

## Medical-Legal Partnerships Bring Social Determinants of Health into Clearer Focus

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—By Kim Krisberg, special to the *Reporter*

During 30 years of practice, Arkansas pediatrician Charles Feild, M.D., M.P.H., said there was only so much impact his credentials had outside the clinic walls. For patients and families struggling with poor housing, food insecurity, or the bureaucracy of public assistance programs, a letter from Feild often did little.

“I can write all kinds of letters and sign M.D. at the bottom, and it accomplishes nothing,” said Feild, a professor in the colleges of public health and medicine at the University of Arkansas for Medical Sciences. Feild cares for patients at Mid-Delta Health Systems, a community health center in the rural community of Clarendon, Ark., located in one of the poorest counties nationwide. “I had gotten very frustrated with that. When the economic and social factors become so overwhelming for patients that there are survival issues, it’s hard for them to look after their health and wellness.”

All that changed a few years ago when the clinic officially partnered with Legal Aid of Arkansas to provide much-needed, free legal services to eligible patients. At first, Feild said he was skeptical about who he would refer to the lawyer who visits the clinic a few times a month, but now he says that about one-third to half of his Mid-Delta patients could benefit from legal services. According to Feild, the medical-legal partnership has helped keep his patients in school, assisted families in re-establishing Medicaid eligibility, kept kids out of foster care, helped homeless families find housing, and much more.

“When a letter is signed by an attorney...it actually forces or encourages the receiving party to make sure they’re doing the right thing and if not, fix it,” said Feild, who is involved with another recently launched medical-legal partnership at Arkansas Children’s Hospital. “Where my knowledge stops, and I have no idea what to do, legal aid knows exactly what to do.”



**Anne Ryan, J.D., director of the Tucson Family Advocacy Program, and Jessie Pettit, M.D., medical director of the Tucson Family Advocacy Program at the University of Arizona Medical Center-Alvermon Family Medicine Clinic**

Photo: Rocio Enciso

Last year, the medical-legal partnership at Mid-Delta served about 100 patients, according to Kevin De Liban, J.D., a legal fellow with Legal Aid of Arkansas. In addition to Mid-Delta Health Systems, De Liban also works with patients at a community health center in Marianna, Ark., and a mental health clinic in West Memphis, Ark. Both communities have significant health disparities, and social and economic barriers can impact patients' ability to get and stay healthy. De Liban said the medical-legal model is fully integrated at all three clinics.

"Everybody knows us and is trying to work with us....Medical-legal partnerships can make a real difference in someone's health," De Liban said. "Doctors may be initially skeptical, but with time you can get through that."

The rural patients of Arkansas are not the only ones benefiting from the integration of medical and legal services. In fact, the medical-legal partnership model has been helping vulnerable families overcome barriers to better health for years.

The first medical-legal partnership was founded at Boston Medical Center two decades ago. Since then, the movement has grown in a very grassroots fashion to nearly every corner of the country, said Ellen Lawton, J.D., lead research scientist and co-principal investigator at the National Center for Medical-Legal Partnership, part of the Department of Health Policy at George Washington University School of Public Health and Health Services. Today, there are nearly 100 such partnerships serving 54,000 patients annually at more than 275 health care institutions. As of 2009, medical-legal partnership curricula had been integrated into 29 residency programs nationwide, according to a 2009 article in the *Journal of Graduate Medical Education*.

"Health care entities that serve low-income and vulnerable populations have always made [legal] referrals, but what we do is create this very strong crosswalk between the legal community into the health care setting and become part of the health care team," Lawton said. "We train providers to better understand legal issues, to triage legal issues, to work with us as lawyers. As physicians better understand the social determinants [of health], we can make sure they have the tools to address them."

In the Bronx, N.Y., Montefiore Medical Center partners with LegalHealth, a nonprofit organization that provides legal assistance to low-income patients with serious health problems. "Through this partnership, in 2012 more than 125 Montefiore patients received legal assistance on issues significantly impacting their health, such as housing and immigration status," said Jorge Rodriguez, director of operations, Montefiore Medical Group.

