

Addressing Social Determinants of Health through a Medical-Legal Partnership





When chemotherapy, multiple surgeries, and a number of fractures in her body left a patient at Virginia Commonwealth University (VCU) Health System, VCU Massey Cancer Center, unable to maintain her job in the education field, she found herself in a precarious position. The patient was eventually terminated from her job, losing her income and all her retirement benefits. Her nurse referred her to VCU Health’s medical-legal partnership. A pro bono attorney negotiated with her employer, appealed the denial of benefits, and succeeded in restoring the patient’s retirement income of approximately \$600 a month, plus one year’s worth of back pay. (The value of the legal services donated by the attorney was approximately \$15,000.) With improved economic stability, the patient can now focus on her health.

Since the creation of VCU Health’s medical-legal partnership in 2018, there have been many stories like the one above. An attorney can be a powerful part of a patient’s healthcare team, especially for those and their families who cannot otherwise access a lawyer. While the United States Constitution guarantees representation by a lawyer at public expense in cases where a person is facing time in prison or jail, there is no such right to counsel when an individual’s basic human needs—shelter, sustenance, safety, and health—are at risk. An individual’s health, home, and autonomy can be threatened by an eviction, loss of public benefits, and/or a child custody hearing, and they will be left to navigate an opaque and complicated legal system on their own.

Low-income Americans do not get any or enough legal help for 92 percent of their substantial civil legal problems,

according to a 2022 report by the Legal Services Corporation.¹ Similar Virginia-based studies in 1991 and 2007 found that at least 80 percent of low-income Virginians received no help from an attorney with their legal needs.² Individuals who are represented by counsel are twice as likely to have a favorable outcome, compared to those who are unrepresented.³ In Virginia, poverty and the concomitant inability to retain counsel creates a significant barrier to successful outcomes for unrepresented poor litigants.⁴

Poverty can have a direct and devastating impact on health. Medical-legal partnerships were created to address the health inequities resulting from an individual’s poverty and lack of access to legal services. These partnerships provide free legal help to low-income patients and their families to address social determinants of health, such as safe and stable housing, access to food, employment, education, and access to healthcare. Studies show that most people of low socio-economic status have one or more legal needs that can potentially impede access to healthcare.⁵

A Snapshot of Healthcare in Richmond, Va.

In Richmond, health disparities along racial, gender, socio-economic, and geographic lines shape opportunities and health outcomes. The Virginia Department of Health created a health opportunity index⁶, which ranks communities based on a combination of place-based indicators, including environmental quality, employment, educational attainment, food access, transportation, and healthcare. Eighty-two percent of residents in Richmond live in census tracts with low (22 percent) or very low

(60 percent) levels of health opportunity, according to this aggregate measure.⁶

According to an analysis by the National Center for Health Statistics, life expectancy varies by more than 20 years across the city.⁷ Compared to the general population in metropolitan Richmond, Black individuals living in the east end are at much higher risk for high blood pressure, heart disease, obesity, and diabetes.⁶ These disparities are linked to social determinants of health, which are often treatable by legal intervention. For example, Richmond has the second-highest rate of evictions in the country, and evictions disproportionately impact residents of the same racially segregated, disinvested neighborhoods where health inequities also concentrate.^{6,8}

Employing more than 800 physicians in 200 specialties, VCU Health operates the largest safety-net hospital—VCU Medical Center—in Virginia. VCU Medical Center is the only comprehensive level I trauma center in the state that is verified in adult, pediatric, and burn trauma care by the Virginia Department of Health. VCU Health includes one college and four health sciences schools, a National Cancer Institute-designated cancer center—VCU Massey Cancer Center—and the region’s only full-service children’s hospital—Children’s Hospital of Richmond at VCU. Its mission is to advance health equity by preserving and restoring health to all people in Virginia. One innovative, collaborative strategy to combat local and regional health inequities is providing free, compassionate, and comprehensive legal aid through a medical-legal partnership.

VCU Health’s medical-legal partnership was created in 2018 to serve two specific patient populations: those being treated at Massey Cancer Center and the children and families being treated at the Children’s Hospital of Richmond. In less than five years, the medical-legal partnership expanded access to legal services to seven additional patient populations, as well as two community locations. The medical-legal partnership serves these patient populations through six community-based legal partners, including CancerLINC, Central Virginia Legal Aid Society, Legal Aid Justice Center, McGuireWoods, Dominion Energy, and the University of Richmond School of Law, as well as volunteer pro bono attorneys in the community.

