

# Making the Case for Medical-Legal Partnerships:

## AN UPDATED REVIEW OF THE EVIDENCE, 2013-2020

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### ABOUT THIS BRIEF

In 2013, the National Center for Medical-Legal Partnership conducted [a review of the salient literature on medical-legal partnerships \(MLPs\)](#), including the need for the MLP intervention, the essential components of the approach, and emerging evidence of the intervention's impact. This brief provides an update to that review, citing peer-reviewed observational studies from January 2013 - August 2020 that demonstrate evidence of MLP impact.

### Introduction

Medical-legal partnerships (MLP) integrate the unique expertise of lawyers into health care settings to help clinicians, case managers, and social workers address structural problems at the root of so many health inequities. MLP is a flexible innovation that has been adopted by [nearly 450 health care organizations in the United States](#),<sup>1</sup> including at hospitals, health systems, federally qualified health centers, Department of Veterans Affairs (VA) medical centers, primary care and behavioral health clinics, home health nursing programs, public health departments, and primary care associations. Additionally, the Health Resources and Services Administration (HRSA) and the VA support medical-legal partnerships as a mechanism for advancing health equity. Contrary to popular belief, legal and health care professionals have meaningfully collaborated throughout history, paving the way for the MLP approach to take hold.<sup>2</sup> The National Center for Medical-Legal Partnership (NCMLP) has published a [variety of tools and resources](#) to help organizations establish MLPs.

## About this Brief

In 2013, the NCMLP conducted a [comprehensive review of the salient literature on MLPs](#), including the need for the MLP intervention, the essential components of the approach, and emerging evidence of the intervention's impact.<sup>3</sup> The review compiled key literature into three categories: 1) descriptive articles; 2) practice reports; and 3) observational studies. Literature categorized as observational studies presented emerging evidence of the impact of MLPs on patients, providers, and communities at-large.

Since 2013, the medical-legal partnership field has rapidly advanced and evolved. In response, this brief provides an update to the 2013 review. In particular, it cites peer-reviewed observational studies from January 2013 - August 2020 that demonstrate evidence of MLP impact.

Additionally, [this literature matrix](#) compiles findings from a deeper scan of all MLP-related, peer-reviewed literature from January 2013 - August 2020. The literature is characterized into three categories:

1. **Descriptive articles**, which describe the need for and approach of MLPs among general and special populations;
2. **Practice reports**, which take a “case study” approach to describing MLPs in practice (but do not necessarily measure outcomes in a robust manner); and
3. **Observational studies**, which seek to measure MLP's impact on patients, providers, and communities.

## Search Strategy

For the purposes of this brief, the research databases PubMed and SCOPUS were scanned for all peer-reviewed articles written between 2013-2020, utilizing the key search term “medical legal partnership(s)”. This initial search generated a total of 59 articles on PubMed and 70 articles on SCOPUS.

Following this process, three additional scans were conducted: 1) a scan of the research database SIREN; 2) a review of a 2017 systemic review of MLP literature conducted by Martinez et al.<sup>4</sup>; and 3) a 2019 review of MLP evidence compiled by County Health Rankings and Roadmaps.<sup>5</sup> While the SIREN database yielded no additional articles, a review of the latter two resources identified a handful of additional articles for inclusion.

Next, a content scan of all identified articles was conducted. Upon completion, 70 articles were found to be relevant to this review. Articles were sorted in one of three categories in the accompanying literature matrix:

1. Descriptive articles: 36
2. Practice reports: 21
3. Observational studies: 13

In a few cases, highly relevant literature that was not peer-reviewed was included in the matrix with a brief note. Additionally, while most literature details the MLP intervention, several descriptive articles and practice reports detail the emerging efforts in the field to train legal and medical students in MLP approaches.

All 13 observational studies were then reviewed in-depth to identify the “category” of MLP outcome described. These categories include, for example: improvements in patient health and wellbeing, improved patient housing stability, improvements in health care systems, or changes to policies, laws, and regulations. It is important to note that since 2013, the National Center for Medical-Legal Partnership has published numerous reports with additional evidence of the impact of MLPs on patients, providers, and communities. (This includes key findings from the [2016 NCMLP Survey](#), which gathered rich data from 232 medical-legal partnerships across the United States.<sup>6</sup>) Therefore, this brief highlights MLP evidence not only from the 13 identified observational studies, but also from key NCMLP publications and reports.

In total, five high-level MLP outcomes were identified, and 13 MLP sub-outcomes were identified. The evidence supporting each of these outcomes and sub-outcomes is reviewed in the next section.

