

Making the Case for Medical-Legal Partnerships: A Review of the Evidence

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Introduction

The following white paper summarizes the salient literature on medical-legal partnership (MLP), an innovative, integrated and collaborative model that brings legal services into the health care setting to address health inequities among vulnerable populations. This review of the evidence will present the need for legal and health services integration, describe the essential components of the MLP model as well as the process for delivering integrated services, and finally, explore the state of preliminary evidence of MLP impact on patients, providers, and communities at large.

Our review of the literature focuses on the rationale for the medical-legal partnership model and its role in addressing social determinants of health for vulnerable populations. MLPs represent a multidisciplinary approach to address the social and legal problems that are intertwined with a patient's health through a mechanism that is accessible to the patient in a clinical setting (Northridge 2005; Schulman et al 2008; McCabe & Kinney 2009; Retkin et al 2009). Because of the core partnerships between the health care and legal teams – a foundational element of the MLP model – MLPs are uniquely positioned to address patients' social and legal needs in a clinical setting that is familiar and accessible to them. These social and legal needs often vary widely, but MLPs have defined legal needs as “adverse social conditions with legal remedies that reside in laws, regulations, or policies” (Lawton 2010), or stated a different way, a legal need is a health-related social problem that is better addressed through legal assistance than traditional medical care. Patients are often able to receive legal assistance in areas such as addressing personal safety from exposure to domestic violence, gaining access to entitled benefits such as food subsidies, disability benefits, or necessary educational services, and repairing poor housing conditions through MLP services. (Newman 2012; Locke et al 2011; Sandel et al 2010; Bliss & Caley 2011; Pai et al 2011; Shrestha 2011; Weintraub et al 2010).

Key Questions and Search Strategy

We conducted a search of the existing literature on the medical-legal partnership model based on the following questions:

1. What is the rationale for the MLP approach and what role does the MLP model play in addressing social determinants of health?
2. What are the critical elements of the MLP model with respect to the structure, function, and integration of services across both law and health care?
3. How do MLP services impact patients, institutions, and communities and how have these impacts been measured over time?

We searched MEDLINE, Scopus, and Google Scholar databases for articles written between 1977 – 2012 by utilizing key search terms including “medical legal integration,” “medical legal partnerships,” and “health + social determinants + legal,” and “medical legal services.” Our

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initial search strategy generated a total of 491 articles, with 251 articles being excluded due to unavailability of full-text, English language manuscripts. After content review of the abstracts, we determined that 12 articles met our search criteria and were relevant to our topic of medical-legal integration of services.

Finally, we conducted a scan of the National Center for Medical-Legal Partnership's "Academic Articles" page on its website, which included 80 articles. We were able to find 72 of those articles in the full text form, and ultimately selected 17 additional relevant articles that had not emerged in our original search strategy for inclusion in our review. An additional 20 applicable articles were found by reviewing the references cited within the original set of articles, leaving us with a final group of 49 published results.

The following review of literature focuses on three categories of published work:

1. **Descriptive Articles:** this body of published work highlights the need for MLPs in addressing social determinants of health and they are often thought pieces, calls for advocacy, or policy briefs.
2. **Practice Reports:** these articles present case studies of specific MLP programs focusing on different populations, in different clinical settings and describe how a particular MLP operates in practice.
3. **Observational Studies:** these studies report outcome data of a particular MLP program and focus on demonstrating the program's impact such as financial return on investment, and clinical and health status impact as well as impact on knowledge and training of providers.

Descriptive Articles

We found 23 articles that offer definitions for the MLP model, highlight a partnership's key components, and discuss challenges that may be faced along the way when integrating clinical and legal professional roles.

While integration of social, legal, and health services have existed for some time, the first formalized medical-legal partnership emerged from Boston Medical Center's pediatric department in 1992. Since then, the movement has grown to include over 275 health institutions partnering clinical and legal professionals to help address social determinants of health in communities across the U.S. The evidence base for medical-legal partnerships is still emerging, however several studies describe the components and function of the MLP model.

While all MLPs vary in structure, their missions all center on three central components: (1) providing legal assistance to clients, (2) transforming health and legal institutions, and (3) achieving policy change (Tobin Tyler 2012; Beck 2012; Zuckerman 2007; Retkin 2007; Gillespie & Groves 2007; Hum & Faulkner 2009; Huston et al 2011; Lawton et al 2010; Locke

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et al 2011; Noble 2012). Huston and colleagues (2011) describe the key activities a MLP should undertake including: providing legal assistance in the health care setting, educating health professionals about the significance of social determinants of health, and working toward policy change by addressing laws standing in the way of good health.

