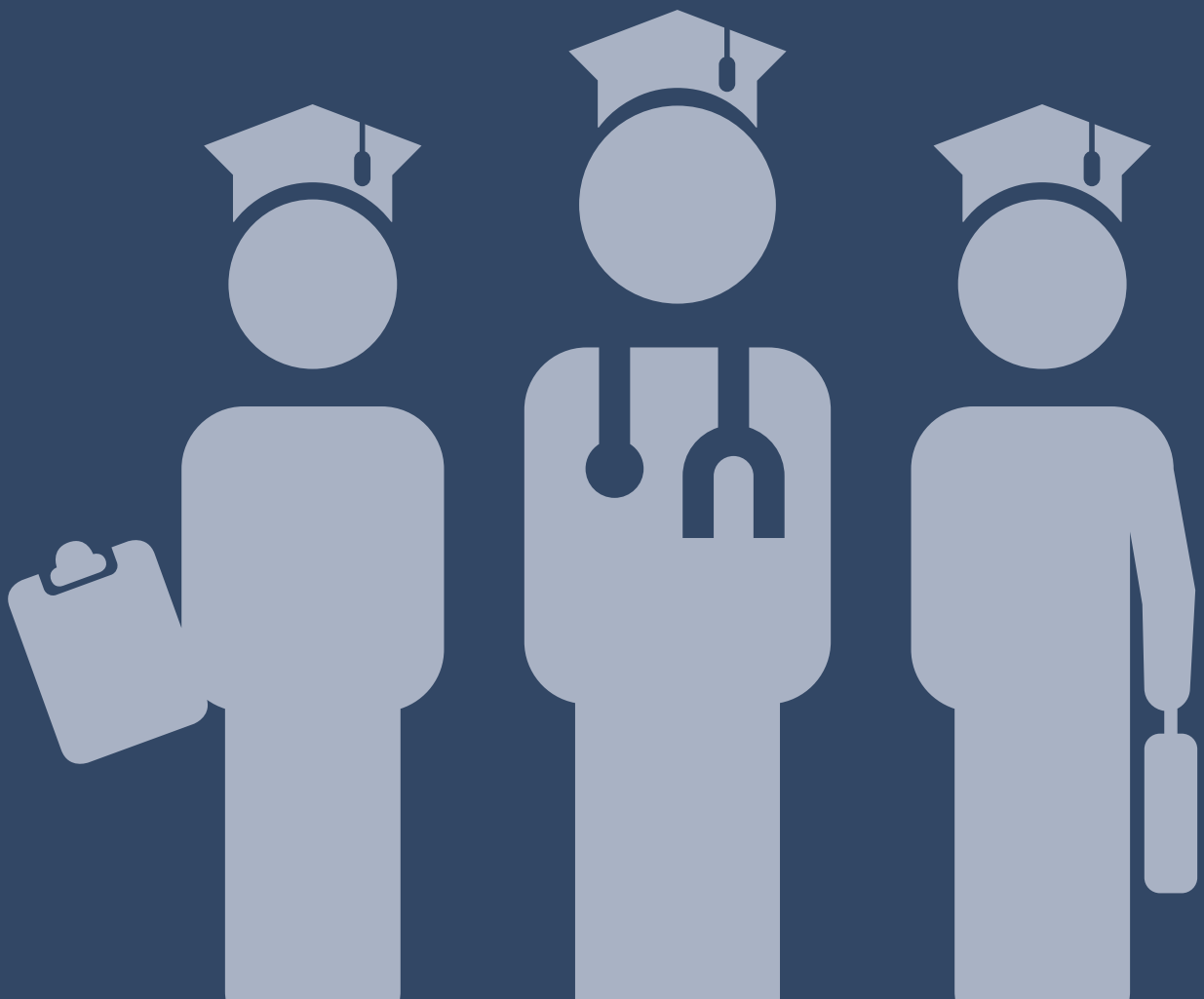
GEORGETOWN UNIVERSITY
HEALTH JUSTICE ALLIANCE

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

THE ACADEMIC MEDICAL-LEGAL PARTNERSHIP

Training the Next Generation of Health & Legal Professionals to Work Together to Advance Health Justice

SEPTEMBER 2022



AUTHORS

Vicki W. Girard, JD
Faculty Director, Health Justice Alliance
Professor of Law, Georgetown University Law Center
Adjunct Professor in Family Medicine, Georgetown University Medical Center

Deborah F. Perry, PhD
Director of Research and Evaluation, Health Justice Alliance
Research Professor in Pediatrics, Georgetown University Medical Center

Lisa P. Kessler, MBA
Director of Operations, Health Justice Alliance
Adjunct Professor, Georgetown University

Yael Cannon, JD
Director, Health Justice Alliance Law Clinic
Associate Professor of Law, Georgetown University Law Center

Prashasti Bhatnagar
Research Associate, Health Justice Alliance

Jessica Roth
Project Researcher, Health Justice Alliance

DESIGN

Katherine Nau Stinton, MS
Communications Associate, National Center for Medical-Legal Partnership

THE NATIONAL CENTER FOR MEDICAL-LEGAL PARTNERSHIP

The mission of the National Center for Medical-Legal Partnership (NCMLP) is to improve the health and wellbeing of people and communities by leading health, public health, and legal sectors in an integrated, upstream approach to combating health-harming social conditions. Over the past several years, NCMLP has helped increase the number of medical-legal partnerships in the U.S. to nearly 300. These partnerships serve children, chronically ill adults, the elderly, Native Americans, and Veterans. NCMLP spearheads this work in four areas: (1) transforming policy and practice across sectors; (2) convening the field; (3) building the evidence base; and (4) catalyzing investment.

ACKNOWLEDGEMENTS

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TABLE OF CONTENTS

FORWARD

FROM THE NATIONAL CENTER FOR MEDICAL-LEGAL PARTNERSHIP

Since the intervention's inception nearly 30 years ago,[1] practitioners and researchers have continually refined and redefined the concept of medical-legal partnership (MLP). Though its foundation remains unchanged—collaboration between health, legal, and community services providers to address the drivers of individual and population health—partnerships across the country have evolved by incorporating novel partners and professions,[2] establishing ways to safely and ethically share patient/client data,[3] adapting to meet various funding challenges,[4] and responding to both pervasive[5] and emergent[6] [7] population health challenges at the local and policy levels.[8]

Through regular surveys and literature reviews, collaborative research, and national and regional convenings, the National Center for Medical-Legal Partnership (NCMLP) has kept a finger on the pulse of the MLP movement, closely monitoring the number of MLPs as well as the scope and structure of these programs. Previous reports have focused broadly on the overarching discipline,[9] but as the field continues to grow and evolve, so does the need for more precise information on the implementation and application of MLP. With this in mind, NCMLP is thrilled to partner with the Georgetown University Health Justice Alliance to publish a first-of-its-kind study on the landscape of **ACADEMIC MEDICAL-LEGAL PARTNERSHIPS** and, in so doing, explore the major role that educational institutions play in advancing the field.

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EXECUTIVE SUMMARY

Medical-Legal Partnerships (MLPs) are innovative models of healthcare delivery that integrate lawyers into the care team to address patients' unmet legal needs that contribute to poor health. MLPs that include academic partners also focus on educating and preparing the next generation of health and legal professionals, which result in some unique features and also creates opportunities that support their distinction as a specific type of MLP.

Given our own experience developing the Health Justice Alliance at Georgetown University, we undertook this effort to better understand and articulate the goals, activities, and core elements of MLPs with academic partners. And driven by our theory of change—that exposure to MLP during pre-professional training can lead to a new generation of health and legal providers willing and ready to embrace the holistic care approach of the MLP model—we sought to contribute more broadly to the academic community already vested in or interested in starting an MLP.

In this report, we present findings from a mixed methods national scan, which included a web-based survey and key informant interviews of MLPs that included either a law or medical school (or both) as one of its primary partners. The results of our quantitative and qualitative analyses are then used to compare MLPs with academic partners to MLPs as they have been previously defined. Based on this work, we define the Academic MLP (A-MLP) as a specific type of MLP with three motivating goals: 1) educating pre-professional learners 2) intentionally creating interprofessional learning environments, and 3) contributing to the evidence base for the MLP model as a health equity intervention.

