



# CLINICIAN PERCEPTIONS OF MEDICAL-LEGAL PARTNERSHIPS:

Lessons for Adopting Social Determinants of Health Interventions in Health Care Settings

BY JENNIFER TROTT, MPH, MARSHA REGENSTEIN, PHD,  
ALANNA PETERSON, MPH, AND ELEXA RALLOS

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## Abstract

Despite burgeoning activity within the health care sector to address social determinants of health, recent surveys have shown that clinicians feel they lack the time and resources to tackle patients' unmet social needs. Unfortunately, the literature offers few solutions to these barriers and little is known about the features of social determinants interventions that clinicians desire most. To better understand attitudes toward addressing patients' social determinants, we conducted semi-structured interviews with 40 clinicians in health care settings where civil legal assistance is made available to patients through medical-legal partnership. Accessibility and on-demand services were valued above all else. Additional training on addressing social determinants was also desired. The majority of clinicians (78%) felt that the responsibility to address patients' social determinants should be shared with others in the health care organization and community. Clinicians' perceptions should be considered when adopting cross-sector, multi-disciplinary social determinants interventions in the care setting.

**Key Words:** medical-legal, social determinants of health, perceptions, attitudes, legal services, team-based care, primary care, poverty, children, health centers, housing, health insurance, stress, resources, patients

## Background

The link between social determinants and overall health is well established.<sup>1,2</sup> Medical care plays a critical but limited role in promoting and maintaining health. In fact, research demonstrates that medical care accounts for as little as 10% of an individual's health while social, environmental, and behavioral factors constitute up to 60% of health outcomes.<sup>1</sup> The conditions in which we are born, grow, live, work and age, as well as our social surroundings drive our health status.<sup>3</sup> At the same time, the U.S. health care system is being held increasingly accountable for both individual health outcomes and the health of communities. The emergence of new population health approaches to care combined with value-based purchasing and outcome-based payment models<sup>4</sup> is motivating payers and providers to look outside of the walls of the clinic for solutions to systemic problems affecting patients' health and driving up costs.<sup>5,6,7,8,9</sup>

Some of the largest investments to address social determinants via the health care sector have been deployed through federal and state initiatives in just the last few years. These initiatives include state-based Medicaid waivers that connect enrollees with housing and employment assistance, new delivery system and payment models that take social determinants into account, and regional innovations to grow population health efforts.<sup>5</sup> As of 2018, 26 states required or encouraged Medicaid managed care plans to screen for and/or provide referrals for social needs.<sup>10</sup> In 2016, the Center for Medicare and Medicaid Innovation launched the Accountable Health Communities Model to test whether identifying and addressing social needs through regional partnerships with aligned resources and incentives can improve health and reduce health care costs.<sup>5,11</sup> Private payers and large health systems are engaging in a variety of population health and social determinant activities as well.<sup>6</sup> For example, Geisinger Health System's Food Pharmacy program prescribes free healthy foods to high need, high cost diabetes patients.<sup>12</sup> Kaiser Permanente has committed \$200 million toward its Thriving Communities Fund to combat housing instability and homelessness in addition to other community needs.<sup>13</sup>

At the provider level, increased focus and investment in social determinants has rendered new tools and data infrastructure to screen patients for social and environmental needs.<sup>14</sup> To address these unmet needs, health care organizations have continued to grow their non-clinical workforce, including care management staff, social workers, community health

workers and others.<sup>5</sup> In order to connect patients with the right resources, these staff need to lean on outside expertise from organizations in the community that operate outside of the health care sector.<sup>15,16</sup> The result is a new focus on whole person care that requires cross-sector and multi-disciplinary collaboration in order to make meaningful progress.

