in the subject line.

The following will be key factors in our decision-making process:

- Demonstrated commitment to exceptional customer service and responding to client requests in a timely fashion;
- Experience working with medical legal partnerships, civil legal services, and technology;
- Past performance working with MLSA (if applicable);
- Price that is commensurate with the value offered by the firm/individual and ability to work within a budget;
- Responses are presented in a clear, organized, and logical manner;
- Candidate has successfully completed similar projects and has the qualifications necessary to undertake this project.
Exhibit A:

MLP Tech Project Narrative
Project Narrative
Advancing Medical-Legal Partnership through Technology (MLP-Tech)

Need for Project

The Advancing Medical-Legal Partnership through Technology (MLP-Tech) TIG will expand the capacity of MLPs in Montana and Iowa to identify, track, address, and evaluate health-harming legal needs among low-income patients by leveraging legal case management systems and electronic health records to overcome social determinants of health and health inequities.

One in six people needs legal care to be healthy, and medical-legal partnerships (MLPs) are at the forefront of a movement among the health, public health and legal sectors to improve the health and well-being of people and communities by taking an integrated, upstream approach to combating health-harming social conditions.

Research indicates that while only 40% of an individual’s health is determined by genetics, medical care, and personal choices, fully 60% of health is determined by social and environmental factors such as income, access to health care, access to enough healthy food, housing, education, job stability, and personal safety. In other words, a person’s well-being depends on where she is born, lives, and works.

MLPs lead in the charge to help demonstrate to health care providers, community leaders, and policy makers that legal problems are health problems, by combining the strengths of both health care providers and civil legal attorneys to meet those needs. Health care institutions that serve low income communities are uniquely situated to identify health-harming legal needs, especially among patients who might not be aware that a legal solution exists or not feel comfortable or safe accessing legal services on their own. Health care institutions can also perform the critical role of connecting patients with existing legal resources.

Medical-legal partnerships embed civil legal services lawyers and paralegals into the health care team, providing training and consultation to health care providers, direct service to patients, and identify ways to improve community health. According to the 2016 Site Survey conducted by the National Center for Medical-Legal Partnership, 40% of the legal entities involved in MLP are funded by LSC.
Two of these MLPs include the Montana Health Justice Partnership and the Iowa Health and Law Project. Montana’s unique rural MLP model shares the cost of one “circuit-riding” MLP attorney over four Community Health Centers, the Montana Primary Care Association, and Montana Legal Services Association (MLSA). Iowa’s MLP model includes more than 3.0 FTE attorneys working at eleven hospitals and health centers.

Although MLPs operate in almost 300 health care institutions nationally, including those in Montana and Iowa, there has been no coordinated effort to identify and collect uniform, MLP-specific data in the electronic health record systems. To date, almost no health care partners collect MLP data in a systemic, reportable way. The MLP-Tech project aims to build a solid foundation for collecting MLP-specific data in the electronic health records and sharing that data with the partner civil legal aid case management systems.

Enhanced data tracking and sharing are needed to reduce inefficiencies in current data collection, the inability to completely track client health outcomes, and missed opportunities for legal need screening. Such uniform data collection and sharing capacity are eagerly sought by the health care and civil legal services communities.

For example, on the health care side, in recognition that social and environmental factors determine a majority of a person’s health, community health centers are undertaking a national, electronic health record-based initiative to better collect data to understand and act on these issues: the Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences (PRAPARE).

While the PRAPARE module includes a uniform general question about legal needs, many health centers with MLPs want to build on and align with PRAPARE to add more screening questions to identify specific unmet legal needs.

On the legal side, the National Center for Medical-Legal Partnership and LegalServer teamed up in 2016 to identify and implement MLP-specific fields and features into LegalServer through the MLP-LegalServer Pilot Project. Six MLPs participated in the pilot, and the MLP fields and features are now available at no cost to all LegalServer clients, about fifty of which have MLPs. Prior to the MLP-LegalServer Pilot Project, very few MLPs were tracking MLP data in their legal case management systems; instead they were using Excel documents, Word documents, or not tracking the data at all. Enthusiasm for
the new features has been strong, and Pika-using MLPs in seven states have expressed interest in adding the core MLP fields to Pika.

