

# Medical-Legal Partnership Literature Matrix

February 2013

#	Type	Citation	Research Aim/ Intro	Study Setting/ Population	Elements/Definitions of Model	Program Characteristics	Types of Assistance	Measures Used or Suggested	Policy Level Changes	System Level Changes
1	Descriptive & Observational	Beck AF, Klein MD, Schaffzin JK, Tallent V, Gillam M, Kahn RS. Identifying and treating a substandard housing cluster using a medical-legal partnership. <i>Pediatrics</i> . 2012 Nov;130(5):831-8. doi: 10.1542/peds.2012-0769.	To describe substandard housing identified and treated by a pediatric, primary care, MLP	Clients of a pediatric MLP in Cincinnati	MLPs: can address social and environmental determinants of health	Social risk is screened with medical history, clinician refers to legal services if necessary	Food; housing; safety; education	Identified cases; Housing repairs completed	Not described	Not described
2	Descriptive & Practice Report	Bliss, L., Caley, S., & Pettignano, R. (2011). An interdisciplinary collaborative approach to wellness: Adding lawyers to the healthcare team to provide integrated care for patients. <i>The International Journal of Health and Wellness</i> , 1(2), 130-139.	To explain collaboration between large, urban-based health system, a state university law school, and an urban-based legal services organization that created, implemented, funds, evaluates and integrates legal services into the hospital setting.	MLP (HeLP) in Georgia	Direct legal services; interdisciplinary education; advocacy on behalf of health	Evaluation component with pre- and post-surveys to detect impact on patients and monetary impact on provider; 6 lawyers on-site at one clinic	Not described	Recovery dollars; private and public funding streams;	Not described	Not described
3	Descriptive	Boumil, M. M. (2010). Multidisciplinary representation of patients: The potential for ethical issues and professional duty conflicts in the medical-legal partnership model. <i>Journal of Health Care Law &amp; Policy</i> , 13, 107. Retrieved from <a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=edslex&amp;AN=edslex3AB74D23&amp;site=eds-live&amp;scope=site&amp;authtype=ip.uid&amp;custid=s8987071">http://search.ebscohost.com/login.aspx?direct=true&amp;db=edslex&amp;AN=edslex3AB74D23&amp;site=eds-live&amp;scope=site&amp;authtype=ip.uid&amp;custid=s8987071</a>	To examine ethical tensions within the MLP model	Children, the elderly, HIV patients, cancer patients, chronically ill adults, and other vulnerable populations	Not described	Not described	Not described	Informed consent for patient of professional duties of each provider	Not described	Not described
4	Descriptive	Campbell, A. T., Sicklick, J., Galowitz, P., Retkin, R., & Fleishman, S. B. (2010). How bioethics can enrich medical-legal collaborations. <i>The Journal of Law, Medicine &amp; Ethics</i> , 38(4), 847-862. doi: 10.1111/j.1748-720X.2010.00538.x	To discuss interdisciplinary challenges between lawyers and health care providers and suggest bioethics as a resolution method	Pediatrics, oncology, palliative care, HIV/AIDS, geriatrics, family medicine, internal medicine, and maternal health.	Legal service entity partners with a health provider to establish an onsite legal clinic at the health care facility; Direct legal services; Training of health providers and lawyers; Bioethics: includes ethical concerns of a range of professions and individuals, expands the scope of ethical inquiry to include what happens at the institutional, research, public health, and policy level	Not described	Not described	Not described	Not described	Not described
5	Descriptive & Practice Report	Colvin JD, Nelson B, Cronin K. Integrating social workers into medical-legal partnerships: comprehensive problem solving for patients. <i>Soc Work</i> . 2012 Oct;57(4):333-41.	To discuss the history of the MLP movement and the integration of social workers into the model.	Clients of a MLP at Mercy Children's Hospital in Kansas City, Missouri	Direct services to patients; training for providers; system-level change	100 social workers integrated by holding lectures to discuss legal issues and creation of a frontline social worker advisory group that regularly works with the MLP	Housing	Number of referrals; number of successful cases	Not described	Not described
6	Descriptive & Practice Report	Gillespie, A., & Groves, B. (2007, Fall). Partnering providers and advocates for child wellness and family stability. <i>Clinican Quarterly</i> .	To offer a case study of a MLP responding to advocacy needs for family wellness and stability	Boston-area MLP serving children and their families	Preventive legal assistance; provider training; advocacy; a collaboration of front-line health care providers, mental health clinicians, and legal advocates working to improve children's health and well-being.	Not described	Housing; family stability; public benefits	Not described	Not described	Not described