Development of the Medical-Legal Partnership

A committee of VCU Health’s leaders, including representatives from Massey Cancer Center, Children’s Hospital of Richmond at VCU, Division of Community Health, Care Coordination, and General Counsel’s office, used resources from the National Center for Medical-Legal Partnership (medical-legalpartnership.org) to create a strategic business plan for the program. This committee met regularly to advise on organizational structure, clinical workflow, data-sharing, funding, community partnerships, and priorities. Exploratory work and planning were funded in large part by the Medical College of Virginia Foundation—a non-profit foundation that seeks, secures, and stewards philanthropic resources for VCU Health.

Once leadership approved a business plan and additional non-profit foundation funding was obtained, the medical-legal

partnership was launched at two locations: Massey Cancer Center and Children’s Hospital of Richmond at VCU, with attorneys from CancerLINC and Central Virginia Legal Aid Society working on-site. The medical-legal partnership executed memorandum of agreements (MOAs) with each legal partner, outlining the roles and responsibilities of each organization and partnership goals. Within one year of launching on-site services at these two locations, the medical-legal partnership was able to demonstrate a 400 percent return on investment, based solely on anecdotal evidence. With this evidence, VCU Health agreed to fund most of the medical-legal partnership’s costs through its operating budget, creating a sustainable growth model.

Over the next several years, the medical-legal partnership expanded its footprint to provide free legal services to several additional patient populations, including complex care, those with HIV and sickle cell disease, and the emergency department. VCU Health’s medical-legal partnership also provides free legal services at two community locations, serving low-income community members; individuals do not need to be patients with the health system to receive free services. Funding to support serving these additional patient populations and community locations comes from a variety of sources, including non-profit community foundations, the HRSA (Health Resources and Services Administration), and a sponsored Equal Justice Works Fellowship.

The medical-legal partnership’s attorneys ensure access to justice on almost every civil legal issue that could affect the health

Table 1. Common Legal Services Offered by VCU Health’s Medical-Legal Partnership

Evictions and poor housing conditions
Health coverage (i.e., Medicaid, Medicare)
Public benefits (i.e., SNAP, SSDI, SSI, cash benefits)
Estate planning (wills, powers of attorney, advance medical directives)
Income and employment
Personal and family safety
Immigration and legal status
Special education
Guardianships and conservatorships

SNAP = Supplemental Nutrition Assistance Program; SSDI = Social Security Disability Income; SSI = Social Security Income.

and quality of life of patients and their families (see Table 1, on page 22). For example, these attorneys increase access to basic needs, such as food, stable housing, and medication, by securing government benefits, fixing housing problems, and preventing evictions. They ensure patients' continued adherence to treatment and monetary reimbursement to the health system by providing employment advice and working to obtain and preserve insurance and public benefits. They also help families by advocating for children's rights in school, addressing family law and domestic violence issues, and handling immigration matters. Additionally, the attorneys bring patients and families peace of mind by drafting life-planning documents. Altogether, the medical-legal partnership provides patients and their families the resources and stability required to care for their health.

VCU Health's Medical-Legal Partnership

This medical-legal partnership partners primarily with CancerLINC—a central Virginia non-profit that connects low-income patients with cancer to pro bono legal services, financial counseling, and community resources. Patients with the greatest social needs often have the least access to the legal and financial services that are necessary to improve their health and well-being. This medical-legal partnership helps patients with cancer:

- Secure government benefits, such as Social Security Disability Income, Supplemental Security Income, Medicaid, and Supplemental Nutrition Assistance Program (SNAP) (formerly known as food stamps)
- Plan ahead by developing advanced care plans
- Prevent evictions and improve poor housing conditions
- Fight employment discrimination and wrongful termination
- Appeal insurance denials
- Handle immigration matters
- Address family law and domestic violence issues.

These services provide many benefits to patients and the health system, including improved patient and provider experiences, increased trust and community building, better use of staff time and resources, and an effective process to address the underlying social and legal issues that exacerbate health problems or interfere with recovery.