In Montana, for example, MLSA collects MLP data in their case management systems. This data, however, is one-sided because there is no MLP data collected on partner electronic health record systems. In order to provide truly holistic services to patient/clients, as well as accurately track health outcomes, not only must health partners track MLP data on their patients, but this data must communicate with legal aid case management systems to generate a precise picture of client outcomes and needs.

As described below, the MLP-Tech project will increase the quality of client services by ensuring that patients at high risk for poor health outcomes and unmet legal needs are connected with available legal resources. Robust data collection and sharing will also enhance the operational effectiveness and efficiency of MLPs in both Montana and Iowa, and provide the foundation to expand to other MLPs.

**Full Description of Project**

The Advancing Medical-Legal Partnership through Technology (MLP-Tech) TIG will expand the capacity of MLPs in Montana and Iowa to identify, track, address, and evaluate health-harming legal needs among low-income patients by leveraging legal case management systems and electronic health records to overcome social determinants of health and health inequities.

In order to do so, the MLP-Tech project will progress in five phases, some of which will run parallel or overlap with others:

1. Capturing MLP data in two electronic health record systems;

2. Screening for & tracking responses to unmet legal needs in electronic health records;

3. Capturing MLP data in legal case management systems;

4. Linking electronic health records and case management systems with application program interface (API); and

PHASE 1: CAPTURING MLP DATA IN ELECTRONIC HEALTH RECORDS

In Phase 1, MLP Electronic Health Records Working Groups in Montana and Iowa will convene to determine which MLP data points should be collected in the electronic health records. Each working group will be comprised of MLP legal team members, MLP health care team members, and the project coordinator. Experts from the National Center for Medical-Legal Partnership will provide technical assistance to this and all Working Groups.

The MLP health care teams will be comprised of representatives from the Montana and Iowa Primary Care Associations – statewide umbrella organizations with close working relationships to community health centers – and staff from participating federally-funded health centers.

Each of the MLP Working Groups will give special consideration to the data already collected as part of the ongoing national electronic health record upgrade among health centers (the PRAPARE initiative), including the method by which the PRAPARE data is collected and reported upon. A goal of the project will be to closely align the MLP fields with the existing PRAPARE modules in each electronic health record system.

Examples of possible MLP-relevant fields to add to the two electronic health record systems:

* Screening questions for unmet legal needs, such as: Are you concerned about eviction or losing your home?; Have you been denied SSI, SSD, VA, or other disability benefits?; Are your wages being garnished (is money taken out of your paycheck due to an unpaid debt)?
* Date of screening
* Person who conducted the screening
* Outcome of screening (e.g., “positive” results for unmet legal needs)
* Action taken by health care staff following “positive” results
* Legal problem category/ies on which action taken
* Level of MLP service provided (e.g., legal representation, legal consultation, use of advocacy letter in the electronic health record system, referral to outside resources)
* Date MLP service began
* Date MLP service ended
* Output of MLP service
* Outcome of MLP service
Some of these fields may not be populated until the electronic health records and legal case management systems are connected.

Once the core fields have been identified, Montana and Iowa Primary Care Association staff will work with health care IT staff to add the fields to the electronic health records – eClinicalWorks for Montana and Centricity for Iowa. Wherever possible, the fields and forms will align with PRAPARE, and in some cases, may be added to an existing PRAPARE screening form.

After the screening process is rolled out in Phase 2 below, health care IT staff will create reports to extract information related to MLP screening and MLP services provided. In addition to pulling information from the newly created MLP fields, these reports will also allow for future comparison to data already collected in the electronic health records, for example:

* Social determinants of health identified through the PRAPARE module
* Diagnoses
* Health insurance status
* Number of well-child, annual exam, and other preventive visits
* Attended versus missed appointments
* Immunization status
* Prescriptions filled
* Hospital admissions
* Emergency room visits

The comparison of MLP data with other electronic health record data will allow the MLP to assess more holistically the impact of civil legal services on patient health outcomes. For example, comparison data could find health benefits for seniors with high blood pressure and diabetes whose conditions are under better control after the MLP legal team successfully prevented an unlawful eviction.