Despite slight differences in structure and organization across MLP programs, the function of the MLP model maintains its purpose throughout the literature: uniting clinical providers and lawyers as a part of the health care team to meet the legal and health needs of their patients.

Practice Reports

Our review generated 31 articles that presented a description or case study of an MLP in practice. Over time, MLPs have developed an understanding of the critical need to have legal services on-site as a central element of the model's pathway to success. The literature also presents a wide array of processes used, populations served, types of legal assistance rendered, and metrics used to monitor MLP activities and success, which are discussed in further detail in this section.

Populations Served

Across the literature, some MLPs developed with the intent of serving specific populations or subpopulations of vulnerable populations. In fact, MLPs across the country have served children and their families (Cherayil 2005; Gillespie and Groves 2007; Hum & Faulkner 2012; Lawton 2007; Pai et al 2011; Pettignano 2011; Lawton 2003; Weintraub et al 2010; Zuckerman et al 2007; Huston et al 2011; Pettignano 2012; Williams 2008), elderly patients (Shrestha 2011), patients with HIV (Conover & Whetten-Goldstein 2002), chronically ill adults (Deinard et al 1997; Pettignano et al 2011; Zelhof and Fulton 2011; O'Sullivan et al 2012), oncology patients (Fleishman et al 2006; Rodabaugh 2010), low-income and Medicaid patients (Challenor & Onyeani 1977), and veterans (Wong 2012; Shrestha 2011), among other populations in need of legal solutions provided in a health care setting. This wide array of populations served demonstrates the potential a MLP has for intervening for virtually any set of patients in need of legal attention.

Types of Assistance Provided

The types of assistance that MLPs provide also differ slightly across the model. A recent article details a University of Miami MLP that assists with public benefits, public and private health insurance, wills and health power of attorneys, guardianships, landlord-tenant, and immigration cases that are related to the patient's health (Newman 2012). At least three articles also note partnerships that assisted clients with electricity/utilities (Locke et al 2011; Sandel et al 2010; and Bliss & Caley 2011). Other studies cite legal assistance in the areas of domestic violence, child support and custody, (Pai et al 2011) military discharge upgrades for mentally ill veterans, bankruptcy, and estate planning (Wong et al 2012), and consumer and educational services. (Shrestha et al 2011) The types of legal assistance provided across MLPs currently in practice

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do vary, but all share the common theme of providing the legal assistance that is appropriate to their population, setting, and patient mix.

Monitoring MLP Activities

Various MLP programs across the country have demonstrated successes on a local level, but thus far, they have used several different metrics to monitor their activities and track their successes, and tend to rely on metrics routinely collected by the legal partner. Some MLPs utilize process measures such as the number of clients served and the number of cases initiated and closed. However, only a few articles referenced specific outcome measures such as health or financial impact on the patient or family.

Observational Studies: Demonstrating Medical-Legal Partnership Impact on Patients, Providers, and Communities

The MLP model and the need for its essential integration of the health care and legal teams have been well discussed in the literature. However, no systematic assessment of the impact of such integration has been measured to date. Although the effects of the MLP model have been relatively untested, some pilot studies have provided enough preliminary evidence to demonstrate the need for an evaluation of MLP on a larger scale. The limited body of evidence presented in the literature in 13 articles includes the impact of medical-legal partnerships in three key domains: financial impact on partners and patients, impact on patient health and wellbeing, and impact on knowledge and training of health providers.

Financial Impact on Partners and Patients

Several studies reference significant return on the investment in a medical-legal partnership model. Rodabaugh and colleagues (2010) found that an MLP targeting the needs of cancer patients generated nearly \$1 million by resolving previously denied benefit claims. Similarly, a rural MLP in Illinois was able to demonstrate a 319 percent return on the original investment of \$116,250 between 2007 - 2009. A 2008 white paper by Knight and colleagues highlighted four MLP programs, each of which demonstrated successful leveraging of health care recovery dollars (reimbursed funds to clinical settings as a result of improperly denied Medicaid or Social Security Disability claims) as a result of their program. The authors assert that health care recovery dollars generated by on-site legal services provide a direct financial impact on the hospital or clinical partner by helping to generate essential revenue. Even more remarkable is the financial impact on patients, with the Illinois MLP helping to relieve \$4,000,000 in patients' health care debt and claiming \$2,000,000 in additional awarded Social Security benefits for patients as a result of the program (Teufel 2012). The breadth and depth of potential for financial viability of an MLP makes a compelling case for how this model can benefit not only the patient, but the partnering institutions as well.