In addition to legal services, a unique aspect of VCU Health's medical-legal partnership is CancerLINC's provision of free, professional financial counseling services to address a key social determinant of health—economic stability—for low-income and vulnerable patients with cancer. These financial services are not routinely offered by most medical-legal partnerships, even though many patients with cancer and their families often are in financial crisis due to high treatment-related costs, and many legal problems begin with experiencing financial challenges.

The medical-legal partnership operates as a fully integrated program and service that is available to all patients with cancer. The CancerLINC attorney works on-site in a dedicated office two days per week, during which time the attorney meets with

patients and providers, offers advice and counsel, and often completes and executes estate planning documents at patients' bedside. During the COVID-19 pandemic, CancerLINC was flexible and responsive to patients' needs, finding creative ways to provide their services, for example, arranging "drive-by" estate planning document executions so that patients did not need to leave the safety of their cars.

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Training clinical staff is a key component of the medical-legal partnership and is important to build capacity and knowledge among the healthcare team regarding how legal issues affect patients' health and well-being. In addition to regular trainings on understanding the role of the medical-legal partnership and identifying patients' legal needs, substantive trainings are offered on topics like Medicaid eligibility for immigrant families, qualifying for Social Security Disability Insurance, housing, special education, and advance care planning.

The medical-legal partnership also provides indirect legal services through consultations with providers one-on-one as issues arise, which can result in successful medication and treatment approvals. For example, a pediatrician contacted the medical-legal partnership after a Medicaid managed care organization refused to cover a standard-of-care medication for a six-year-old, delaying care and worsening the child's condition after a few months of back-and-forth communication. Within hours of receiving an email from a medical-legal partnership attorney, a representative from the state ombudsman's office worked with the Department of Medical Assistance Services to get the medication covered and expedited through the patient's pharmacy. At the same time, a nurse raised a similar concern involving a different patient and was able to leverage the medical-legal partnership to benefit another child. These "curbside consults" demonstrate how legal advocacy can have a multiplicative effect.

The Referral Process

Clinicians, social workers, caseworkers, and community health workers identify patients with possible legal issues and refer them to VCU Health's medical-legal partnership through an online platform or directly to attorneys on-site. (All healthcare professionals have access to a web-based medical-legal partnership referral form.) Once the webform is submitted, a case is automatically created in JusticeServer—a Salesforce-based platform.

Medical-legal partnership staff then complete the patient intake, confirming eligibility for pro bono services and ensuring the patient has consented to participate in the program. The medical-legal partnership recently gained access to DocuSign, which allows patients to sign necessary HIPAA and legal consent forms electronically, expediting the referral process. The patient’s case is then sent through a secure, HIPAA-compliant portal to the appropriate legal partner. All referrals are triaged based on the legal issue, clinical location, and household income. Figure 1, below, illustrates this referral process.

A unique aspect of VCU Health’s medical-legal partnership is the use of multiple legal partners to serve large and growing patient populations and referrals. Partnering with six different legal service organizations allows the medical-legal partnership to offer a broad scope of civil legal services, as each partner brings different expertise and experience. Often, patients present with multiple legal issues, which can be handled by one or more attorneys across the partnership.

These legal partners provide case status updates through the portal and in regular weekly and monthly reporting to the medical-legal partnership, as outlined in the MOAs between VCU Health and each legal partner. The medical-legal partnership also tracks the quantitative and qualitative benefits of each patient case using LSC (Legal Services Corporation) benefit codes, such as:

- Improved housing conditions
- Drafted end-of-life planning documents
- Delayed or prevented eviction
- Obtained guardianship and/or conservatorship
- Obtained, preserved, or increased public benefits
- Stopped and/or reduced debt collection.

VCU Health’s medical-legal partnership also tracks financial benefits that are accrued to patients, such as successful Social Security Disability Insurance appeals, SNAP benefit appeals, and garnishment cases, which put money back in patients’ pockets to pay for basic needs like housing, food, and medicine. In addition, the medical-legal partnership tracks financial benefits to the health system that result from legal intervention, including reimbursement, avoided costs, and reduced utilization of healthcare services.

When a case is closed, the referring clinical team member receives an email notice of the case closure, describing the service provided to the patient. Cases can be re-opened if legal issues resurface or if the same client encounters a new legal issue.

