

MLPC Hawai'i For Doctors:

MLPC Hawai'i provides trainings and presentations about social determinants of health and legal advocacy for hospital, health clinic and educational settings. We will also provide technical assistance if you are interested in starting a Medical-Legal Partnership at your health facility.

MLPC Hawai'i For Students:

MLPC Hawai'i provides internships and pro bono opportunities for law students of the William S. Richardson School of Law. MLPC Hawai'i also provides training and clinical opportunities for pediatric residents and medical students of the John A. Burns School of Medicine.

MLPC Hawai'i For Attorneys:

MLPC Hawai'i invites licensed attorneys in Hawai'i to join us by providing pro bono services to our families and mentoring law students at our Legal Clinic.

Clinic Hours at Kokua Kalihi Valley:

**Tuesdays & Thursdays
2:00pm - 5:00pm**

*Ask your doctor to speak
with a legal advocate!*



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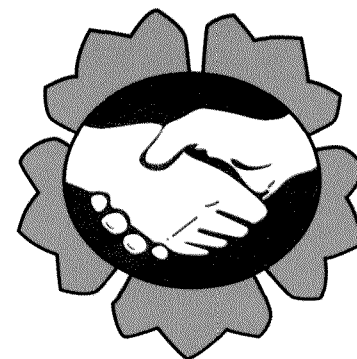
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Medical-Legal Partnership for Children in Hawai'i

A project of
William S. Richardson School of Law
(University of Hawai'i at Mānoa)
&
Kokua Kalihi Valley
Comprehensive Family Services



Phone: (808) 688-3313

Chuukese version

What is the "MLPC Hawai'i"? Medical-Legal Partnership for Children in Hawai'i

MLPC Hawai'i is a partnership between doctors and lawyers to improve the health and well-being of vulnerable children and families in Hawai'i. MLPC Hawai'i works by integrating legal advocates into the community health clinic setting to identify and address social-legal issues that frequently undermine children's health.

The three main activities are:

1. To train doctors and health providers to identify potential legal problems;
2. To provide direct legal services and legal advocacy for families in a health clinic setting; and
3. To work together as doctors and lawyers to engage in systemic advocacy and policy.

MLPC Hawai'i is part of a network of over 80 medical-legal sites across the country.

Issues we can help you with:

Public Benefits:

- ♦ Applications and Appeals
- ♦ QUEST / health care
- ♦ Emergency support

Family Law:

- ♦ Child Custody / Child Support
- ♦ Paternity
- ♦ Domestic Violence
- ♦ Guardianships

Education:

- ♦ Special Education / IEPs
- ♦ Early Intervention Services
- ♦ Suspensions

Housing:

- ♦ Public housing advocacy
- ♦ Disability / ADA transfers
- ♦ Rent adjustments

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Free "Grab 'N Go" Binders to protect your personal documents

MLPC Hawai'i For Families: MLPC Hawai'i Fáán Iten Famini:

If you or your child is a patient at the Kokua Kalihi Valley ("KKV"), you are eligible to receive FREE legal help from MLPC Hawai'i.

✕ Ika pwe een are noumw we chóón safei non aach eei pioing Kokua Kalihi Valley ("KKV"), iwe mei suk ngeni kemi an eei prokram epwe anisi kemi nge esapw kamé.

HOW TO GET HELP:

✕ Ifa ussun ai upwe tongeni angei ena pekin aninis?

→ Ask your doctor, nurse or other KKV staff to speak with a Legal Advocate.

✕ Tingorei noumw tokter, kangof ika emon chon angaangen KKV aan epwe atoura ngeni emon neir pwe ke mwochen chuuri chóón ena prokramen MLPC Hawai'i.

→ Come to KKV during the MLPC Hawai'i Clinic Hours on Tuesdays and Thursdays, between 2:00pm - 5:00pm.

✕ Feitto ngeni KKV non ekkewe ráán me kunokun áán MLPC angaang, iteiten Aruu me Arúwáánú, nefinen kunok 2:00 pm – 5:00 pm.

→ Call us at (808) 688-3313.

✕ Kékkéeri MLPC Hawai'i woon nampan foon (808) 688-3313.



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Medical-Legal Partnerships: Practicing Preventative Law

By Kelly A. Scott, Staff Attorney, ABA Center for Pro Bono, Medical-Legal Partnerships Pro Bono Support Project, Chicago, IL



Medical-Legal Partnerships

Our health is greatly affected by social circumstances. No amount of medication will help a child that suffers from chronic asthma when she continues to live in an apartment overgrown with mold. Nor will a person be able to stay healthy without access to healthcare or living in a home without heat. To deal with these issues doctors and lawyers have come together for the greater good by creating an innovative legal services delivery model that continues to gain momentum; the medical-legal partnership. A medical-legal partnership is an interdisciplinary approach to solving health issues that are rooted in social circumstances and can be alleviated with the intervention of a lawyer on the medical team. Two professions, sometimes at odds, work collectively to ensure the best outcomes for patients and their families.

Today there are over 80 medical-legal partnerships across the United States that improve the health and well-being of vulnerable populations including children, people with HIV/AIDS, cancer, and the elderly. Medical-legal partnerships can be found at 73 hospitals and 112 health centers across the country.¹ Through the partnerships, lawyers represent patients on a number of issues including housing, access to utilities, immigration, education, public benefits, education and family law.

The Practice of Preventative Law

In the past, patients were generally on their own to navigate the legal system or referred to a legal services office that was already overburdened by clients in need. One of the distinguishing factors between a medical-legal partnership and a traditional legal services office is the ability to identify and address legal problems before the point of crisis. In the traditional legal services model, a case is not typically taken unless it has reached a certain point, such as the receipt of an eviction notice or the denial of social security disability benefits. In contrast, medical-legal partnership enables the practice of preventive law. Just like preventative medicine, preventive law catches problems before they escalate.

In a medical-legal partnership, doctors and their healthcare colleagues are trained to recognize legal issues that may have a detrimental effect on a patient's health. The basic idea is that medical professionals are uniquely situated to catch these issues before they reach a point of crisis. After a potential legal issue has been identified, the doctor refers the patient to a lawyer at the medical-legal partnership in conjunction with that hospital or clinic. The lawyer can be a medical-legal partnership staff attorney at a children's hospital, an attorney at a collaborating legal services office, or a pro bono attorney. Some models consist of only one attorney, while others may have a staff of two or three. Medical-legal partnerships are also found at law schools as a part of law school clinical programs. Some law school clinics are partnered with medical schools and teaching hospitals. While there are various models of medical-legal partnerships, all aim to provide legal services that improve the lives of patients and address the issues that burden a patient's health.