By highlighting the A-MLP as a distinct MLP type, we aim to provide a construct for other academic institutions around options and methods for integrating MLP into their curricula and developing MLP focused research agendas. We also seek to encourage collaboration and effective use of the approach across A-MLPs as a way to build community and share best practices. Ultimately, we hope these efforts will increase the workforce of MLP-practice-ready graduates who can fulfill the promise MLP holds for helping achieve nationwide health equity goals. We conclude with recommendations for next steps to advance the A-MLP field.

GEORGETOWN UNIVERSITY

HEALTH JUSTICE ALLIANCE

The Georgetown University Health Justice Alliance is a cross-campus partnership established in 2016 between Georgetown Law and Georgetown University Medical Center. HJA's mission is to train the next generation of health, law, and policy leaders to work together in pursuit of health justice for members of the D.C. area community who have been historically and intentionally underserved by health and justice systems. Leveraging the University's academic resources and its clinical partner relationship with MedStar Health, HJA's interprofessional clinical learning environments allow aspiring doctors, health professionals, and lawyers to partner in the delivery of health and legal services and other MLP focused work. Examples include an intensive 10-credit HJA Law Clinic, which embeds 4th year medical students on full-time rotations who work side by side with law students and faculty as they provide low barrier health and legal care to children and their families. The HJA's hospital-based MLPs for pediatric, perinatal, cancer, and trauma patients also offer robust learning opportunities for students across disciplines.

The HJA also teaches students how to use law as a tool to improve health and well-being beyond individual patients through local and federal advocacy and policy projects. This has included advocacy before the D.C. Council about lead concerns in housing, support for MLP legislative efforts on Capitol Hill, and policy work to increase the housing resources available to pregnant and postpartum patients.

Since its founding, the HJA's vision has included robust research and evaluation aimed at demonstrating impact and supporting long-term sustainability of the MLP model both as an educational and as a service intervention. Current research efforts include a prospective longitudinal study to evaluate the impact of MLP learning on law and medical students and electronic health record analysis to understand the impact of receiving legal services on cancer patients' treatment adherence.

Photo by Brent Futrell/Georgetown Law

INTRODUCTION

As the national medical-legal partnership (MLP) movement grows, the need for doctors, nurses, social workers, other health professionals, and lawyers who have the knowledge, skills, and experience to collaborate effectively in this holistic healthcare approach is increasing. Given the unique role that institutions of higher education play in training students as they develop their professional identities, members of the Georgetown University Health Justice Alliance sought to build on prior efforts to define the MLP model by focusing on MLPs that exist in academic settings as a specific type of MLP. This report is based on the results of an environmental scan of MLPs that had evidence of engagement with a medical or law school and reflects the core elements of those MLPs as embodied by their objectives, activities, and unique features.

The scan started with prior research conducted by the National Center for Medical-Legal Partnership, which categorized MLPs based on their targeted patient populations and identified eight core elements of infrastructure shared across MLPs.[10] The Health Justice Alliance research team then collected data on the impact of interprofessional MLP learning on core undergraduate[11] and graduate[12] medical education knowledge, attitudes, and skill competencies sets for students.[13] Other reports and articles describing specific MLP programs that create interprofessional education opportunities for law and medical students to learn and practice together also provided foundational background. [14] [15] [16]

10 Regenstein M, Trott J, Williamson A, Theiss J. Addressing Social Determinants Of Health Through Medical-Legal Partnerships. Health Affairs. 2018;37(3):378-385. doi:10.1377/hlthaff.2017.1264

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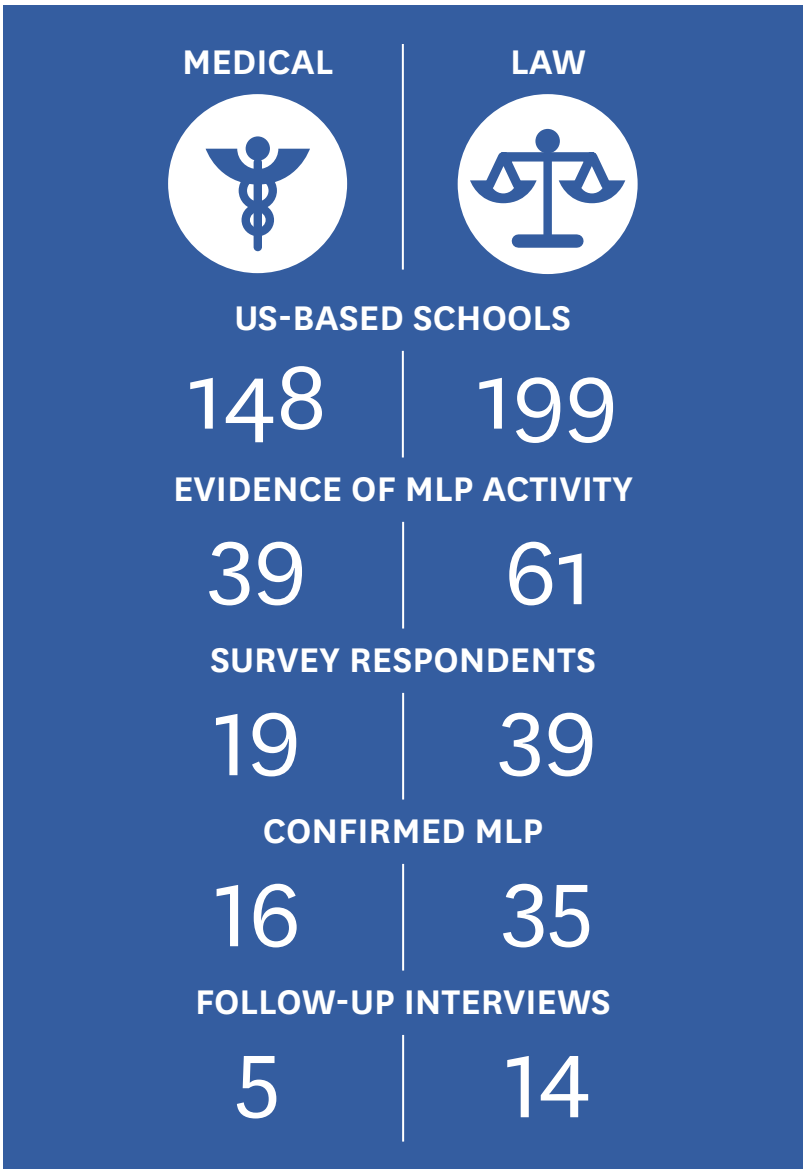
APPROACH

We developed our sampling frame by identifying which of the 148 U.S.-based medical schools that are members of the Association of American Medical Colleges and 199 law schools accredited by the American Bar Association had evidence of MLP activity, as of March 2019. We identified MLP activity and appropriate contacts by cross-referencing data from the National Center for Medical-Legal Partnership's annual survey of MLPs, existing professional networks, and online research. This process generated a list of 61 law schools and 39 medical schools with evidence of MLP activity. We sent web-based surveys to program contacts at those schools in Fall 2019 that included questions about their MLP partners and the structure of learning and clinical opportunities. We also asked about willingness to complete a follow-up interview with the team conducting the national scan. Respondents from 39 law schools and 19 medical schools completed the survey; and of those, 35 law schools and 16 medical schools indicated they participate in an MLP and provided descriptive information about their programs. In early 2020, we completed semi-structured interviews with contacts at 14 law schools and 5 medical schools; they elaborated on the development of their programs, their partnerships, activities, and the nature of their work with students. [The Appendix lists the law and medical schools who received a survey, completed a survey, and the subset who completed interviews.] We analyzed interview data using MAXQDA and survey data with Qualtrics and Excel. We then compared our findings to a 2018 analysis of the core elements of MLP infrastructure by Regenstein et al.[10]



APPLYING THE EIGHT CORE ELEMENTS TO ACADEMIC MEDICAL-LEGAL PARTNERSHIPS

Using NCMLP surveys, site visits, and interviews between 2016 and 2017, Regenstein et al.[10] identified eight core elements of MLP infrastructure that are consistent across three "types" of MLPs (MLPs that serve a general population, MLPs that serve special populations, and MLPs that use a variety of organizational and resource configurations, or "alternative legal models.)[17] The current study assessed the applicability of each of the 8 core elements to A-MLPs and found that while A-MLPs manifest each of the elements, A-MLPs manifest some of the core elements in different ways depending on the configuration of partners, populations served, and approach to delivering health and legal services in an educational context. A summary table of this analysis is in Appendix 2.

