Optimizing the Health Impacts of Civil Legal Aid Interventions: The Public Health Framework of Medical-Legal Partnerships

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ABSTRACT
Research documents the significance of the social determinants of health – the social and environmental conditions in which people live, work and play. A critical foundation of these social and environmental conditions are laws and regulations, which construct the environments in which individuals and populations live, influencing how and when people face disease. Increasingly, healthcare providers, public health professionals and lawyers concerned with social determinants are joining forces to form Medical-Legal Partnerships (MLPs) which offer a preventive approach to address the complex social, legal and systemic problems that affect the health of vulnerable populations. Now in more than 500 health and legal institutions across the country, including Rhode Island, MLP is a healthcare delivery model that integrates legal assistance as a vital component of healthcare. This article explores the many benefits of the MLP model for improving patient health, transforming medical and legal practice and institutions and generating policy changes that specifically address health disparities and social determinants.

KEYWORDS: health disparities, social determinants, medical-legal partnership, healthcare reform

INTRODUCTION
Although the healthcare system plays a role in mitigating the unwanted health effects of poor social conditions, the traditional medical treatment model will never adequately address nor prevent these problems. An asthmatic child living in a mold-infested home will continue to experience respiratory problems, no matter how much medicine is administered, unless the unhealthy housing conditions are remediated. In fact, the key to better health is improving the social determinants of health – the social and environmental conditions in which people live, work and play. An important foundation of these social and environmental conditions are laws and regulations, which construct the environments in which individuals and populations live, influencing how and when people face disease.

Increasingly, healthcare providers, public health professionals and lawyers concerned with social determinants are joining forces to form Medical-Legal Partnerships (MLPs) which offer a preventive approach to address the complex social, legal and systemic problems that affect the health of vulnerable populations. MLP is a healthcare delivery model that integrates legal assistance as a vital component of healthcare. MLP is built on three key beliefs: (1) the social, economic and political context in which people live has a fundamental impact on health; (2) these social determinants of health often manifest in the form of legal needs; and (3) attorneys have the special tools and skills to address these needs. MLP brings legal and healthcare teams together to provide high-quality, comprehensive care and services to patients who need it most.

MEDICAL-LEGAL PARTNERSHIP – LINKING LAW AND HEALTH FOR PATIENTS AND COMMUNITIES
In the early 1990s in Boston, the idea of bringing legal teams into healthcare settings to address health-related legal needs developed and has spread throughout the United States.
Twenty years later, over 500 health institutions [hospitals, health centers and specialty services such as HIV, oncology and geriatric care] and legal institutions [legal aid programs, bar associations and pro bono law firms] partner to help patients and transform the systems that serve vulnerable people: veterans, the elderly and the poor. The MLP model has been promoted by the American Bar Association, the American Academy of Pediatrics, and the American Medical Association. It has been studied and adopted in Australia and other countries as a key strategy to address the social determinants of health.

Analogous to primary healthcare, MLP’s focus is on early detection and prevention of legal problems and health crises. Key to a successful MLP program is healthcare engagement – the host institution must be committed to support and integrate legal expertise and services. MLPs are generally funded through shared financial support from the host health care institution, partnering legal aid program, law firm or law school, as well as foundation grants. Increasingly, health care institutions support MLP programs with the same funding streams used for other key health care team members including community health workers, case managers and patient navigators. MLP programs vary in size, scope and target population, but they share three core activities: [1] direct legal care; [2] transformation of health and legal institutions, especially in clinical practice; and [3] policy change at the local, state and federal level.

Transforming Health and Legal Institutions and Practices
MLPs work to transform health and legal institutions that serve vulnerable populations by training frontline health care teams to screen for, identify and refer patients with potential legal needs. The teams facilitate joint data tracking of program impact and the appropriate documentation of legal information within patient medical records. They participate in institutional efforts to improve internal systems to better serve patients and families. Through frequent interaction with patients, clinicians and the healthcare system, the MLP team – healthcare and legal members – are uniquely positioned to identify patterns of unmet need among populations, as well as opportunities for institutional and systemic improvement to efficiently address those needs.

Policy Change
MLPs leverage healthcare and legal expertise to enact multilevel policy change. To improve local, state, and federal laws and regulations that impact the health and well-being of vulnerable populations they (1) ensure compliance with existing health-promoting laws, (2) support enactment of new or amended health-promoting laws and regulations, and (3) oppose enactment of health-harming laws and regulations.

Legal Assistance
MLP attorneys provide on-site assistance to patients needing legal help in the form of consultations, brief advice and direct legal representation. Patients are referred to attorneys by frontline clinicians – social workers, nurses and physicians – who are trained to screen for and identify patients struggling with unmet legal needs. Many MLPs use the I-HELP assessment tool to screen for unmet legal needs: Income/Insurance; Housing and Utilities; Education/Employment; Legal Status (Immigration); Personal/Family Stability. Attorneys communicate frequently with healthcare team members and update them on advocacy outcomes. In this way, MLP is much more than a referral service — it is an integrated approach to health and legal services that facilitates critical, efficient, shared problem solving among health and legal teams who care for patients with complex health and legal needs.

