Statement on Medical-Legal Partnerships

Student National Medical Association
Health Policy and Legislative Affairs Committee
Statement on Medical-Legal Partnerships

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INTRODUCTION

Established in 1964, the Student National Medical Association (SNMA) has resolved to focus on the needs of medical students of color as well as provide exceptional healthcare to underserved and minority communities. The SNMA’s focus on healthcare includes a comprehensive approach which addresses actual best medical practices in addition to socioeconomic factors integral to that care. Socioeconomic factors directly impact the social determinants of health, which include healthcare, environmental exposure, and health behavior.\(^1\) Health care is undermined when patients do not receive the benefit of policies and practices intended to address these social determinants of health.\(^2\) Medical-legal partnerships (MLP) embed lawyers as specialist in the healthcare setting to help patients navigate what are often urgent and complex legal issues, as well as consult with healthcare providers on system and policy barriers to care. MLPs are integral to addressing health care disparities that disproportionately affect low income Black and brown minorities by ensuring their ability to receive the health and legal services they are entitled to.

Forty-seven percent of low-income and 52% of moderate-income households have at least one unmet legal need, while 14% of low-income households have an excess of three unmet legal needs.\(^3\) In a collaborative study conducted by the MLP-Boston and Boston Medical Center’s Geriatrics Department, at least half of physicians surveyed strongly agreed that the health of patients is affected by issues related to capacity and competency to make medical decisions, estate planning, access to public health benefits (housing and utilities), employment, and immigration issues.\(^2\) It is evident through data gathered that both patients and physicians recognize the implication of legal issues on health outcomes and the pressing need to address these issues through the ubiquitous presence of medical-legal partnerships throughout the country.

This policy statement has been created to define legal need, identify the devastating impact legal need has on disease management and health outcomes, highlight the evolution of MLPs and how they’ve begun to combat this factor that further exacerbates the disheartening implications of those in low socioeconomic (SES) settings, as well as provide recommendations in support of the continued development and expansion of MLPs.

BACKGROUND
In 2008, almost 40 million people lived in poverty in the United States. Forty-six million were uninsured with the majority in both these aforementioned categories having incomes less than $50,000. These same groups of people were usually single heads of households and of minority status. Low SES is a major contributing factor to social determinants of health, which is shaped by money, power, resources, and policy. Civil legal aid and social workers strive tirelessly to assist and advocate for patients currently facing the challenges of being in a low SES, but their associated programs are often underfunded and overwhelmed.

In a civil structure and healthcare system which prioritizes minimal spending, maximum profit, and complicated bureaucratic processes, those who need help most can often get lost in the system or discouraged. This creates a revolving door of patients who present acutely with diseases that are often preventable or easily managed, frustrated and overwhelmed providers who can only address the superficial medical issue, and millions of dollars' worth of untouched resources and benefits. The Children’s National Health System pediatric chair and AHEAD (Accelerating Health Equity Advancing through Discovery) grant investigator Dr. Stephen Teach summarizes the solution to the complex issue and the aim of MLPs when he stated “[t]he health care system cannot solve the most intractable problems acting alone as doctors and nurses. We need multidisciplinary efforts that involve everyone.”

The first medical-legal partnership began in 1993 at Boston Medical Center in Boston, MA as an innovation in healthcare delivery to improve access to health benefits and legal protection which in-turn improves health outcomes. By 2010, MLPs had grown to service 100 hospitals and 116 community health centers. The core components of MLPs include provision of services to patients and their families, training of healthcare staff, and external/large scale advocacy and policy implementation. While all three of these tenants have been practiced on a micro scale, there is still the need to expand and streamline MLP services and outcome data on a national scale. Doing so will help in development of empirical evidence of the effectiveness and need for MLPs as well as identify the components that make MLPs successful.

The Association of American Medical Colleges (AAMC) created the AHEAD initiative to identify, study, and disseminate practices that improve community health and reduce health inequalities. AAMC has provided grants to three MLPs across the nation to help raise awareness of actions that providers and health systems can take to address social determinants of health. Since implementation of the AHEAD initiative in 2002, 364,000 pediatric patients have had their
issues resolved. The initiative has also facilitated the ability of medical residents and attendings to gain more knowledge regarding identification of legal need as well as resources available to their patients which help address that need. 6

**SCOPE OF THE PROBLEM**

Legal need is defined as an adverse social condition with legal remedies that reside in law, regulations, or polices. These social conditions include, but are not limited to being the recipient of or exposed to domestic violence, access to entitled benefits (housing vouchers, food subsidies, disability benefits, ancillary educational services), and poor housing conditions. 4

Nearly 50 million people in the United States need legal assistance to maintain their health. 5

When legal need is not resolved, medical conditions can develop or become exacerbated if preexisting. Examples include exacerbation of asthma or progression of asthma to a more severe presentation because of rodent infestation in a home, wound development and peripheral neuropathy secondary to poor glycemic control in diabetic patients without access to low sugar containing foods, and having to choose between paying an energy bill to keep a family warm in the winter time and purchasing food for the family.

Lack of support and knowledge of resources make physicians less inclined to screen for health issues related to legal problems. Fewer than 20% of physicians in a study conducted by MLP-Boston and Boston Medical Center’s Geriatrics Department knew how to refer a patient to a legal resource. Despite this lack of knowledge, physicians overwhelmingly replied that they would like more training in legal advocacy. 2

MLPs are the solution to bridge the gap between physician knowledge of resources and patient access to social services.

MLPs have expanded significantly since its inception almost 20 years ago. In that time, MLPs have also made significant impact on health systems with respect to return on investment in partnerships and program revenue as well as on patients with respect to their access to services, gain in knowledge of the healthcare system, and decrease in stress. An Illinois-based MLP helped relieve $4,000,000 in patient healthcare debt and helped claim $2,000,000 in additional social security benefits. 6

A survey of cancer patients who received legal assistance showed 75% had a decrease in stress, 50% witnessed a positive effect on their family, 45% had a positive change in their financial situation, and 30% were able to maintain their treatment regimen. 3
Sixty percent of a person’s health is determined by income and health insurance, housing and utilities, education and employment, legal status, and personal and family stability (Appendix). Medical-legal partnerships have been and will continue to be essential in helping patients navigate these factors that contribute to optimum health.

**Statement of Position and Recommendations**

We, the members of SNMA, acknowledge that medical-legal partnerships are integral to addressing legal needs which often times impact morbidity, mortality, and health outcomes. Barriers to addressing legal need include limited funding for social work services and civil legal aid, an overwhelmed social services system, and physicians with limited knowledge about recognizing screening to identify legal need during patient encounters as well as who to refer to when a legal need is identified. Medical-legal partnerships bridge these gaps in both resources and knowledge. For the aforementioned reason, SNMA is in full support of the continued development and expansion of MLPs. The following recommendations are being supported:

1. Federal legislation mandating MLPs in all Federally Qualified Health Clinics and community clinics.
2. Medical service incentive restructuring that shifts from minimal patient encounter time and hospital stays to analysis of actual patient outcomes to include linking to legal aid which addresses legal needs.
3. Compilation of empirical data which demonstrates the efficacy and need for MLPs.
4. Interdisciplinary medical professional education that incorporates fundamental health law and policy skills into the medical curriculum and more opportunities for medical trainees to interact with our legal counterparts as a healthcare team.
REFERENCES