7	Descriptive & Practice Report	Hum F, Faulkner J. Medical-legal partnerships: a new beginning to help Australian children in need. <i>J Law Med</i> . 2009 Aug;17(1):105-18.	To explore potential for MLPs in Australia in the pediatric setting	Low SES children and families	Training of providers; Direct legal services; advocacy to affect policy change	Not described	Housing; food; access to medicine and vaccines; safety	Not described	Not described	Not described
8	Descriptive & Practice Report	Huston RL, Zinn S, Leal-Castanon S. Medical-legal partnerships. <i>Virtual Mentor</i> . 2011 Aug 1;13(8):555-8. doi: 10.1001/virtualmentor.2011.13.8.hlwa1-1108.	To lay out a scenario in which a MLP would be useful and describe MLPs	Low-income children and their families	Legal assistance in the health care setting; training of providers; policy change; MLP: a health care and legal services delivery model that aims to improve the health and well-being of vulnerable individuals, children and families by integrating legal assistance into the medical setting	Not described	Public benefits; education; housing	Not described	Not described	Not described

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9	Descriptive & Practice Report	Lawton, E., Coon, B., & Fung, A. (2010). Meeting basic needs and reducing health disparities by integrating legal services into the healthcare setting. Philadelphia Social Innovations Journal.	To describe need for and methods of a MLP	MLP for people with disabilities in Philadelphia	Patient & Community Health and Wellbeing; Legal Advice and Assistance; External System Change; Internal Process Improvement	Legal services integrated into nurse-managed care setting	Personal stability; family law; public benefits	Health care recovery dollars, cost cutting, reduced post-discharge adverse events, systemic impact (not defined), patient outcomes such as employing more effective strategies to solve legal problems, feeling supported when receiving legal assistance, noting improvements in family's well-being, ability to assist other families with knowledge they gained, provider outcomes such as knowledge, attitudes, and behaviors, feeling comfortable with legal issues etc.	Not described	Not described
10	Descriptive & Practice Report	Locke R, Caum J, Bartoszesky L, Musumeci M, Atkins D. Medical-legal partnerships: lawyers and physicians working together to improve health outcomes. Del Med J. 2011 Aug;83(8):237-45.	To describe how MLPs can address the social determinants of health in meaningful, cost-effective ways	Low-income MLP clients nationally	Direct legal services; training of providers; Systemic change on the policy level	Legal Aid Society & FQHC Partnership, utilizes standardized screening questions to help clinicians identify unmet legal needs	Food security; personal safety; housing; education	Percent surveyed with various legal needs, percent receiving/eligible for public benefits; Number of clients served	Not described	Not described
11	Descriptive	McCabe, H. A., & Kinney, E. D. (2010). Medical legal partnerships: A key strategy for addressing social determinants of health Journal of General Internal Medicine, 25 Suppl 2, S200-1. doi: 10.1007/s11606-010-1298-9	To describe the need for MLP	Low socioeconomic status patients	Medical and legal professional who work together to address patient concerns	Not described	Not described	Not described	Not described	Not described
12	Descriptive & Practice Report	Newman, J. (2012). Miami's Medical-Legal Partnership: Preparing Lawyers and Physicians for Holistic Practice. Indiana Health Law Review, Forthcoming; University of Miami Law Review, Forthcoming. Available at SSRN: <a href="http://ssrn.com/abstract=2014824">http://ssrn.com/abstract=2014824</a> or <a href="http://dx.doi.org/10.2139/ssrn.2014824">http://dx.doi.org/10.2139/ssrn.2014824</a>	To describe a pilot course with a weekly hospital-based clinical practicum and lectures for doctors and lawyers designed to foster collaborative team-based interdisciplinary work	MLP in Miami, FL	Direct onsite legal services, legal check ups, Lawyers assess client profiles for potential eligibility, joint clinical rotation for students	Legal "check ups" and on-site legal services for patients; patients are referred to legal services by social workers directly after clinical appointment	Family matter; housing; special education advocacy; immigration issues; disability; end of life care; employment; public benefits; food	Not described	Not described	Not described
13	Descriptive	Noble, P. (2012). Advocacy-health alliances: Better health through medical-legal partnership. Advocacy & Rights Centre Ltd.	To explain need for MLPs and to describe US experience with them to encourage Australian uptake of the model	MLP practitioners in US and Australia	Joint planning, priority setting, facilitating and communicating feedback, on-site legal services, healthcare training, evaluation/impact planning, systems improvement; Healthcare delivery model that integrates legal assistance built on the understanding of three key factors: (1) social, economic and political context in which people live has a fundamental impact on their health (2) these social determinants of health manifest in the form of legal needs; (3) attorneys have special tools and skills to address these needs.	Not described	Not described	Not described	Not described	Not described