Educating the healthcare providers is critical to the practice of preventative law. The success of a medical-legal partnership largely relies on the ability of the healthcare provider to identify the need for a lawyer to address an issue, and the healthcare provider's ability to make referrals to lawyers as part of the medical team. Ultimately, doctors should view the attorney as a type of specialist and make referrals to attorneys just as they would another medical specialty such as a cardiologist. However, the referral cannot be made without the recognition of a legal issue. Physicians, medical residents, nurses, and social workers must all be trained to spot legal issues. The training must include information about medical-legal partnerships in general as well as substantive legal issues that the lawyers can address. The training is an integral part of the medical-legal partnership because the medical professionals must be able to do a quick screening for legal issues that impact health outcomes. A number of medical-legal partnerships have an Advocacy Code Card² or a similar reference for medical professionals to use as a guide. These reference guides provide quick screening questions, legal issues, and referral information specific to a medical-legal partnership. Training can also take place at workshops by the medical-legal partnerships at hospital, clinics and medical schools. In fact, there are even a few medical schools and law schools that offer joint medical-legal partnership courses.³

New Opportunities for Pro Bono Attorneys

Medical-legal partnerships have created unique opportunities for pro bono services. In addition to the traditional case-by-case referral method, pro bono attorneys can provide valuable services to medical-legal partnerships in a number of ways. For example, law firms can adopt hospitals or community clinics, and pro bono attorneys can participate in clinics set up by medical-legal partnership staff.

In the adoption model, a law firm agrees to provide its legal services to the patients of a specific hospital or clinic. This model eliminates the need for patients to travel to a number of places to receive assistance with their basic needs. The first and so far only model of this kind was created

by the Medical-Legal Partnership Boston. In this model the participating law firm agrees to staff a weekly legal clinic, attend trainings, and represent patients on legal matters while absorbing any out-of-pocket expenses. Doctors will refer the patient to the medical-legal partnership pro bono attorney for intake. Upon the discovery of an unmet legal need, the patient schedules an appointment during the law firm's weekly clinic hours. The attorney evaluates the legal problem, gives advice, or represents the patient on one or multiple issues. A law firm typically averages 700 hours of pro bono work during the first year of involvement with the adoption model. There are currently five law firms that have adopted clinics in the Boston area. Each firm will provide legal services to an average of 29 families a year.⁴

Another way of utilizing pro bono services is through a pro bono clinic setting where pro bono attorneys can give advice on specific issues. An example of a clinic supported by pro bono attorneys and a medical-legal partnership is a utility clinic. The Medical-Legal Partnership Project in Hartford, Connecticut started the "Keep the Power On" utility clinic.⁵ The clinic was created in response to a law in Connecticut, similar to most states, that guarantees utility service during the coldest months of the year. Unfortunately, in the spring, many of these customers are left with an extremely large utility bill and no protection from discontinuation of services. Pro bono attorneys are recruited and trained by the medical-legal partnership to provide budget counseling. The medical partners provide the clinic information to the patients, and utility company representatives attend the clinic and enroll the patients in affordable payment plans. The patients are educated about budgeting on a very limited income and prioritizing expenses with the goal of avoiding a yearly crisis. The result is a balanced budget that can provide for electricity, gas services, rent and groceries to keep their families healthy.

As a part of the national movement towards medical-legal collaboration and the new pro bono activities it provides, the ABA Center for Pro Bono is now home to the Medical-Legal Partnerships Pro Bono Support Project (MLP Project). The MLP Project is a joint collaboration of the ABA Center for Pro Bono, the ABA Center for Children and the Law, the ABA Health Law Section, and the ABA AIDS Coordinating Committee. The MLP Project's goal is to expand the current landscape of medical-legal partnerships by engaging the private bar as a consistent provider of legal services in hospital, clinic and other health care settings. The MLP Project will provide guidance to medical-legal partnerships as they initiate and develop their programs. To accomplish this objective, the MLP Project will provide support and training to pro bono attorneys through a variety of resources on the ABA MLP Project's website⁶ as well as workshops at conferences. The MLP Project will assist medical-legal partnerships in establishing pro bono programs, securing pro bono participation, and ensuring quality service delivery in their community by developing a compendium of best models and best practices. In addition, the MLP Project will educate both lawyers and health care providers about the enhanced medical outcomes to medical-legal partnership clients.⁷

The Benefits

Medical-legal partnerships rely on the collaboration of professionals to ensure the best possible outcomes for patients, and the benefits are far-reaching. Medical-legal partnerships help break down the stereotypes that often cloud the traditional relationships between doctors and lawyers. Additionally, attorneys are given the opportunity to form collegial relationships with doctors and participate in interdisciplinary work. Doctors learn of legal issues affecting their patients and gain the ability to treat their patients with tools outside the world of medicine. Doctors finally have the resources not only to improve the health of their patients but to alleviate some of the chronic social burdens that face vulnerable populations.

The patients and their families, however, receive the ultimate benefit. They are provided with a team of professionals that act as a team to remove the social impediments affecting their health. With the help of their lawyer, families can navigate the persistent social conditions that contribute to chronic, often debilitating medical conditions, and lead healthy and productive lives.

¹ Medical-Legal Partnership Network Annual Partnership Site Survey – March 2009.

² Advocacy Code Cards contain general screening questions for legal issues and as well as screening questions for substantive areas such as social security, housing, food stamps and special education. The cards are specific to each medical-legal partnership and usually contain information about local resources for patients. Examples of Advocacy Card Cards are available on the National Center for Medical-Legal Partnership website at www.medical-legalpartnership.org.

³ Medical-legal partnership joint courses are available at Roger Williams University School of Law and Brown Alpert Medical School and Stanford Law School and Stanford School of Medicine.

⁴ The Adoption Model was created by Samantha Morton, Executive Director, Medical-Legal Partnership Boston. Information on the Adoption Model was provided by Jennifer Stam Goldberg, Staff Attorney and Pro Bono Manager, Medical-Legal Partnership Boston.

⁵ The "Keep the Lights On" Clinic information was provided by Bonnie Roswig, Senior Staff Attorney at the Medical-Legal Partnership Project, Center for Children's Advocacy, Connecticut Children's Medical Center, Hartford, CT.

⁶ Please see www.medlegalprobono.org.

⁷ To learn more about the ABA MLP Project, please visit www.medlegalprobono.org.