**PHASE 2: SCREENING FOR & RESPONDING TO LEGAL NEEDS IN ELECTRONIC HEALTH RECORDS**

Once the MLP fields are built into the electronic health record systems, the MLPs will 1) develop methods for identifying patients with health-harming legal needs using the new MLP fields and 2) determine the appropriate “dose” of legal intervention, which could include representation, consultation, referral, or link to advocacy resources. Having MLP fields in the electronic health
record will also allow MLPs to track impacts over time.

In Phase 2, the MLP Working Groups will reconvene to review existing screening and referral mechanisms, and to update and improve them using the new MLP electronic health records fields. Based on variations in staffing and patient flow, the screening process will likely be different at each federally-funded health center, and each site may choose different priority patient populations on which to focus. The MLP Electronic Health Record Working Groups will also determine what will happen when a patient screens “positive” for an unmet legal need and how that information will be relayed to the legal team. This process will be informed by the standard case prioritization systems established by MLSA and Iowa Legal Aid.

Questions that will be answered through this process include:

* Which patients will receive the screening?
* Who will administer the screening?
* What questions will the screening tool contain?
* When will the screening be done?
* Where will the screening occur?
* How will the results be transferred to the legal team?
* What will the “dose” of legal intervention referral be for various “positive” screens (i.e., certain legal needs will always receive a legal information referral only, and others will be referred to the legal aid partner’s intake process)?
* What will happen if the legal team is inundated with referrals beyond their capacity?
* How will the results be reported upon?

Once the MLP Working Groups have settled on screening and referral processes, the process will be piloted with frontline health care staff at each of the health centers.

Based on feedback from the pilots, the methods will be reassessed and modified as needed. The screening and referral processes will then be rolled out to all relevant health center staff. Finally, a final reassessment will be done and the processes modified as needed.

In Montana, all Health Center partners have a goal of administering a legal needs screening to every single patient at least annually. This screening is currently done by a pen and pencil form and uploaded into the electronic health record. Referrals to MLSA’s intake specialists are made by fax.
In Iowa, one of the target health centers in Iowa currently administers the PRAPARE assessment to all adult patients annually while the other health center is in the early phases of exploring implementation of PRAPARE. Patients are informally screened for legal problems after health care staff are given training and through referral sheets, and the referrals to the MLP legal team are received by fax or phone.

The health centers in both Montana and Iowa currently screen for depression using the Patient Health Questionnaire (PHQ-9) assessment, screen for tobacco use via standard questions in the electronic health records, and screen through “Screening, Brief Intervention, Referral to Treatment” (SBIRT), which is an alcohol and drug use assessment tool. They also use other screening tools depending on specific patient populations being served, i.e. veterans or homeless patients.

**PHASE 3: CAPTURING MLP DATA IN LEGAL CASE MANAGEMENT SYSTEMS**

While Phase 1 and 2 build the MLP fields and forms into the electronic health record systems and develop screening processes, Phase 3 will add MLP fields and features to two legal case management systems: LegalServer (Montana) and Pika (Iowa).

A core set of MLP fields was developed for LegalServer as part of the 2016 MLP-LegalServer Pilot Project, which included MLSA as a pilot site.

During Phase 3, two MLP Case Management System Working Groups will convene, one from Montana and one from Iowa. The Working Groups will be comprised of MLP legal team members, MLP health care team members, and the project coordinator to provide guidance on adding or improving MLP fields in LegalServer (Montana) and Pika (Iowa).

The MLP LegalServer Working Group in Montana will work together to improve and enhance the existing MLP features in LegalServer. Possible improvements, recommended by the field of MLPs currently using the MLP features in LegalServer, include:

* Creating unique patient identification numbers (to assist with sharing data, which can get complicated when the patient referred and the client served are not the same person, e.g., when the patient is a child referred by her pediatrician and the client is the child’s parent or guardian);
* Linking some of the fields used to track information about the health care providers making referrals, including health care provider title and medical practice area;
* Updating the ICD-10 block, which tracks diagnoses and makes it easier to report on the legal intervention and outcomes for various patient populations based on primary diagnosis; and
* Making it possible to automatically copy MLP data when opening more than one case for a patient at a time (as often happens for MLP clients).