14	Descriptive	Mary E. Northridge. It Takes Lawyers to Deliver Health Care. Am J Public Health. 2005 March; 95(3): 376.	To advocate for medical-legal integration	Not described	Not described	Staff identifies areas of legal need and recruits and trains lawyers to provide legal services	Not described	Not described	Not described	Not described
15	Descriptive & Practice Report	Pai, N., Miller, W., Chapman, L. A., Ford-Jones, E., McNeill, T., & Jackson, S. (2011). Tipping the scales: A lawyer joins the health care team Paediatrics & Child Health, 16(6), 336.	Describing the first MLP in Canada, linking public and private legal partners across Toronto with patients in the hospital.	Low-income patients at Toronto's children's hospital	Identification of legal issues, provision of legal advice and services, incorporation with other health care team members	Pro bono services provided by public and private legal partners to patients in hospital setting	Family law; immigration; social services; health insurance; education; consent law; housing; employment; social benefits; taxes	Provision of legal information, referrals made, legal representation made,	Not described	Not described
16	Descriptive	Retkin, R., Brandfield, J., Lawton, E., Zuckerman, B., & DeFrancesco, D. (2007). Lawyers and doctors working together - a formidable team. The Health Lawyer, 20(1), 33-36. Retrieved from <a href="http://search.proquest.com/docview/191682112?accountid=11243">http://search.proquest.com/docview/191682112?accountid=11243</a>	To describe the professional partnership between doctors and lawyers in a MLP	Not described	Advocacy training for health professionals	Not described	Not described	Not described	Not described	Not described

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17	Descriptive	Retkin, R., Brandfield, J., & Hoppin, M. (2009). Medical legal partnerships: A key strategy for mitigating the negative health impacts of the recession. <i>The Health Lawyer</i> , 22(1), 29-34. Retrieved from <a href="http://search.proquest.com/docview/191686754?accountid=11243">http://search.proquest.com/docview/191686754?accountid=11243</a>	To describe the importance of MLPs during a recession	Low-income clients of LegalHealth, a New York City-based MLP	The medical-legal partnership ("MLP") model, a method of care in which doctors and lawyers work together to prevent or overcome many of the nonmedical problems that affect patients' health, channels limited legal services resources to vulnerable clients.	Not described	Not described	Clients served; Increase in certain types of cases over time (due to economic downturns)	Not described	Not described
18	Descriptive & Practice Report	Sandel, M., Hansen, M., Kahn, R., Lawton, E., Paul, E., Parker, V., Zuckerman, B. (2010). Medical-legal partnerships: Transforming primary care by addressing the legal needs of vulnerable populations [vulnerable populations] <i>Health Affairs</i> , 29(9), 1697-1705. doi: 10.1377/hlthaff.2010.0038	To describe how medical-legal partnerships can change clinical systems	Low-income patients of MLPs	Legal advice and assistance; improving health care systems; change outside the system; preventive law	Not described	Not described	Letters generated on behalf of patients; Percent of patients screened for SDH	Not described	Not described
19	Descriptive	Schulman, David I., Lawton, Ellen, Tremblay, Paul R., Retkin, Randy and Sandel, Megan, Public Health Legal Services: A New Vision (June 2, 2009). <i>Georgetown Journal on Poverty Law &amp; Policy</i> , Vol. 15, No. 3, pp. 729-759, 2008; Boston College Law School Legal Studies Research Paper No. 150. Available at SSRN: <a href="http://ssrn.com/abstract=1112868">http://ssrn.com/abstract=1112868</a>	To discuss the need for preventive and acute/crisis legal services	Low income patients	Shifting legal services to a preventive tool; Training and Education of Front-Line Healthcare Staff on Basic Legal Needs Issues; Direct Legal Assistance to Patient-Families on a Broad Range of Legal Issues; Systemic Advocacy; Feedback Loop with Medical Staff; National Expansion; Research & Evaluation	Not described	Not described	Pt.: Reduced worry and stress, Positive effect on financial situation and family or loved ones, Maintains treatment regimens, Keep medical appointments; Process: legal referrals in the last 6 months, referrals recommended in precepting sessions, agreement that it is part of job duty to make legal referrals, assisting patients to fill out forms for government benefits and patient obtaining benefits in past 6 months, provision of housing assistance	Not described	Not described