By Megan Sandel, Mark Hansen, Robert Kahn, Ellen Lawton, Edward Paul, Victoria Parker, Samantha Morton, and Barry Zuckerman

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Medical-Legal Partnerships: Transforming Primary Care By Addressing The Legal Needs Of Vulnerable Populations

ABSTRACT Health care is undermined when patients don't receive the benefit of laws intended to address social determinants of health, such as housing and food. Medical-legal partnerships, which now exist in more than 200 clinical sites in the United States, integrate lawyers into health care to address legal problems that create and perpetuate poor health. This paper describes how such medical-legal partnerships can change clinical systems—for example, by adding legal form letters to electronic health records to help low-income patients rectify substandard housing conditions. We recommend the integration of medical-legal partnerships into federal health care programs.

Health reform efforts have focused on how to insure the millions of Americans who lack coverage and on improving efficiencies within the health care system. However, health is as dependent on social circumstance as it is on the health care received.

Over the past several decades, Congress, state governments, and federal agencies have enacted laws and regulations to address a host of social factors that influence health, such as adequate nutrition, safe and affordable housing, and disability income. However, primary care efforts to ensure health are undermined when patients do not receive the benefits or protections that these laws afford them.

Medical-legal partnerships are an innovation in health care delivery to improve access to these benefits and protections, which in turn will improve health.¹

This paper describes how medical-legal partnerships use community legal resources by integrating them into the delivery of medical care. The partnerships can bring about clinical system changes such as adding form letters, standardized screening, and legal information to the elec-

tronic health record to address legal needs without a patient's needing to see a lawyer.

A patient's legal needs can include getting appropriate documentation to support disability applications or a referral to an enforcement agency for action on a housing code violation such as pest infestations.² In each instance, legal information can be conveyed without interactions between a lawyer and the patient.

This paper also describes how medical-legal partnerships can work with government agencies to change laws and policies affecting low-income populations. In so doing, they can prevent or address legal problems that pose a direct threat to health. Examples include expanding regulatory protections for medically vulnerable utility consumers and opening offices for food stamp applications in health care settings.

Lastly, we suggest possible implementation and funding strategies. One strategy is integrating medical-legal partnerships into Health Resources and Services Administration (HRSA) community health center grants or Healthy Start sites to address the legal issues at the root of many health disparities. Another strategy includes using innovation funds and medical home initiatives at the Centers for Medicare and

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Medicaid Services (CMS) to address legal issues that pose barriers to effective medical care. This can improve patients' satisfaction with their medical homes by adding on-site legal assistance.

Addressing Legal Needs As Barriers To Good Health

Material hardships associated with poverty include hunger, safety, utility shutoffs, and substandard housing. These problems generally constitute legal needs and are themselves barriers to good health.²

ADVERSE SOCIAL CONDITIONS WITH LEGAL REMEDIES Legal needs are adverse social conditions with legal remedies that reside in laws, regulations, or policies.³ For instance, a patient might not have enough food, which is frequently seen as a "social" need. But when a patient is wrongly denied Supplemental Nutrition Assistance Program (SNAP) benefits—formerly known as food stamps—what was a social need becomes a legal need, because access to the benefit is prescribed by law.

In the United States, civil legal aid is provided to low-income people by a range of agencies funded by federal and state governments. But these resources are chronically overwhelmed.⁴

Studies by the American Bar Association and others reveal that low-income households have an average of one to three unmet civil legal needs related to income, housing problems, employment, and family issues such as guardianship or domestic violence.

Fewer than one in five legal problems experienced by the poor are addressed with help from a private or legal aid lawyer, and most problems are left unresolved.⁵ Despite federal- and state-funded legal aid agencies, law school programs, and substantial pro bono services from the private sector, low-income individuals and families often do not have a safety net because they lack access to legal assistance.

ACUTE NEEDS FIRST Like emergency physicians who focus on health emergencies and not prevention, legal aid professionals typically "treat" legal crises, such as evictions or domestic violence. Unless the legal need is acute—such as an eviction notice requiring a court appearance—most at-risk individuals might not know when their social problems actually have legal solutions. And even if at-risk individuals realize the legal nature of their problems, they then must struggle to find legal assistance.

STRATEGIC THINKING When legal aid agencies join with health care providers to form medical-legal partnerships, they can work together to reorient the delivery of health care and legal assistance to address legal needs before further complications arise for patients. For example, a job loss or extended unemployment could trigger a cascade of crises, from homelessness to domestic violence. Mold growth in the home, left unaddressed, could cause a hospitalization for asthma.⁶

Medical-legal partnership practices use the assessment tool I-HELP (Income, Housing, Education/Employment, Legal Status, and Personal and Family Stability and Safety) to identify patient problems that are responsive to legal intervention (Exhibit 1). For instance, a health care provider might screen for housing issues by asking: "Do you ever see mice or cockroaches in your home?" An affirmative answer signals a violation of a housing code. Alternatively, a health care provider might ask an employment question, such as: "Does your employer ever give you trouble because of your diabetes?" By law, employers must offer some reasonable accommodations for employees who have chronic diseases.

EXHIBIT 1

Legal Needs That Affect Health

Legal need	Examples of legal needs that affect health
Income/insurance	Insurance access and benefits Food stamps Disability benefits Social Security benefits
Housing	Shelter access Access to housing subsidies (such as Section 8 program) Sanitary housing conditions (such as mold or lead) Foreclosure prevention Americans with Disabilities Act compliance Utility access
Education/employment	Americans with Disabilities Act compliance Discrimination Individuals with Disabilities in Education Act compliance
Legal status	Immigration (asylum, Violence Against Women Act) Criminal record issues
Personal/family stability	Guardianship, custody, and divorce Domestic violence Child and elder abuse and neglect Capacity/competency Advance directives Powers of attorney Estate planning

SOURCE Adapted from Kenyon C, Sandel M, Silverstein M, Shakir A, Zuckerman B. Revisiting the social history for child health. *Pediatrics*. 2007;120:e734–38. These authors adapted the I-HELP assessment tool.

The Model

The concept of medical-legal partnership was formally developed in the Department of Pediatrics at Boston Medical Center and the Boston University School of Medicine in 1993. Medi-

cal-legal partnerships are pioneering the practice of preventive law and have three core components designed to improve health (see the online Supplement).⁷

LEGAL ADVICE AND ASSISTANCE The first core component is providing legal advice and assistance to patients, with a focus on the early detection of legal problems and the prevention of legal crises and health consequences. Health care providers are trained to triage legal needs for their patients, to identify issues that patients cannot address themselves. Staff then can refer patients for on-site assistance, improving patients' access to community legal expertise.