At the same time, integrating medical-legal partnerships into residency programs is an innovative way to meet Accreditation Council for Graduate Medical Education requirements on social determinants of health

education, said Edward Paul, M.D., a member of the National Center for Medical-Legal Partnership Advisory Council and director of medical education at Yuma Regional Medical Center.

“When you start asking these [medical-legal inspired] questions, all of a sudden your whole perspective changes,” Paul said. “It allows you to become a more effective physician. It alters your expectations and gets you focused on how you can be instrumental in helping these families.”

When Megan Sandel, M.D., M.P.H., first entered pediatrics training at Boston Medical Center, the first medical-legal partnership was only a few years old, and she had the opportunity to learn side-by-side with lawyers.

“After that, I didn’t want to go back,” said Sandel, now the national center’s medical director and an associate professor of pediatrics at the Boston University School of Medicine and an associate professor at the Boston University School of Public Health. “In many ways, we still see that among our residents.” Today, Boston medical students can participate in the BU Advocacy Training Program, a four-year scholarly concentration where they are exposed to the medical-legal partnership model and gain a deeper understanding of the social determinants of health. When screening patients, students are taught to incorporate the I-HELP mnemonic, which stands for income supports, housing, employment/ education, legal status, and personal stability. Sandel said that about 20 percent of medical students participate in at least one advocacy activity.

“We want to help medical students understand that many social determinants of health have legal underpinnings,” she said. “Understanding both systems inside and outside of health care is really crucial.” Such partnerships not only serve patients individually but also can change systems. For example, many patients facing a utility shut-off have a serious illness that qualifies them for an exemption with a physician letter verifying their health status. It used to take hours to generate those letters, Sandel said. In response, the Medical-Legal Partnership-Boston created a legal template for utility letters to integrate into Boston Medical Center’s electronic health records system. Now, it takes only minutes to create a physician utility letter. The system change coupled with training health providers to screen for utility assistance needs made a big impact. Between 2005–2006 and 2008–2009, the number of utility protection letters generated for patients grew by 350 percent, according to a 2010 Health Affairs article.

In Arizona, the Tucson Family Advocacy Program is bringing the medical-legal partnership model to patients and medical residents at the University of Arizona Medical Center-Alvernon Family Medicine Clinic. Since it began seeing patients in 2005, the program has helped about 1,000 patients, translating to more than 2,000 cases, said Anne Ryan, J.D., director and founder of the advocacy program, housed in the University of Arizona College of Medicine’s Department of Family & Community Medicine. Education in the medical-legal model is part of the required training for family medicine residents.

“For me, one of the most rewarding parts of my job is not just providing legal services but really being able to practice preventive law,” said Ryan, also an assistant professor in the Department of Family & Community Medicine. “If residents or other health care providers can learn how to be effective advocates up front, it’s a win-win for everybody.”

Among her many cases, Ryan has helped patients who were denied disability benefits, food stamps, or Medicaid assistance, as well as patients who have been denied coverage by their insurer. In a study recently published in the *Journal of Health Care for the Poor and Underserved*, Ryan and her colleagues reported that addressing patients’ unmet legal needs can reduce perceived stress and improve overall well-being.

Paul, who directed Arizona’s Family & Community Medicine Residency Program when the advocacy program began, said the “power of putting an attorney on the [health care] team is really significant. This is prevention at multiple levels.”

Michael Lokale, D.O., M.Sc., a family and community medicine resident at the University of Arizona, said the medical-legal training has been especially helpful when treating underserved patients.

“I’ve seen a 180-degree change in the response of my patients to the care I provide after we take care of their legal needs,” he said. “It’s helping us take care of the whole person and give him or her more comprehensive treatment options.”

To learn more about medical-legal partnerships, visit [www.medical-legalpartnership.org](http://www.medical-legalpartnership.org).

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