Patient Benefits

Embedding lawyers into the healthcare team greatly improves the patient experience. In the words of Sara Blose, an attorney with VCU Health’s medical-legal partnership, “I work with clients to understand their goals and all of their options to work toward achieving them. By explaining why and how advocacy strategies work, what their legal rights are, and involving them in the process, clients gain confidence in their ability to advocate for themselves and their families. It’s a skill that easily transfers to other areas of life, such as advocating for your child’s health, in the school system, or at work.”

Most patients who are served by the medical-legal partnership are already navigating a complex web of social and legal challenges. Part of the intangible value of these free, timely, and compassionate legal services for low-income patients is in how they reinforce a trusting patient-provider relationship. For low-income, at-risk patients, this relationship can be fragile, and access

Figure 1. VCU Health’s Medical-Legal Partnership Referral Process

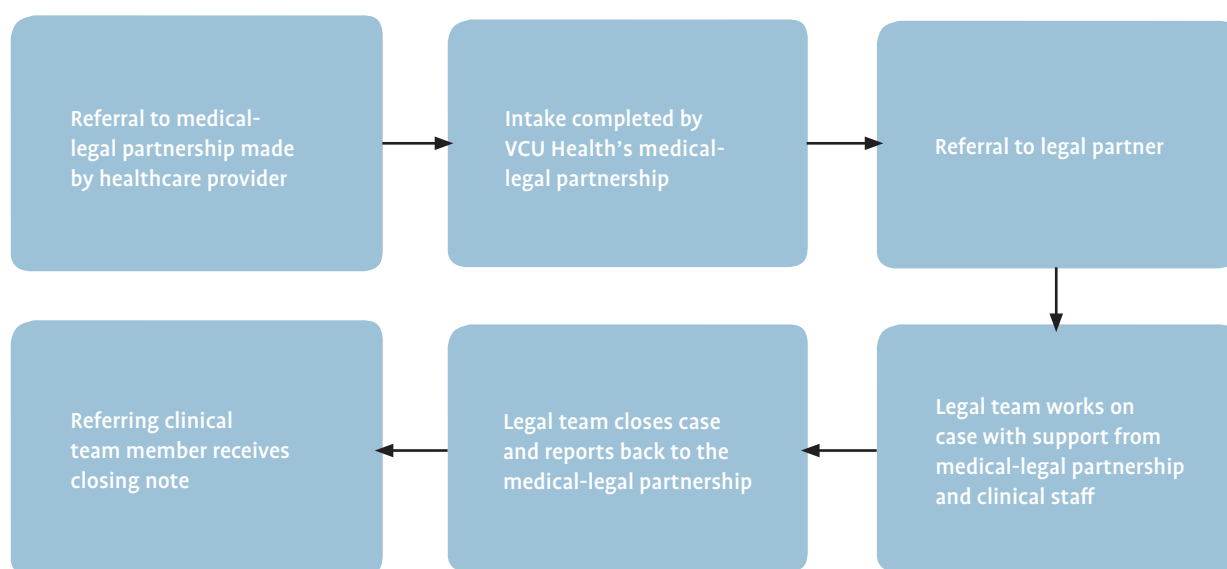
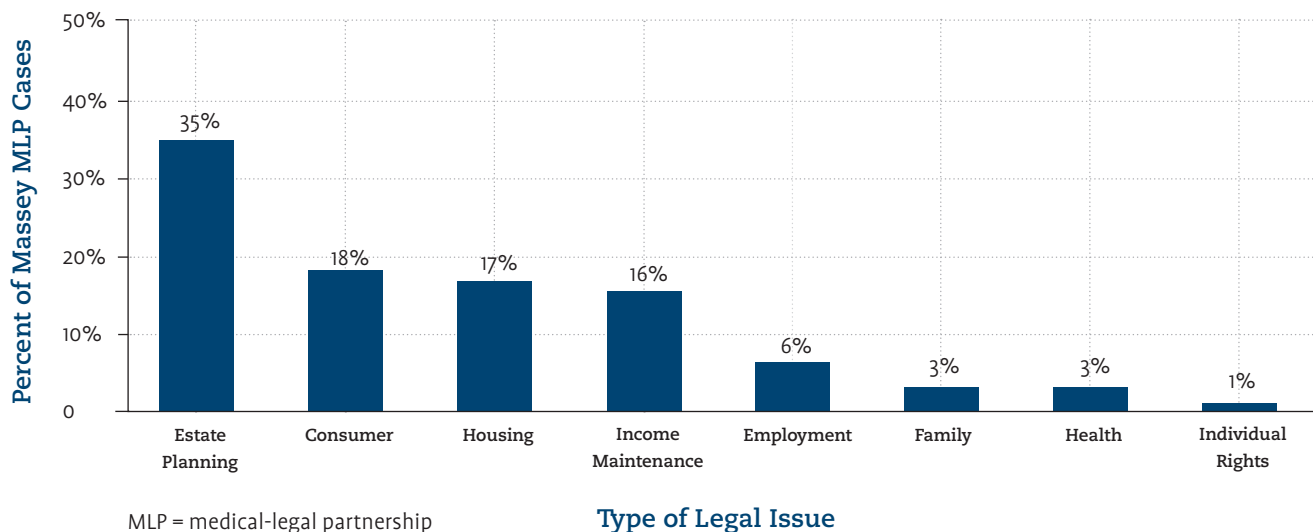


