

Calm Minds and Grateful Hearts

The Value of Medical-Legal Partnerships



Medical-legal partnerships are a service provision model based on the integration of legal services in healthcare organizations to address patients' legal needs (e.g., estate planning, powers of attorney, advanced directives and living wills, and insurance or employment issues) and improve their health outcomes.¹ The first of such partnerships occurred in 1993 between Boston Medical Center and Greater Boston Legal Services. The cause: Boston Medical Center experienced an unorthodox influx of pediatric patients with asthma who, regardless of the medication prescribed, continually returned to the emergency department for care. Upon investigation, Boston Medical Center staff discovered that the children's living conditions were to blame because landlords ignored sanitary regulations and their apartment complexes were riddled with mold—causing the families to seek legal aid from Greater Boston Legal Services. Thus, giving way to the first medical-legal partnership.

Since that time, medical-legal partnerships have been implemented within 450 healthcare facilities across 49 states.² In 2006, the National Center for Medical-Legal Partnership was established, serving as an invaluable resource for individuals—lawyers or not—around the country looking to implement such a program. This growth is emblematic of an overdue recognition by healthcare organizations that social determinants of health are key players in patients' health outcomes. The World Health Organization estimates that social determinants of health account for 30 percent to 55 percent of all health outcomes.³ Yet financial toxicity, a term that highlights the stress patients and their families



Kathryn Smolinski, MSW, JD

bear due to the high costs associated with cancer care, is relatively new to the medical lexicon.⁴

Oncology Issues interviewed Kathryn Smolinski, MSW, JD, director of the Legal Advocacy for People with Cancer Clinic (LAPC) and associate clinical professor at Wayne State University Law School. She is also at the center of a medical-legal partnership between the law school and Karmanos Cancer Institute. With more than a decade of experience in the medical and legal fields, Smolinski is uniquely positioned to provide poignant insight for cancer programs and practices looking to provide similar services.

OI. Can you provide some background about Karmanos Cancer Institute?

SMOLINSKI. It is the only National Cancer Institute (NCI)-designated cancer center in the Detroit metropolitan area. It is also one of only two NCI-designated cancer centers in the state. The cancer center sees about 12,000 new patients every year, and it is now part of McLaren Health Care, which is a community health system. This affiliation allows staff to provide cancer care in 16 locations throughout Michigan and Ohio. Prior to this acquisition, patients had to come into the city to receive care, but now there are multiple satellite locations where patients can

receive care. Karmanos Cancer Institute offers radiation, medical, and surgical oncology services, as well various supportive care services.

Most of the institute's patient population comes from south-eastern Michigan, with the majority of Wayne County using it as their primary source of cancer care. It is also a large research institute, partnering with Wayne State University.

OI. Can you share a little about yourself?

SMOLINSKI. I am both a licensed social worker and a licensed attorney. I obtained my Master of Social Work from the University of Michigan, and my law degree from Wayne State University. I have worked my entire career with individuals who have cancer, primarily with individuals who have a serious diagnosis or life-limiting illness. My journey began in home hospice, which caters to individuals with a life-limiting illness, who want as much support as possible to enable them to live as fully as possible until they die. I was primarily in the individual's home, supporting the patient and their family. That is where my career started, and I absolutely loved it.

It is an honor to be with people who are facing their own mortality, and I do anything I can so that their life and experience can feel a little lighter as they walk their journey. I am inspired by the resiliency these individuals display in the face of so much going on in their lives.

While I was doing that, I attended the Association of Oncology Social Work conference. Through this forum, I met fabulous oncology social workers throughout the country, and was recruited to work at Johns Hopkins Hospital where I spent about 10 years. I worked primarily with individuals who had life-limiting illnesses, helping them and their families deal with all the non-medical issues that come with healthcare—the coping, stress, and anxiety. In addition to the practical concerns like where someone is going to be discharged to, who they are going to live with, and their ability to work and earn an income, social workers touch on so many aspects of care that, ironically, I am doing in my current career field, which is why I think my background propelled me to be where I currently am.

Following my time at Johns Hopkins Hospital, I became the executive director for the Association of Oncology Social Work, a position I held for three years. After that, I decided to go to law school, primarily due to my work with individuals in end-of-life care and their families.

OI. What initially sent you down the path of hospice care?