Safe Home for Freddie – An MLP Case Example
When the chest pains got really bad, Freddie, who was mildly developmentally delayed, finally decided to go to the doctor. His physician had diagnosed him with a cardiac problem and gave him a prescription to fill, but in the meantime, his mother had died, and he was struggling to figure out what to do with her estate and her debts. After two days in the hospital recovering from a mild heart attack, the care team was concerned about where Freddie would be discharged to. He claimed to have no relatives, and said that he couldn’t live in his mother’s house anymore “because it was being sold”.

The MLP legal team worked with Freddie to understand the status of his mother’s estate, and resolve a pending tax complication that would allow him to reside in the home with the right community supports. The legal team also worked with the health care team to identify additional community resources for Freddie, and explored stand-by guardianship options for Freddie in the event of another hospitalization.

Figure 1

Connecting Legal & Health Needs
The legal community claims a singular goal as justice – and for vulnerable populations, ensuring access to justice.
However, there are insufficient legal resources available for low-income Americans. For example, there are an estimated 429 people per lawyer in the general population, but there is only one legal aid attorney for every 6,415 people in poverty. The American Bar Association estimates that low-income individuals have an average of 2-3 unmet legal needs, including access to safe, affordable housing and disability benefits and services.

The medical and public health communities’ goal is to promote and protect health. But as legal interventions start to emerge as a solution to intractable social determinants that negatively affect health, it makes sense for the legal community to see health as a key goal for its constituents – and to better understand and leverage the healthcare landscape that touches virtually everybody in the United States. Because the system of legal aid services for the poor is vastly insufficient and access to civil legal services is pivotal to secure or maintain health for vulnerable members of our communities, the integration of legal service into the healthcare system is even more critical.

THE MULTILEVEL IMPACT OF MEDICAL-LEGAL PARTNERSHIP

Significant strides have been made to demonstrate the impact and efficacy of medical-legal partnership. Gaps exist, but pilot studies show improvement in key MLP domains.

Improvements in the health and wellbeing of vulnerable patients: A 2010 study in California found improvements in general health through introduction of MLP, and a 2011 study in Atlanta found that health improved for patients with chronic diseases such as sickle cell when certain legal needs were addressed by MLP programs. Other studies indicate that the benefits reported by patients include a reduced stress level, positive effect on family and loved ones, improved financial situation, and better adherence to treatment regimens and medical appointments.

Cost savings and return on investment for host institutions: Several studies have demonstrated significant returns on investment in recouped health insurance costs and other benefits for hospitals with patients served by MLP. An MLP program in Buffalo, New York recovered nearly $1M in healthcare recovery dollars over a three-year period, and a program in rural Illinois demonstrated an average 271% return on investment and a total of $4 million in relieved healthcare debt for patients between 2002 and 2009.

Improved Clinical Workforce: MLP has been shown to transform the practice of law and medicine for healthcare and legal professionals.

HEALTHCARE REFORM AND THE PATIENT-CENTERED MEDICAL HOME

The massive restructuring of the healthcare system that will take place over the next 10 to 20 years will value innovative interventions that improve the health of everyone, especially vulnerable [and costly to serve] children and adults. One important opportunity is the integrated care model exemplified by the “patient-centered medical home.” Alongside social workers, patient navigators, healthcare providers and other professionals who coordinate their services within the medical home, legal professionals can help ensure that patients’ basic needs are met and legal rights are enforced. MLP serves as both the medical and legal home for patients and their families. The one-stop shopping approach can be enormously helpful to patients who may have a difficult time with transportation, cannot take time from work or school for appointments, or are coping with multiple stressors or chronic, debilitating conditions.

MEDICAL-LEGAL PARTNERSHIP IN RHODE ISLAND

At the forefront of the MLP movement in 2002, the Rhode Island Medical-Legal Partnership for Children (RIMLPC), was the fifth partnership in the country. The legal team is on-site at Hasbro Children’s Hospital to provide legal assistance to families referred by the primary care clinics. Law students from Roger Williams University School of Law and medical students from the Alpert Medical School at Brown work on-site with the MLP team through internships and clerkships. Rhode Island has also been at the forefront of curriculum development for MLP. Since 2003, RWU Law and the Alpert Medical School have offered a joint course each fall for law and medical students, entitled, Poverty, Health and Law: The Medical-Legal Partnership. This course led to the publication of Poverty, Health and Law: Readings and Cases for Medical-Legal Partnership, a joint effort of Professor Liz Tobin Tyler and the National Center for Medical-Legal Partnership. This comprehensive text for medical-legal
education, focused on social determinants, law and policy, is now used in law and medical schools across the country.

MLPs – in Rhode Island, around the country and the world – are transforming the way health is understood, the way medicine is practiced, and the way the healthcare system responds to the needs of vulnerable populations, including how resources are allocated.

References
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17. RMLPC partners Hasbro Children’s Hospital, the Rhode Island Center for Law and Public Policy [RICLAPP], the Alpert Medical School of Brown University and Roger Williams University School of Law.

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