In spite of burgeoning activity within the health care sector to address social determinants, surveys of health care providers over the past ten years have echoed the same resounding theme – clinicians are well aware that social determinants affect patients' health but they feel that they lack the time and resources to help.<sup>17,18,19</sup> A 2017 survey of American Academy of Family Physicians members showed that although 83% of family physicians agree that social determinants of health have a significant impact on patient outcomes and should be addressed, 80% also felt that they do not have the time to address these issues and 64% did not feel that they had enough staffing or resources to take on these problems.<sup>17</sup> Another national survey of primary care physicians by Harris Interactive and the Robert Wood Johnson Foundation published in 2011 found that 74% of physicians feel that unmet social needs prevent them from providing quality care.<sup>18</sup> A 2017 Leavitt Partners survey of physicians from a range of specialties and practice settings showed that although physicians believe that addressing social determinants helps their patients, most do not feel that it is within their responsibilities to provide the intervention – citing reasons such as shortage of time during appointments, lack of capability to assist with things like housing, and the presumption that resources exist elsewhere in the community to help with problems like food insecurity. In fact, more than 90% reported that it was not the doctor's or insurer's responsibility to assist patients with housing and income issues. Those who did feel responsible for helping with social needs often reported feeling ill equipped to do so.<sup>19</sup>

In this paper, we examine clinicians' perceptions related to their role and preferences when it comes to addressing social determinants of health. The 40 clinicians we interviewed provide care at four at four health care organizations that offer vulnerable patients access to civil legal services through medical-legal partnerships (MLPs). Medical-legal partnerships bring civil legal aid professionals into the health care setting to address social determinants of health such as substandard housing conditions, improper benefit denials, immigration issues, and barriers to education or employment. Legal professionals from a local civil legal aid office or law school have a formal arrangement with a health care organization to be physically

located at the health care site to consult with patients and their providers about social needs that have potential legal remedies.<sup>20</sup> Today, more than 300 of these arrangements exist throughout the country and mounting evidence shows that the intervention can make critical inroads for patients’ overall health and wellbeing.<sup>20,21,22,23,24,25,26</sup>

Using medical-legal partnership as one promising intervention in health care’s social determinants toolbox, we illustrate the features of the model that clinicians perceive to be most attractive and beneficial for patient care. We summarize clinicians’ ideas for structuring an intervention that overcomes the barriers they most frequently cite in addressing social determinants, such as limited time and resources. These findings also provide broader lessons for the health care sector as organizations look to bring new expertise into the clinical setting to tackle patients’ social determinants of health.

## Methods

This study used a mixed-methods approach. We conducted semi-structured telephone interviews to 1) gather qualitative data and 2) administer a series of multiple-choice questions.

**Site selection and clinician recruitment.** We selected four health care organizations for the study, including two health centers and two children’s hospitals primarily serving low-income populations. Each health care organization had a medical-legal partnership in place and demonstrated sufficient clinician engagement and use of legal services for analysis, defined as more than 100 patient referrals annually from the health care organization to legal services. Prior use of a medical-legal partnership’s services was not a criterion for participation, although more than half of the clinicians interviewed (63%) had previously accessed legal services through a medical-legal partnership at their health care site.

Clinicians from each organization were recruited to participate in semi-structured telephone interviews with the research team for a total of 40 interviews. Clinical and administrative staff at each health care organization were responsible for recruitment. Clinicians were recruited from various clinical sites and departments of each health care organization to generate a variety of clinician perspectives. Clinicians in the study included physicians, nurse practitioners, physician assistants, and medical residents. Additional clinician demographics are presented in Table 1.

TABLE 1. CLINICIAN CHARACTERISTICS

	NUMBER	PERCENT
<b>Total Clinicians Interviewed</b>	<b>40</b>	<b>100%</b>
<b>Gender</b>		
Male	8	20%
Female	32	80%
<b>Profession</b>		
Physician	15	38%
Medical resident	7	18%
Nurse Practitioner	11	28%
Physician Assistant	7	18%
<b>Health Care Organization Type</b>		
Children’s Hospital	21	53%
Health Center	19	48%
<b>Years at Current Healthcare Organization</b>		
Less than 2 years	9	23%
3-5 years	13	33%
More than 5 years	17	43%
Unspecified	1	3%
<b>Years in Clinical Practice</b>		
5 years or fewer	12	30%
6-10 years	8	20%
11-15 years	7	18%
16-20 years	7	18%
21 years or more	3	8%
Unspecified	3	8%
<b>Clinician Utilization of Medical-Legal Partnership Services</b>		
Yes, clinician has utilized medical-legal partnership services	25	63%
No, clinician has not utilized medical-legal partnership services	15	38%

Note: Data may not sum to 100% due to rounding.

Source: National Center for Medical-Legal Partnership analysis of qualitative clinician interview data, 2018.

