



REVIEW ARTICLE

Medical Legal Partnerships: A Novel Way to Help Address Health-harming Legal Needs and Social Determinants of Health in Pediatric Patients with Asthma

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AAP	American Academy of Pediatrics
FMLA	Family Medical Leave Act
HHLN	Health Harming Legal Needs
MLP	Medical Legal Partnership
SDOH	Social Determinants of Health
SES	Socioeconomic Status

Table of Abbreviations

ABSTRACT

Medical-legal partnerships (MLP) are a novel way to help address social determinants of health (SDoH), which are conditions, including education, neighborhood, and socioeconomic status (SES), that shape how people live, work, and age.¹ They also significantly predict health outcomes in children and adults. By embedding lawyers on medical teams, MLPs can help patients resolve health-harming legal needs (HHLN) related to SDoH. Within the last two years, we have built a MLP within the

Severe Asthma Clinic in Gainesville, Florida, to promote children's access to high quality care, address their legal needs, and reduce chronic stress levels², which can worsen asthma. In fall 2018, we began to screen patients, and found that out of 76 legal needs, the most commonly identified (31) were education-related. For example, parents needed help acquiring public school resources, such as an on-site nurse, for their child with asthma. Other common HHLN included issues related to housing (17) and income maintenance (16). Since program implementation, we have observed that MLPs may lower healthcare costs for both patients and healthcare institutions. We have also encountered three challenges to helping patients: *opaque legal language in Florida law*, *a high number of education-related HHLN* among patients, and *a knowledge gap among medical providers* about patient legal advocacy. In the next phase of our program, we will address these challenges, and, after completing a program evaluation, we will expand the program to other patient populations, including children with diabetes and children who are transgender or gender-nonconforming. Given our MLP's success and the endorsement of the AAP³, pediatric providers should consider adding an MLP to their practice to address their patients' HHLN.

BACKGROUND

Medical legal partnerships (MLPs) embed lawyers on medical teams to help patients resolve *health-harming legal needs (HHLN)*, which are legal needs that can harm patient health. Studies show that MLPs are effective ways for clinicians to help patients reduce debt, access benefits, and avoid utility shutoffs⁴, and that patients who receive these legal services report less stress^{5,6}, as well as fewer asthma complications, ED visits, and hospitalizations.⁴ By solving problems related to social determinants of health (SDoH), MLPs may reduce health disparities and improve health outcomes in vulnerable patient populations.⁷ MLPs may also train medical providers to appropriately screen for and address patients' HHLN.

History of Medical Legal Partnerships in the United States

The first unofficial medical legal partnership was created in 1967 by Dr. Jack Geiger, who hired a lawyer to help address his patients' food and housing concerns.⁸ His success prompted the creation of similar programs in the 1980s, mostly to help AIDS patients who needed legal assistance. However, it was not until 1993 that Dr. Barry Zuckerman formed the first official MLP when he added a full-time lawyer to his medical team. His goal was to prevent power outages in the homes of his pediatric patients suffering from asthma. An article published in 2001 in the New York Times⁹ popularized the MLP model, and now over 400 MLPs exist in 48 states.¹⁰

History of Medical Legal Partnerships in Florida

Currently, 19 active MLPs exist in Florida, most of which serve children.¹⁰ One of the oldest MLPs in Florida serves the medically complex pediatric population in Jacksonville, Florida¹¹, and another MLP serves patients via mobile health clinics in Miami, FL.¹² In 2017, a Statewide MLP Collaborative was established to help MLPs in Florida share best practices, pathways for funding, and strategies for success.¹³ This collaborative, which has recently expanded to become a Southeastern MLP Collaborative, has led to the development of four new MLPs in Florida in the last three years.