IMPROVING HEALTH CARE SYSTEMS The second core activity of the medical-legal partnership team creates internal systems improvement within health care. This approach weaves early detection and responses to legal needs efficiently into clinical care so that needs can be addressed without an individual lawyer's intervention, if that is appropriate. This includes comprehensive training of health care teams on legal needs and remedies, improving clinical systems to trigger identification and triage of legal problems, and implementing tools to identify and "treat" legal needs that impact health.

There are many examples of effective tools that can be employed by medical-legal partnership teams. Electronic health record prompts can direct providers to screen for legal needs. Form letters from physicians in electronic health records can improve compliance with laws—for instance, by encouraging landlords to remedy code violations that harm asthmatic patients.

Health care providers also can offer improved clinic-based access to a range of government services for patients, including SNAP and Supplemental Security Income.⁸ Special calculators can assist pediatricians in advising families of children with special education needs about timelines for compliance with the Individuals with Disabilities Education Act (IDEA).⁹

The opportunity for improving the health care system through medical-legal partnership is a core strength of this model. Health care teams have access to vulnerable populations and can identify their legal needs early and often address those needs. Given the prevalence of legal needs among low-income, vulnerable patients, the medical-legal partnership strategy is emerging as a critical component of care.

CHANGE OUTSIDE THE SYSTEM Medical-legal partnership teams also promote change outside the system, to protect and ensure health through compliance with existing laws. In addition, they can encourage the enactment or amendment of laws and regulations to benefit vulnerable populations. This includes working with coalitions,

developing specific policy initiatives, and creating health impact assessments in response to policy proposals.

Although the legal community has long pursued policy changes on behalf of vulnerable communities, medical-legal partnerships bring a uniquely powerful clinical voice to the advocacy process. Along with an ability to "diagnose" policy gaps, these partnerships can identify innovative policy remedies that can bridge the gaps that separate government and communities. One example is recommending changes in how public housing authorities get the medical documentation needed to make decisions on transferring disabled patients from one unit to another for medical reasons. These changes help authorities make more accurate decisions and cut down on the need for appeals.

Medical-legal partnerships follow the same ethical standards as all legal providers do. But their special role in the health care setting creates opportunities for change strategies outside of traditional litigation models. For example, the partnerships have had substantial impact in improving regulatory implementation of health-related policy when both medical and legal practitioners meet with agency administrators.

Medical-legal partnerships can stimulate change outside the health care system. For example, one partnership provided detailed comments to the Social Security Administration regarding revisions in the disability eligibility requirements.¹⁰ Another documented the connection between a proposed housing voucher restriction and child health consequences by producing a health impact assessment.¹¹

Initial Growth

Although the first medical-legal partnership program started in 1993, national expansion began in earnest after the first national conference on the strategy in 2001.¹² All medical-legal partnerships make use of existing legal resources in the community and rely on joint funding for legal staff to work at the participating health care site. Health care partners provide matching funds from a range of sources, including the budget of an affiliated hospital or health center, community benefits, and philanthropy. Implementation varies depending on the community's legal resources and the health care partner's commitment. All medical-legal partnerships, by definition, consist of at least one health care partner and one legal partner.

In 2010, medical-legal partnerships served 100 hospitals and 116 community health centers in a range of specialties. Most of the programs were available in pediatric and family medicine set-

tings.¹² Increasingly, however, medical-legal partnerships are establishing comprehensive programs that serve entire community health centers or small community hospitals. More than 50 percent of community health centers with medical-legal partnerships received or were eligible for federally qualified health center funding, and at least half of the patient population served was eligible for Medicaid.¹¹

Legal partners are predominantly federal- and state-funded legal aid agencies that provide core infrastructure and expertise. Law schools, private law firms, and bar associations are increasingly contributing to the partnerships. Legal aid fellowship programs such as Equal Justice Works and the Skadden Fellowship Foundation have been key catalysts in the expansion of medical-legal partnerships since 2001.¹³

Recent pilot studies have analyzed the cost of implementing medical-legal partnerships and focused on the revenue recovered for health care institutions through basic legal advocacy. These interventions include securing health insurance coverage for patients through a disability claim and appealing claims for health care previously denied by insurers. Studies at three medical-legal partnership sites have demonstrated that this sort of cost recovery more than covers the expense of program implementation, even when cases that have the potential to generate income constitute only a small fraction of all cases handled.^{14–16}

Because medical-legal partnerships generally include lawyers employed by legal aid agencies, the desire of health care institutions to recover money does not take precedence over other pressing legal needs. The separation of legal aid agency and health care institution avoids potential conflict in the allocation of legal resources or prioritization of particular legal needs of patient-clients over others.

Medical-legal partnerships have benefited greatly from the visible support of leading organizations in law and medicine, including the American Bar Association¹⁷ and the American Academy of Pediatrics,¹⁸ which passed resolutions in support of medical-legal partnerships in 2007 and 2008, respectively.

In June 2010, the American Medical Association passed a resolution that encourages physicians to develop medical-legal partnerships and to help identify and resolve diverse legal issues that affect patients' health and well-being.¹⁹ In addition, the Agency for Healthcare Research and Quality (AHRQ) has profiled the concept of medical-legal partnership as an innovation, in both 2008 and 2010.²⁰ Multiple research efforts studying how medical-legal partnerships impact legal needs and health are ongoing.²¹

Success In The Field

Three examples from the medical-legal partnership network illustrate some of the best practices in deployment of the partnership model in primary care. The best practices include conducting a needs assessment to inform program implementation; using quality improvement practices to monitor, and offer feedback for, the achievement of implementation goals; and using a "patients to policy" strategy to improve internal and external systems and reduce the burden on patients and providers of addressing legal needs in a primary care setting.

NEW BEGINNINGS The Medical-Legal Partnership–Boston program was the first medical-legal partnership. It currently serves more than 1,000 patients annually at Boston Medical Center and six affiliated community health centers.²² In the summer of 2008, the partnership decided to expand its reach to the geriatric patient population served by Boston Medical Center's Geriatrics Department.

The expansion had two goals: to engage front-line health care providers and to establish direct service and training targets for deploying resources efficiently. The partnership and the Geriatrics Department also developed a provider survey to assess providers' knowledge, attitudes, and behavior regarding patients' legal needs.