**Data collection and analysis.** A semi-structured interview guide was developed by the research team. Three multiple-choice questions were asked to establish a baseline understanding of the clinicians’ perceptions of their role in identifying and addressing the social needs of their patients. Responses to these questions were used to direct the interview and inform the qualitative questions that followed. The interview guide included a series of open-ended questions about clinicians’ perceptions of the social needs of their patients, approaches and challenges to identifying and addressing these needs, and the clinician’s use of or interest in using on-site legal resources. Interviews were conducted from November 2017 to February 2018 and each clinician received an incentive for participation. The George Washington University institutional review board approved the project.

All interviews were recorded and transcribed, and analyzed using a conventional content analysis approach.<sup>27</sup> Each member of the research team inductively coded 10 randomly selected clinician interviews across the four health care organizations to identify major themes. A coding scheme was developed and refined by the research team. Internal consistency of coding usage was verified using interrater reliability tests. Coding was performed using NVivo version 11 software.

## Results

We interviewed 40 clinicians in total, including 15 physicians (38%), 7 medical residents (18%), 11 nurse practitioners (28%), and 7 physician assistants (18%) from two health centers and two children’s hospitals located in four different urban communities (Table 1). Participants were predominantly female (80%) and represent a range of clinical experience and years spent in their current work setting. Approximately half of the participants (53%) work in a children’s hospital while the other half (48%) work in a health center. All but two clinicians interviewed (95%) have a primary care specialty.

Of the 40 clinicians interviewed, 63% indicated that they have used medical-legal partnership services while 38% indicated that they have not used these services. Most clinicians’ responses (85%) reflected a sense of responsibility to ask their patients about non-clinical problems that could have an impact on health (Table 2). Just 13% of clinicians felt that these questions could be handled more effectively by others in their organization. Only one clinician (3%) said that these questions were an inefficient use of clinicians’ time. In the

event that non-clinical problems were uncovered, the majority of clinicians (78%) reported that they felt a sense of shared responsibility with fellow health care staff members and other advocates in the community outside of the health care organization to connect patients with “the right resources” to combat these issues. Notably, about one-quarter of clinicians (23%) reported a sense of professional duty to lead efforts to address non-clinical problems that affect their patients’ lives. None of the clinicians interviewed assigned responsibility for addressing these problems to the others outside of the health care organization alone.

**TABLE 2. CLINICIAN BELIEFS REGARDING THEIR ROLE IN IDENTIFYING AND ADDRESSING PATIENTS’ NON-CLINICAL PROBLEMS**

	NUMBER (N=40)	PERCENT
<b>Beliefs about asking about non-clinical problems</b>		
My responsibility	34	85%
More effectively handled by others in organization	5	13%
Inefficient/too time consuming	1	3%
Inappropriate	0	0%
<b>Beliefs about addressing non-clinical problems</b>		
My responsibility	9	23%
Someone else’s responsibility in organization	0	0%
Community’s responsibility	0	0%
All of the above	31	78%
None of the above	0	0%

*Note: Data may not sum to 100% due to rounding.*

*Source: National Center for Medical-Legal Partnership analysis of qualitative clinician interview data, 2018.*

**TABLE 3. CLINICIANS’ FOLLOW-UP PREFERENCES FOR PATIENTS REFERRED TO MEDICAL-LEGAL PARTNER-SHIP FOR LEGAL ASSISTANCE**

	NUMBER (N=40)	PERCENT
Do not need to know outcome	1	3%
Patient seen by lawyer	1	3%
Legal problem resolved	38	95%

*Note: Data may not sum to 100% due to rounding.*

*Source: National Center for Medical-Legal Partnership analysis of qualitative clinician interview data, 2018.*

Tracking data about health care referrals to community-based interventions is a known challenge for the social determinants of health field.<sup>15</sup> We wanted to gauge the level of interest that clinicians have in knowing the outcomes of the patients who are referred to the medical-legal partnership for legal assistance. More specifically, we wanted to know whether clinicians would be satisfied with just knowing that their patient was seen by the lawyer or if they want to ultimately know the outcome of the legal intervention. Ninety-five percent of clinicians would want to know if a patient’s problem had been resolved if they had referred the patient to a lawyer (Table 3). Only one clinician was satisfied with just knowing that the patient was seen by a lawyer, while one other clinician did not need to know anything about the outcome of their referral.

