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C O N T E N T S

VOLUME 51:4 • WINTER 2023

Symposium Articles

Medical-Legal
Partnerships:
Equity,
Evaluation,
and Evolution

Guest Edited by
James Bhandary-
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Yael Z. Cannon,
Vicki W. Girard,
Abbe R. Gluck,
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Katherine L. Kraschel,
and
Medha D. Makhlof

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Letter from
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Cover image ©Getty Images

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Introduction

Katherine L. Kraschel, James Bhandary-Alexander, Yael Z. Cannon, Vicki W. Girard, Abbe R. Gluck, Jennifer L. Huer, and Medha D. Makhlof

**Equity – Centering
Communities MLPs Serve**

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**A Clarion Call for Change:
The MLP Imperative to Center Racial
Discrimination and Structural Health
Inequities**

*Dayna Bowen Matthew and
Emily A. Benfer*

Across the country, legal and health care professionals who understand that health outcomes are most influenced by social and environmental conditions have improved patient health by adopting the interdisciplinary MLP health care delivery model. However, the MLP field cannot advance population health, let alone long-term health equity, until it addresses the structural determinants of health inequity that are rooted in discrimination, segregation, and other forms of racial and ethnic subordination. This article draws from the Supreme Court dissenting opinions in *Students for Fair Admissions, Inc. v. President and Fellows of Harvard College*, together with *Students for Fair Admissions, Inc. v. Univ. of North Carolina*, as legal epidemiology to describe the harm of overlooking the structural determinants of health, specifically racial discrimination. The article extends the court's clarion call to the MLP field to address the underlying racial discrimination that plagues the structural determinants of health, and which has been memorialized in U.S. law and policy as seen all too clearly in health disparities among MLP patients and communities. With MLPs firmly established in hundreds of hospitals, health centers, legal services organizations, and law schools, the national MLP movement is now called to center racial and ethnic discrimination that produces structural health inequities.

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**Quantifying “Community Power” and
“Racial Justice” in the Medical-Legal
Partnership Literature**

*Alicia Turlington, Jonathan Young,
and Dina Shek*

Medical-Legal Partnerships (MLPs) have been widely acclaimed for promoting health equity and achieving meaningful outcomes. Yet, little to no research has analyzed if this critical work has been done *with* communities — through meaningful engagement and building power — or if it has been done *for* communities without their involvement. This article seeks to address that gap by examining if MLPs are indeed exploring the key concepts of community power, power building, power and engagement, and racial justice in the published health literature. A bibliometric study was conducted comparing the trends in the frequency of MLP literature using these terms over time. We found that historically the MLP literature lacked these considerations, but more recently these ideas are gaining momentum.

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**Using Racial Justice Principles in
Medical-Legal Partnership Design and
Implementation**

Alice Setrini

Medical-legal partnerships (MLPs) have the potential to address racial health disparities by improving the conditions that constitute the social determinants of health. In order to live up to this potential, these partnerships must intentionally incorporate seven core racial justice principles into their design and implementation. Otherwise, they are likely to replicate the systemic barriers that lead to racialized health disparities.

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**Hospital-Based Medical-Legal
Partnerships for Complex Care
Patients: Intersectionality and
Ethics Considerations**

*Megha Garg, Jennifer Oliva, Alice Lu,
Marlene Martin, and Sarah Hooper*

Evolution – Working Within the Healthcare System

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A Financial Case for a Medical-Legal Partnership: Reducing Lengths of Stay for Inpatient Care

Barak D. Richman, Breanna Barrett, Riya Mohan, and Devdutta Sangvai

While Medical-Legal Partnerships (MLPs) have improved the health and well-being of the people they serve, most healthcare institutions will only invest in an MLP if they are convinced that doing so will improve its balance sheet. This article offers a detailed estimation of the cost savings that an MLP targeted toward the most acute legal needs would accrue to an academic medical center (AMC) in North Carolina.

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Targeting Health-Related Social Risks in the Clinical Setting: New Policy Momentum and Practice Considerations

Blake N. Shultz, Carol R. Oladele, Ira L. Leeds, Abbe R. Gluck, and Cary P. Gross

The federal government is funding a sea change in health care by investing in interventions targeting social determinants of health, which are significant contributors to illness and health inequity. This funding power has encouraged states, professional and accreditation organizations, health care entities, and providers to focus heavily on social determinants. We examine how this shift in focus affects clinical practice in the fields of oncology and emergency medicine, and highlight potential areas of reform.

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Swimming Together Upstream: How to Align MLP Services with U.S. Healthcare Delivery

William M. Sage and Keegan D. Warren

Medical-legal partnership (MLP) embeds attorneys and paraprofessionals into care delivery to help clinicians address root causes of health inequities. Notwithstanding decades of favorable outcomes, MLP is not as well-known as might be expected. In this essay, the authors explore ways in which strategic alignment of legal services with healthcare services in terms of professionalism, information collection and sharing, and financing might help the MLP movement become a more widespread, sustainable model for holistic care delivery.