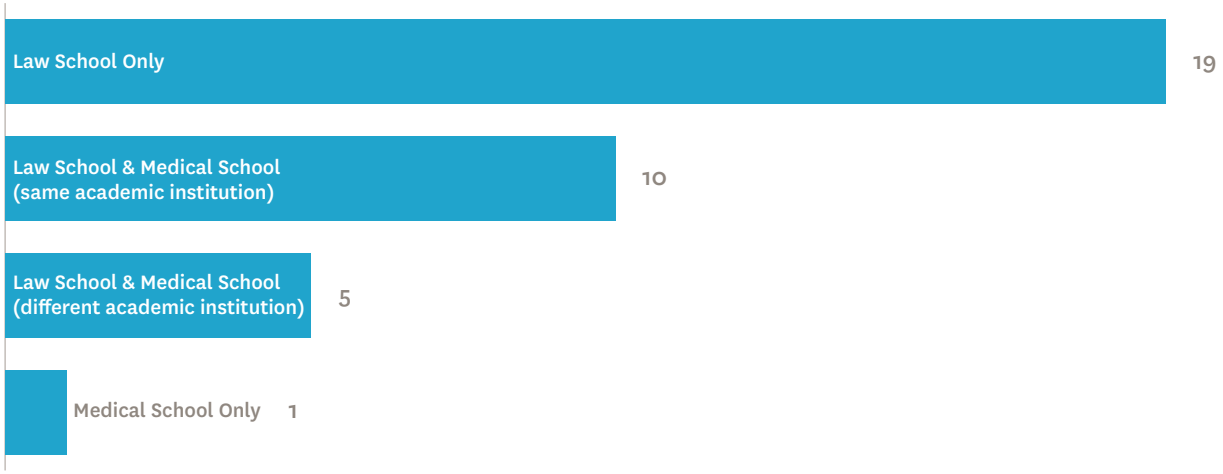
1. MLPs have a formal agreement between a healthcare organization and a legal services provider.

MLPs inherently require some agreement to collaborate across professions, but A-MLPs are often multi-layered and dynamic; thus, the partnerships and formality of agreements governing them varies. Faculty hired to create new MLPs often formalize the partnerships through Memoranda of Agreements (or Understandings). Other programs report growing more organically over time and operating without a formal agreement. For example, one MLP law clinic that focuses on special education cases has an informal partnership with a pediatric practice, which serves as the referral source for cases. Variability in terms of partnership formality in programs where the law and medical partners were a part of the same academic institution also exists. In some cases, the law and medical schools have an MOU, and in other cases they collaborate less formally, especially at the start of their relationship.

In addition to the existence of formal agreements between partners across A-MLPs, the scan also explored the types of partners engaged in A-MLPs, the impetus for creating academic centered MLPs, and the processes taken to create these partnerships and delineate roles. The survey asked respondents to identify all the partners in their MLP, which made clear that A-MLPs often include a complex constellation of academic and non-academic legal and healthcare partners. In more than half of the sample, the primary academic partner was a law school. Some A-MLPs include law and medical school partners from the same academic institution (e.g., the Georgetown University Health Justice Alliance and University of New Mexico's Medical-Legal Alliance for Children).

17 This report does not specifically address the 3 types of MLPs from that prior work because of the substantial crossover between the types of MLPs and various core elements (e.g., Core element 5 re: populations served by MLPs).

FIGURE 1. ACADEMIC PARTNER CONFIGURATIONS IN ACADEMIC MEDICAL-LEGAL PARTNERSHIPS



Source: 2019 Georgetown University Health Justice Alliance A-MLP Survey

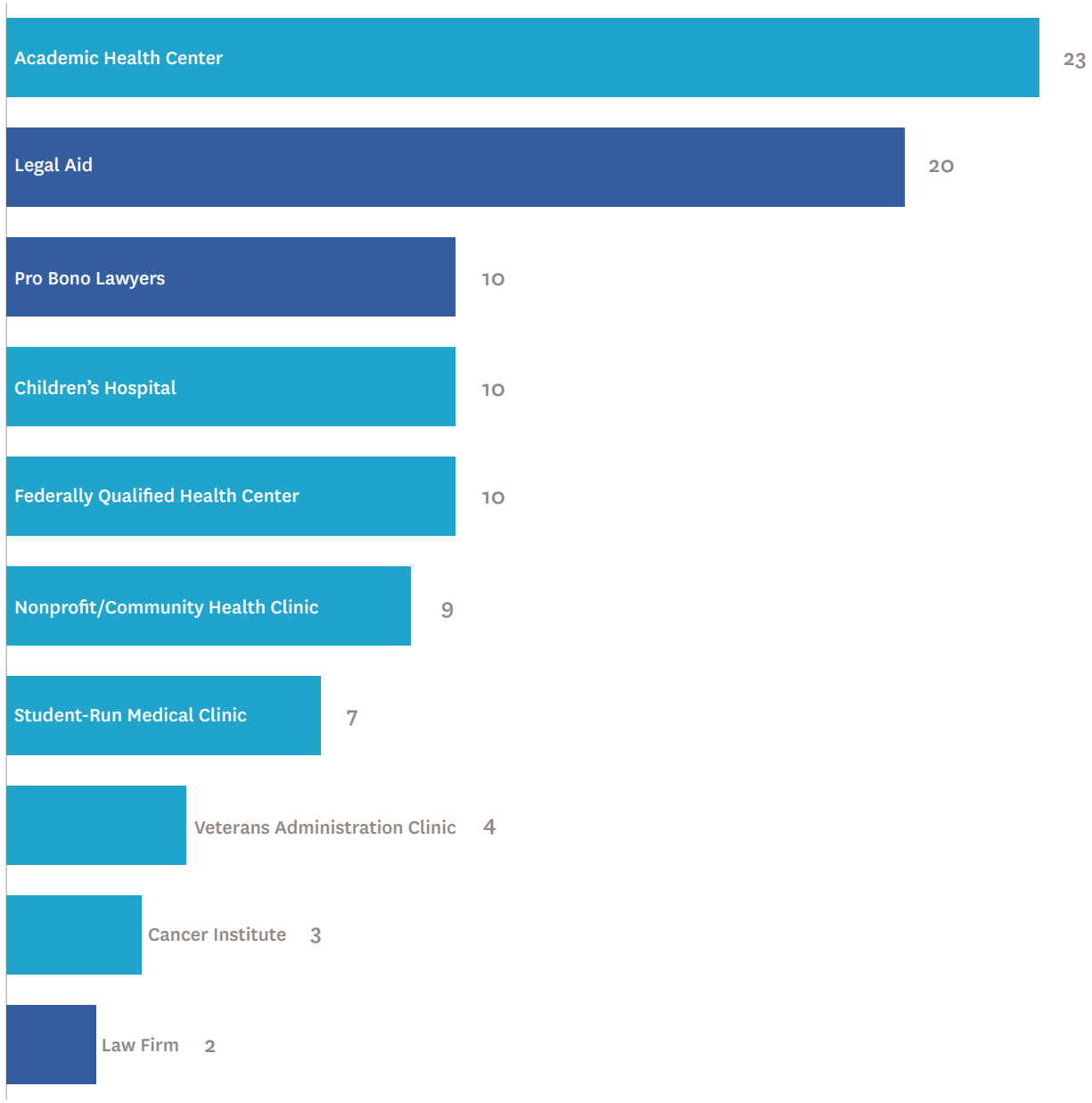
Others include law and medical schools from different academic institutions (e.g. The Health Law Partnership in Atlanta includes the Georgia State University College of Law and Morehouse School of Medicine). See **Figure 1** for a summary of academic partners in A-MLPs based on our survey results.

The range of non-academic partners our survey respondents engaged with are shown in **Figure 2**. The simplest arrangements are represented by a law school with a non-academic healthcare partner or a medical school with a non-academic legal partner. For example, the Northern Illinois University College of Law's Health Advocacy Clinic partners with a nonprofit that provides healthcare and other services to the community. However, much more complex partnerships also exist: law and medical schools often collaborate with a variety of other legal or medical partners. Legal aid organizations, pro bono lawyers, and different community healthcare settings may all be part of the A-MLP operational mix. For example, the Southern Illinois University School of Medicine is part of an MLP with the local legal aid organization, Land of Lincoln Legal Assistance Program, as well as two additional medical partners: a federally qualified health center and a nonprofit health clinic. Medical partners in A-MLPs tend to be multi-dimensional based on varying relationships between medical schools, academic health systems, and teaching hospitals, which collaborate (and are sometimes fully integrated) to train medical students, residents, and fellows and deliver clinical services. For all these reasons, identifying all the participants in A-MLPs that operate across these complex ecosystems is challenging and appears less static than in non-academic MLPs.

