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Designing and Developing a Medical-Legal Partnership to Address Cancer Patients' Health-Harming Legal Needs

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Summary: The Georgetown University's Cancer Legal Assistance and Well-being Project launched in 2020 as a medical-legal partnership that works with health care providers at a Washington, D.C. safety-net hospital to treat the health-harming legal needs of historically and intentionally marginalized patients with cancer.

Key words: Legal services, lawyer, medical-legal partnership, social determinants of health, cancer, psycho-oncology, health-harming legal need, health outcomes.

Background

For decades researchers have studied social drivers of health (SDOH), non-medical factors that influence health. SDOH like a person's economic stability, physical environment, education, and access to grocery stores, contribute to disparities in cancer incidence, prevalence, stage at diagnosis, morbidity, and mortality.^{1,2} While much of the literature

references social determinants of health, a growing number of institutions and organizations, including our own, prefer to use “drivers” to dispel the sense of finality suggested by “determinant.”^{3,4}

In cancer patients, an increased presence of SDOH are associated with a greater risk of dying from cancer, even after adjusting for comorbidities.^{5,6} While integrating robust social work and patient navigation into the cancer care continuum can help, some SDOH require legal advocacy to overcome.^{7,8} SDOH best remedied through partnership with lawyers are called health-harming legal needs (HHLN), which include denials of insurance and public benefits, employment discrimination, unstable or substandard housing, consumer debt, and estate planning needs.⁹ Medical-legal partnership (MLP) is a nationally recognized approach to addressing patients’ HHLN.¹⁰ By adding lawyers to health care teams, MLPs reduce patients’ reported stress¹¹ and achieve beneficial outcomes for both patients and health care systems.^{12,13,14} Although measures of MLP success around insurance reimbursements and disability benefits exist,^{15,16} literature about MLP design, implementation, and impact for cancer patients is limited. This report seeks to fill that gap and encourage others to use MLP to treat cancer patients’ HHLN.

Organizational Context

The Cancer Legal Assistance & Well-being (Cancer LAW) Project is part of Georgetown University’s Health Justice Alliance (HJA). The HJA is an academic MLP that engages law, medical, nursing, and undergraduate students in service, education, and research opportunities to advance health equity. Cancer LAW includes a full-time managing attorney, a staff attorney, an attorney completing a two-year fellowship, a cadre of legal, medical, and undergraduate students and pro bono attorneys that Cancer LAW trains and mentors. Cancer LAW is primarily

grant funded but receives administrative, research, and other support from Georgetown University Law and Medical Centers and from MedStar Health.

Since 2020, Cancer LAW has provided no-cost legal services to MedStar Georgetown Cancer Institute patients receiving care at MedStar Washington Hospital Center (MWHC), a not-for-profit, research and teaching safety-net hospital in Washington, D.C.¹⁷ Cancer LAW patients are predominantly low-income, use public insurance, and are members of historically and intentionally marginalized communities, including people of color, people with disabilities, LGBTQ+ folks, and women discriminated against in health care and elsewhere. Cancer LAW works with MWHC's oncology team of providers, patient navigators, and social workers, and meets regularly with hospital leadership about programmatic structures.

The Rationale: Health and Cancer Disparities in Washington, D.C.

Washington, D.C. faces stark health disparities measured by race and socioeconomic status. The life expectancy in affluent Georgetown, for example, is 94 years; for those living just five miles away in the majority-Black neighborhood of Trinidad, it is only 67 years.¹⁸ The burdens of cancer are also borne unequally. Black residents face dramatically higher rates of cancer morbidity and mortality than their White counterparts and more frequently present with later-stage disease.¹⁹ In 2018, cancer mortality was nearly twice as high for Black residents as it was for White residents.²⁰ Leaders of MedStar Georgetown Cancer Institute and Georgetown's Office of Minority Health & Health Disparities Research were early supporters of MLP at MWHC. They recognized that for patients with multiple competing and complex concerns, the ability to connect with a lawyer through their doctor could reduce barriers to the receipt, timeliness, and continuity of cancer care.

Phase I: Assessing Legal Needs

One of the first steps in establishing Cancer LAW was a mixed methods needs assessment. To identify potential unmet legal needs, a multidisciplinary team composed of a medical student, nursing student, and law fellow interviewed both clinical and non-clinical providers. Interviewees discussed the hospital's current approach to addressing HHLN and options for embedding legal screening and services. From March 2019 to April 2019, the team conducted 11 one-hour interviews with a medical oncologist, six nurse navigators, three clinical social workers, and one patient navigator. They also collected data from a checklist where providers could indicate their perception of patients' most prevalent legal needs. (See Appendix 1.) Results confirmed a high burden of perceived legal needs and an eagerness to integrate legal services into the continuum of care. (See Table 1.)