As an early step in the expansion, the partnership surveyed twenty-one providers, asking fifty-two questions covering ten domains related to legal needs. The domains included housing, utilities, immigration, and income support. Health insurance, estate planning, safety, education, and employment were also subjects of the survey. Each item allowed responses along a five-point Likert scale—strongly disagree, somewhat disagree, neutral, somewhat agree, and strongly agree.²³

Of the twenty-one providers, almost all somewhat or strongly agreed that at least half of their patients were affected by issues related to capacity and competency to make medical decisions. Close to two-thirds of providers surveyed somewhat or strongly agreed that at least half of their patients were affected by issues of public benefits, health insurance, housing, utilities, and estate planning. Half of the providers surveyed somewhat or strongly agreed that at least half of their patients were affected by employment and immigration problems.

The survey also asked if providers were comfortable knowing when and how to contact legal resources to address these problems. Despite the general perception that legal issues frequently affect their patients, fewer than 20 percent of the respondents said that they knew how to refer to a legal resource, thus underscoring the need for

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Health Care Sites In 2010

In 2010, medical-legal partnerships served 100 hospitals and 116 community health centers in a range of specialties.

medical-legal partnership services.

Health care providers overwhelmingly replied that they would like more training in legal advocacy. Eighty-six percent of respondents said that they would like more training on issues pertaining to the patient's capacity and competency to make medical decisions.

The majority of respondents (65–78 percent) requested legal advocacy training in estate planning, safety issues, family law, immigration, income supports and public benefits, and health insurance. These data guided the Medical-Legal Partnership–Boston in prioritizing the subject matter of its initial advocacy training curriculum for the geriatrics health care staff.

CINCINNATI FOCUS ON QUALITY The Cincinnati Child Health-Law Partnership, a partnership between the Legal Aid Society of Greater Cincinnati and Cincinnati Children's Hospital Medical Center, is in the early stages of framing its goals and practices. The Cincinnati partnership is focused on building a highly reliable system that can identify key social and legal factors that undermine family health and well-being. The partnership also coordinates care closely between the medical and legal teams.⁷

In trying to create a quality improvement framework, the Cincinnati Partnership has four main goals. These are having physicians screen for one or more social needs at 90 percent of well-child visits; having at least 90 percent of physicians trained and willing to make appropriate referrals; having at least 90 percent of referred families connect with legal staff and follow up;

and having at least 90 percent of referral outcomes recorded in the medical chart.⁷

To achieve the first goal, the Cincinnati program began a collaborative process to develop a social history template to be used in patient encounters. The template was also to be embedded in the electronic health record. Physicians, social workers, and lawyers contributed to the composition of the questions.⁷

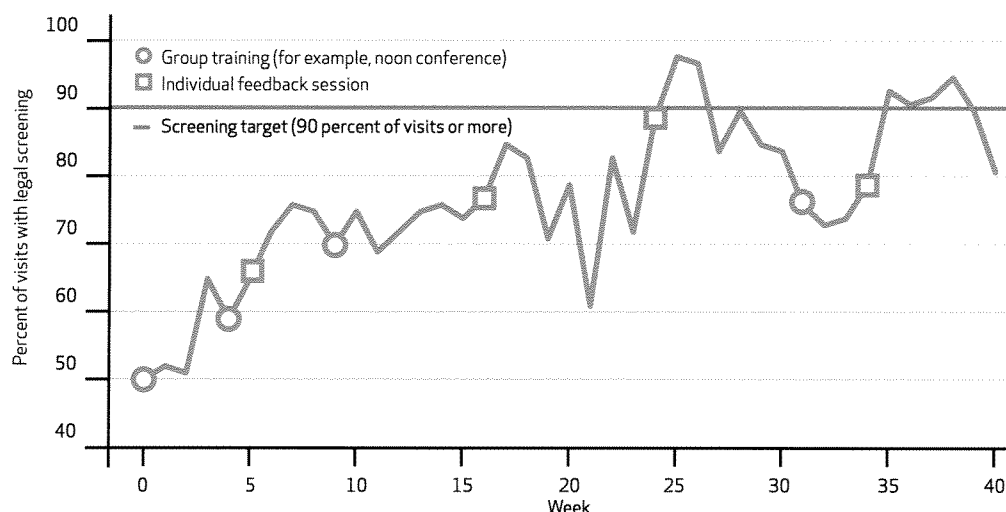
The program fed reports back to physicians. Those physicians with lower screening rates were given one-on-one training. Case-based conferences and preclinic conferences were also offered during this period. The goal of 90 percent screening at well-child visits was reached by week thirty-five after both group training and individual feedback sessions, although ongoing quality improvement is still needed (Exhibit 2).

Efforts to optimize the success of legal team referrals continue. For instance, the partnership is developing ways to communicate back to physicians the outcomes of the legal referrals (including failure to follow up) in ways that meet legal and ethical standards, particularly relating to confidentiality.²⁴

KEEPING THE UTILITIES ON IN BOSTON Consistent access to utility service is a common legal issue confronting low-income patients, and losing service is frequently a precursor to eviction. Although federal and state governments provide small grants to low-income individuals and families through the Low Income Home Energy Assistance Program—also known as LIHEAP—to help them pay utility costs, the grants cover only

EXHIBIT 2

Screening Of Children For Legal Needs In Well-Child Visits During A Forty-Week Period



SOURCE Cincinnati Child Health-Law Partnership. **NOTE** Percentage of 1,657 well-child visits that included legal screening over a forty-week period, with twenty-two participating physicians.

about 16 percent of eligible households nationwide.²⁵

► **STATE PROTECTION:** As a partial solution for the dilemma that some low-income patients face in winter—whether to pay for food or for heat—forty-seven states also offer some form of utility shutoff protection: a guarantee of uninterrupted utility access.²⁶ This guarantee does not erase existing debt to utilities, nor does it stop the accumulation of additional debt. However, it does provide a measure of security to people who—because of their age, health status, or other vulnerability—are especially affected by interrupted utility service.

What's more, almost all states offer shutoff protection for people with chronic or serious illnesses if their medical conditions are verified by a letter from a medical care provider. Each state has its own rules regarding how frequently patients must recertify their eligibility for the protection.²⁶

► **TARGETING THE VULNERABLE:** With fuel costs continuing to increase over the past several years, the Medical-Legal Partnership–Boston has developed a strategy to ensure more comprehensive access to consistent utility service for certain categories of individuals, including children with special health care needs. The first step was to make it easier to identify patients needing such protection. A training program, Utility Service Protection 101, gave nurses, social workers, and clinicians tools to identify patients in need of utility assistance. It also gave them the means to provide those patients with necessary documentation to protect utility service—for example, through form letters in the electronic health record.