Figure 2. Types of Legal Issues Faced by Patients at VCU Massey Cancer Center, Fiscal Year 2022



to affordable legal services is unlikely. A successful referral and responsive, effective legal intervention demonstrate that the healthcare team is invested in patients' holistic well-being. It also demonstrates that legal advocacy can be an effective way to show individuals that the legal system there is to protect—not penalize—vulnerable patients and communities.

For example, one client was referred to the medical-legal partnership after her wages were garnished because she had fallen behind on her car payments and was missing time at work to care for her son, who had recently been diagnosed with lymphoma. By filing a homestead deed, the attorney was able to recover the garnished wages, putting money back in the patient's pocket for life's basic necessities, including housing, food, medicine, and transportation.

In two cases, legal intervention to preserve patients' insurance produced better health outcomes and higher rates of reimbursement for the healthcare system.

In one case, a patient with cancer was forced into early retirement because of his diagnosis. However, he did not receive retirement income for several months and fell behind on his mortgage, car, and other payments. The medical-legal partnership helped him to file chapter 13 bankruptcy, which prevented the imminent foreclosure of the patient's home, returned his repossessed car, and restructured his debt so that he can afford his payments going forward. The healthcare system was also reimbursed hundreds of thousands of dollars through private insurance for this patient's care. Had he lost his car—his transportation to medical appointments—his home, his insurance, or his financial security, the payment balance would have looked very different and so might his health.

Another patient with cancer was denied supplemental insurance coverage through a private company. After a medical-legal

partnership attorney advocated for the patient on her behalf, her insurance was reinstated; the hospital was reimbursed through private insurance for this patient's cancer care.

Medical-legal partnership attorneys also work with patients to guard against workplace discrimination, protecting their rights to paid leave and benefits, while preserving favorable reimbursement rates for the healthcare system. One patient with cancer engaged with the medical-legal partnership after her rights under the Family Medical Leave Act were violated. The attorney successfully advocated for the restoration of this patient's leave benefits, and she was able to return to the same position, receiving the same salary and benefits, as required by law. Consistent employment provides money for food and safe housing, which often reduces utilization of healthcare services. In this case, preserving the patient's job also allowed the patient to maintain her insurance.

At Massey Cancer Center, the most requested medical-legal partnership service is the preparation of life planning documents—basic wills, powers of attorney, and advance medical directives. These documents provide peace of mind to the patient and, in many cases, establish legal and financial security for surviving children, family members, and significant others. Medical-legal partnership attorneys are often asked and able to prepare and execute these documents at patients' bedside. Preparation of these documents also avoids the high levels of tension that often accompany a cancer diagnosis and treatment plan, as well as family disagreements about end-of-life care and decision making. Figure 2, above, illustrates the distribution of medical-legal services among this patient population.