Phase 2: Implementation

Findings from the needs assessment and existing MLP research were presented to MWHC leadership and resulted in a memorandum of understanding to establish an MLP with the HJA. The parties agreed to three years of funding to cover one full-time MLP attorney and some additional support for HJA personnel. Initial staffing also included an HJA Visiting Legal Fellow & Scholar funded through Georgetown's Jesuit Community Program.

Once Cancer LAW's new attorney was in place, she worked with the HJA and health care teams to develop detailed procedures and materials for screening patients and connecting them to legal services. The COVID-19 pandemic coincided with the start of legal services in March 2020, which required a shift from in-person to online consultations and services. While impeding some of Cancer LAW's originally planned service efforts, the pandemic also created new pathways for success. For example, virtual and telephonic court hearings allowed clients and their attorneys to participate remotely, from living rooms to infusion rooms, which increased overall accessibility to the justice system.

Cancer LAW's early relationship with MWHC Cancer Institute's Patient Support Services (PSS) team of social workers, nutritionists, and financial navigators was integral to scaffolding a successful screening and referral plan. Upon receiving a referral from a patients' medical team, PSS screens them for psychological, social, physical, and systemic barriers to care. PSS then continues to monitor the patient for SDOH negatively affecting their health and well-being throughout treatment and into survivorship. Because cancer care generally lasts months, if not years, Cancer LAW saw PSS as well-positioned to identify HHLN arising throughout the trajectory of care.

To build PSS capacity to screen for HHLN, Cancer LAW developed trainings to integrate HHLN into existing SDOH screenings. These training sessions emphasized how to distinguish between psychosocial matters requiring traditional social work interventions and those where effective intervention required legal expertise. Cancer LAW also adapted resources and materials from the National Center for MLP and developed its own materials tailored to HHLN associated with cancer for PSS to share with patients.

Cancer LAW also worked with PSS to create a legal referral system. (See Figure 1.) Patients with potential HHLN who agree to a legal referral receive a full intake and comprehensive legal screening from Cancer LAW, which covers public benefits, employment, advance planning, housing, income stability, and other potential issues. Where legal intervention is warranted, Cancer LAW works directly with patients to provide advice, brief services, and/or full representation. Patient cases vary in length and complexity depending on the legal issue and stage at which intervention occurs. Advance-planning services, for example, are often completed in one appointment. Others, such as housing conditions and eviction cases, may require months or years of representation to resolve. When patients have legal issues

outside Cancer LAW's expertise or capacity, Cancer LAW makes direct referrals to other free and low-cost legal service providers.

Phase 3: Evolution of the Partnership

Cancer LAW's holistic approach to legal services continues to rely on PSS engagement and collaboration on multiple levels. For example, an initial referral to PSS for financial insecurity may reveal a non-legal issue around eligibility for Supplemental Nutritional Assistance Program (SNAP) benefits and an unmet legal need for improper denial of disability benefits. In such cases, PSS can help file a SNAP application while Cancer LAW reviews the disability claim and works with the patient's medical team to obtain information to support an appeal.

Over time, Cancer LAW encourages PSS to routinely screen for new legal problems, as patient needs often become legal in nature as their time in treatment progresses. For example, a client may initially need brief legal assistance accessing protected time off from work through the Family Medical Leave Act. Once that leave is exhausted, however, they may accrue debt or fail to pay rent and face a collections and/or eviction case in court requiring more extensive legal representation.

Sometimes, Cancer LAW enlists PSS support when an issue cannot be resolved by legal intervention, such as finding an appropriate nursing facility for a patient. Alternatively, PSS may make a referral to Cancer LAW during the end-of-life process when caregivers have questions about accessing employment leave to care for their relative or about the probate process. When clients agree, Cancer LAW also communicates with PSS and other providers about upcoming legal needs and coordinates appointments to match their medical ones. From simple administrative efforts to critical medical letters supporting legal advocacy, Cancer LAW helps illuminate for the entire care team the very real experiences of HHLN, both inside and outside of the hospital, that are shaping patients' cancer journeys.

Over the past three years, Cancer LAW has consistently solicited feedback from medical partners through listening sessions and focus groups, which inform its approach and inspire training sessions tailored to unique audiences, including hospital leadership, medical providers, and PSS.

Impact on Patients

Cancer LAW collects data on its legal services and outcomes, which are shared quarterly with medical partners and hospital leadership. Cancer LAW also collects data through web-based surveys and qualitative interviews of patients under an institutional review board (IRB)-approved study. Since launching, the Cancer LAW team has assisted 262 patients on 524 legal issues. Preliminary data support the estimate that Cancer LAW has secured over \$700,000 for patients in the form of insurance coverage, disability benefits and other income supports, paid leave, and debt relief.

