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## **Medical-Legal Partnerships: Increasing Awareness of an Innovative, Multidisciplinary Health Model for Low-Income Communities**

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### **Executive Summary**

Medical-legal partnerships (MLPs) integrate attorney's unique expertise into health care settings to help health professionals, medical and non-medical, address structural problems at the root of many health inequities. These partnerships are established and maintained to identify social and legal barriers. Health-related social problems may be entrenched in federal, state, and local policies that require a legal expert. The lack of consistent and accessible legal assistance within the health care system could impede treatment or recovery of an individual. To tackle the social problems, an MLP can create the right workforce and disrupt a cycle of remaining in unhealthy conditions that could affect one's state of health.

### **Background**

Medical issues can find themselves tied up in legal issues. A large number of low-to-moderate income individuals experience multiple legal problems.<sup>1</sup> A patient seeking medical attention or doing a routine check-up can be impacted by social problems that could

further divide disparities and delay treatment. A housing problem that could result in an eviction or create unhealthy housing; possible wage-theft at work; immigration-related concerns; denied health coverage; or domestic violence could impact a patient's health, forcing them to forgo treatment until these legal concerns are addressed. Treating these non-medical issues can be beyond the scope of health care staff. Many complex health-related social problems are entrenched in federal, state, and local policies and laws that will require expertise in law. Lack of legal knowledge could be the barrier to receiving well-rounded care.

People living in the United States are poorly informed about their basic constitution provisions, or even how to exercise their rights or who to go to if they are violated.<sup>2</sup> For those that find themselves with a legal concern, navigating the legal system or retaining counsel can be difficult or inaccessible. The lack of legal knowledge or an understanding of social problems can push many to silo their legal troubles and medical conditions

and not realize that both are intertwined.

The absence of legal knowledge can lead to confusion, inaction, deception, exploitation, or a violation of rights and benefits—especially of the most vulnerable. For example, undocumented immigrants may delay seeking medical care out of fear or misinformation that they could be turned over to the authorities because of their status.<sup>3</sup> Those who cannot afford private counsel to address their legal concerns are left to fend for themselves in their legal cases or exacerbate their case if it goes ignored.

The addition of attorneys to the medical team can increase awareness on health and address barriers to effective care.<sup>4</sup> Addressing these non-medical needs that have legal solutions can reduce health disparities. Through an MLP, a barrier to access is removed by providing an attorney to a population that may not have the resources to pay or has been screened to have a non-medical need that could impact their overall health.

Health care professionals are the experts in their respective fields

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with the goal of improving or stabilizing the health outcomes for their patients. Additional tasks/duties for health professionals could present harmful consequences that worsen their patients' legal issues. Non-attorneys providing legal advice could be harmful to patients without a full understanding of case law. Even more, the unauthorized practice of law could put the health organization in legal troubles as well.<sup>5</sup>

### *What are MLPs?*

Medical-legal partnerships bring together medical professionals and attorneys to address social causes of health disparities, including access to adequate food, house, income, immigration, military benefits, and medical coverage. In addition to providing legal assistance to patients and working on policy advocacy, MLPs educate providers and non-clinical staff on how social conditions affect health and screening for unmet basic needs, and how these needs can be impacted by enforcing federal and state laws.<sup>6</sup>

By integrating the legal sector into the patients' medical team, both sides can work together and tackle legal barriers to improve health outcomes. The principal goal of MLPs is to ensure that laws impacting health are implemented and enforced, particularly among vulnerable populations.<sup>7</sup> MLPs will strive to identify and address legal problems early before requiring litigation.<sup>8</sup>

### *Who do MLPs Serve?*

MLPs focus on three key activities.<sup>9</sup> First, they provide legal assistance

in the health care setting with legal professionals meeting with patients to identify and address those circumstances affecting their health that are amenable to legal intervention. Second MLPs work to transform health care practice by educating health care professionals about the significance of SDOH. Third, MLPs work toward policy change by address local, state, and federal laws and regulations that can stand in the way of maintaining good health. The relationship with health organizations could strengthen efforts to influence policy.