Evolution – Creating New Models & Challenging Existing Models

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Leveraging Academic-Medical Legal Partnerships to Advance Health Justice

Vicki W. Girard, Yael Z. Cannon, Deborah F. Perry, and Eileen S. Moore

Unmet legal needs contribute to housing, income, and food insecurity, along with other conditions that harm health and drive health inequity. Addressing health injustice requires new tools for the next generations of lawyers, doctors, and other healthcare professionals. An interprofessional group of co-authors argue that law and medical schools and other university partners should develop and cultivate Academic Medical-Legal Partnerships (A-MLPs), which are uniquely positioned to leverage service, education, and research resources, to advance health justice.

810

Medical-Legal Partnerships Reinvigorate Systems Lawyering Using an Upstream Approach

L. Kate Mitchell and Debra Chopp

The upstream framework presented in public health and medicine considers health problems from a preventive perspective, seeking to understand and address the root causes of poor health. Medical-legal partnerships (MLPs) have demonstrated the value of this upstream framework in the practice of law and engage in upstream lawyering by utilizing systemic advocacy to address root causes of injustices and health inequities. This article explores upstreaming and its use by MLPs in reframing legal practice.

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Applying a Social Ecological Model to Medical Legal Partnerships Practice and Research

Susan McLaren, Lisa Radtke Bliss, Christina Scott, Pam Kraidler, and Robert Pettignano

The social ecological model (SEM) is a conceptual framework that recognizes individuals function within multiple interactive systems and contextual environments that influence their health. Medical Legal Partnerships (MLPs) address the social determinants of health through partnerships between health providers and civil legal services. This paper explores how the conceptual framework of SEM can be applied to the MLP model, which also uses a multidimensional approach to address an individual's social determinants of health.

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The Synergy of Legal and Medical Palliative Care: Challenges and Opportunities in Palliative MLP and the Yale Experience

Rebecca Iannantuoni, Emily B. Rock, and Abbe R. Gluck

Palliative care and medical-legal partnership are complementary disciplines dedicated to integrating care to treat the whole patient and intervening before a legal or medical issue is at a crisis point. In this paper, we discuss the founding and operations of the Yale Palliative Medical Legal Partnership, give examples of typical cases, explain special considerations in this area of law, and propose areas for further research.

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The Family Regulation System and Medical-Legal Partnerships

Kara R. Finck and Susanna Greenberg

This article confronts the challenges and opportunities presented by medical-legal partnerships (MLPs) representing families impacted by the family regulation system. Based on the authors' experience developing a collaboration between a medical-legal partnership, interdisciplinary law school clinic and nurse home visiting program focused on clients impacted by the family regulation system, the article challenges traditional conceptions of the MLP model and proposes an expanded vision for MLPs to address systemic injustice and improve outcomes for families.

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Camden Coalition Medical-Legal Partnership: Year One Analysis of Civil + Criminal MLP Model in Addiction Medicine Setting

Jeremy S. Spiegel, Matthew S. Salzman, Iris Jones, and Landon Hacker

In 2022, the Camden Coalition Medical-Legal Partnership began providing civil and criminal legal services to substance use disorder patients at Cooper University Health Care's Center for Healing. This paper discusses early findings from the program's first year on the efficacy of the provision of criminal-legal representation, which is uncommon among MLPs and critical for this patient population. The paper concludes with takeaways for other programs providing legal services in an addiction medicine setting.

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A New Kind of Academic MLP: Addressing Clients' Criminal Legal Needs to Promote Health Justice and Reduce Mass Incarceration

Nicolas Streltsov, Ella van Deventer, Rahul Vanjani, and Elizabeth Tobin-Tyler

This article describes a new type of medical-legal partnership (MLP) that targets the health and justice concerns of people

enmeshed in the U.S criminal justice system: a partnership between clinicians who care for people with criminal system involvement and public defenders. This partnership offers an opportunity to not only improve patient health outcomes but also to facilitate less punitive court dispositions, such as jointly advocating for community-based rehabilitation and treatment rather than incarceration.

Evaluation – Data Collection and Design

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The Association Between Civil Legal Needs After Incarceration, Psychosocial Stress, and Cardiovascular Disease Risk Factors

Benjamin Lu, Kathryn Thomas, Solomon Feder, James Bhandary-Alexander, Jenerius Aminawung, and Lisa B. Puglisi

Many formerly incarcerated people have civil legal needs that can imperil their successful re-entry to society and, consequently, their health. We categorize these needs and assess their association with cardiovascular disease risk factors in a sample of recently released people. We find that having legal needs related to debt, public benefits, housing, or healthcare access is associated with psychosocial stress, but not uncontrolled high blood pressure or high cholesterol, in the first three months after release.