We further probed clinician attitudes by exploring three areas of interaction with medical-legal partnerships: (1) the key features of the medical-legal partnership model that clinicians embrace, (2) clinicians’ perceived impact of the legal intervention on clinical care and patient health, and (3) clinicians’ suggestions for improvement and spread of the legal intervention in their care setting. Clinicians’ perceptions are presented according to the major themes that we identified in each area and are accompanied by supporting quotations from participants.

**I. KEY FEATURES OF THE MEDICAL-LEGAL PARTNERSHIP INTERVENTION EMBRACED BY CLINICIANS.**

Clinicians described key elements of the medical-legal partnership intervention that were especially attractive to them (Table 4). Their comments centered around four themes, with ease of use and the accessibility that the co-location of the lawyer at the health care site brings rising to the top.

**Medical-legal partnership adds a complementary skill set to the health care team.** Clinicians described the unique skill set that a legal professional brings to patient care. Several participants talked about the ability of a lawyer to reach outside the health care organization’s walls to solve problems that could not previously be solved by other members of the health care staff, including social workers and physicians. For example, legal services providers were described as being effective in navigating the local public school system to secure an Individual Education Program (IEP) for children with special educational needs and in contacting a recalcitrant landlord to ensure timely improvements of substandard housing conditions. When characterizing the skill set of their medical-legal partnership legal professionals, clinicians spoke to the added “teeth” and stature that lawyers bring to addressing social needs. One clinician noted, *“I think lawyers...have that connection to the external world, and they have the leverage... I really think that’s where the difference lies.”*

**Legal services providers resolve patient issues efficiently and effectively.** Many clinicians describe their medical-legal partnership attorneys as individuals who “know how to get things done.” The general perception by clinicians was that when referring their patients to the lawyer, successes were commonplace. Even in rare cases when a problem could not be resolved, clinicians felt that their attorneys were helpful to patients by providing valuable advice and reliable information based on their patients’ legal rights, saving their patients’ time and bringing them reassurance.

**Legal expertise is a valuable asset for patient care.** The clinicians interviewed spoke at length about the expertise that lawyers draw upon when assisting their most vulnerable patients. Clinicians were also frank about their own lack of knowledge in these non-clinical areas and their limited effectiveness in addressing social determinants, some expressing that it was impossible for them to have in-depth knowledge of all of the systems and laws that affect patients’ lives. They spoke of lawyers’ knowledge of current law and emerging legislation – for example, eligibility for health insurance and other benefits programs – as well as the expertise that lawyers use to navigate complex systems and bureaucracy. The monikers ‘advocate’ and ‘advisor’ were commonly used to describe legal professionals who work in medical-legal partnerships.

**TABLE 4. KEY FEATURES OF THE MEDICAL-LEGAL PARTNERSHIP INTERVENTION EMBRACED BY CLINICIANS**

CATEGORIES	REPRESENTATIVE QUOTATIONS
Adds complementary skillset to the health care team	<p>“It was beyond what our wonderful social worker would be able to do.” - Participant #8</p> <p>“I think [having a lawyer] opens doors to resolve problems. People pay attention to it in a different way... I do think the [legal] skill set really is very complementary to our clinical skill sets once we recognize the need that’s out there.” - Participant #40</p> <p>“It’s almost impossible for a clinician to stay on top of it all...there’s just such a need for that partnership.” - Participant #29</p>
Resolves patient issues efficiently and effectively	<p>“With the legal team, they take the ball and really run with it...they have been incredibly successful in situations I don’t think we would have really known what to have done before.” - Participant #2</p> <p>“Most often, they’re able to actually do things and get things through... and know channels that I don’t know at all.” - Participant #29</p> <p>“I think of their professional kind of expertise is kind of similar to mine, and they know how to triage if something is kind of worth approaching, and what isn’t.” - Participant #4</p>
Legal expertise as a valuable asset for patient care	<p>“I think they just have a stronger advocate...and can press into establishing...what is a patient legally...eligible for or have the right to receive.” - Participant #12</p> <p>“It helps, because I am not well versed in that world... and even if the outcome is not positive [the lawyer] has a very nice way of laying it out... explaining it to the patient that is reassuring.” - Participant #28</p> <p>“I’m convinced that most of the things that really determine whether a child is healthy...is well outside the walls of the clinic...Often, they just need a lawyer, somebody to advise them about what their rights are.” - Participant #40</p>
Co-location of legal professionals promotes ease of use and accessibility for patients and clinicians	<p>“[Medical-legal partnership is a] resource to advocate for these patients who otherwise wouldn’t know how to even find legal services... we make it very easy for them to get the help they need...” - Participant #10</p> <p>“I think location is everything... I think [legal services] being so visible in our outpatient settings... means that they get utilized there a lot more.” - Participant #11</p> <p>“[The lawyers are] embedded in our clinic, so that’s the benefit. It becomes almost second nature. It’s like referring someone to a nurse for diabetes teaching.” - Participant #26</p>