### *How do MLPs work?*

An individual's health is determined by more than high-quality services and personal behavior—it's shaped by environment, where someone lives, works, plays, and learns. Deep-rooted systemic inequitable systems leave low-income and vulnerable communities with less access to basic needs. As health organizations increase their understanding of social and environmental factors impacting health, screening tools are being used more to identify a range of social problems.<sup>10</sup> Screening tools like the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)<sup>11</sup> and Accountable Health Communities Screening Tool<sup>12</sup> help frontline social workers, case managers uncover important health-related social factors.

To tackle social problems once detected, the appropriate workforce is necessary. Patient navigators, social workers and other health

specialists alike have worked to help address those concerns. This could be transferring a patient to another health facility for specialty services, transitioning to at-home care, or applying for public benefit assistant programs. However, complex health-related social problems could involve local, state, and federal policies and laws that require an expertise in law.

Embedding legal specialists into the health care setting allow attorneys to help resolve problems for individual patients, helping clinical and non-clinical staff (patient navigator, social workers) navigate systemic and policy barriers. This relationship could potentially highlight policy barriers that lead to advocacy efforts and changes in institutional practices.<sup>13</sup> Combining both sectors could break the cycle of people returning to unhealthy conditions—housing, domestic violence, immigration—that would impact their health and could take them back to a clinic or hospital.

### *Who Pays for MLPs?*

MLPs receive funding from a variety of sources. More than one-third of MLP programs now receive some funding from their health care organizations operations budget. And critically, HRSA now recognizes legal services as a health center enabling service.<sup>14,15</sup> The first public charge rule was introduced in 1999 under the Although the size, scope, and focus of MLPs vary, they generally will provide the following services:<sup>16</sup>

1. Legal intake and on-site direct legal services to patients;

## *MLPs educate providers and non-clinical staff on how social conditions affect health and screening for unmet basic needs.*

2. Consultations with physicians and other health care staff about patients' legal needs;
3. Training on social determinants and legal issues for health care staff; and
4. Other activities to support the needs of patients such as advocacy trainings and legal clinics

An MLP requires staff time from the health and legal organizations to draft a memorandum of understanding that outlines the types of legal services to be provided and other operational details of the arrangement. Between data-sharing agreements, the integration of legal professionals to the health organizations structure, training and marketing of MLP services to the entire health organization staff and patients are significant activities for new and established MLPS.<sup>17,18</sup>

As the partnership grows, the need for staff resources for MLP increases to build data infrastructure, improve the quality and consistency of patient referrals for legal services, and identifying opportunities to support policy and advocacy activities that advance patient health. Administering the budget, applying for grants, and fundraising are also ongoing functions of most MLPS.<sup>19</sup>

Funding could come directly from the health care organization partner either through their:

- Operation budget<sup>20</sup>
- Nonprofit hospital community benefit funds<sup>21</sup>, and
- HRSA enabling services funds.

Partnerships may rely on funding from the legal sector. Major sources of legal funding include:

- Legal Services Corporation;
- Interest on Lawyers Trust Accounts (IOLTA)<sup>22,23</sup>;
- Law schools; and
- Legal aid fellowships<sup>24</sup>;

Funding from the legal and medical sectors could be insufficient, especially if establishing an MLP and the model is needing to prove itself as an important service for patients. Many MLPs may be reliant on philanthropy to get started. This type of funding is usually limited and thus not sustainable. With a growing MLP, time and resource can be devoted to grant writing and reporting.

### *How are hospitals trying to deal with this problem? Who currently uses MLPs?*

The MLP is one of the only interventions that tackles both individual needs and the underlying policies. Nearly 450 health organizations including, general hospitals, children's hospitals, health centers, and Veterans Affairs. These organizations have integrated patient-centered legal services into their care delivery services to identify and address health-related social needs.<sup>25</sup>

### **Limitations**

Challenges to an MLP implementation include<sup>26</sup>

- *Space/IT support.* Health care organizations may lack the space for the attorney to on-site to answer questions and meet

with staff and patients. Institutional policies may restrict access to IT resources and support.