This program increased the number of patients identified as needing their utility service protected. The 676 utility protection letters generated on behalf of patients in 2008 and 2009 represented a 350 percent increase from the 193 similar letters generated in 2005 and 2006.²⁷

The Medical-Legal Partnership–Boston program also implemented an “energy clinic” in the Pediatrics Department of Boston Medical Center. With social worker and case management staff, the clinic coordinated a range of utility-related advocacy services for patients' families.²⁸ Finally, the legal team created a Utility First Aid Kit for front-line health care staff, including relevant forms and letters. The kit also contained a model utility access policy—the first in the country—for Boston Medical Center. The policy provided guidance for all health care staff regarding their role in ensuring consistent utility access for specified patient populations.²⁹

► **EXTERNAL SYSTEMS CHANGES:** The Medical-Legal Partnership–Boston legal staff also

Medical-legal partnerships can become an essential component of the patient-centered medical home.

implemented external systems change. Health care providers complained to the legal team that families—even those with children who were terminally ill with cancer or other diseases—were forced to recertify their chronic illness status every thirty to ninety days.²⁶ Consequently, many families had to return to their clinicians repeatedly to request new letters, burdening both the family and the clinical staff.

The partnership's legal staff assisted health care providers to submit formal testimony to the Massachusetts Department of Public Utilities regarding the onerous process of providing medical documentation every three months for lifetime genetic conditions and disabilities such as sickle cell disease.³⁰ The partnership then worked with local and national organizations, including the National Consumer Law Center and Action for Boston Community Development, to bring a medical voice more consistently and prominently into the Massachusetts utility regulatory reform process.

In 2008 the Massachusetts Department of Public Utilities made dramatic regulatory improvements in its shutoff protection regulations. The department specifically cited the testimony of the Medical-Legal Partnership–Boston as a basis for the regulatory reforms.³¹ Now, fewer medical certification letters are required, and a broader cadre of licensed health care providers are authorized to certify patients' eligibility for this crucial service.³²

Implications For Primary Care

PATIENT-CENTERED MEDICAL HOME Medical-legal partnerships can become an essential component of the patient-centered medical home by making timely, on-site legal interventions available to patients and their families. For example, the Joint Principles of the Patient-Centered Medical Home, adopted in February 2007, incorporate important concepts of team-oriented,

More health care institutions may choose to invest in medical-legal partnerships as a part of high-quality care.

personalized care, and of comprehensive services provided on site in ambulatory practices organized around the patient.³³ The NCQA also developed standards that emphasize and encourage the use of systematic, patient-centered, coordinated care management processes.³⁴

The Joint Principles include addressing all of a patient's needs, sometimes referred to as "whole-person orientation." The patient's personal physician coordinates care across all elements of the complex health care system and within the patient's community.

Proposed reforms to the health care system include expanded coverage of vulnerable populations with a special focus on primary care screening and prevention, particularly in the context of chronic diseases such as diabetes and cardiovascular disease. Community health centers are expected to be a cornerstone of delivering better preventive care.³⁵

As the health care delivery system is reorganized under the new national health reform laws, innovations that improve efficiency—such as medical-legal partnerships—will help ensure that high-quality medical homes are available to high-need groups. The partnerships can eliminate legal issues that exacerbate underlying disease, such as not getting the maximum amount of food subsidies for which one is legally eligible. In a diabetic patient, for example, the inability to afford sugar-free foods can have a negative impact on blood sugar levels.³⁶

PRIMARY CARE WORKFORCE Perhaps one of the most daunting barriers to the universal adoption of primary care and patient-centered medical home principles is the limited number of primary care providers in the United States, and their distribution.³⁷ Improving the efficiency of primary care teams is therefore critical. Workforce development in primary care must include increasing the numbers of primary care physicians and mid-level providers, but it should also include developing interdisciplinary patient care

teams drawn from skilled professions such as the legal community.

As primary care reinvents itself to serve a larger aging population, the medical home will need to be more than the sum of its clinical parts. It will need to serve as a gateway not only to medical services, but also to nonmedical systems that affect health. Medical-legal partnerships are the right intervention to use in ensuring that primary care can be successful at the patient, provider, and institutional levels. With dedicated funding streams, and technical assistance to ensure that medical-legal partnership sites are successful at efficiently identifying and addressing legal needs, a national investment in these partnerships could demonstrate that they should be the standard of primary care for vulnerable populations.

APPLYING PARTNERSHIPS TO PRIMARY CARE

There are many ways to apply medical-legal partnerships to the delivery of primary care.

► **FEDERAL EFFORTS:** The Health Resources and Services Administration offers a range of opportunities. Medical-legal partnerships could be included and funded as part of the standard mix of services offered at federally qualified health centers. Similarly, Healthy Start programs could be used to promote and fund medical-legal partnerships for underserved populations.

As CMS embarks on medical home demonstration projects, medical-legal partnerships can be an important tool for case managers or patient navigators working with patients who have complex primary care needs. Given the focus on quality and reimbursement based on outcomes, more health care institutions may choose to invest in medical-legal partnerships as a part of high-quality care to improve outcomes and reduce costs for vulnerable populations.³⁸ Additionally, CMS graduate medical education dollars could be used to support medical-legal partnership training, especially since fifty-five residency programs already include such training.³⁹

► **EFFECTS ON THE ELDERLY:** Although the idea of medical-legal partnership started in pediatrics, it may have its deepest impact on the aging population. For older Americans, the convergence of legal needs with health status is a certainty, including advance directives and estate planning. Aging and Disability Resource Centers—funded through the Administration on Aging—could receive additional funding for medical-legal partnerships to more effectively serve geriatric patients.

PERSISTENCE THROUGH UNDERFUNDING Despite chronic underfunding, the legal aid community has made sizable contributions to the steady expansion of medical-legal partnerships

and has seized the opportunity to revitalize legal aid's profile, role, and impact.⁴⁰ It is critical that such resources be matched and increased to achieve the potential of the medical-legal partnership. The Department of Justice's new Access to Justice Initiative, dedicated to increasing access to legal services for poor people, is an excellent vehicle for modeling the matching of resources between the health care and legal communities. The program has the potential to replicate at the national level what is happening at the local level through medical-legal partnerships.²

Conclusion

As the Robert Wood Johnson Foundation's Commission to Build a Healthier America report states: "Clinicians are in a unique position to identify vulnerable patients."⁴¹ By offering preventive legal assistance within health care settings—and advocating for patients' legal and health care rights outside the clinical setting—medical-legal partnerships signal a positive transformation of primary care. A variety of implementation options and funding streams can help the partnerships realize their true potential. ■

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National Center for Medical Legal Partnership

RAISING THE BAR FOR HEALTH

Medical-Legal Partnership: A New Standard of Care

"In my 35 years of seeing patients, I've learned that lawyers are critical partners in helping my patients get and stay healthy."