The MLP LegalServer Working Group will work in tandem with LegalServer’s developer PS Technologies to add these improved fields in LegalServer.

The MLP Pika Working Group in Iowa will oversee the implementation of the MLP fields identified in the MLP-LegalServer Pilot Project as well as potentially add new, supplementary MLP fields. They will work in tandem with the Pika programmer responsible for adding the fields to Pika.

The MLP legal teams from Montana and Iowa will test demo versions of the new/expanded features. LegalServer and the Pika programmer will then resolve any bugs or issues identified, and the new/expanded features will be added to the live sites for Montana and Iowa.

**PHASE 4: LINKING ELECTRONIC HEALTH RECORDS AND CASE MANAGEMENT SYSTEMS WITH API**

Once Phases 1, 2 and 3 are complete, MLP API Working Groups will convene. The API Working Groups will be comprised of MLP legal team members, MLP health care team members (from the Montana and Iowa Primary Care Associations and the health centers), health care IT staff, legal IT staff, and the project coordinator to identify information to be shared between the legal case management systems and electronic health record systems.

Questions to answer during this process include:

* For what purposes will the information be shared? (for example, referral, patient care, legal case development, program evaluation, tracking of financial outcomes, tracking of legal and health impact)
* Will information be shared from the electronic health records to the legal case management systems, from the legal case management systems to the electronic health records, or both?
* What information will be shared?
* When will the information be shared?
* What will happen if data shared already exists in both locations but conflicts (e.g., different dates of birth for one person)?
* How will patients indicate or document consent to the sharing of their information?
* What safeguards will be in place to protect patient/client privacy?
* What safeguards will be established to protect health center/legal aid databases?

The answers to these questions will likely vary among the health centers and legal aid entities.

Once the questions have been answered, the health care IT teams and legal IT teams will build systems to share agreed-upon data fields.

Next, the information sharing will be piloted with select frontline health care staff and MLP legal staff.

After the pilot, the MLP API Working Groups will reassess and modify the information shared.

Next, the information sharing will be rolled out to all relevant health center staff.

A final reassessment and modification of the information shared will be done based on full roll-out feedback.

PHASE 5: EXPLORING MACHINE-LEARNING IN ELECTRONIC HEALTH RECORDS

After Phases 1, 2, and 3 have been completed and Phase 4 has reached at least the pilot stage, Phase 5 will begin. The project coordinator will conduct interviews of Montana and Iowa Primary Care Association staff, health center leadership and staff, MLP legal team members, and legal aid leaders in Montana and Iowa to gauge interest in using machine-learning in the electronic health records to identify unmet legal needs from plain language patient care notes entered by health care staff.

Assuming enough interest, the project coordinator will then interview legal IT staff to evaluate the ability of machine learning to identify unmet legal needs...
from plain language in electronic health records, including examples of successfully of doing so in contexts outside of electronic health record systems.

The project coordinator will then interview electronic health record system vendors to evaluate the feasibility and cost of implementing machine learning into the electronic health records.

Finally, the project coordinator will report back to the legal and health care leaders in Montana and Iowa regarding the findings of these interviews and make recommendations for next steps after completion of this MLP-Tech project.

**Project Goals, Objectives, Activities, and Evaluation**

The goal of the MLP-Tech project is to expand the capacity of MLPs in Montana and Iowa to identify, track, address, and evaluate health-harming legal needs among low-income patients by leveraging legal case management systems and electronic health record systems to overcome social determinants of health and health inequities.

The MLP-Tech project will increase the quality of client services by ensuring that patients at high risk for poor health outcomes and unmet legal needs, including those who don’t realize that they are facing a problem with a legal solution, are connected with available legal resources. The MLP-Tech project will enhance the ability of health care staff at federally-funded health centers to identify unmet legal needs and refer patients, and over time the data collected will help prioritize cases by demonstrating which legal interventions provide the most benefit to which patients.