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“The last piece of the puzzle that makes all the difference in the world:” Team-Facing Medical-Legal Partnership for Reproductive Care Teams

Griffin Jones and Latisha Goulland

As reproductive freedoms in the U.S. undergo significant roll-backs, vital reproductive health services — and the care teams delivering them — face escalating legal threats and complexity. This qualitative case-control community-based participatory research study describes how legal problem-solving supports for reproductive care teams serving mothers with opioid use disorder are protective for both patients and care team members. We describe how medical legal partnerships (MLPs) can promote Reproductive Justice and argue for wider adoption of care-team facing legal supports.

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Assessment of Resident Physician Comfort in Screening for Social Determinants of Health in a Specialty Clinic Population

Erika L. Silverman, Danielle K. Sandsmark, and Robert I. Field

Through qualitative surveys, a team of law students, law professors, physicians, and residents explored the perceptions of neurology residents towards referral to appropriate legal resources in an academic training program. Respondents

reported feeling uncomfortable screening their patients for health-harming legal needs, which many attributed to a lack of training in this area. These findings indicate that neurology residents would benefit from training on screening for social factors that may be impacting their patients' health.

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A Data-Driven Approach to Optimizing Medical-Legal Partnership Performance and Joint Advocacy

Andrew F. Beck, Adrienne W. Henize, Melissa D. Klein, Alexandra M. S. Corley, Elaine E. Fink, and Robert S. Kahn

Medical-legal partnerships connect legal advocates to health-care providers and settings. Maintaining effectiveness of medical-legal partnerships and consistently identifying opportunities for innovation and adaptation takes intentionality and effort. In this paper, we discuss ways in which our use of data and quality improvement methods have facilitated advocacy at both patient (client) and population levels as we collectively pursue better, more equitable outcomes.

Independent Articles

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Is that Hospital Food Pantry an Illegal Patient Inducement? Analysis of Health Care Fraud Laws as Barriers to Food and Nutrition Security Interventions

Rachel Landauer, Hilary Seligman, Jennifer L. Pomeranz, Kurt Hager, and Dariush Mozaffarian

The complex regulatory framework governing the U.S. health care system can be an obstacle to programming that address health-related social needs. In particular, health care fraud and abuse law is a pernicious barrier as health care organizations may minimize or forego programming altogether out of real and perceived concern for compliance. And because health care organizations have varying resources to navigate and resolve compliance concerns, as well as different levels of risk tolerance, fears related to the legal landscape may further entrench inequities in access to meaningful programs that improve health outcomes. This article uses food and nutrition programming as a case study to explore the complexities presented by this area of law and to highlight pathways forward.

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Aducanumab, Accelerated Approvals & the Agency: Why the FDA Needs Structural Reform

Matthew Herder

The US Food and Drug Administration's controversial decision to grant accelerated approval to aducanumab (Aduhelm), a therapy for Alzheimer's disease, has motivated multiple policy reforms. Drawing a case series of other drugs granted accelerated approval and interviews of senior FDA officials, I argue that reform should be informed but not defined by aducanumab. Rather, structural reforms are needed to reshape FDA's core priorities and restore the regulatory system's commitment to scientific rigor.

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Taking the Long Way Around: Towards a Depathologized Ethical Framework of Gender-Affirming Care for Trans Youth

Navin Kariyawasam and Nanky Rai

Political debate regarding trans youth's access to gender-affirming care (GAC) has pushed many to advocate for GAC by pointing to tragic, pathological outcomes of non-treatment, namely suicide. However, these pathologized arguments are a harmful ethical "shortcut" which should be replaced by a meaningful engagement with the ethics of providing GAC to youth.

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Elizabeth R. Boskey and Charlene Galarneau

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What Can State Medical Boards Do To Effectively Address Serious Ethical Violations?

Tristan McIntosh, Elizabeth Pendo, Heidi A. Walsh, Kari A. Baldwin, Patricia King, Emily E. Anderson, Catherine Caldicott, Jeffrey D. Carter, Sandra H. Johnson, Katherine Mathews, William A. Norcross, Dana Shaffer, and James M. DuBois

State Medical Boards (SMBs) can take severe disciplinary actions (e.g., license revocation or suspension) against physicians who commit egregious wrongdoing in order to protect the public. However, there is noteworthy variability in the extent to which SMBs impose severe disciplinary action. In this manuscript, we present and synthesize a subset of 11 recommendations based on findings from our team's larger consensus-building project that identified a list of 56 policies and legal provisions SMBs can use to better protect patients from egregious wrongdoing by physicians. We focus on a subset of recommendations that SMBs can feasibly adopt and implement without the need for state legislative or other external action. These recommendations cluster around the topics of: 1) board composition, characteristics, and training, 2) board website, outreach, and education, 3) internal board operations and investigations, 4) improved coordination and information sharing among stakeholders, and 5) licensing and disciplinary considerations.

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