Interviews revealed a wide range of origin stories and motivations for creating an academic MLP. Some programs were formed explicitly to create educational opportunities for medical and law students. Law school respondents often described law school leadership as a key driver in the creation of the MLP. New law faculty were hired, or existing faculty were approached, to start an MLP clinic that would engage law students. Some A-MLPS were initiated by medical faculty who wanted to offer students ways to address patients' social drivers of health and advance health equity or who were aware of the MLP model and sought out relationships with local legal services providers.

Respondents' also provided context around the roles played by their various partners. Both law and medical respondents discussed the importance of having a "champion" in the corresponding discipline to move the partnership forward. When possible, faculty tried to identify a champion within their institutional um-

FIGURE 2. ADDITIONAL PARTNERS IN ACADEMIC MEDICAL-LEGAL PARTNERSHIPS



Source: 2019 Georgetown University Health Justice Alliance A-MLP Survey

brella. Law school respondents in particular noted that collaborating within the same academic institution can reduce barriers. Both law and medical school respondents spoke to the value of university-wide interprofessional education programs at their institutions that either supported the establishment of their MLP or helped support its further development.

2. MLPs are staffed by lawyers.

Given that lawyer staffing is among the most basic of the MLP core elements, it was not surprising that this was also true for the A-MLPs examined. However, unlike MLPs traditionally staffed by legal services organizations, law schools are the most common legal partners in A-MLPs. In these settings, direct legal services are often provided through a law school clinic, in which law students practice under faculty supervision and for academic credit to offer no-cost legal services to people who would not otherwise be able to afford a lawyer. Law schools also offer other ways for law students to participate directly in MLP connected legal services (**Figure 5**). In some cases, law student staffing is supplemented with assistance from law firms, legal aid organizations, and pro bono lawyers. In A-MLPs that do not include a law school partner, these other types of legal services providers supply the majority of legal staffing, consistent with the manifestation of this element across the three MLP models described by Regenstein et al.[10]

The use of students also results in faculty serving as critical additional staff for A-MLPs. Depending on the structure of the A-MLP, law and medical school faculty may play a number of roles and often are responsible for clinical duties, classroom teaching, training and mentoring students, MLP administration, research and evaluation, and scholarship.

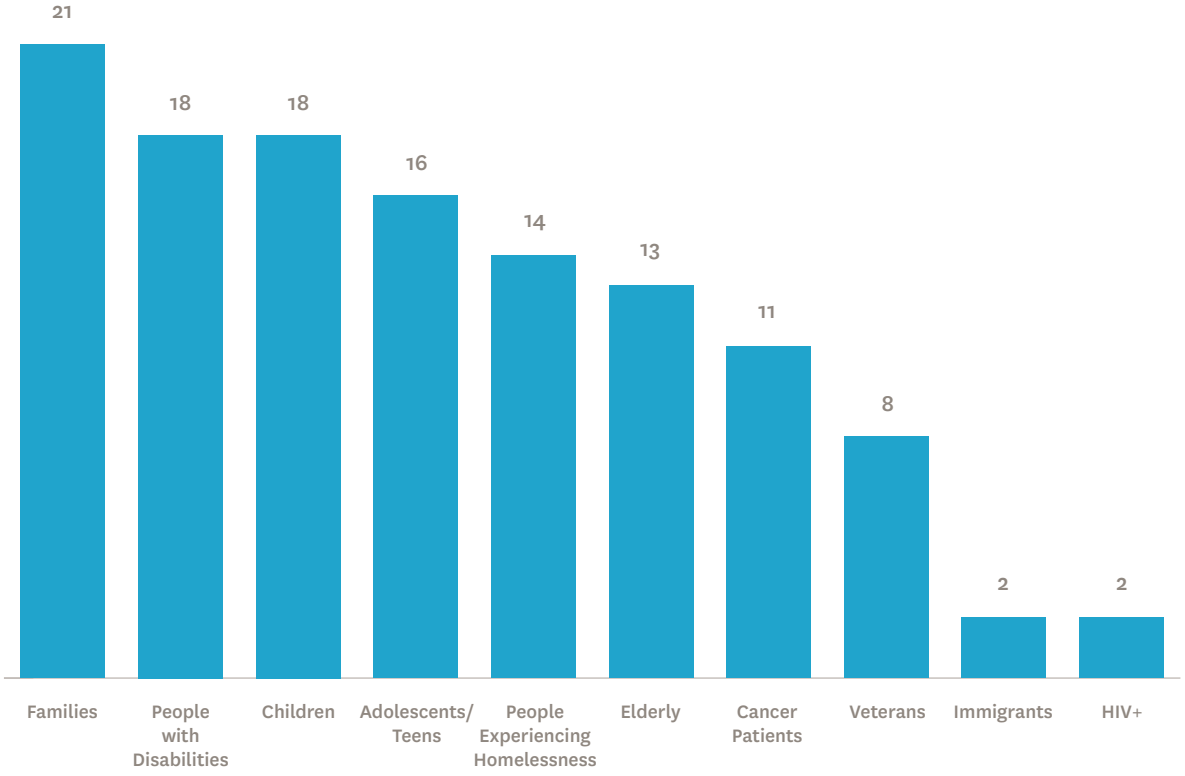
3. MLPs include a lawyer in residence in the healthcare setting.

The presence of an on-site lawyer is also a core element of many A-MLPs. For A-MLPs that include law school clinics, it is common for law students to be on-site in some form depending on the healthcare partners' clinical set-up and space constraints. Faculty responsible for student learning in A-MLPs generally express support for clinical learning environments that allow law and medical students to gain on-site MLP experiences. For example, in one program, law students are on-site at the health clinic weekly to meet with patients at the point of referral, and the health clinic provides an office for them. In another program, law students meet with the patient in the treatment room at the end of a patient's appointment if the patient indicates interest in legal services. For A-MLPs that rely on law school clinics, scheduling and coverage concerns often require creative solutions and additional resources to ensure that healthcare partners can rely on consistent availability of services for patients. In some of those cases, healthcare partners understand and agree to support limited screening during summer and other times of the year.

4. MLPs have a strategy for legal needs screening.

Scan results indicated that while A-MLPs also need to have a way to screen patients for unmet legal needs, formal screening is less common, and some programs use both formal and informal screening. In A-MLPs, for example, healthcare teams, including social workers, may forgo use of a specific screening tool or checklist and instead informally identify patients with legal needs. The scan also showed that A-MLPs often engage learners in screening patients for legal needs. For example, in one program, after a patient gives consent, law and medical students review a patient's health record together to identify potential social and legal needs. This example suggests that to some extent A-MLPs may be willing to sacrifice efficiency to support student learning goals (a unique element of A-MLPs as described below).

FIGURE 3. PATIENT POPULATIONS SERVED BY ACADEMIC MEDICAL-LEGAL PARTNERSHIPS



Source: 2019 Georgetown University Health Justice Alliance A-MLP Survey

5. MLPs define a population for their work.

Among the most central of the core elements reflected in Regenstein et al.'s[10] framework (and foundational to their identification of 3 MLP model types) is a defined population as the focus for delivery of legal services in the healthcare setting. Some MLPs focus on a particular health condition, and all generally serve a patient population with low-incomes. Similarly, A-MLPs also tend to focus their legal services on patient communities that are underserved by health and justice systems. See **Figure 3** for a summary of patient populations served based on survey results. Because many A-MLPs have capacity restraints due to the engagement of law clinic students and specific legal education goals, they may focus even more narrowly on a specific patient population or type of legal issue. For example, one law clinic that receives referrals from a pediatric practice focuses only on special education and public benefits cases.