20	Descriptive	Shin, P., Byrne, F., Jones, E., Teitelbaum, J., Repasch, L., & Rosenbaum, S. (2010). Medical-legal partnerships: Addressing the unmet legal needs of health center patients.	To describe the potential for MLPs in the FQHC setting	Low-income patients of FQHCs nationally	Attorneys work with front-line health center staff to screen for health-related legal problems; Working with social workers and case managers, MLP staff help to remedy legal issues	Not described	Not described	Percent & number of patients with unmet legal need (estimated 40-100% at each FQHC, 50-85% nationally; 10-17M nationally); Ancillary services on-site or referred to; Private and public funding; Clients served; Consultations to health care staff; Recovery dollars; Treatment adherence; Preventive health care services received; Reduced ED visits and admissions	Not described	Not described
21	Descriptive	Tyler, E. (2012). Aligning public health, health care, law and policy: Medical-legal partnership as a multilevel response to the social determinants of health. <i>Journal of Health &amp; Biomedical Law</i> , 8(2), 211.	To explore current health care, public health, legal and public policy responses to the social determinants of health (SDH) and argue that medical-legal partnerships serve to integrate medicine and public health	Not described	Mmedical-legal partnerships create an effective community-level mechanism for identifying and addressing systemic and policy issues which impact the health of vulnerable populations.; In MLPs, lawyers are part of the health care team, training health care providers to identify unmet legal needs and enforcing legal rights as a targeted intervention directed at SDH	Not described	Not described	Not described	Not described	Not described
22	Descriptive & Practice Report	Zuckerman, B., Lawton, E., & Morton, S. (2007). From principle to practice: Moving from human rights to legal rights to ensure child health. <i>Archives of Disease in Childhood</i> , 92(2), 100-101. doi: 10.1136/adc.2006.110361	To encourage an active strategy of promoting the enforcement of existing laws that protect children—especially those laws that ensure access to children's basic needs, such as food, housing, safety, healthcare and education.	Vulnerable children -- 50 clinic settings	Training and education of health care workers, direct legal assistance to patients, systemic advocacy	Not described	Not described	Not described	Not described	Not described
23	Descriptive	Zuckerman, B., Sandel, M., Lawton, E., & Morton, S. (2008). Medical-legal partnerships: Transforming health care <i>The Lancet</i> , 372(9650), 1615 <last_page> 1617. doi: 10.1016/S0140-6736(08)61670-0	To advocate for MLPs	Low-income families	Health institutions partnering with lawyers to offer legal assistance in the healthcare setting to advocate for patients	Not described	Not described	Not described	Not described	Not described
24	Practice Report	Challener B, Onyeani L. Health and legal services in a disadvantaged community. <i>Am J Public Health</i> . 1973 Sep;63(9):810-5.	To describe legal issues affecting health	Low-income patients of Harlem Hospital in New York City	Not described	Contracted out or on-site legal services	Housing; Personal safety and stability	Cost of legal intervention compared to cost of disease later (preventive savings); Clients served	Not described	Not described

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25	Practice Report	Cherayil, M. (2005). Lawyers and doctors partner for healthy housing. Clearinghouse Review, 39(1-2), 65.	To describe a pediatric MLP in Boston advocating for healthy housing conditions	Family Advocacy Program, serving low income families in and near Boston	Not described	Partnered with private and public agencies to create web-based referral and tracking for home inspections, trained inspectors on asthma triggers, and educated tenants on maintaining appropriate housing conditions	Housing inspection and assistance	Patients per year reporting unhealthy housing conditions; Number of issues resolved	Not described	Not described
26	Practice Report	Cohen E, Fullerton DF, Retkin R, Weintraub D, Tames P, Brandfield J, Sandel M. Medical-legal partnership: collaborating with lawyers to identify and address health disparities. J Gen Intern Med. 2010 May;25 Suppl 2:S136-9. doi: 10.1007/s11606-009-1239-7.	To describe 4 example MLPs' training for providers	Low-income families, nationwide snapshot of those helped at MLPs	Direct legal services; Policy advocacy; Provider training	Not described	Income supports; housing; education; immigration; personal safety	Provider knowledge; Provider attitudes regarding responsibility to address social needs; Provider capability of addressing social issues; Training sessions for health care providers; Clients referred; Clients served; Medical school core courses; Medical school electives	Not described	Not described