The Establishment of the Medical Legal Partnership at the Severe Asthma Center in Gainesville, Florida

In 2017, the Children's Miracle Network provided funding to help establish an MLP in Gainesville, Florida. After a local needs assessment revealed high rates of emergency department visits and hospitalizations related to asthma, our medical team decided the MLP should serve pediatric patients with the condition. Next, we formed a partnership with Southern Legal Counsel and began to screen patients in the Severe Asthma Clinic for HHLN. Since fall 2018, we have screened 42 patients and have identified 76 unique legal issues: 31 education-related issues, 17 housing issues, 16 income maintenance issues, 5 family law issues, 3 Medicaid issues, 2 employment issues (FMLA), and 1 immigration issue (see Table 1).

FINANCIAL BENEFITS OF MLPs

Since we implemented the program in 2018, we have observed that MLPs have a potential role in lowering healthcare costs. Indeed, MLPs may financially benefit patients by helping them maintain cash assistance benefits, acquire insurance coverage, and access routine care, which is less costly than emergency care. Likewise, MLPs can financially benefit healthcare institutions by reducing the number of ED visits and increasing revenue from stable insurance coverage. In a nationwide review of MLPs, results showed that MLPs recovered \$692,000 for healthcare partners, and one MLP in Illinois reported a 150% return on investment for its services.¹⁴ Given these findings, we plan to incorporate a financial benefit analysis in our upcoming program evaluation, and use results to increase the financial benefits of our MLP for all participants.

PRIMARY CHALLENGES

Since the implementation of the MLP in our Severe Asthma Clinic, we have encountered three primary challenges to helping pediatric patients with asthma and HHLN: *opaque legal language* that prevents us from immediately implementing needed interventions; *a high number of education-related needs among patients* and not enough experts to support our families; and *a knowledge gap among medical providers*, who have not received training related to patient legal advocacy.

Opaque Legal Language in Florida Law

One challenge we encounter is opaque legal language in Florida law, which allows certain actions but does not indicate how these actions should be performed. For example, our MLP would like schools to keep albuterol and Epi-pens stocked in their clinics so that children with asthma or life-threatening allergic reactions can access vital medications. To address this problem, we plan to clarify legal language in state regulations that would enable schools to stock these medical supplies. After we implement this intervention, we will solicit feedback from our patients and school partners to evaluate its success as well as discover areas for further improvement.

A High Level of Education-Related Needs Among Patients

In addition to opaque legal language, we also frequently encounter a high number of education-related HHLN among our patients. To address this problem, we have created a novel partnership with the Anita Zucker Center for Excellence in Early Childhood Education, which will connect graduate students in education with children and families in our MLP who have encountered a barrier to school resources. The graduate students will target children aged 0-5 years to help ensure these young students can properly begin their education. We hope that the number of graduate students who participate will be enough to meet the needs of patients in our MLP. However, if we do not have enough graduate students, we will engage pro bono attorneys or other advocates in the community to help families with education-related HHLN.

A Knowledge Gap Among Medical Providers

A final challenge we encounter is the lack of knowledge among medical providers about patient legal advocacy. Our MLP trains medical providers to identify and help address the HHLN of patients to fill this knowledge gap. For example, we teach doctors about the importance of informing parents about school accommodations that are available for children with asthma. We also provide examples of letters they can send to schools to request an evaluation for special education services. In our MLP training sessions, we have found that health care providers are highly receptive to learning about patient legal advocacy, and most importantly, implementing what they have learned. Given the positive feedback from our trainees, we plan to increase the number of training sessions that we offer to medical providers about patient legal advocacy as well as make the sessions accessible via livestream. Finally, we will make the MLP referral form and screening tools available in the Electronic Health Record.

FUTURE OF THE MEDICAL LEGAL PARTNERSHIP IN GAINESVILLE, FL

Over the next year, we will expand our MLP to other patient populations, including those in the UF Health Diabetes Institute and the Youth Gender Program. We also plan to design and conduct a rigorous program evaluation to assess progress towards improving patient health. We hope the results of the evaluation will demonstrate the benefits of the MLP and enable us to apply for institutional funding, which will allow us to hire a full-time attorney and make the program sustainable long-term.