6. MLPs train healthcare providers.

In traditional MLPs, training health care providers to spot legal issues is a core element of the partnership's work—this is also critical for A-MLPs. Some programs utilize law students as well as students from other disciplines to train healthcare providers on legal issues. In one program, law students are responsible for offering MLP-focused training to hospital social workers, nurses, and other healthcare team members on topics such as when to refer to the MLP and on specific subjects such as Social Security Disability benefits. In A-MLPs, medical students and faculty

contribute to law student education and training. One program brings in a geriatrician to teach law students about aging from the healthcare perspective; another engages medical students on rotation in the law clinic to teach diagnoses likely to arise in special education cases. Also of note, because the A-MLP model is inherently about educating future doctors and lawyers, many programs we identified have a much broader definition for training, as discussed in the Unique Elements section of this report.

7. MLPs share information between legal and healthcare teams.

In A-MLPs, the importance of information sharing is also core to the work and requires faculty to explicitly teach medical and law students about their different professional responsibilities and confidentiality obligations and how to navigate sharing information across disciplines (e.g., HIPAA and FERPA). For example, in one program medical students rotating through a law clinic complete an assignment on their first day about the difference in mandatory reporting obligations for doctors versus lawyers. As is true for all MLPs, the rules and policies governing this area are complicated and A-MLPs with multiple partners must often accommodate differing interpretations and practices.

8. MLPs need sustainable, designated funding.

Like their traditional MLP counterparts, A-MLPs also need long-term resources to ensure success, which was identified as a perpetual struggle for many of the programs in our scan. MLPs that engage learners, particularly those that engage learners from multiple disciplines, may require additional faculty and other resources to execute effectively, which can be difficult to secure. Long-standing support for clinical legal education results in law schools appearing to provide direct funding for many A-MLPs. Rarely, however, is it sufficient to fulfill the education, service, and research potential that exists. Law school interviewees frequently articulated that lack of funding often results in faculty volunteering their time to ensure programmatic success or support MLP expansions needed to incorporate more students. One law clinic program paused incorporating medical and nursing students because of insufficient resources and bandwidth. Multiple programs shared the need for staff attorneys to supplement the work of law students and the difficulty of securing sustained funding for those positions.

UNIQUE ELEMENTS OF ACADEMIC MEDICAL-LEGAL PARTNERSHIPS

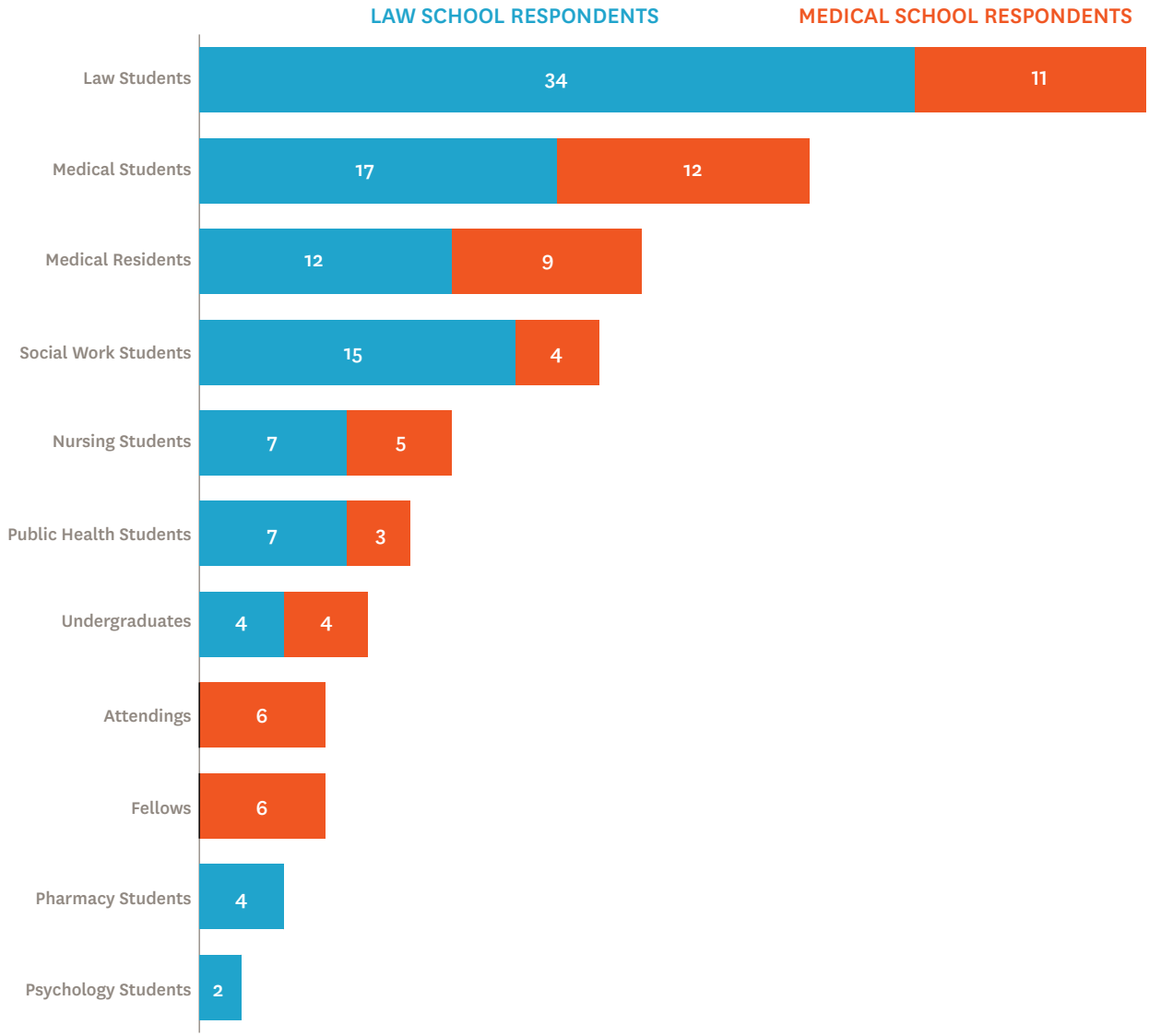
In addition to the eight core elements articulated by Regenstein and colleagues,[10] analysis of our scan results revealed three elements that are unique to A-MLPs and differentiate them from MLPs that are not situated within institutions of higher education. First, the involvement of medical and law schools, in particular, means that A-MLPs focus on using MLP as a teaching tool. This educational emphasis is reflected by faculty interest in using MLP to intentionally shift how future physicians, other healthcare providers, and lawyers view their scope of practice, define their professional roles and identities, and approach opportunities to work collaboratively. Second, to achieve these goals, A-MLPs curate interprofessional learning environments that allow students to practice MLP specific skills and experience the impact of challenging the traditional silos that exist between law and medicine. Finally, the unique scholarship expectations and resources that exist in higher education means that faculty and others engaged in A-MLPs also seek to advance the field through the integration of research and evaluation in a variety of ways. These unique elements are described in more detail below.

1. A-MLPs prioritize pre-professional educational goals.

Academic MLPs are motivated and have clear intentions to shape the way future health and legal professionals interact with each other and their perceived ability to impact their clients/patients, communities, and larger systems. Although service to patients or clients is part of the foundational calculus, programs were most often formed explicitly to create educational opportunities for medical and law students.

> “I had heard about these lawyers that were actually helping underserved families . . . When we started seeing the power of the physician-lawyer relationship, we started thinking about why don't we train our students from both schools about how to do this and why we should do this.
>
> — *Medical School Faculty Member*