27	Practice Report & Observational Study	Conover, C. J., & Whetten-Goldstein, K. (2002). The impact of ancillary services on primary care use and outcomes for HIV/AIDS patients with public insurance coverage AIDS Care, 14(sup001), 59 <last_page> 71. doi: 10.1080/09540120220149957	To study adult HIV/AIDS patients eligible for public insurance for low-income people (Medicaid) in eastern North Carolina.	Adult Medicaid-eligible HIV/AIDS patients in North Carolina	Not described	Not described	Case management; Nutrition assistance; Housing assistance; Pharmaceutical assistance; Mental health and substance abuse services; transportation services; legal assistance; child care	Health insurance coverage; Not avoiding needed health care due to cost; Improved health status	Not described	Not described
28	Practice Report	Deinard AS, Martin A, Lindemann S, Haynes D. Providing legal services to vulnerable populations through a clinic-law firm collaboration. Am J Public Health. 1997 Mar;87(3):463-4.	To describe a MLP serving low-income Minnesotans	Low-income patients in Minneapolis	Not described	2 attorneys & 1 law clerk from a large law firm (paid for by the firm) partnered with the University of Minnesota at Minneapolis to provide on site legal services; Coordinator screens for legal needs and assigns case to a lawyer who may refer out to social services if legal assistance not required	Consumer issues; housing; unemployment; public benefits; personal safety; discrimination; immigration.	Calls received; calls referred out; cases taken; Hours spent	Not described	Not described
29	Practice Report & Observational Study	Fleishman SB, Retkin R, Brandfield J, Braun V. The attorney as the newest member of the cancer treatment team. J Clin Oncol. 2006 May 1;24(13):2123-6.	To describe need for and methods used by a MLP for cancer patients	Poor/chronically ill cancer patients at LegalHealth	Not described	Lawyers stationed in clinical area where cancer treatment is provided; Patients are prescreened by the physician, nurse, or oncology social worker, and a legal appointment is set up	Employment; finances; family stability	Reduced stress, positive effect on family or loved ones, positive effect on financial situation, maintaining treatment regimen, keeping medical appointments; Number of clients served	Not described	Not described
30	Practice Report	The Family Advocacy Program: A Medical-Legal Collaborative to Promote Child Health and Development. Management Information Exchange Journal. Summer 2003. E Lawton.	To describe a pediatric MLP and the rationale behind it	Clients of the Family Advocacy Program at Boston Medical Center	A medical-legal collaboration is an efficient and effective model for providing legal services to poor families, by offering a unique opportunity to partner with health care providers to improve advocacy outcomes, and reach families in a preventive fashion, before crises debilitate family and child health.	FAP trains pediatricians to recognize legal issues, and then provides legal services for identified patients; advocacy resources are sited in the clinical setting	Not described	Not described	Not described	Not described
31	Practice Report	Lawton, E. (2007). Medical-legal partnerships: From surgery to prevention? Management Information Exchange Journal, 37-38-42, 53.	To describe MLPs and relationship to childhood injury and surgery	Low-income children and families in and near Boston	Training for front-line health care staff, direct legal assistance for patient-families, and systemic advocacy; preventive legal services	Not described	Not described	Recovery dollars; direct funding; cost-benefit data; Family Empowerment Through Legal Assistance; Enhanced Family Health and Well-being; Enhanced Child Health and Well-being; Improved Access to Legal Assistance; Medical-Legal Collaboration; Improved Provider Capacity to Address Social Determinants of Health	Not described	Not described

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32	Practice Report & Observational Study	O'Sullivan, Mary, Brandfield, Julie, Hoskote, Smedth, Segal, Shiri, Chug, Luis, Modrykamien, Ariel, & Eden, Edward. (2012). Environmental Improvements Brought by the Legal Interventions in the Homes of Poorly-Controlled Inner-city Adult Asthmatic Patients: A Proof-of-Concept Study. <i>Journal of Asthma</i> , 49(9), 911-917. doi: 10.3109/02770903.2012.724131	To describe the health impact of a medical/legal intervention on inner-city patients with asthma	Inner-city patients with asthma in New York	Not described	Hospital clinic and LegalHealth partnership, referred asthmatic patients who self-reported adverse housing conditions, free weekly law clinic in hospital, attorney collects medical evidence to support legal need for housing remediation, works with physician who writes medical statement letter	Housing	Reduction in asthma severity; reduction in number of ED visits; reduction in hospital admissions; time spent per case; cost per case	Not described	Not described