A number of underserved groups receive assistance through the medical-legal partnership. Most clients are women (60.6 percent), and most are unmarried (69.7 percent). Nearly half

(48.5 percent) are Black, and about two-thirds (67.7 percent) are over the age of fifty. Finally, many are living at or below the federal poverty line, reporting a median household income of \$1,300 per month. Figure 2, page 25, illustrates the distribution of medical-legal services among this patient population. Table 2, right, shows the patient demographics of Massey Cancer Center’s medical-legal partnership in fiscal year 2022.

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Planning and Implementation

The medical-legal partnership model is simple and replicable, with an abundance of information, templates, and resources available to cancer programs and practices, hospitals, and health systems through the National Center for Medical-Legal Partnership. This organization leads education, research, and technical assistance efforts to help every healthcare organization in the U.S. leverage legal services as a standard response to social needs. Founded in 2006, the National Center for Medical-Legal Partnership is based at the Milken Institute School of Public Health at the George Washington University in D.C.

On its website, the organization provides a comprehensive list of resources, including toolkits, sample memorandums of understanding, screening tools, and training opportunities for healthcare and legal service organizations interested in implementing or improving a medical-legal partnership. The website also hosts a wealth of peer-reviewed research, white papers, and legal and medical journal articles on a variety of medical-legal partnership topics, including addressing legal issues for specific patient populations, best practices, and demonstrating the value of medical-legal partnerships and return on investment.

Each medical-legal partnership is unique. Many are based at hospitals and health systems like VCU Health; others are based at cancer centers, children’s hospitals, Veteran’s Affairs Medical Centers, and HRSA-funded health centers that serve large populations comprised of low-income individuals. Medical-legal partnerships also vary in their scope of legal services, income guidelines, variety and type of legal partners, and funding mechanisms.

Medical-legal partnerships range from a simple patient referral from a physician, nurse, or social worker to a more complex referral from a local legal aid agency for a specific legal issue. At most medical-legal partnerships, a “lawyer in residence” works on-site in the healthcare setting, not only providing legal services to patients, but also participating in clinical meetings and providing training to clinicians and staff.

Table 2. Demographics of Massey Cancer Center Medical-Legal Partnership Participants, FY22

July 1, 2021, to June 30, 2022	
Variable	Percentage
Age (Years)	
18–29	2.0%
30–39	7.1%
40–49	23.2%
58–59	30.3%
60–64	21.2%
65+	16.2%
Gender	
Female	60.6%
Male	37.4%
Not Filled Out	2.0%
Race	
Black	48.5%
White	37.4%
Asian	2.0%
Other	7.1%
Not Filled Out	5.1%
Ethnicity	
Non-Hispanic/Latino	87.9%
Hispanic/Latino	8.1%
Not Filled Out	4.0%

Medical-legal partnerships establish formal processes to screen patients’ health-related social and legal needs, share data between healthcare and legal partners, communicate about patient-clients,

and jointly set service and evaluation priorities that reflect their shared mission. There is also a formal agreement between health and legal organizations.⁹

VCU Health's medical-legal partnership is hospital-based, leveraging hospital resources in partnership with legal service organizations to achieve a fully integrated program. The medical-legal partnership's director and program manager build relationships and trust among clinical staff, manage and oversee all case referrals, and serve as an internal resource for referring providers. Having known, accessible, and trusted colleagues within the healthcare system to advocate for patients, serve as the liaison for multiple legal partners, and coordinate education among providers and social workers improves both the patient and provider experience.


Many successful medical-legal partnerships are built on partnerships with local legal aid organizations. The goals and priorities of Legal Service Corporation-funded legal aid organizations align exceptionally well with those of medical-legal partnerships. The mission of the Legal Service Corporation is to promote equal access to justice in our nation and provide high quality civil legal assistance to low-income persons.¹⁰ Hospitals, cancer programs and practices, and health centers interested in starting a medical-legal partnership should begin by reaching out to their local legal aid organization. The National Center for Medical-Legal Partnership offers a toolkit for creating a medical legal partnership,¹¹ as well as sample MOAs between healthcare and legal partners,¹² and a tool for developing workflows for screening and legal services.¹³

Vision for the Future

Over the last 10 years, the medical-legal partnership model has taken its rightful place as a critical innovation in healthcare and

legal service delivery for underserved patient populations. In that time, the American Medical Association,¹⁴ American Academy of Pediatrics,¹⁵ and American Bar Association¹⁶ have all released reports or resolutions, calling on their members to engage in medical-legal partnership activities.