- *Access to protection health information.* The medical partner in an MLP is subject to HIPPA and can only share information in accordance with its provisions, no matter the information recipient or the intended goal of the information sharing.<sup>27</sup>
- *Financial support and sustainability.* MLPs that depend solely on funding from already stretched organizations, or from philanthropic grants that may not be renewed, often fizzle out.<sup>28</sup> As health care organizations search for ways to improve the health of populations while lowering costs, MLPs are emerging as a sustainable solution. In addition, some grants may be subject to statutory and regulatory restrictions, prohibiting grantees from performing certain activities and from representing specific populations, such as those with criminal cases or non-citizens with immigration-related cases.<sup>29</sup>
- *Program evaluation.*
- *Staff buy-in.* Proving to health organization administrators and staff takes time. Buy-in is crucial for the MLP- for funding purposes and the success of the partnership.
- *New workflows.* Staff turnover or a change in an organizational chart—new administration, departmental changes—can lead to confusion of where the part-

nership lies. Constant institutional changes could impact how the MLP flows with certain medical teams.

- *Competing priorities.* Health care organizations may have other initiatives—or federal compliance policies to meet—to improve population health. If the MLP is not sustainable, financially or through a program evaluation, it could risk being the MLP not being renewed.
- *Marketing.* Marketing a newly formed or established MLP can be time-consuming. Employee turnover, the size of the workforce, the small budget for outreach can leave many health care professionals not knowing that a partnership exists. Regular education and outreach to health care staff is necessary—through continuing education trainings, or on-site office hours—until a relationship has been formed.
- *High demand.* Pilot programs operate on a limited budget and limited staff and resources and can be faced in a high influx of referrals from health care staff. In 2017, Forty-five percent of MLPs reported that they were able to meet with the demand of consulting with patients, whilst other partnerships had to refer patients to other civil legal aid organizations or pro-bono attorneys, that usually have longer waiting periods.<sup>30</sup>
- *Small window.* If a patient is screened to have social problems that need an attorney, the MLP puts an ‘all-hands-on-deck’ approach where the legal and medical sector can come together. However, for individuals that do not seek medical attention, they may not be screened and

connected with an attorney that could address legal barriers.

## Recommendations

Individual patient legal interventions are pathways to finding the policy interventions for improving population health.<sup>31</sup> MLPs should be encouraged and explored. Low-income communities have less access to basic needs and opportunities because of systemic inequities and practices that shape their environments. Tackling these social problems requires that both the legal and medical sectors to work and cooperate together as they help patients reach their optimal health.

Establishing and sustaining an MLP can be difficult without guidance. The National Center for Medical Legal Partnerships can provide leadership and assistance in evaluating MLPs to ensure that any model serves both the service needs of the patient and the education needs of the professionals involved.<sup>32</sup>

## Conclusion

Through its innovative approach, MLPs address unmet needs that can drive disparities and can play a crucial part in the management of health for patients. With MLP curricula, health organization staff learn to screen and diagnose but to also include attorneys in the team. Both sectors can treat the complicated social issue and increase awareness of how key legal rights are to health.<sup>33</sup> Without MLPs, health professionals will not always have the tools to assist. One sector alone cannot tackle the issues of the social determinants of health affecting patients.

MLPs can bridge the gap, particularly when the patient has legal problems that impede treatment and recovery.<sup>34</sup> As health care organizations seek

innovative ways to lower costs, the medical model adopting a multidisciplinary approach that will teach medical and non-medical staff of the disparities that exist beyond their building.

## Endnotes

<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3489274/>

<sup>2</sup> <https://www.annenbergpublicpolicycenter.org/americans-are-poorly-informed-about-basic-constitutional-provisions/>

<sup>3</sup> <https://www.rwjf.org/en/library/research/2017/09/immigration-status-and-health.html>