SMOLINSKI. When I was 13 years old, my brother—who was 16 years old at the time—was killed in an automobile accident, and it was a very sudden and unexpected death. I just remember the devastating impact his death had on my family. He was here and then he was gone. Perhaps, on some level, that set me on this path at a young age.

It is an honor to be with people who are facing their own mortality, and I do anything I can so that their life and experience can feel a little lighter as they walk their journey. I am inspired by the resiliency these individuals display in the face of so much going on in their lives. For my law students to see that, I think this provides them a unique opportunity.

Also, one of my instructors in my Master of Social Work program said I would do well working in a hospice program. So once I graduated, I started looking for job opportunities at a hospice program in my hometown. Luckily, one happened to be hiring, and I immediately fell in love with the work.

OI. What fueled your desire to pursue a legal degree?

SMOLINSKI. I saw the benefits and limitations of law in medicine. While law can help a patient and their family obtain a benefit or exercise a right, it can also be very obstructive. For example, when people need to have surrogate decision makers.

If a patient is incapacitated and, thus, unable to speak for themselves but has not legally designated a surrogate decision maker, most states and hospitals have laws or policies in place as to who can assume that responsibility. Sometimes the individual who could legally decide on that patient's behalf is not the person the patient would want to have this responsibility.

In my experience, this situation happened a lot with individuals in same-sex relationships. Years ago, the policies at most hospitals did not include a provision for a significant partner to have that responsibility. Thankfully, that is changing. It bothered me to see things like that happen; I did not think it was fair.

I watched people leave this earth without having the opportunity to think about who was going to get their possessions or oversee the care of their children. So many times, individuals with cancer are very much focused on their treatment and trying to stay alive for their families that no one pauses for a second to put some things in place if their journey does not turn out the way they want. I watched all that happen, and my interest was sparked. I was at a point in my life where I could be supported by my family to go back to school in my forties, so I attended Wayne State University Law School.

OI. How did you first come across medical-legal partnerships?

SMOLINSKI. In the summer of 2010, during my third year of law school, my professor asked what I planned to do with my law degree. I was not sure at the time. I knew I wanted to go back and work with individuals who have cancer, but I had not figured out how to do that. My professor asked me if I had ever heard of medical-legal partnerships, and I had not at the time. He asked me to go and read about them, as he expressed Wayne

State University's desire to implement one of its own. He believed my 20+ years in cancer care and newly minted law degree made me the right candidate to launch the medical-legal partnership, so he encouraged me to apply for a national Equal Justice Works fellowship.

OI. How did you develop the medical-legal partnership between Karmanos Cancer Institute and Wayne State University Law School?

SMOLINSKI. The Equal Justice Works fellowship program is a post-graduate fellowship that allows law school graduates to design a two-year program that impacts the legal needs of a population that previously lacked those services. In this case, we were dealing with individuals who have cancer and do not have the income to pay for an attorney but who need legal services. So following the advice of my professor, I applied. Wayne State University became my home organization, and Karmanos Cancer Institute became our partner.

I asked their director of Social Work how the department handled patients who could not afford an attorney but needed one. I discovered that they kept a list of local legal aid organizations, and if a patient required legal services, they would hand them that list. Alas, the need was always greater than the supply. One of the local legal aid organizations had a hotline where they tried to give some clients as much education as possible, so the clients would be able to handle their affairs themselves. The organization simply could not take on everyone that needed their services.

In a bid to solve this problem, I suggested that we use law students, working under my license with the social work team, to help individuals who cannot afford an attorney, and our team would represent them. We would take on their legal issues.

Cities like Detroit have a large population of individuals with financial constraints. I applied for the fellowship in the fall of 2010, and I started one year later. I was one of 46 individuals across the country that were selected to receive this fellowship. Prior to the targeted launch date, we spent a few months designing the program. In January 2012, the Legal Advocacy for People with Cancer Clinic, which is the name our medical-legal partnership, took on its first client.

OI. How did you help the staff at Karmanos Cancer Institute understand what a medical-legal partnership is and what it does?

SMOLINSKI. When we first started 10 years ago, I met with the outpatient nurses and their managers to explain the program and areas of law we cover. With this training, staff has a solid understanding of when a patient might require our services. We made brochures that were distributed throughout the hospital about who we were and what we did. This information was included in the packet that every new patient received, and that is one way patients could find out about our services. We also trained all Karmanos Cancer Institute social workers to be able to identify and listen for issues a patient may have that would require our services.