Impact on Patient Health and Wellbeing

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At least six articles make the case for MLPs by demonstrating the positive impact they can have on patient health. Williams et al (2008) report on several home visit/nurse-based interventions on a variety of patient populations. One such program for prenatal and postpartum patients demonstrated better prenatal health behaviors, better pregnancy outcomes, lower rates of child abuse and neglect, and higher rates of maternal employment among participants as a result of MLP services. Additionally, O'Sullivan and colleagues (2012) report that a 91 percent reduction in emergency department visits and hospital admissions of inner-city asthmatic adults took place after a medical-legal intervention. Over 91 percent of patients from that study also dropped 2 or more classes in asthma severity. Another study discusses an MLP for cancer patients, which led to a reduction in stress for 75 percent of patients, an increase in treatment adherence for 30 percent of patients, and greater ease in keeping appointments for 25 percent of patients (Fleishman 2006). Ryan and colleagues (2012) describe a family medicine MLP in which the mean PSS-10 score decreased 8.1 points, and wellbeing scores increased by 1.8 points due to less concern regarding legal issues that were addressed. In a 2002 article published in *AIDS Care*, Conover and Whetten-Goldstein present survey results of Medicaid patients living with HIV/AIDS that show providing housing services had a positive relationship with primary care visits. However, the authors also found that receipt of ancillary or legal services is associated with worse clinical outcomes, though they go on to note that this may be because those in poorest health are more likely to need these services.

Impact on Knowledge and Training of Health Providers

Several articles focus on training health and law professionals in the art of interdisciplinary collaboration. Tobin Tyler (2008) highlights strategies for teaching cultural competence, interdisciplinary practice and collaboration, and holistic problem solving in legal and medical curriculums to prepare future practitioners for MLPs. The paper describes a legal clinic which increased knowledge about avenues of legal assistance among doctors and of the clinical impact of social determinants of health among lawyers.

A 2012 article by O'Toole asserts that residents in clinics with social/legal resources were more confident in their knowledge regarding public benefits. While no statistically significant difference was found from residents in clinics without those resources regarding confidence about their knowledge on housing or domestic violence, residents in clinics with social/legal resources were actually more likely to ask patients about their social history and situation with housing and public benefits. Additionally, residents who had social work or MLP resources on-site were more confident regarding their personal knowledge of social determinants of health and accordingly, were found to screen for them more frequently.

Discussion

The existing literature on the integration of legal services into health care provides a strong preliminary base for the further development of the medical-legal partnership model. Much of it is focused on describing the model and its function in various populations and settings, with very few articles providing systematically derived evidence of the benefit of MLP services on

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patients, provider institutions, and communities at large. Even so, these preliminary and often small scale programmatic data demonstrate that MLP is a promising innovation for addressing social, legal, and health challenges for underserved and vulnerable patients, and should be scaled up to improve care at the patient, institution, and policy level.

Despite these promising indications of early MLP successes at the local level, there appears to be room for additional research and evaluation efforts in four key areas that were identified through our review of the literature.

Evidence Gap 1: Assessing Patient Need

Of the 49 articles generated in our search, 5 referenced a mechanism for assessing the legal needs of patients during a clinical visit. However, none of the articles in our search provided insight on the process of legal needs assessment, nor did they present or describe the tools or instruments used to assess legal needs in clinical settings. With approximately 100 MLPs operating in more than 275 hospital and health centers across the U.S., there is tremendous potential for best-practice and information sharing across programs, particularly with regard to the mechanisms through which MLPs learn about their patients' legal needs, assess their capacity, and connect their patients with integrated legal services. A standardized legal needs assessment tool that could be implemented in clinical settings may lend itself to this process and provide an effective and efficient means to collect patient need data, inform legal and health providers, and guide MLP growth and expansion.