Note: Data may not sum to 100% due to rounding.

Source: National Center for Medical-Legal Partnership analysis of qualitative clinician interview data, 2018.

**Co-location promotes ease of use and accessibility for patients and clinicians.** Notably, having lawyers on-site was the most commonly cited or desired feature of the medical-legal partnership model, even though questions specific to co-location were not raised during the interviews. In fact, half (50%) of the clinicians interviewed raised the subject, and always in a positive manner. Many touted the ease of accessing the lawyer for brief questions and patient referrals, with some explaining that being able to “just walk down the hall” to see the lawyer increased their likelihood of using the service and that having a lawyer on the premises makes the service more visible as a patient resource. Clinicians also felt that co-location meant greater convenience for their patients, increasing the likelihood that their patient would meet with the lawyer. Some even felt

that their ability to hand off a patient to a lawyer in person at the time of a visit made for a more trusted connection and referral.

**II. PERCEIVED CONNECTION BETWEEN THE MEDICAL-LEGAL PARTNERSHIP INTERVENTION AND IMPROVED CLINICAL CARE AND PATIENT HEALTH.**

We asked clinicians to tell us how they use the medical-legal partnership in their organization and to describe what the legal services resource can do for them that others in the care setting cannot. Some portrayed legal services as a means to addressing problems that might otherwise interfere with patients’ clinical care plans, while others described it as an intervention that builds patient trust and confidence in the clinician and the health care organization (Table 5).

**TABLE 5. PERCEIVED CONNECTION BETWEEN THE MEDICAL-LEGAL PARTNERSHIP INTERVENTION AND IMPROVED CLINICAL CARE AND PATIENT HEALTH**

CATEGORIES	REPRESENTATIVE QUOTATIONS
Builds clinician-patient relationship	<p>“When we are able to effectively assist the family with legal aid services...that builds tremendous trust.” - Participant #3</p> <p>“It actually makes the patient feel that I am more capable as a provider because I have this resource.”- Participant #29</p> <p>“I think that it really helped the patient understand that, like, we really care; we’re all on the same team; like, we will fight for them and support them.” - Participant #31</p>
Improves clinical care	<p>“I feel like when you have a medical-legal partnership, you recognize that there are options, and there are things that can be done to improve this child’s health.” - Participant #2</p> <p>“What our legal services does just to get people enrolled in insurance and maintain insurance is critical for people to stay in treatment and in care.” - Participant #23</p> <p>“I always tell people we’re completely spoiled, and I don’t know how I will ever work in another clinic without medical-legal partnership...” - Participant #26</p> <p>“I think it alleviates a lot of stress to have access to [the medical-legal partnership intervention].” - Participant #11</p>

*Note: Data may not sum to 100% due to rounding.*

*Source: National Center for Medical-Legal Partnership analysis of qualitative clinician interview data, 2018.*



**Medical-legal partnership builds clinician-patient relationship.** Clinicians described the availability and use of medical-legal partnership services as a tool for enhancing the clinician-patient relationship. Clinicians perceived there to be improved patient-clinician trust, affirmation that patients are truly cared for in the health care organization, and a notion that they as providers are more capable if they are willing to listen to and address the problems in their patients’ lives. One clinician shared that, “It goes a long way with therapeutic relationships and ensuring that they feel comfortable coming to us with other issues that might be impacting their health outside of the hospital.”

**Medical-legal partnership improves clinical care.** Several clinicians expressed that medical-legal partnership services can improve patient care and patient clinical outcomes, although they did not cite empirical evidence of the impact of legal services on patient health outcomes. Clinicians refer-

enced the health impacts of social and environmental factors that are beyond their control but within the reach of the legal staff to address. For example, one participant discussed the importance of legal services when describing the futility of prescribing asthma medication if the patient’s housing conditions are poor. Another described the critical role that legal services plays in keeping patients in treatment by maintaining health insurance enrollment, while another clinician mentioned that legal services can reduce patients’ stress.