## Emerging Evidence of the Impact of Medical-Legal Partnerships (2013-2020)

This section details evidence that supports at least five high-level outcomes associated with medical-legal partnerships: 1) changes in the health and wellbeing of patients; 2) improved housing and utility stability among patients; 3) improved access to financial resources and concrete supports among patients; 4) improvements in health care systems and workforce; and 5) improvements in policies, laws, and regulations. The evidence cited is pulled from 13 observational studies conducted from January 2013 - August 2020, as well as from several relevant NCMLP publications during that time period.

### OUTCOME

## 01

### Changes in the health and wellbeing of patients

Recent evidence has supported that medical-legal partnerships can significantly improve patient health and wellbeing, particularly related to their mental health, compliance with medical treatment, and reduction in Emergency Department visits.

#### Sub-outcome #1: Patients report less stress and mental health improvement.

Several MLP interventions have demonstrated a reduction in perceived stress among patients, as well as an improved sense of overall wellbeing.<sup>7,8</sup>

#### Sub-outcome #2: Patients more commonly comply with medical treatment.

In the 2016 NCMLP Survey of medical-legal partnerships across the country, 64 percent of responding health care organizations reported improved patient compliance with medical treatment.<sup>9</sup>

#### Sub-outcome #3: Patients have improved health outcomes.

Eighty-six percent of health care organizations that responded to the 2016 NCMLP Survey shared that their clinicians taking part in MLPs anecdotally report improved health outcomes for patients.<sup>10</sup>

A study of an intervention among youth with type 1 diabetes, which included medical-legal partnership counsel as a key element, found that 30 percent of youth accepted legal counsel. Youth enrolled in the program were found to demonstrate significant improvement in their glycemic control after one year of the intervention, as compared to youth not enrolled in the program.<sup>11</sup>

#### Sub-outcome #4: Adults and children have fewer ED visits.

A study of a medical-legal partnership found that infants whose parents received an MLP intervention were less likely to visit the Emergency Department (ED).<sup>12</sup>

A study found that when an MLP team addressed civil legal issues faced by people who frequently use ED services, ED use among these patients dropped upward of 50 percent and overall costs fell by 45 percent.<sup>13</sup> (Note: this article was not peer-reviewed, but included in the Health Affairs blog.)

#### Sub-outcome #5: People increase their use of preventative care.

A randomized control trial found that families of healthy newborns increased their use of preventative health care after MLP services.<sup>14</sup>

## OUTCOME

### 02

#### Improved housing and utility stability among patients

Several studies demonstrate the impact of medical-legal partnerships on patients' ability to retain their current housing status, access safer housing, or avoid utility shut-off. Decades of evidence has shown that safe, secure, affordable housing is fundamental to individual and family health and wellbeing.

##### **Sub-outcome #1: Patients experience improved housing status.**

An MLP intervention was shown to significantly increase the number of days Veterans were housed in their own homes and decrease the number of days spent homeless.<sup>15</sup>

A study comparing patients who received an MLP intervention to a comparison group found that the MLP group were more likely to achieve adequate, affordable, and stable housing than those in a comparison group.<sup>16</sup> Nearly half of MLP families relocated, often moving to better housing circumstances and averting substandard conditions—through transfers on the basis of condition violations or the need for reasonable accommodations. In contrast, two-thirds of non-MLP respondents acknowledged housing problems that went unresolved and either continued living under the same conditions or handled their housing hardships by moving more frequently, oftentimes to equally problematic housing units.

##### **Sub-outcome #2: Utility shut-offs are prevented.**

A study of an MLP in Philadelphia found that the program was able to increase certification of medical need approvals by 65 percent within one year of the program's implementation, preventing utility shut-offs for close to 400 families with vulnerable children.<sup>17</sup>

## OUTCOME

### 03

#### Improved access to financial resources among patients

Many medical-legal partnerships seek to connect patients with concrete supports, including financial resources, access to back benefits, or key supportive programs such as SNAP, WIC, and utility discounts. Several studies below demonstrate this impact from an MLP intervention.

##### **Sub-outcome #1: Patients are able to secure, retain, or recover financial benefits.**

Legal assistance provided through MLPs have been shown to recover financial benefits for patients. An MLP intervention was shown to recover \$300,000 in back benefits for families over a three-year intervention period.<sup>18</sup>

An MLP was shown to secure over a half million dollars in financial benefits for families of pediatric asthma patients over a seven-year intervention period.<sup>19</sup>

A retrospective analysis of an MLP service provided via the University Hospital Southampton found that 50 percent of their 551 MLP patients were found to have a potential compensation claim against a third party. The legal service was instructed to pursue a claim in 82 cases. Interim payments of nearly \$17 million were provided and \$165 million of compensation has been awarded in 51 settled cases.<sup>20</sup>

##### **Sub-outcome #2: Patients are able to access resources to meet their basic needs.**

A randomized control study found that families who had received an MLP intervention had significantly greater access to eight resources as compared to a control group. These resources included a local food pantry or food program, SNAP, WIC, discounted telephone service, low-income utility discounts, Emergency Aid to the Elderly, Disabled, and Children (EAEDC), and Transitional Aid to Families with Dependent Children (TAFDC).<sup>21</sup>

## OUTCOME

# 04

### Improvements to health care systems and workforce

Most medical-legal partnerships seek to improve the workflow of the health care system, with the goal of providing higher quality and more efficient care to patients. In the cases below, MLP interventions supported improved access to care among patients, addressed health system “pain points”, and built workforce capacities.