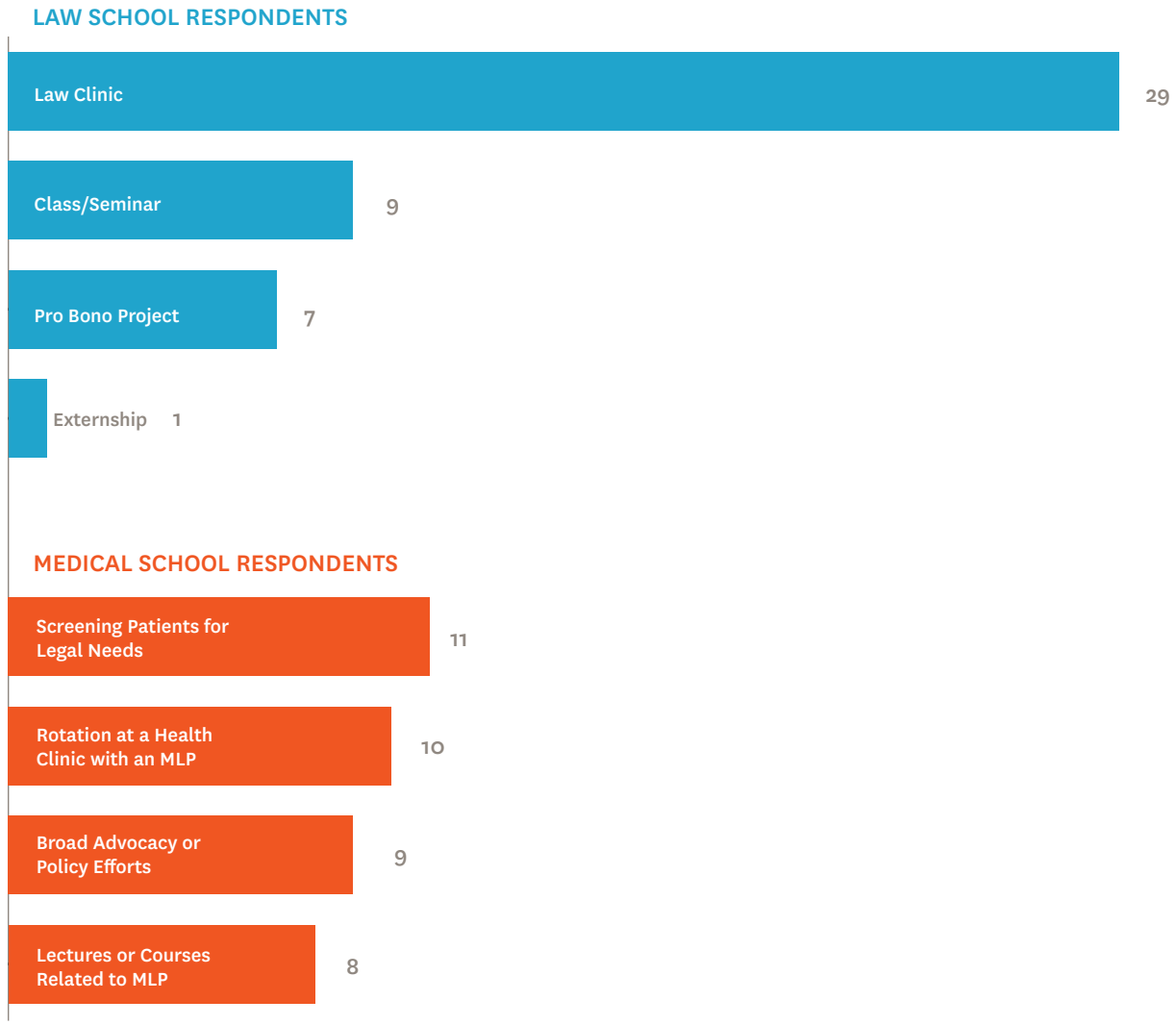
FIGURE 4. TYPES OF LEARNERS ENGAGED BY ACADEMIC MEDICAL-LEGAL PARTNERSHIPS



Source: 2019 Georgetown University Health Justice Alliance A-MLP Survey

Thus, while traditional MLPs may include student internship or volunteer opportunities, A-MLPs are intentionally designed with a primary focus of engaging students. Specific A-MLP educational goals articulated by respondents include learning how to work across disciplines to problem-solve and building knowledge about the broader context and structural factors that negatively impact patients' and clients' health and well-being. A-MLPs also share the goal of building students' ability to reflect on their professional role, skills, and identity, and instituting this as a practice throughout their careers.

FIGURE 5. HOW LAW & MEDICAL SCHOOLS ENGAGE THEIR LEARNERS



Source: 2019 Georgetown University Health Justice Alliance A-MLP Survey

2. A-MLPs intentionally curate interprofessional learning environments

Meeting their educational goals means that A-MLPs strive to bring together learners from multiple disciplines; the majority of law and medical school respondents engage students from at least one other discipline. The places and spaces curated by A-MLPs to provide interprofessional learning environments for students vary across institutions, but law clinics often serve as a hub for interprofessional education. Many law clinics, for example, offer a rotation for ad-

vanced medical students and/or social work students, where students partner on cases and learn about legal issues and the corresponding or adjacent health implications that may impact their future patients and clients. Other programs facilitate case consultations between students of different disciplines, or create opportunities for interdisciplinary collaboration in the health clinic setting. One respondent shared,

> We have law students at the free medical clinic working really closely with public health students and social work students and medical students. So we could have team huddles with all of those students before each patient was seen about that patient's social needs and potential legal needs.

Other respondents from both medical and law schools described university-wide programs that bring together learners from across disciplines to serve vulnerable populations holistically. Some respondents indicated that interprofessional learning opportunities involve engaging with professionals, rather than students, from other disciplines.

Figures 4 and 5 summarize the types of learners A-MLPs engage and in what format.

Launching and maintaining the robust interprofessional learning environments that characterize A-MLPs is not without its challenges. Respondents highlighted some of the barriers to bridging cultural and logistical differences between campuses and schools. Law and medical schools, for example, may be on separate campuses, and operate on different academic schedules. As one respondent noted,

> My law students participate on a semester-long basis. My social work students are in the field for a year with me, and the medical residents and students would rotate monthly. So, that's a challenge, right? How do you integrate somebody when you have somebody new every single month coming in, having to learn, working with clients and then leaving again and then someone else comes in.

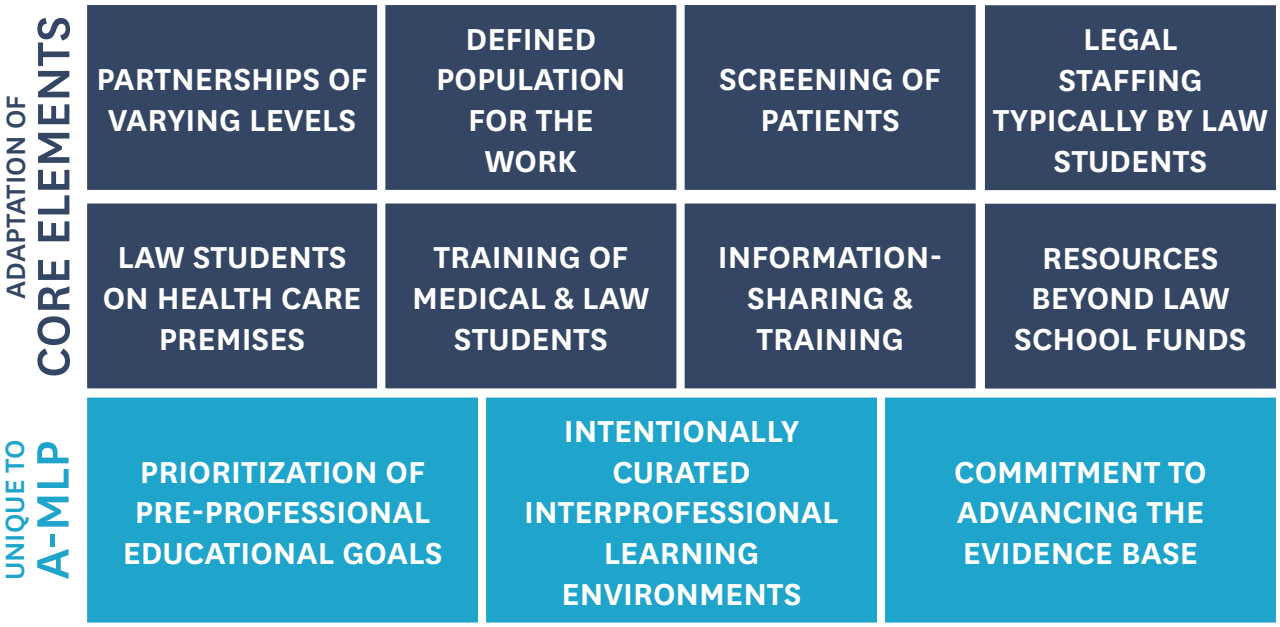
Law faculty also expressed that the traditional definition of interprofessional education in medicine tends to only include health professions, and law faculty have to advocate for a role for law students.

> I think recognition by all the schools that this [A-MLP] is actually a benefit. I think that we all need to be supported in the work that we do. I think there's this idea of, well, we know interprofessional education is great, but you go figure it out. And I think that just, structurally, there's so many obstacles in terms of the course registration or timing of things. Nobody makes that side of things easy.