The MLP-Tech project will also enhance the operational effectiveness and efficiency of the MLPs at MLSA and Iowa Legal Aid in a number of ways. First, it will improve Iowa’s capacity to track MLP-relevant data directly in Pika, rather than via Excel, Word, or other methods that require double-data entry by staff and can make accurate reporting difficult or impossible. It will fine-tune Montana’s capacity to track MLP relevant data in LegalServer. These improvements will increase the time staff have to devote directly to client services.

Second, by adding MLP fields and forms to electronic health record systems, the MLP-Tech project will increase the ability of MLSA and Iowa Legal Aid to document the level of need for “legal care” among patients of federally-funded
health centers, which will in turn improve the ability to raise funds for and sustain MLPs. The content of these fields and forms (including the types and names of fields, as well as data shared between the electronic health record and legal case management systems) will be made available for any MLP health partner to review.

Third, it will provide the legal services programs with the opportunity to explore how different “doses” of legal care affect client health outcomes. Not every patient with an unmet legal need will be able to receive full representation by an attorney. The MLP TIG will explore facilitating access to legal care in the health care setting, including consultation by MLP legal staff to share legal information with health care staff, referral to other legal and social service agencies, and links to self-help information and materials inside and outside of the electronic health records. Data collected will inform which of these referral services is most effective for the health status of which sorts of patient legal/health issues.

The objectives to achieve the goal are to:

1. Capture MLP data in the electronic health record systems
2. Screen for and track responses to unmet legal needs in the electronic health record systems
3. Capture MLP data in the legal case management systems
4. Link electronic health records and case management systems with API
5. Explore machine-learning in electronic health record systems

The strategies and activities that will be undertaken to achieve each of the project objectives are:

1. CAPTURE MLP DATA IN ELECTRONIC HEALTH RECORDS

1a. Convene two Working Groups, one from Montana and one from Iowa: MLP legal team members, MLP health care team members (from both the Primary Care Associations and the health centers), and the project coordinator to identify uniform fields and forms to be added to eClinicalWorks (Montana) and Centricity (Iowa).

1b. Contract with eClinicalWorks (Montana) and a Centricity developer (Iowa)
to build out enhancements to electronic health records systems.

1c. Montana and Iowa Primary Care Associations will work with healthcare IT staff to build the fields and forms into eClinicalWorks and Centricity, complementing the PRAPARE modules currently used to screen for and identify social determinants of health.

1d. Conduct usability testing with healthcare staff and electronic medical records system staff.

1e. Modify enhancements to address issues identified in usability testing.

1f. After screening process is rolled out (see #2 below), create reports and other methods by which to report MLP data entered into electronic health records.

2. SCREEN FOR AND TRACK RESPONSES TO UNMET LEGAL NEEDS IN THE ELECTRONIC HEALTH RECORDS

2a. In tandem with the tasks from Objective 1 above, the MLP Electronic Health Record Working Groups will identify the process by which patients will be screened for health-harming legal needs at each federally-funded health center and what will happen when a patient screens “positive” for an unmet legal need.

2b. Pilot the screening with frontline health care staff.

2c. Pilot the referral process with health care staff and legal aid staff and intake.

2d. Reassess and modify the screening based on pilot feedback.

2e. Roll out the screening and referral to all relevant health center staff.

2f. Reassess and modify the screening and referral based on full roll-out feedback.

3. CAPTURE MLP DATA IN LEGAL CASE MANAGEMENT SYSTEMS

3a. Convene MLP Case Management System Working Groups, one from Montana and one from Iowa: MLP legal team members, MLP health care team members, and the project coordinator to provide guidance on adding or improving MLP fields in LegalServer (Montana) and Pika (Iowa).

3b. Contract with PS Technologies to build out enhancements to LegalServer
and with a Pika contractor to build out enhancements to Pika.

3.c. In partnership with LegalServer, implement improvement and expansion of existing MLP fields and features.

3.d. In partnership with the Pika programmer, implement core MLP fields identified in the MLP-LegalServer pilot project as well as any new fields identified during the MLP TIG.

3.e. MLP legal teams and LegalServer/Pika programmer test demo versions of the new/expanded features.