Discussion

Health care providers, including oncologists, know that their medical expertise and scope of treatment modalities do not treat the SDOH or HHLN affecting patient health.²⁰ Cancer LAW's experience and a recent systematic literature review suggest that there is tremendous potential and excitement for incorporating MLPs into the continuum of cancer care.²¹ Building an MLP, however, requires more than just adding a lawyer to the health care team.

Cancer LAW's success in implementing an MLP in a busy hospital would have been impossible without a strong PSS team, a methodical approach informed by existing research, and at least one dedicated oncologist. Replicating the model elsewhere will similarly require MLP champions to collaborate and co-create screening methods and workflows. Attorneys must also be available for patient consults and to answer provider questions about MLP processes. To

the extent feasible, efforts should also include sharing the impact of legal services on patients with the health care team.

Fiscal sustainability is often a major barrier for new MLPs. Starting with a multi-year financial commitment provides time to demonstrate MLP value to stakeholders and potential funders. Cancer LAW, for example, successfully expanded funding sources following its first three years to include significant grants from foundations, third-party funded fellowships, and other external sources.

Cancer LAW also benefits from its position as an academic MLP. Capturing and evaluating data to assess when patients most benefit from legal interventions can help identify critical moments in a patient's care for legal screenings to maximize MLP impact. As the evidence base grows, research partnerships between programmatic and academic teams may increase the rigor of future studies and establish scalable interventions to reach measurable health outcomes. Validating the outcomes achieved by MLP for cancer patients may also positively influence the funding of similar projects.

Conclusion

In a short amount of time, Cancer LAW has integrated an MLP that is positively impacting the lives of cancer patients. In sharing our early history and efforts, we hope other cancer care settings will consider MLP as an intervention and that other legal service providers will see cancer patients as an important population for efforts to increase access to justice.

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Appendix 1. Legal needs assessment tool for providers

DO YOUR PATIENTS HAVE HEALTH HARMING LEGAL NEEDS?

The MedStar Washington Hospital Center-Washington Cancer Institute and the Georgetown University Health Justice Alliance are conducting a needs assessment to understand patients' legal needs that negatively impact health and explore the possibility of integrating legal services for patients at the Washington Cancer Institute. By completing this brief form, you will help inform the needs assessment.

Which of the following legal issues do you recall being raised by your patients at the Washington Cancer Institute? Check all that apply.

Advance Planning

- Power of attorney
- Wills/estate planning
- Custody planning
- Other: _____

Employment

- Workers' rights
- Medical leave
- Accommodation for disease/disability
- Discrimination
- Other: _____

Financial

- Harassment by creditors
- Debt
- Bankruptcy
- Other: _____

Health Insurance

- Difficulty obtaining coverage
- Denied claims
- Other: _____

Housing

- Poor housing conditions (mold, lead paint, roaches, rats, etc.)
- Eviction
- Foreclosure
- Inability to pay rent/mortgage
- Utility shut-off (electricity, heat, running water, etc.)
- Other: _____

Income Supports

- TANF (Temporary Assistance for Needy Families)
- Food Stamps (SNAP)
- WIC
- Disability benefits (SSI or SSDI claims/denials)
- Medicaid
- Transportation assistance
- Other: _____

Legal Status

- Criminal background issues
- Immigration status
- Other: _____

Of these legal issues, which do you see most frequently in your work with cancer patients?

1. _____

2. _____

3. _____

Table 1: Perceived Legal issues identified by medical providers as being relevant, unmet legal issues amongst their patient population (n=10 respondents)

Perceived Legal Issue	Response Count	Perceived Legal Issue	Response Count
Advance Planning		Income Supports	
<i>Power of Attorney</i>	9	<i>Disability benefits (SSI or SSDI claims/denials)</i>	7
<i>Custody Planning</i>	4	<i>Medicaid</i>	7
<i>Wills/Estate Planning</i>	2	<i>Food Stamps (SNAP)</i>	5
Housing		<i>Transportation assistance</i>	4
<i>Utility shut-off</i>	9	<i>WIC</i>	1
<i>Poor housing conditions</i>	8	<i>TANF (Temporary Assistance for Needy Families)</i>	0
<i>Inability to pay rent/mortgage</i>	4	Legal Status	
<i>Foreclosure</i>	0	<i>Immigration status</i>	4
<i>Eviction</i>	0	<i>Criminal background issues</i>	0
Employment		Financial	
<i>Medical leave</i>	10	<i>Debt</i>	6
<i>Workers' rights</i>	5	<i>Bankruptcy</i>	2
<i>Accommodation for disease/disability</i>	3	<i>Harassment by creditors</i>	1
<i>Discrimination</i>	0	Health Insurance	
		<i>Denied claims</i>	4

Other Responses: *Advance directives, burial assistance, co-pays*

Difficulty obtaining coverage

4

Figure 1: Cancer LAW Referral Process