SUMMARY

Medical legal partnerships are an effective tool for clinicians to use in addressing patients' HHLN and reduce the negative effects of the social determinants of health. By embedding lawyers on medical teams, clinicians may improve the health outcomes of pediatric patients with asthma as well as reduce the chronic stress of their caregivers. In addition, MLPs have the potential to benefit both patients and institutions financially by ensuring that patients have stable benefits, insurance coverage, and access to routine care. Finally, MLPs can train medical providers to appropriately screen for and help address patients' HHLN. In these ways, MLPs can help institutions create a more complete medical home for patients who may be affected adversely by the social determinants of health.

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REFERENCES

1. Regenstein M, Trott J, Williamson A, Theiss J. Addressing social determinants of health through medical-legal partnerships. *Health Aff (Millwood)*. 2018;**37**(3):378-85.
2. Martin MA, Thomas AM, Mosnaim G, et al. Home asthma triggers: barriers to asthma control in Chicago Puerto Rican children. *J Health Care Poor Underserved*. 2013;**24**(2):813-27.
3. Beck AF, Tschudy MM, Coker TR, et al. Determinants of health and pediatric primary care practices. *Pediatrics*. 2016;**137**(3):e20153673.
4. Martin J, Martin A, Schultz C, Sandel M. Embedding civil legal aid services in care for high-utilizing patients using medical-legal partnership. *Health Affairs Blog*. April 22, 2015.
5. Rosen Valverde JN, Backstrand J, Hills L, Tanuos H. Medical-legal partnership impact on parents' perceived stress: A pilot study. *Behav Med*. 2019;**45**(1):70-7.
6. Ryan AM, Kutob RM, Suther E, Hansen M, Sandel M. Pilot study of impact of medical-legal partnership services on patients' perceived stress and wellbeing. *J Health Care Poor Underserved*. 2012;**23**(4):1536-46.
7. Teufel J, Heller SM, Dausey DJ. Medical-legal partnerships as a strategy to improve social causes of stress and disease. *Am J Public Health*. 2014;**104**(12) e6-e7.
8. Lawton E. The medical-legal partnership: A history of the medical legal partnership movement. 2014. <https://medical-legalpartnership.org/wp-content/uploads/2015/01/NACHC-Magazine-A-History-of-the-Medical-Legal-Partnership-Movement.pdf>.
9. Goldberg C. Boston Medical Center turns to lawyers for a cure. *The New York Times*. 2001. <https://www.nytimes.com/2001/05/16/us/boston-medical-center-turns-to-lawyers-for-a-cure.html>
10. Milken Institute School of Public Health. National Center for Medical Legal Partnership: The Partnerships. 2020. <https://medical-legalpartnership.org/partnerships/>.
11. Jacksonville Area Legal Aid. Northeast Florida Medical Legal Partnership (NFMLP). 2016. [https://www.jaxlegalaid.org/nfmlp/#:~:text=North%20Florida%20Medical%20Legal%20Partnership%20\(NFMLP\)&text=Through%20the%20NFMLP%2C%20Jacksonville%20Area,problems%20adversely%20affecting%20pediatric%20patients](https://www.jaxlegalaid.org/nfmlp/#:~:text=North%20Florida%20Medical%20Legal%20Partnership%20(NFMLP)&text=Through%20the%20NFMLP%2C%20Jacksonville%20Area,problems%20adversely%20affecting%20pediatric%20patients).
12. FIU Herbert Wertheim College of Medicine. Green Family Foundation NeighborhoodHELP. 2020. <https://medicine.fiu.edu/about/community-engagement/green-family-foundation-neighborhoodhelp/index.html>.
13. The Florida Bar Foundation. Medical Legal Practice Area. 2020. <https://www.fladvocate.org/medical-legal/>.
14. Health Policy Newsletter. Medical-legal partnerships as a value-add to patient-centered medical homes. 2011. <https://jdc.jefferson.edu/cgi/viewcontent.cgi?article=1751&context=hpn>.