<sup>4</sup> <http://www.commissiononhealth.org/Report.aspx?Publication=64498>

<sup>5</sup> [https://www.americanbar.org/groups/professional\\_responsibility/publications/model\\_rules\\_of\\_professional\\_conduct/rule\\_5\\_5\\_unauthorized\\_practice\\_of\\_law\\_multijurisdictional\\_practice\\_of\\_law/comment\\_on\\_rule\\_5\\_5\\_unauthorized\\_practice\\_of\\_law\\_multijurisdictional\\_practice\\_of\\_law/](https://www.americanbar.org/groups/professional_responsibility/publications/model_rules_of_professional_conduct/rule_5_5_unauthorized_practice_of_law_multijurisdictional_practice_of_law/comment_on_rule_5_5_unauthorized_practice_of_law_multijurisdictional_practice_of_law/)

<sup>6</sup> <https://pubmed.ncbi.nlm.nih.gov/20352508/>

<sup>7</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2083336/>

<sup>8</sup> <https://pediatrics.aappublications.org/content/114/1/224.long>

<sup>9</sup> <https://journalofethics.ama-assn.org/article/medical-legal-partnerships/2011-08>

<sup>10</sup> <https://medical-legalpartnership.org/need/>

<sup>11</sup> <https://nachc.org/research-and-data/prapare/>

<sup>12</sup> <https://innovation.cms.gov/innovation-models/ahcm>

<sup>13</sup> <https://medical-legalpartnership.org/need/>

<sup>14</sup> [https://www.lsc.gov/lsc-and-medical-legal-partnerships#:~:text=Medical%2Dlegal%20partnerships%20\(MLPs\),legal%20problems%20that%20affect%20health.&text=These%](https://www.lsc.gov/lsc-and-medical-legal-partnerships#:~:text=Medical%2Dlegal%20partnerships%20(MLPs),legal%20problems%20that%20affect%20health.&text=These%)

20partnerships%20are%20taking%  
20off,and%20health%20care%  
20workers%20alike.

<sup>15</sup> <https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5aservicedescriptors.pdf>

<sup>16</sup> [Medical-legalpartnership.org/wp-content/uploads/2019/04/Financing-MLPs-View-from-the-Field.pdf](https://medical-legalpartnership.org/wp-content/uploads/2019/04/Financing-MLPs-View-from-the-Field.pdf)

<sup>17</sup> <https://justice.gov/olp/civil-legal-aid-101>

<sup>18</sup> <https://hhs.gov/hippa/for-professionals/faq/264/what-is-the-difference-between-consent-and-authorization/index.html>

<sup>19</sup> <https://medical-legalpartnership.org/wp-content/uploads/2019/04/Financing-MLPs-View-from-the-Field.pdf>

<sup>20</sup> <https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5aservicedescriptors.pdf>

<sup>21</sup> <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

<sup>22</sup> <https://iolta.org/what-is-iolta>

<sup>23</sup> <https://iolta.org/what-is-iolta/items-interest-rates>

<sup>24</sup> <https://www.equaljusticeworks.org/fellows/issue/medical-legal-partnership/>

<sup>25</sup> <https://medical-legalpartnership.org/wp-content/uploads/2020/10/MLP-Literature-Review-2013-2020.pdf>

<sup>26</sup> <https://nurseledcare.phmc.org/images/pdf/mlp/MLP-legal-programs-are-health-problems.pdf>

<sup>27</sup> <https://medical-legalpartnership.org/wp-content/uploads/2017/07/Information-Sharing-in-MLPs.pdf>

<sup>28</sup> [https://www.americanbar.org/groups/legal\\_services/publications/dialogue/volume/20/fall-2017/pro-bono-medical-legal/](https://www.americanbar.org/groups/legal_services/publications/dialogue/volume/20/fall-2017/pro-bono-medical-legal/)

<sup>29</sup> <https://www.lsc.gov/lsc-restrictions-and-funding-sources>

<sup>30</sup> Regenstein, M., Trott, J., Williamson, A. (2017). The state of the medical-

legal partnership field. The National Center for Medical-Legal Partnership. Retrieved from <https://medical-legalpartnership.org/wp-content/uploads/2017/07/2016-MLP-Survey-Report.pdf>

<sup>31</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6679008/>

<sup>32</sup> <https://medical-legalpartnership.org/resources/>

<sup>33</sup> <http://www.acgme.org/outcome/comp/GeneralCompetenciesStandards21307.pdf>.

<sup>34</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2847113/>