Though there is increasing support for medical-legal partnerships to be fully integrated as part of the standard of care, making these collaborative services a normative part of today's healthcare system and broadly adopted requires more education and funding. To improve community health and create long-term sustainable change, we must build accountable and trusting relationships with the patients we serve. We must advocate for those patients who have no voice and no access to legal services.

The vision of VCU Health's medical-legal partnership is to create a safer, healthier, more equitable community through access to justice. As U.S. Supreme Court Justice Lewis F. Powell stated in August 1976, during his tenure as president of the American Bar Association, "Equal justice under law is not merely a caption on the facade of the Supreme Court building; it is perhaps the most inspiring ideal of our society. It is one of the ends for which our entire legal system exists. And, central to that system, is the precept that justice not be denied because of a person's race, religion or beliefs. It is fundamental that justice should be the same, in substance and availability, without regard to economic status."¹⁷ 

Allison Held, JD, is associate general counsel and director, Medical-Legal Partnership, and Molly Hunold is program manager, Medical-Legal Partnership at VCU Health in Richmond, Va.

National Landscape

The medical-legal partnership model has been adopted by more than 450 healthcare institutions in 49 states.¹⁸ These partnerships embed lawyers in healthcare settings to collaborate with the healthcare team to detect, address, and prevent health-harming conditions. Most medical-legal partnerships include direct legal services, consultation and training for medical providers, as well as systemic advocacy for policy changes at the institutional, local, or state level.^{19–22} Integrating attorneys into the treatment team helps address underlying social causes of disease and also mitigates barriers to legal aid in underserved communities, such as a lack of awareness or trust of legal services.²³ Medical-legal partnerships work in a variety of formats, and often involve students as trainees to serve diverse populations, depending on the community context.^{21,24–26} Studies show that when legal expertise and services are used to address social needs, people with chronic illnesses are healthier and admitted to the hospital less frequently, benefitting the patient and saving healthcare costs. Examples include:

- Improved housing conditions that led to improved health in patients with asthma^{27,28}
- Youth with diabetes showed significant improvement in their glycemic control²⁹
- Patients with sickle cell disease were healthier after receiving legal services³⁰
- A reduction of healthcare spending on high-need, high-cost patients³¹
- Families of healthy newborns in a randomized control trial increased their use of preventive healthcare.³²

Additional studies show that when legal expertise and services are used to address social needs:

- People more commonly take their medications as prescribed.^{33,34}
- People report less stress and experience improvements in their mental health.^{35–37}
- People have more stable housing, and their utilities are less likely to be shut off.^{37–39}
- People have access to greater financial resources.

One medical-legal partnership recovered \$300,000 in back benefits for families over a three-year period,²⁸ while another recovered more than \$500,000 in financial benefits for families over a seven-year period.⁴⁰

- Clinical services are more frequently reimbursed by public and private payers; medical-legal partnerships have been shown to save patients healthcare costs and recover cash benefits.^{41,42}

Finally, clinicians have a positive view of the services offered under a medical-legal partnership. When surveyed in 2016 about benefits to medical-legal partnerships, healthcare organizations shared that:⁴³

- 86 percent of clinicians anecdotally reported improved health outcomes for patients
- 64 percent of clinicians anecdotally reported improved patient compliance with medical treatment
- 38 percent of clinicians anecdotally reported improved ability to perform “at the top of their license.”

Of the VCU Health Medical-Legal Partnership, Sean McKenna, MD, shared these comments: “For those providers lucky enough to work in a [health] system with a medical-legal partnership, lawyers become one of our most powerful tools in advocating for the rights of our patients and their families. The partnership of physicians—who are able to work longitudinally with patients and develop strong bonds of trust—[and] lawyers, who understand the rights of those patients and how to protect those rights, is an incredible professional synergy. We, medical providers, can access the information needed to protect patients, but in the past we could do little with that information beyond letter-writing. Lawyers know exactly how to empower our families but would either never get a chance to help or would not get involved until the legal situation was already quite desperate. We have been practicing preventative medicine for as long as there have been doctors, but we only now are learning to practice preventative justice here in our clinics and hospitals. Having this sort of ally in our fight has been a truly transformative experience for us and our patients.”

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