3. A-MLPs are committed to advancing the evidence base for the effectiveness of this model

Respondents highlighted the unique role for A-MLPs in conducting research on the impact of the MLP model on students, patients/clients, and health systems. Approximately a third of law school respondents and half of medical school respondents indicated they are conducting research in some form. In interviews, respondents reported on ongoing research to evaluate student perceptions of interprofessional education and social determinants of health, patient outcomes, and return on investment of the MLP model. The Georgetown University Health Justice Alliance, for example, recently launched a prospective cohort study (i.e., the Prospective Inter-Professional Education Study, or PIPEline Study) to assess the long-term effects on students of engaging with our A-MLP. Nearly all respondents expressed interest in expanding their research efforts and noted that, while tremendous opportunities to engage students in research projects exist, capacity is often limited by lack of faculty or others to supervise and mentor students and by lack of funding to cover protected time for research faculty. Many respondents also lamented their inability to access or leverage their institution's research resources to help advance the MLP field and develop best practices.

CORE & UNIQUE ELEMENTS OF ACADEMIC MEDICAL-LEGAL PARTNERSHIPS



A summary table of the Core Elements in Academic MLPs is available in Appendix 2.

NEXT STEPS IN THE ACADEMIC MLP MOVEMENT

The rapid growth of the national MLP movement over the past decade reflects the demand by providers and patients for more holistic care to address the structural drivers of health disparities. Legal partners in the movement similarly seek to advance health equity—their access-to-justice lens and ability to use MLP to effect change at the individual, systems, and population levels make them valuable members of the healthcare team. The national scan results reported here affirm that, across the country, partners in A-MLPs recognize the added potential to use the model to educate and train the next generation of health and legal professionals, serve the broader community, and contribute to research on the impact of MLP on learners, patients, and systems. In the interest of expansion and long-term sustainability, survey and interview respondents also expressed an appetite for collaborating across academic institutions around their MLP work. Developing and maintaining mechanisms for sharing were also cited as a way to facilitate a framework and best practices for universities and others motivated to use MLP to teach students. Using the foundational knowledge from this first inquiry to delve deeper into A-MLPs and refine findings and core elements is a key next step. Among the specific activities helpful to that endeavor and the future of A-MLP we suggest:

- Expanding engagement and data collection around A-MLP to include and learn more about other potential participants beyond law and medicine (e.g., nursing, social work, public health, business, and other students and programs at the professional and undergraduate levels).
- Establishing a mechanism for A-MLPs to share foundational resources and experiences, develop best practices, and provide technical assistance (e.g., around interprofessional learning, structure and supervision, service and care models, approaches to policy and systemic advocacy, research and evaluation methods and tools, and MOUs and financing options).
- Pursuing national and local advocacy to develop standards and procedures to promote the ability of A-MLPs to contribute to the MLP movement and the communities they serve (e.g., student practice rules, HIPAA procedures, community benefit metrics, incorporation of MLP concepts into graduate education competencies, etc.).
- Creating opportunities to collaborate and share ideas as a way to increase national visibility and encourage new A-MLPs (e.g., conferences and research publications).

- Providing and supporting post-graduate and leadership positions for A-MLP alums.
- Contributing to the empirical research around the impact of MLPs on patients, communities, and health clinics, and hospital systems, as well as the students and professionals engaged in MLP work.
- Using the A-MLP model to develop scholarly frameworks and best practices in furtherance of health equity and racial justice (e.g., through legal, medical, public health, and other research and scholarship around health equity, health justice, access to justice, the social and political determinants of health, and other related and widely studied research fields).

Ultimately, these national scan results support the need for and benefits of a more cohesive A-MLP community. Advancing A-MLPs as upstream health equity interventions recognizes that a more holistic, interdisciplinary approach to practicing law and medicine has the potential to disrupt the impact of social determinants of health and advance health equity.

Photo by Sam Hollenshead

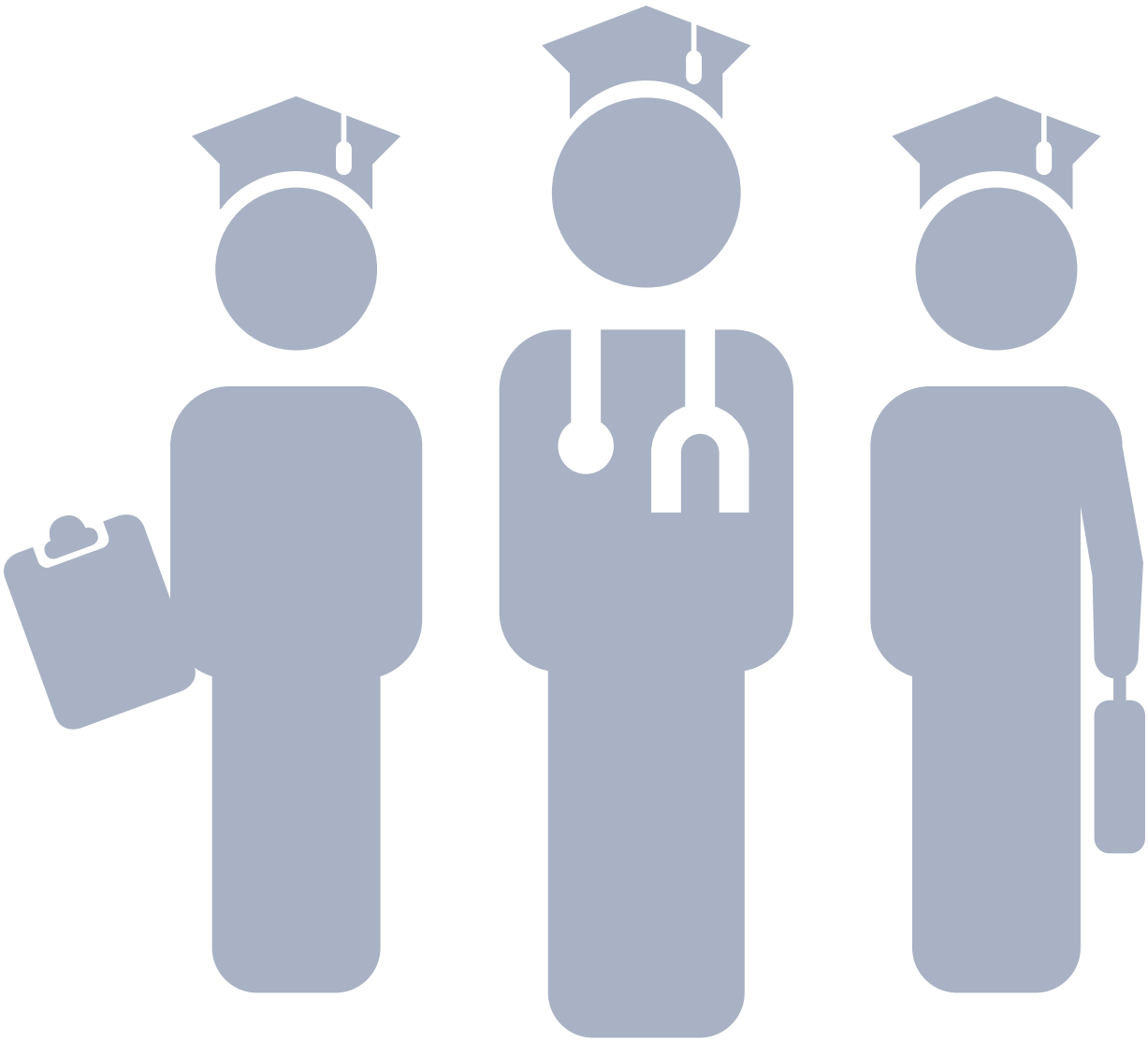
APPENDIX 1:

A-MLP RESPONDENTS: LAW SCHOOLS

LAW SCHOOL	COMPLETED SURVEY	PARTICIPATED IN INTERVIEW
Albany Law School		
American University Washington College of Law	X	
University of California Berkeley School of Law	X	X
California Western School of Law	X	
Cleveland-Marshall College of Law		
CUNY School of Law		
Duke University School of Law	X	X
Florida International University College of Law	X	
Georgetown University Law Center	X	X
Georgia State College of Law	X	
Indiana University Robert H. McKinney School of Law		
Loyola University Chicago College of Law	X	X
Hofstra University Maurice A. Deane School of Law		
Mitchell Hamline School of Law		
Northern Illinois University College of Law	X	
Penn State Law	X	
Roger Williams University School of Law		
Rutgers Law School Camden	X	X
Rutgers Law School Newark	X	X
Case Western Reserve University School of Law	X	
Seattle University School of Law		
Seton Hall Law School	X	
Southern Illinois University School of Law		
Stanford Law School		