— Barry Zuckerman, MD,
MLP Founder

THE PROBLEM AND THE OPPORTUNITY

Though America leads the world in medical research and medical care, adverse social circumstances continue to have a dramatic, negative impact on the health of vulnerable Americans. Medicine alone cannot solve the health problems of those who struggle daily with material hardships like hunger and safety. A child with asthma living in a moldy apartment will never fully breathe symptom free, no matter how much medicine is administered, without improved living conditions. A chronically ill adult will never get healthier if she or he does not have adequate nutrition.

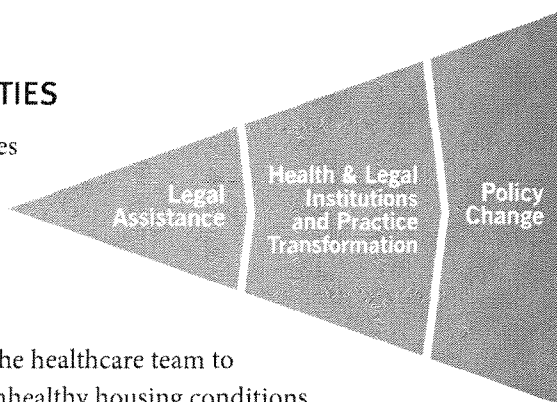
Medical-legal partnership is a healthcare delivery model that integrates legal assistance as a vital component of patient care.

Just as a healthcare provider refers a patient to a cardiologist for a heart murmur, a healthcare provider can refer a patient to an on-site attorney when an underlying social circumstance impairing a patient's health is detected. Addressing the complex needs of individual patients illuminates opportunities for broader systems improvement, which is more effectively achieved when healthcare and legal providers work in tandem.

The medical-legal partnership (MLP) approach presents a compelling opportunity to leverage existing health and legal resources across the U.S. in order to reduce health disparities and create a new standard of care for vulnerable people.

MLP CORE COMPONENTS & ACTIVITIES

Medical-legal partnership's three key activities transform the delivery of health and legal services to improve health for America's most vulnerable individuals and families.



Legal Assistance in the Healthcare Setting:

- Legal professionals become members of the healthcare team to assist patients with legal issues, such as unhealthy housing conditions.

Health and Legal Institutions and Practice Transformation:

- MLPs reorient health and legal services to early detection and preventive care through training and education.
- MLP teams improve institutional practices to address legal needs, such as establishing a hospital policy regarding low-income utility protections.

Policy Change:

- MLP teams leverage health and legal expertise to improve local, state and federal laws and regulations that impact the health of vulnerable populations.

A COMMUNITY-BASED PARTNERSHIP

Medical-legal partnerships are comprised of at least one legal institution and one health-care institution in the community, and vary in size and scope. Successful MLPs establish and maintain active engagement of key leaders at every level, from front-lines to administration, in both the healthcare and legal partner institutions. Legal staff are present at the healthcare institution on a regular basis. Working together, healthcare and legal teams devise strategies for efficient referrals, joint data collection and monitoring, and fundraising to ensure high quality patient-centered care in the medical home.



HOW MLP PREVENTS LEGAL NEEDS FROM EXACERBATING HEALTH PROBLEMS: A CASE EXAMPLE

Claudia, single mother of 2 children, is diagnosed with stage 2 breast cancer. She needs multiple healthcare visits for diagnosis and staging.

Claudia gets a lumpectomy and starts bi-weekly radiation treatments. She misses a lot of work and loses her job.

MLP could have helped Claudia avoid losing her job by advising her about eligibility for Family Medical Leave Act and other employment protections.



6 months later

MLP: TRANSFORMING HEALTHCARE & LAW

Traditional healthcare and legal services treat vulnerable populations in isolation from each other. On both sides, people living in low-income communities often fall through the cracks. Many patients suffer from preventable illnesses, frequently exacerbated by unaddressed legal problems. Many adverse social conditions that impact health, such as insufficient heat, have legal remedies, but low-income communities do not have sufficient access to legal assistance. To address these problems, MLP bridges the divide to offer individuals and families the comprehensive care they need.

	PREVAILING MODEL	MLP MODEL
LEGAL ASSISTANCE	<ul style="list-style-type: none">• Service is crisis-driven• Individuals are responsible for seeking legal assistance• Primary pursuit is justice	<ul style="list-style-type: none">• Service is preventive, focuses on early identification of and response to legal needs• Healthcare team works with patients to identify legal needs and makes referrals for assistance• Aims include improved health and well-being
HEALTHCARE	<ul style="list-style-type: none">• Adverse social conditions affect patient health but are difficult to address• Healthcare team refers patients to social worker/case manager for limited assistance• Advocacy skills are valued, taught and deployed inconsistently	<ul style="list-style-type: none">• Adverse social conditions with legal remedies are identified and addressed as part of care• Healthcare, social work and legal teams work together to address legal needs, improve health and change systems• Advocacy skills are prioritized as part of the standard of care

“The genius in the program is the bringing together of the lawyer into the medical clinic where these problems surface, which enables the doctor to include the legal remedy as part of the medical treatment. No longer is the doctor limited by the scope of his practice, and the lawyer is introduced to the problem in its most apparent manifestation.”

– David W. Hilgers, Chair of American Bar Association’s Health Law Section

After losing her job, Claudia has no income and she and her children are evicted, become homeless and live doubled up with friends.

MLP could have advised Claudia about eligibility for disability benefits during her illness, as well as other safety net services to avoid homelessness.

Claudia is denied health coverage because she doesn’t have a permanent address and stops radiation treatments.

MLP could have helped Claudia provide sufficient documentation to meet application requirements so that she gets health insurance and continues radiation treatments.

“Assistance in navigating our legal system is sometimes all it takes to prevent individuals and their families from making repeated trips to the doctor or hospital for a reoccurring condition. MLPs help people obtain legal aid necessary to ensure that they receive the care and benefits they deserve, to lead healthier lives and to avoid future injuries and illnesses.”