3.f. LegalServer/Pika programmer modify features to address issues identified in usability testing.

3.g. Add new/expanded MLP features to live sites.

4. LINK ELECTRONIC HEALTH RECORDS AND CASE MANAGEMENT SYSTEMS WITH API

4.a. Convene MLP API Working Groups, one in Montana and one in Iowa: MLP legal team members, MLP health care team members (from both the Primary Care Associations and the health centers), health care IT staff, legal IT staff, and the project coordinator to identify information to be shared between the legal case management systems and electronic health record systems.

4.b. Contract with PS Technologies to build API sharing for LegalServer and with a Pika contractor to help API sharing for Pika.

4.c. LegalServer and eClinicalWorks, as well as the Pika programmer and the Centricity vendor, build API systems to share agreed-upon data fields.

4.d. Pilot the information sharing with frontline health care staff and MLP legal staff.

4.e. Reassess and modify the information shared based on pilot feedback.

4.f. Roll out the information sharing to all relevant health center staff and MLP legal staff.

4.g. Reassess and modify the information shared based on full roll-out feedback.
5. EXPLORE MACHINE-LEARNING IN ELECTRONIC HEALTH RECORDS

5a. Project coordinator interviews Primary Care Association staff, health center leadership and staff, MLP legal team members, and legal leaders in Montana and Iowa to gauge interest in using machine-learning in electronic health record systems to identify unmet legal needs from plain language patient care notes entered by health care staff.

5b. Project coordinator interviews 1) medical IT staff to evaluate the ability of machine learning to identify unmet legal needs from plain language in the electronic health records, and 2) LegalServer staff and legal services technology advocates to learn about the successes and challenges of attempts to use similar technology in contexts outside the electronic health record.

5c. Project coordinator interviews electronic health record system vendors to evaluate the feasibility and cost of implementing machine learning into the electronic health records.

5d. Project coordinator reports back to legal and health care leaders in Montana and Iowa regarding findings.

EVALUATION

MLSA will conduct an evaluation of the project using a non-experimental mixed method approach. This approach will incorporate formative and summative evaluations, and qualitative and quantitative methods of analysis. Formative evaluation will be employed to examine the project’s development, and assist in improving its implementation. Summative evaluation will examine whether the project objectives were achieved. MLSA will use both qualitative and quantitative data for the evaluation.

The project coordinator will conduct interviews and surveys of health care and legal staff involved in setting up the MLP data collecting in the electronic health record systems and legal case management systems, such as: MLSA staff, Montana Primary Care Association staff, and Montana health center staff, Iowa Legal Aid staff, Iowa Primary Care Association staff, and Iowa health center staff. The project coordinator will seek information from these individuals about the usability, usefulness, and accuracy of the fields, features, and forms, including their effectiveness at identifying, tracking, addressing, and evaluating health-harming legal needs among low-income patients. The project
coordinator will assess patient/client health outcomes to be sure the needs of patient/clients are being efficiently and accurately tracked.

The project coordinator will also review MLP reports from the electronic health records and legal case management systems.

**Justice Community Partnerships**

MLSA will be responsible for the overall direction and completion of the project, including development, testing, maintenance, and evaluation.

MLSA’s primary partners on this project are the Montana Primary Care Association, LegalServer, Iowa Legal Aid, the Iowa Primary Care Association, a Pika programmer, and the National Center for Medical-Legal Partnership.

The MONTANA PRIMARY CARE ASSOCIATION will participate in the development of the MLP fields and forms in eClinical Works. They will serve as the primary liaison with eClinicalWorks to ensure the fields and forms are appropriately and accurately built into the electronic health record systems as well as with front line staff from Community Health Care Center in Great Falls and Northwest Community Health Center in Libby to test and implement the new fields and features. Later, they will serve the same role in the development of the API between LegalServer and eClinicalWorks. Finally, they will have responsibility for developing reports on MLP data from the electronic health records.

LEGALSERVER will be responsible for improving and expanding the MLP features in LegalServer, and they will work with eClinicalWorks to develop a framework for sharing information via API.