33	Practice Report	Pettignano, R. (2011). A case for including lawyers on the care team. <i>Physician Executive</i> , 34.	To describe the first pediatric Southern MLP	Low-income children and their families	Direct legal services; Educational programming; Advocacy; Research and evaluation	Free legal services at three hospitals and a law school clinic on site at the school for additional support; 3rd year medical students and lawyers take joint classes	Consumer debts; medical education; employment; family stability, permanency planning, housing, utilities, public benefits	Number of client intakes; To patient: public benefits; consumer; education; employment; family stability; health insurance; housing	Not described	Not described
34	Practice Report	Pettignano, R., Caley, S. B., & Bliss, L. R. (2011). Medical-legal partnership: Impact on patients with sickle cell disease <i>Pediatrics</i> , 128(6), e1482-e1488. doi: 10.1542/peds.2011-0082	To determine if a MLP would positively affect the social determinants of health that affect patients with Sickle Cell Disease (SCD)	Children and families with SCD in Georgia	Not described	Free legal services at three hospitals and a law school clinic on site at the school for additional support; annual budget of \$750,000; Legal check-up performed (sample form in file) on any client referred to legal services, eligibility for public benefits determined; cross-disciplinary meeting held and clinical information sought from "medical champion"; joint determination of whether to take on client as legal services client made	Not described	Families referred; number of legal issues; cases closed; cases won	Not described	Not described
35	Practice Report	Pettignano, R., Caley, S. B., & McLaren, S. (2012). The health law partnership: Adding a lawyer to the health care team reduces system costs and improves provider satisfaction <i>Journal of Public Health Management and Practice</i> : JPHMP, 18(4), E1-3. doi: 10.1097/PHH.0b013e31823991a9	To assess cost savings associated with a MLP	Pediatric MLP in Georgia	Not described	Free legal services at three hospitals and a law school clinic on site at the school for additional support	Securing unreimbursed Medicaid payments	Patients served; Medicaid cost savings/claims recovered by coverage cohort; Provider satisfaction; CE credits rendered	Not described	Not described
36	Practice Report & Observational Study	Rodabaugh, K. J., Hammond, M., Myszka, D., & Sandel, M. (2010). A medical-legal partnership as a component of a palliative care model <i>Journal of Palliative Medicine</i> , 13(1), 15-18. doi: 10.1089/jpm.2009.0203	To review the experience of one MLP and quantify the benefits of the program for both patients and the host health care institution	Cancer patients of a MLP	Not described	297 referrals over 3.5 yrs, 17 benefits advocacy cases successfully overturned benefit denials, with the institution receiving \$923,188 for current and past health services rendered. Staffed by a fulltime social worker & a 0.5 FTE attorney. Social workers are primary referral source, determining eligibility, conferring with staff, and coordinating case	Public benefits; housing; Medicaid; guardianship; SSI/SSDI; health care proxy; power of attorney	Referrals made; health care recovery dollars; benefits recouped for patients	Not described	Not described
37	Practice Report	Shrestha, S., Judge, K. S., Wilson, N. L., Moye, J. A., Snow, A. L., & Kunik, M. E. (2011). Utilization of legal and financial services in the partners in dementia care study <i>American Journal of Alzheimer's Disease and Other Dementias</i> , doi: 10.1177/1533317510394156	To examine need for legal and financial assistance for VA patients with dementia and their caregivers	Veterans with dementia and their caregivers.	Not described	Telephone-based care coordination and supportive services; Partnership with VA and local Alzheimers Association chapters	Financial assistance; public benefits; education	Legal needs identified; referrals made	Not described	Not described
38	Practice Report & Observational Study	Teufel, J. A. & Werner, D. & Goffinet, D. & Thorne, W. & Brown, S. L. & Gettinger, L.(2012). Rural Medical-Legal Partnership and Advocacy: A Three-Year Follow-up Study. <i>Journal of Health Care for the Poor and Underserved</i> 23(2), 705-714. The Johns Hopkins University Press. Retrieved September 26, 2012, from Project MUSE database.	To examine the effectiveness and projected sustainability of a rural MLP	vulnerable populations served by a rural MLP	Not described	ROI of 271% over three years for hospital and \$4 million in health care debt relieved for patients	Social Security benefits; family law services; end-of-life guidance; housing; employment	Number of referrals, proportion of cases won, health care recovery dollars, benefits recovered, number of patients served, health care debt relieved, types of cases closed	Not described	Not described