– Sen. Tom Harkin, remarking on the Medical-Legal Partnership for Health Act of 2010

MLP ACROSS THE U.S. IN 2010

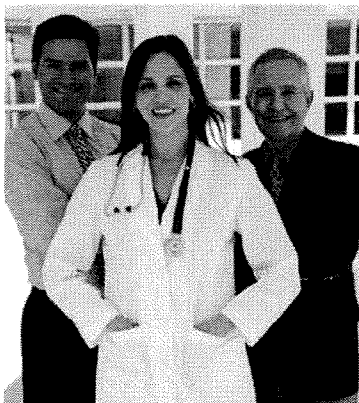
Medical-legal partnerships serve children, the elderly, adults with disabilities and other underserved communities across the country. In 2010, MLPs:

- Partnered in over 225 hospitals and health centers in 38 states;
- Provided legal assistance to over 13,000 individuals and families;
- Trained over 10,000 healthcare providers on the connections between poverty, health, and unmet legal needs; and,
- Contributed to curricula at 38 law schools, 28 medical schools and 46 residency programs.

MLP IN THE SPOTLIGHT

Medical-legal partnership has been the subject of increased visibility, including:

- Bi-partisan MLP for Health Act introduced in the U.S. Senate and U.S. House of Representatives in July 2010;
- Articles in *The New York Times*, *The Los Angeles Times*, *The Washington Post*, and *The Boston Globe*;
- Resolutions from the American Medical Association, the American Bar Association and the American Academy of Pediatrics;
- Profiles by the Agency for Healthcare Research and Quality; and,
- A NOVA Award from the American Hospital Association.



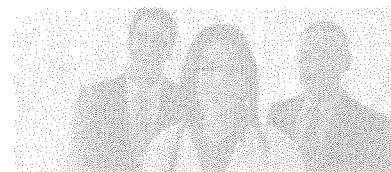
ABOUT US

The National Center for Medical-Legal Partnership (NCMLP) was founded in 2005 in response to a growing demand for MLP from health and legal institutions across the country. NCMLP supports the expansion and advancement of MLP through technical assistance and dissemination of best practices, leadership training, an annual MLP Summit, and coordination of national research and policy activities related to health disparities and vulnerable populations.

**FOR MORE INFORMATION,
VISIT WWW.MEDICAL-LEGALPARTNERSHIP.ORG**

Username: Password: Need an account?[News](#) [FAQ](#) [Donate](#) [Contact](#)

National Center for Medical  Legal Partnership
RAISING THE BAR FOR HEALTH



Getting Started

Below are frequently asked questions for those who are thinking about starting a medical-legal partnership.

Basics of MLP

WHAT IS MEDICAL-LEGAL PARTNERSHIP?

Medical-Legal Partnership (MLP) is a health and legal services delivery model that aims to improve the health and well-being of vulnerable populations by integrating legal assistance into medical settings. MLPs help patients get their basic needs met and optimize healthcare. Recently featured in the *Los Angeles Times* and the *New York Times*, there are now MLP programs in more than 225 hospitals and health centers in 38 states.

HOW DOES MLP WORK?

MLPs are partnerships between local legal organizations, healthcare institutions and academic institutions. Lawyers work with healthcare teams to improve patient access to health-related benefits and services including healthy housing, nutrition programs and disability benefits. MLPs train frontline healthcare and legal providers through cross-disciplinary classes in law schools, medical schools and residency programs.

HOW DOES MLP BENEFIT PATIENTS AND HEALTH SYSTEMS?

Multiple pilot studies across the MLP network have demonstrated the range of impact that MLPs have on reducing stress, improving health outcomes and achieving a positive return on investment for health systems.

The following articles discuss how MLPs benefit patients and health institutions:

- * [Medical-Legal Partnerships: Transforming Primary Care By Addressing the Legal Needs of Vulnerable Populations. *Health Affairs*. September 2010; 29\(9\): 1697-1705. Megan Sandel, Mark Hansen, Robert Kahn, Ellen Lawton, Edward Paul, Victoria Parker, Samantha Morton and Barry Zuckerman.](#)
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- * [Process and Impact Evaluation of a Legal Assistance and Health Care Community Partnership. *Health Promotions Practice*. July 2009; 10\(3\): 378-385. James Teufel, MPH, Stephen Brown, PhD, Woody Thorne, BS, Diane Goffinet, JD and Latesha Clemons, BSW.](#)

WHAT ARE THE CORE COMPONENTS AND ACTIVITIES OF MLP?

MLPs engage in three core activities: direct service, transforming institutions and practices, and influencing policy change. Through these activities, MLPs help to meet the complex needs of the individual patient as well as vulnerable populations and communities. [Click here to read more.](#)

WHO ARE THE KEY PLAYERS IN MLP?

Every medical-legal partnership is structured differently. Most MLPs begin with a **local medical director** and an **attorney** (the "medical and legal champions" of the partnership). The strongest MLP teams are made of diverse and committed staff from both the medical and legal side. MLPs draw from the services and expertise of physicians, nurses, social workers, paralegals, and legal aid and pro bono attorneys. For more information on the roles of key healthcare partners in MLPs, please see our [sample medical champion job descriptions](#).

WHAT IS THE ROLE OF THE NATIONAL CENTER?

The National Center for Medical-Legal Partnership (NCMLP) supports the expansion, advancement and integration of medical-legal partnerships. The center provides technical assistance and leadership support for medical-legal partnerships, coordinates the national MLP Network and participates in national research and policy activities related to preventive law and health disparities. MLPs in all stages of development and practice are encouraged to [contact the National Center](#) for technical assistance, guidance and tips.

WHAT ARE THE FIRST STEPS IN STARTING AN MLP?

Committed healthcare and legal partners are crucial to the success of any MLP. The first step in starting a medical-legal partnership is identifying your medical and legal partners and securing their support. The National Center can help you establish, develop and support these relationships.

Once you have your medical and legal partners in place, the following resources can help you lay the groundwork for your MLP.

MLP Planning Documents

[Sample Planning Grant Proposal](#)

[Sample Planning Budget](#)

[Sample Memorandum of Understanding](#)

[Sample Needs Assessment Screening Questionnaire](#)

Training Documents

[How to Train Clinical Partners Guide](#)

[Sample Presentation on Social Determinants of Health](#)

WHEN SHOULD WE BEGIN TAKING CASES?

Getting the core components of an MLP in place can be complicated, and most MLPs spend many months in the planning stages before taking cases. MLP teams should feel comfortable budgeting up to a year for planning in their grant proposals.

Before taking cases, an MLP should have:

- Fully committed medical and legal partners
- An established referral system and feedback loop
- Begun training healthcare providers on basic legal needs
- Made a joint decision on what kinds of cases to take
- Funding and evaluation strategies in place