LAW SCHOOL	COMPLETED SURVEY	PARTICIPATED IN INTERVIEW
Stetson University College of Law	X	
Syracuse University College of Law		
University of Richmond T.C. Williams School of Law		
University of Memphis Cecil C. Humphreys School of Law	X	
University of California Hastings College of the Law	X	X
University of California Los Angeles School of Law		
University at Buffalo School of Law	X	X
University of Alabama		
University of Arizona James E. Rogers College of Law		
University of Arkansas at Little Rock William H. Bowen School of Law	X	
University of Baltimore School of Law		
University of Hawai'i at Mānoa William S. Richardson School of Law		
University of Houston Law Center	X	
University of Kansas School of Law		
University of Kentucky Rosenberg College of Law	X	X
University of Maryland Carey School of Law	X	X
University of Miami School of Law	X	
University of Michigan Law School		
University of Minnesota Law School	X	
University of Nebraska College of Law		
University of New Mexico School of Law	X	
University of North Carolina School of Law	X	
University of Pennsylvania Carey Law School	X	
University of Pittsburgh School of Law	X	X
University of South Carolina School of Law	X	X
University of the Pacific, McGeorge School of Law	X	
University of Wisconsin-Madison Law School	X	X
Vanderbilt University Law School	X	
Wake Forest School of Law	X	
Wayne State University Law School	X	X

LAW SCHOOL	COMPLETED SURVEY	PARTICIPATED IN INTERVIEW
West Virginia University College of Law		
Widener University Delaware Law School		
William & Mary Law School		
Yaw Law School	X	
University of Connecticut School of Law	X	



A-MLP RESPONDENTS: MEDICAL SCHOOLS

MEDICAL SCHOOL	COMPLETED SURVEY	PARTICIPATED IN INTERVIEW
Brown University Warren Alpert Medical School	X	X
East Carolina University Brody School of Medicine		
Emory University School of Medicine		
Georgetown University School of Medicine	X	X
Herbert Wertheim College of Medicine at Florida International University	X	X
Indiana University School of Medicine	X	
Loyola University Chicago School of Medicine		
Morehouse School of Medicine	X	X
Northwestern University Feinberg School of Medicine	X	X
NYU Grossman School of Medicine		
Rutgers New Jersey School of Medicine	X	
Seton Hall University Hackensack Meridian School of Medicine		
Southern Illinois University School of Medicine	X	
Stony Brook University Renaissance School of Medicine		
SUNY Upstate Medical University		
University of Arizona College of Medicine		
University of Arkansas for Medical Sciences	X	
University of Buffalo Jacobs School of Medicine and Biomedical Sciences		
University of California Davis School of Medicine		
University of California San Diego School of Medicine	X	
University of California San Francisco School of Medicine		
University of Florida College of Medicine		
University of Hawaii John A. Burns School of Medicine	X	
University of Illinois College of Medicine		
University of Kansas School of Medicine		
University of Kentucky College of Medicine	X	
University of Louisville School of Medicine		

MEDICAL SCHOOL	COMPLETED SURVEY	PARTICIPATED IN INTERVIEW
University of Massachusetts Medical School	X	
University of Michigan Medical School	X	
University of Mississippi Medical Center		
University of Nebraska Medical Center		
University of New Mexico School of Medicine		
University of Texas at Austin Dell Medical School		
University of Texas Health Science Center at Houston	X	
University of Vermont Larner College of Medicine at		
Vanderbilt University School of Medicine	X	
Wake Forest School of Medicine	X	
West Virginia University School of Medicine		
Yale School of Medicine	X	

A-MLP RESPONDENTS: LEGAL AID OR NON-ACADEMIC

NON-ACADEMIC PARTNER	COMPLETED SURVEY	PARTICIPATED IN INTERVIEW
MLP Boston	X	
UCLA Mobile Clinic Project	X	
Cincinatti Children's Hospital		
Legal Aid Society of Cincinnati	X	
Philadelphia Legal Assistance		
Atlanta Legal Aid	X	
Indiana Legal Services		
Legal Information Network for Cancer		
Land of Lincoln Legal Assistance Foundation		
Legal Aid Justice Center, Charlottesville		

APPENDIX 2:

AT A GLANCE: COMPARISON OF ACADEMIC MLPS TO ORIGINAL EIGHT CORE MLP ELEMENTS

Regenstein et al.[10] identified eight core elements of MLP infrastructure, many of which were also evident, with some variations, in our sample of Academic MLPs. As described in this chart, academic MLPs manifest some of these core elements in different ways depending on the configuration of partners, populations served, and approach to delivering health and legal services in an educational context.

CORE ELEMENT	DEFINITION	ADAPTATION IN ACADEMIC-MLPS
Formal Partnerships	Created through a formal agreement between a health care organization and a legal services provider. The agreement outlines joint goals, establishes responsibilities for partnership staffing, and puts protections in place for patient privacy and confidentiality.	Partnerships vary in level of formality. Academic Faculty hired to create new MLPs often formalize the partnerships through Memoranda of Agreements or Understandings. Other programs grow more organically over time and operate without a formal agreement.
Defined population for the work	Partnerships designate a defined population for their work. All target a low income group of patients, some focus on specific patient conditions.	Academic MLPs often target their legal services to specific patient populations. Because many Academic MLPs have capacity restraints due to the reliance on law clinic students and specific legal education goals, they may focus even more narrowly on a specific patient population or type of legal issue.
Screening Approach	Partnerships develop a strategy to screen patients for legal need.	Some programs use both formal and informal screening, but overall formal screening is less common. Academic MLPs may engage learners in screening patients for health harming legal needs. In one program, after a patient gives consent, law and medical students review a patient's health record together to identify potential social and legal needs.
Legal Staffing	Legal staffing is provided by the legal services organization. Typically 1-2 full time staff attorneys.	The legal partner is more commonly a law school, and legal services are provided by law students under faculty supervision. In some cases, law student staffing is supplemented with assistance from law firms, legal aid organizations, and pro bono lawyers.

CORE ELEMENT	DEFINITION	ADAPTATION IN ACADEMIC-MLPS
Lawyer in residence	Signature characteristic of a medical-legal partnership. In the majority of partnerships, lawyers are available on site a few days per week.	The presence of an on-site lawyer is also a core element of many Academic MLPs. It is common for law students to be on-site at a health clinic in some form depending on the healthcare partners' clinical set-up and space constraints. Faculty responsible for student learning in Academic MLPs generally express support for clinical learning environments that allow law and medical students to gain on-site MLP experiences.
Training for healthcare providers	Lawyers training health care teams to understand the opportunities for effective legal intervention	Training goes in both directions. Some programs utilize law students to train healthcare providers and students from other disciplines on legal issues. Medical students and faculty also contribute to law student education and training.
Information-sharing	Partnerships rely on information sharing between health care and legal staff	Information sharing is critical and requires faculty to explicitly teach medical and law students about their different professional responsibilities and confidentiality obligations as well as how to navigate sharing information across disciplines. For example, in one program medical students rotating through a law clinic complete an assignment on their first day about the difference in mandatory reporting obligations for doctors versus lawyers.
Resources	Partnerships need designated resources. Legal services organizations tend to commit financial resources while health care organizations commit in-kind resources.	Having the long-term resources to ensure success was identified as a perpetual struggle for many programs. Long-standing support for clinical legal education results in law schools appearing to provide the most direct funding for Academic MLPs. Rarely, however, is it sufficient on its own to fulfill the education, service and research potential that exists.

CONTACT

THE NATIONAL CENTER FOR MEDICAL-LEGAL PARTNERSHIP

Department of Health Policy and Management
Milken Institute School of Public Health
The George Washington University

2175 K Street, NW
Suite 513A
Washington, DC 20037

www.medical-legalpartnership.org
(202) 994-4119

Twitter: @National_MLP

GEORGETOWN UNIVERSITY HEALTH JUSTICE ALLIANCE

Georgetown University Law Center

600 New Jersey Avenue NW
Washington, DC 20001

www.law.georgetown.edu/health-justice-alliance/
(202) 994-4119

Twitter: @GeorgetownHJA