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39	Practice Report	Weintraub D, Rodgers MA, Botcheva L, Loeb A, Knight R, Ortega K, Heymach B, Sandel M, Huffman L. Pilot study of medical-legal partnership to address social and legal needs of patients. <i>J Health Care Poor Underserved</i> . 2010 May;21(2 Suppl):157-68. doi: 10.1353/hpu.0.0311.	To test hypothesis that integration of legal services into pediatric settings would increase families' awareness of and access to legal and social services, decrease barriers to health care for children, and improve child health	54 low-income family clients of a Californian MLP	Integrating preventive law into preventive medicine; Defines legal case-closing "as the point at which the attorney met the goals agreed to with participants at baseline."	Provides free legal and social services through a full-time Staff Attorney, full-time Project Coordinator, & .1 FTE Medical Director. Also partnered with local law firms to provide pro-bono special education & guardianship services. Trains health care workers to identify legal needs of patients; recommends social worker on staff because majority of cases do not require legal representation	Public benefits, personal safety, immigration, housing, and education	Percent of patients accessing legal services; Percent of issues resolved; Percent of patients with improved health and wellbeing; Client satisfaction	Not described	Not described
40	Practice Report & Observational Study	Williams DR, Costa MV, Odunlami AO, Mohammed SA. Moving upstream: how interventions that address the social determinants of health can improve health and reduce disparities. <i>J Public Health Manag Pract</i> . 2008 Nov;14 Suppl:S8-17. doi: 10.1097/01.PHH.0000338382.36695.42.	To discuss a MLP's potential for affecting social determinants of health	Clients of various medical-legal interventions	Not described	Programs with nurses and other providers making home visits	Family safety and stability; employment; housing; education	Improved educational attainment; Improved prenatal behavior; Improved housing conditions	Not described	Not described
41	Practice Report	Wong, C. F., Tsai, J., Klee, A., Udell, H. R., Harkness, L., & Middleton, M. (2012). Helping veterans with mental illness overcome civil legal issues: Collaboration between a veterans affairs psychosocial rehabilitation center and a nonprofit legal center <i>Psychological Services</i> , doi: 10.1037/a0029979	To describe a VA community-based psychosocial rehabilitation center and a nonprofit legal center collaboration that addresses the civil legal issues of veterans who have mental illness and/or are homeless.	Veterans with mental health needs	Not described	3 full-time lawyers conduct in-person legal interviews at the clinic	Family matters; public entitlements; housing; consumer debts; discharge upgrades; employment; estate planning; tax matters	Number of legal cases	Not described	Not described
42	Practice Report	Zelhof, J., & Fulton, S. (2011). MFY legal services' mental health-legal partnership. <i>Clearinghouse Review: Journal of Poverty Law and Policy</i> , 44, 535.	To describe a MLP designed to assist individuals with mental health issues	Psychiatric patients at 11 NYC Hospitals	Not described	MLP attorneys at one location, each staff attorney partners with a set number of hospitals to be their liaison and an open intake line also maintained; MLP attorneys not located on site and work with hospitals across NYC but do occasionally visit the hospitals; MLP attorneys train clinicians on types of legal problems patients they may face; Health care providers submit potential clients through a phone-intake line	Maintaining or increasing income; preventing homelessness	Not described	Not described	Not described
43	Practice Report	Zuckerman B, Sandel M, Smith L, Lawton E. Why pediatricians need lawyers to keep children healthy. <i>Pediatrics</i> . 2004 Jul;114(1):224-8.	To describe the benefit of a MLP in the pediatric setting	Clients of the Family Advocacy Program at Boston Medical Center	Not described	4 on-site lawyers & 1 outreach coordinator with 8-10 students and volunteers; 4 weekly legal clinics at BMC and 3 FQHCs	Housing; immigration; income supports; disability; health insurance; family law; education access	Families served; Hours spent on cases; Percent of cases successful in achieving desired benefit or resolution	Not described	Not described
44	Observational Study	Knight, 2008. Health Care Recovery Dollars: A Sustainable Strategy for Medical-Legal Partnerships?	To identify key components and goals of a health care recovery dollars strategy	4 MLPS, in Illinois, Missouri, California, & NY	Not described	MO: 6 attorneys & 3 paralegals, \$147,000 start-up grant; IL: 1 .5 FTE attorney, 1 social worker/paralegal, Annual costs of \$129,000; CA: 2 Outreach workers, 2 PT lawyers, 1 Program Manager, \$100,000/yr funding, NY: 12 attorneys, 2 paralegals, 1 data coordinator/evaluator. Legal services not on site in all 4 MLPs. Hospitals refer patients denied for public insurance claims to legal services; hospital seeks reimbursement when client successfully becomes (re)insured	Offers 8 Recommendations for Creating Health Care Recovery Dollars-Funded Programs	Insurance denial reversal; avoided ED visits; Reduction of bad debt; Amount netted per patient referred	Not described	Not described