#### Sub-outcome #1: Families are more successful at navigating complex service systems.

In a study of an MLP program (Project HEAL) serving low-income families with children with intellectual and developmental disabilities, 95 percent of providers reported that participating families were better able to access complex service systems for their children with special health care needs following program participation.<sup>22</sup>

#### Sub-outcome #2: Patients are better able to connect with a medical home.

A study of an intervention using a medical-legal partnership found that participating subjects were more likely to have connected with a medical home (92 percent vs 76 percent) and a primary doctor (93 percent vs. 69 percent) than the comparison group.<sup>23</sup>

#### Sub-outcome #3: Payment reform “pain points” in health care institutions are addressed.

A 2016 NCMLP issue brief examined two examples of payment reform “pain points” felt by health care institutions adapting to new reimbursement models, and the treatment of those pain points through collaboration with MLPs.<sup>24</sup>

#### Sub-outcome #4: Clinicians experience improved ability to perform at the top of their license.

In the 2016 NCMLP Survey, 38 percent of responding health care organizations reported their medical-legal partnerships supported their clinicians’ ability to perform “at the top of their license.”<sup>25</sup>

## OUTCOME

# 05

### Improvements in policies, laws, and regulations

Medical-legal partnership teams often detect patterns in patients’ needs that reveal opportunities to advance policy solutions for whole communities. Below are several examples of MLP teams using their legal expertise to change policies, laws, and regulations to improve the health and wellbeing of people and communities.

#### Helping Kids Get At-Home Care

When children on ventilators were unable to leave the hospital due to a home-nursing shortage caused by low Medicaid reimbursement rates, the MLP at Seattle Children’s sued the state Medicaid Director and the Director of the Healthcare Authority to help kids return home. They then turned their attention to advocacy with the state agencies to fix the reimbursement rate.<sup>26</sup>

#### Eliminating Hurdles to Life Saving Medication

Whitman-Walker Health’s MLP worked with insurance companies to remove requirements forcing PEP medications to be filled by mail. By doing so, they ensured people who were exposed to the HIV virus could get the medication they needed filled at a local pharmacy within the 72-hour window when the drug can be effective in preventing the transmission.<sup>27</sup>

#### Keeping Children Safe From Lead Poisoning

After seeing many patients with lead poisoning who were prohibited from moving to a new home and still maintain their federal housing assistance, the MLP at Erie Family Health Centers built a multi-state coalition that got the U.S. Department of Housing and Urban Development to update its federal lead regulations. Now, they are working to pass a federal bill that will require lead inspections of all federally assisted housing units before families move in.<sup>28</sup>

#### Increasing Nutritional Supports for Newborns

The MLP team at Cincinnati Children’s Hospital Medical Center worked with the agency that administers food benefits in the county to eliminate administrative barriers to enrolling newborns in benefits. New procedures allow

hospital case managers to send birth records directly to the agency, and help hundreds of families enroll newborns months earlier than before, which translates to real money for child nutrition.<sup>29</sup>

#### **Ensuring People with Chronic Conditions Maintain Access to Care**

Whitman-Walker Health’s medical-legal partnership helped prevent platinum insurance plans that were widely used by patients with chronic illnesses from being eliminated in the D.C. Marketplace. Through advocacy with the insurance commissioner and insurance companies, thousands of patients maintained access to care.<sup>30</sup>

#### **Ensuring Patients Receive Timely Benefits**

An MLP in Pennsylvania was successful in correcting several systemic failures of a local welfare office, which were negatively impacting patients’ ability to access benefits. They corrected the welfare office’s failure to provide benefit notices to non-English-speaking in their native language, ensured that the office expanded its definition of “emergency” to include prenatal care for high-risk pregnancies for purposes of receiving emergency medical assistance, and ensured that the office complied with existing regulations and issued replacement food stamps to recipients impacted by Hurricane Sandy.<sup>31</sup>

### **Next Steps**

Over the past decade, medical-legal partnerships have received increased attention and implementation across different health care systems. Although the evidence base to support the impact of this intervention continues to build, more research is needed to demonstrate the full impact of these partnerships. In particular, research evaluating MLP service quality and research exploring how to properly staff and scale MLPs would be of great benefit to the growing field.



## Endnotes

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