IOWA LEGAL AID will participate in the development and testing of the MLP fields, features, and forms in Pika as well as the Centricity electronic health record system. They will work closely with the Pika programmer to ensure that the MLP fields and features are appropriately and accurately built into the Pika. Later, they will serve the same role in the development of the API between Pika and Centricity.

The IOWA PRIMARY CARE ASSOCIATION will participate in the development of the MLP fields and forms in Centricity. They will serve as the primary liaison with the Centricity developer to ensure the fields and forms are appropriately and accurately built into the electronic health record system as well as with front line staff from Siouxland Community Health Center in Sioux
City and Primary Health Care in Des Moines to test and implement the new fields and features. Later, they will serve the same role in the development of the API between Pika and Centricity. Finally, they will have responsibility for developing reports on MLP data from the electronic health records.

The PIKA PROGRAMMER will be responsible for adding the MLP features to Pika and will work with Centricity to develop a framework for sharing information via API.

The NATIONAL CENTER FOR MEDICAL-LEGAL PARTNERSHIP will provide technical assistance on the development of MLP-specific fields within the electronic health records and assist with dissemination of information and training to other MLPs, health centers, and other health entities once the project is complete.
Exhibit B:

MLP Tech Project Timeline
<table>
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<tr>
<th>Period #</th>
<th>Due Date</th>
<th>Milestones</th>
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</thead>
</table>
| 2       | 06/30/2018 | - Contract with PS Technologies/Legal Server; PIKA contractor; eClinicalWorks; Centricity contractor; Montana Primary Care Association; 2 Montana Health Center Partners (Community Health Care Center in Great Falls and Northwest Community Health Center in Libby); 2 Iowa Health Center Partners (Siouxland Community Health Center in Sioux City and Primary Health Care, Inc. in Des Moines); and project coordinator contractor.  
- Convene Montana and Iowa Electronic Health Record and Case Management System Working Groups.  
- Identify core fields and forms.  
- Begin building fields and forms into eClinicalWorks and Centricity.  
- Begin building and improving MLP fields into LegalServer and Pika.  
- Submit evaluation plan and have it approved by LSC. |
| 3       | 12/31/2018 | - Conduct usability testing of fields and forms in eClinicalWorks, Centricity, LegalServer, and Pika with MLSA staff, Iowa Legal Aid, MT Primary Care Association, Iowa Primary Care Association, MT Health Clinics, Iowa Health Clinics, LegalServer team, and Pika contractor.  
- Revise and finalize fields and forms used in screening based on testing feedback  
- Screen for health-harming legal needs at Health Centers, capture data in electronic medical records and case management systems (Montana) |
| 4       | 6/30/2019  | - Screen for health-harming legal needs at Health Centers, capture data in electronic medical records and case management systems (Iowa)  
- Begin building API systems to share agreed-upon data fields between LegalServer to/from eClinicalWorks, and between Pika to/from Centricity.  
- Conduct dissemination activities regarding data collection and screening  
- Conduct evaluation, including surveys or interviews with partner organizations and end users (screening)  
- Modify and/or revise enhancements as necessary based on feedback (screening)  
- Deploy data field sharing to production environment.  
- Conduct usability testing of data field sharing with MLSA staff, Iowa Legal Aid, MT Primary Care Association, Iowa Primary Care Association, MT Health Clinics, Iowa Health Clinics, LegalServer team, and Pika contractor. |
<table>
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<th>5/12/2019</th>
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| 5 | 12/31/2019 | • Revise and finalize data field sharing based on testing feedback  
• Conduct evaluation, including surveys or interviews with partner organizations and end users (data field sharing)  
• Modify and/or revise enhancements as necessary based on feedback  
• Conduct dissemination activities regarding data field sharing  
• Interview all partner organizations to evaluate ability of machine learning to identify unmet legal needs from plain language in electronic medical records, report regarding findings. |
| 6 | 6/30/2020 | • Collect Data per evaluation plan  
• Submit final report for approval by LSC. |
| 7 | 9/30/2020 | • Submit a final budget showing the actual expenditures on the grant, as well as a budget narrative explaining any changes from the final budget in the award package.  
• Final report approved by LSC. |