# Medical-Legal Partnership Literature Matrix

February 2013

#	Type	Citation	Research Aim/ Intro	Study Setting/ Population	Elements/Definitions of Model	Program Characteristics	Types of Assistance	Measures Used or Suggested	Policy Level Changes	System Level Changes
45	Observational Study	O'Toole JK, Burkhardt MC, Solan LG, Vaughn L, Klein MD. Resident confidence addressing social history: is it influenced by availability of social and legal resources? Clin Pediatr (Phila). 2012 Jul;51(7):625-31. doi: 10.1177/0009922812438081.	To examine the effects of clinic-based social and legal resources on resident knowledge and screening patterns for social determinants of health.	Convenience sample of residents from 3 continuity clinics with different social and legal resources	Not described	Electronic Health Record integrating SDH at all clinics. 3 full-time social workers, 2 lawyers, 1 paralegal	Food; housing conditions; public benefits; personal safety	Increased provider confidence and knowledge of screening for SDH	Not described	Not described
46	Observational Study	Paul E, Fullerton DF, Cohen E, Lawton E, Ryan A, Sandel M. Medical-legal partnerships: addressing competency needs through lawyers. J Grad Med Educ. 2009 Dec;1(2):304-9. doi: 10.4300/JGME-D-09-00016.1.	Describes innovative, residency-based medical-legal partnership educational experiences in pediatrics, internal medicine, and family medicine at 3 different sites (Boston, Massachusetts; Newark, New Jersey; and Tucson, Arizona)	Low and moderate income individuals and families who are clients of various MLPs nationwide	Not described	Training characteristics: focuses on multidisciplinary team participation and advocacy	I-HELP, Income supports; Housing; Employment/Education, Legal status; Personal stability	Consultations held; Percent of patients referred who had not sought legal help for health-related problems before creation of MLP; Number of unmet legal needs; Number of unmet legal needs per patient	Training providers on letter writing and legislative hearing testimony	Not described
47	Observational Study	Ryan, A. M. & Kutob, R. M. & Suther, E. & Hansen, M. & Sandel, M.(2012). Pilot Study of Impact of Medical-Legal Partnership Services on Patients' Perceived Stress and Wellbeing. Journal of Health Care for the Poor and Underserved 23(4), 1536-1546.	This pilot project examined whether MLP services impact patients' perceptions of stress and wellbeing	Low-income adults or parents of minors who are patients of a family medicine clinic in Tuscon, AZ	Not described	MLP with the University of Arizona Department of Family and Community Medicine residency program; Legal intake in private office or patient exam room	Public benefits; housing; advance directives; nutrition assistance; family/personal stability; income maintenance; consumer assistance	Median case resolution time (avg= 76 days); Patients referred (346 over 3 years); Legal matters opened (170 for 104 clients); Perceived Stress Scale (PSS-10) test result; Measure Yourself Concerns and Wellbeing (MYCaW) instrument results	Not described	Not described
48	Observational Study	Tobin Tyler, Elizabeth. The law school clinic as a partner in a medical-legal partnership (2008). Tennessee Law Review, 75, 305-313.	To discuss how a law school clinic can be an effective partner in a MLP	Not described	Medical-legal partnerships typically consist of at least one medical practice and one law practice, with a partnership medical director and a partnership legal director. In many partnerships, the lawyers are on-site at the hospital or health clinic, which allows for informal collaboration and relationship building.	Not described	Not described	Perceived benefits to law students: communication, application of legal standards, presentation skills, development of an interdisciplinary outlook.	Not described	Not described
49	Observational Study	Tobin Tyler, Elizabeth, "Allies Not Adversaries: Teaching Collaboration to the next Generation of Doctors and Lawyers to Address Social Inequality" (2008). Roger Williams University School of Law Faculty Papers. Paper 17. <a href="http://lsr.nellco.org/rwu_fp/17">http://lsr.nellco.org/rwu_fp/17</a>	To discuss the training of medical and law students in the nature of the MLP model	Pediatric MLP in Rhode Island with an academic component/partnership with a medical school and a law school	Not described	2 law students work at the MLP each semester under supervision of a director or attorney; medical students work under physician supervision; Joint course for both medical and law students; at times, medical and law students work together in the MLP setting	Family law; utilities; housing	Not described	Not described	Not described