**III. CLINICIAN IDEAS ON IMPROVEMENT AND SPREAD OF THE MEDICAL-LEGAL PARTNERSHIP INTERVENTION.**

We asked what it would take to encourage more clinicians to use the legal services intervention in the health care setting. Two suggestions dominated our interviews – ensuring the accessibility and ease of use of the resource and additional training on addressing social and legal needs (Table 6).

**TABLE 6. CLINICIAN IDEAS ON IMPROVEMENT AND SPREAD OF MEDICAL-LEGAL PARTNERSHIP INTERVENTION**

CATEGORIES	REPRESENTATIVE QUOTATIONS
Value ease of use and co-location/accessibility of in-house legal services	<p>“...The way to get physicians to use it more is, one, to increase awareness, and two, to make it easy for them to access.” - Participant #10</p> <p>“[We need] something that we can immediately access or immediately refer to, because the practice is so busy...” - Participant #18</p> <p>“I think most people would buy into this, but whether people use it will depend on how easy it is to use...” - Participant #1</p> <p>“...Ease of referral...when you take down that barrier, that makes things much easier, which means that people are going to be more likely to utilize the services.” - Participant #2</p>
Desire more training how to use legal services to help their patients	<p>“...More training. That way, new staff would know what’s available, how to access it, when to use it for the patients.” - Participant #14</p> <p>“...Knowledge is first and foremost [needed] because I’ve never seen it before I came here, that you actually had a medical-legal department in the health center.” - Participant #16</p> <p>“I think every clinician, if they had more information or knowledge, you know, they would certainly...use those resources, definitely.” - Participant #20</p>

Note: Data may not sum to 100% due to rounding.

Source: National Center for Medical-Legal Partnership analysis of qualitative clinician interview data, 2018.



**Clinicians value ease of use and co-location/accessibility of in-house legal services.** Not surprisingly, clinicians spoke to the time constraints associated with clinical care and the need for fully integrating a service into the clinical workflow in order to ensure that the referral process is seamless and easy. Having legal services visible and physically located in the care setting – ideally “down the hall” – dominated their suggestions for encouraging more clinicians to use the service. One clinician also described the co-location of legal services at the health care site as a helpful safeguard for patients when they are discharged from inpatient care, explaining “*Patients who are going home, that’s a really vulnerable time, so having [legal services] more visible in the hospital where we can make those referrals and feel more reassured that our families are going to get the assistance that they need when we send them home would be really helpful.*”

**Clinicians desire more training on how to use legal services to help their patients.** Greater knowledge, awareness, and training on the importance of identifying and addressing legal issues and other social determinants was also cited as imperative to getting more clinicians to use legal services in the health care setting. Many clinicians said that they did not receive social determinants training in their schooling. Others pointed out that their colleagues may not be aware of medical-legal partnership resources available or of the prevalence of legal issues and other social needs of patients.

## Discussion

The U.S. health care system is turning to population health strategies increasingly to improve health and reduce costs, and addressing social determinants has become a prominent focus of these efforts. Clinicians largely recognize that social determinants affect patients’ health and well-being, yet feel that they lack the time, resources, and knowledge to address these issues.<sup>17,18,19</sup> As a result, clinicians are often reluctant to probe and attempt to address social problems of their patients. The existing health care workforce can only do so much to uncover and address patients’ unmet social and environmental needs. Our conversations indicate that social determinant interventions like medical-legal partnership are valued by clinicians because they bring new expertise and an additional skill set into the clinical setting to efficiently address systemic patient problems that might otherwise persist. Our

findings suggest that in spite of the challenges and hesitations typically cited by physicians, including lack of time and confidence to address social determinants, interventions can garner support from clinicians if they are accessible, visible and easy to use in the clinical setting.