Secondly, there is no uniform benchmark for what constitutes a legal need across MLP programs. While at least one article defines legal needs in a general sense (Lawton 2010), the question remains, at what point should a patient be referred for integrated legal services within the MLP context? Identifying this threshold may be particularly helpful to MLPs as they look to improve their services and enhance their capacity to meet patients' needs. Likewise, consensus around an indicator of legal need may help MLP providers identify unmet legal needs in their communities, and organize their services to reach more patients. The guidance around identifying legal needs at the patient level appears limited, however it represents an area of untapped research potential that will doubtlessly have targeted and direct impact on MLPs in practice.

Evidence Gap 2: Evaluating MLP Service Quality

The quality of MLP services, while a critical element of integrated legal services into health care, is not a focus of the literature on medical-legal partnership. Much of the data collected and reported in the empirical evidence is often preliminary in nature and generally small-scale. Furthermore, there are no existing common measures or metrics of quality, outcomes, or processes of care for MLPs. This presents a unique challenge due to the fact that a tenet of the MLP model is the linkage between legal services professionals and clinical professionals who often use different terminology and have distinct ways of measuring achieved outcomes. At least one article referenced that an MLP program typically tracks traditional legal aid outcome measures such as benefits granted and housing subsidies obtained, but that there is little

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translation into what these outcomes mean from a clinical and population health perspective (Zuckerman 2004). A common set of metrics for MLP service quality would guide both clinicians and lawyers in their interdisciplinary work in addressing patients' health and legal needs and provide a baseline with which to evaluate improvements in quality and outcomes at the patient, system, and policy level. This mirrors the emerging trend in the broader legal community where leaders are looking to the health community for strategies to improve their research, data collection and quality metrics.

Evidence Gap 3: Advancing System-Level and Policy-Level Change through MLPs

The National Center for Medical-Legal Partnership (NCMLP) has promulgated a three-level model for the impacts generated by MLPs, including (1) changes in the health and wellbeing of patients; (2) improvements in institutions, services and practices; and (3) improvements in policies, laws, and regulations that affect vulnerable populations. Our review of the literature generated some initial evidence on the impact of MLPs on patients' health and on institutional capacity and financing, meeting the first two impact goals outlined by NCMLP. However, very few articles referenced any intended or achieved impact at the policy and regulatory level, and most do so through an anecdotal approach. Zuckerman et al (2004) and Sandel et al (2010) described the policy-level efforts conducted at an MLP to reform public benefit and utility regulations in Boston, Massachusetts, however, these are the only mentions in the literature regarding policy and regulatory activities taking place within the context of an MLP.

Tobin Tyler (2012) acknowledges that a tension between individual service and social change advocacy persists in the legal services community, perhaps due to the fact that organizations receiving Legal Services Corporation (LSC) funding are restricted from certain activities that are historically construed as drivers of systemic change (such as class action lawsuits and legislative lobbying). In this regard, some legal services providers may not engage in social policy change work as a focused effort. However, Tobin Tyler also argues that legal services professionals, in collaboration with clinical and public health professionals can and should embrace an integrated approach to changing system and policy factors that affect vulnerable patients. Her recommendations include identifying social, legal, and health needs as well as tracking unmet need for the purposes of achieving social policy change.

Despite the emphasis on policy-level efforts, there is limited evidence of such activities taking place within the MLP model. However, the few examples of MLP programs influencing and leading public policy changes on a local level provide strong justification for exploring the role of MLPs in effecting policy change in a systematic manner.

Evidence Gap 4: Scaling the MLP Model to Improve Population Health

Since their emergence as a delivery system model to address social determinants of health, MLPs have continued to expand across the country. As the movement continues to grow, there is a need to develop empirical evidence to support the expansion of the model and to understand the components that contribute to its success. The results presented in this review cite some preliminary data that may justify a more comprehensive and systematic evaluation effort to

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identify the role of MLPs in improving population health beyond the individual and programmatic level, as is traditionally presented in the current MLP literature. The outcomes presented in these studies such as (stress level, health care recovery dollars, financial return on investment, training and knowledge of providers,) could be utilized in a larger-scale collective evaluation of MLP services and their impact on population health. Developing common process metrics and outcome measures as well as utilizing standardized data collection tools will be key strategies to demonstrating the collective impact of MLPs.

The MLP model holds enormous promise to integrate real-world health and legal solutions in order to address the social and environmental challenges in people's everyday lives. Advancing both the empirical evidence and the practical knowledge on this unique delivery system model is essential to scaling up medical-legal partnerships in vulnerable communities that are most in need of their services.

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