By conducting qualitative interviews with clinicians, we were able to question participants further than a survey permits to better understand their perceived responsibilities and attitudes toward identifying and addressing their patients’ social determinants. The clinicians that we interviewed largely felt that it was within their responsibilities to ask patients questions about non-clinical issues that may affect their health, and that addressing these issues should be the shared responsibility of clinicians along with others within the health care organization, as well as the community. At first glance, this finding may seem to contradict recent survey findings like the Leavitt Partners study, in which the vast majority of physicians did not feel responsible for assisting patients with issues like housing and insurance problems.<sup>19</sup> One possible explanation for this finding is that clinicians do not view their role with respect to social determinants as an all or nothing function, and that perhaps the concept of shared responsibility, which we specifically raised during our interviews, is attractive to clinicians – especially primary care clinicians in settings with high volumes of patients with social needs.

Training and the availability of resources at health care organizations with medical-legal partnerships may be other potential explanations for the prevailing sense of shared responsibility in addressing social needs reported by the clinicians we interviewed. While adequate training on addressing patients’ social determinants of health seems to elude medical and nursing education curricula, our prior fieldwork has shown that organizations with a medical-legal partnership routinely provide health care staff training on identifying patients’ legal needs<sup>28,29</sup> and are more likely to have other social service resources available, such as community liaisons or financial navigators.<sup>30</sup> Providing didactic training to medical students and residents on socioeconomic and legal issues, for example, has been shown to improve the likelihood of social screening and referral to resources like medical-legal partnerships.<sup>31,32</sup> Our clinicians may be more confident in their abilities to address patients’ social needs than the diverse group represented in the Leavitt Partners study.

Instead of citing empirical evidence, our clinicians relied on their own experiences with medical-legal partnerships to support their claims that legal services enhance patient health and wellbeing and that these legal services improve the clinical care experience. What is more, even when the medical-legal partnership lawyer is unable to resolve a patient's problem, clinicians expressed that the intervention still provided a benefit to the patient.

Co-location of legal services was the principal element of the medical-legal partnership model that was repeatedly cited as a strength and strategy, both for getting more clinicians to adopt the intervention and more patients to use it. Practically speaking, having legal professionals at every health care site may not be feasible. However, our findings suggest that interventions designed to address social needs of patients should strongly consider visibility, ease of use, and accessibility for both clinicians and their patients. Alternatives to physical co-location may include on-demand telephonic or live video services. Health care organizations should not assume that clinicians have received adequate schooling on the social determinants of health. Training on the need for and availability of social intervention resources must be a part of adopting any new intervention in the care setting. Lastly, data sharing and communications are considerable challenges in implementing cross-sector interventions. Clinicians expressed a clear desire for timely feedback regarding their patient's receipt of services and the resolution of patient's problem. Identifying ways to bridge communications between clinicians and professionals staffing the intervention may be especially useful in promoting continued use of the service and greater awareness of its impacts.

**Limitations.** This study includes the views of only 40 clinicians, predominantly with primary care specialties, who work in health care organizations that are home to a medical-legal partnership. Our design may overstate the extent to which clinicians are aware of legal resources for patients. As previously stated, clinicians included in this study come from clinical settings that serve disproportionately high numbers of low-income individuals, which may create a greater sensitivity to the social and environmental needs of patients and limit the applicability to clinicians in economically diverse settings.

## Conclusion

As health care costs continue to rise and outcome-based care and payment models spread, health care organizations will look to new strategies to identify and strategically address their patients' social determinants of health. In an effort to seek expertise and skill sets that can address patients' unmet social needs, organizations will need to partner with new disciplines and community resources external to the health care system. Engaging clinicians in embracing these strategies will be key to their integration into clinical care. Clinicians can be enthusiastic supporters of medical-legal partnerships because they value the efficiency and convenience of on-demand resources and see legal expertise as beneficial to patient care. Feedback from clinicians who work in organizations that are home to a medical-legal partnership can provide lessons for other community-based organizations and disciplines looking to incorporate social determinant interventions into the health care setting.

## Endnotes

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## MISSION

The National Center for Medical-Legal Partnership leads education, research, and technical assistance efforts to help health organizations leverage legal services as a standard part of the way they respond to social needs. Our mission is to foster a system in which all health organizations in the United States can leverage these services. Over the last decade, the National Center's work has helped cultivate programs that do just that at nearly 350 hospitals and health centers across the U.S.

## CONTACT

### **The National Center for Medical-Legal Partnership**

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

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

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[www.medical-legalpartnership.org](http://www.medical-legalpartnership.org)

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