When the physician, nurse, or social worker says, “We know Kathy, and we know her team. I am going to send her your

information, and they are going to give you a call,” we then develop credibility and ensure that patients answer our phone call. Many patients are too intimidated to talk to anyone in the legal field, even if it is a law student. We can go over and see patients at the hospital, and they can come to the law office if they would like. We are embedded within the cancer care team, and that makes the patient feel more comfortable and confident in working with our program.

I occasionally ask a social worker to teach in one of my law seminars. This interdisciplinary partnership allows the social worker to learn about the legal aspect of care, while teaching our law students how to interact with social workers in a hospital. I also ask the social worker to teach about loss, death, and the impact these have on individuals.

We also go to the hospital either once or twice a week to educate the staff at Karmanos Cancer Institute. During what we call the “Ask the Attorney Hour,” anyone can stop by and ask the law students any questions they may have. This practice has been very helpful due to the high turnover rate that healthcare organizations usually experience, as it allows us to essentially onboard new oncology staff to our programs and services.

Additionally, I occasionally ask a social worker to teach in one of my law seminars. This interdisciplinary partnership allows the social worker to learn about the legal aspect of care, while teaching our law students how to interact with social workers in a hospital. I also ask the social worker to teach about loss, death, and the impact these have on individuals. Individuals with cancer usually experience much loss—whether that is the loss of their job, health, hair, or friends. Law students start to pick up on that loss and are usually not sure how to deal with those feelings, so the social worker can help.

OI. Can you describe the role of the law students in the medical-legal partnership?

SMOLINSKI. When individuals enroll in law school, they are expected to graduate with credits in experiential education. This requirement means that students must work on real cases with real clients. One way they can do that is through law school clinics, where the law school partners with an agency and receives referrals from that agency. Law students sign up for a clinic class, and that time is about half of their workload per semester. At Wayne State University, a clinic is limited to eight individuals because it is very

hands on. The students are graded on the work they do in solving the clients' legal issues that the clinic takes on.

Once enrolled in the Legal Advocacy for People with Cancer Clinic (our medical-legal partnership), students attend a seminar portion of the class, which I teach twice a week. During this class, students learn how to be a lawyer. They learn how to draft a will, a power of attorney, and other life-planning documents. I also teach interviewing, legal counseling, and research, I have a special class on compassion fatigue, burnout, and stress because lawyers, just like healthcare providers, experience those issues. So I want them, as students, to be aware of those concepts. Every student has a weekly supervision meeting with me where they discuss case strategy and resolutions.

Moving forward, this experience will teach students the value of taking care of themselves, allowing students to be the best version of themselves. Students then spend another 17 hours a week meeting, calling, and writing letters to clients, as well as updating client files. These students are the legal advocate on record. The medical-legal partnership work is primarily done by law students, overseen by an attorney on staff and myself. One of us is present at every document signing, and I oversee every piece of paper that leaves the clinic.

It is important to note that patients are told that they are going to be working with law students, who are being supervised by a licensed attorney. I think this is beneficial, as it can be less intimidating for patients to work directly with law students rather than licensed attorneys. Law students can also learn a lot from patients about resilience and how to tackle life's issues. The law students never stop talking about all that they learn from patients: confidence, resilience, stress management, perspective, and humor in the face of mortality. It is incredible what the students take from patients, and we do our best to remind patients of that unexpected benefit. Patients are always thrilled to learn this information.

OI. Did you experience any challenges in implementing and executing the medical-legal partnership?

SMOLINSKI. Part of the challenge is deciding what areas of law a medical-legal partnership is going to cover. We practice five areas of law. Most medical-legal partnerships follow the IHELP acronym: insurance, housing, employee benefits, life planning, and public benefits. We do not practice immigration law, but many medical-legal partnerships do. So the "I" in the acronym may also represent immigration. In some cases, we help patients who may have a legal issue that is not within our purview find a local legal aid organization that can provide that needed service.

You want to practice enough areas of law to ensure that you are helpful to the healthcare organization, and that you have enough staff to ensure you are not being flooded with too many cases. Finding the right areas of law that satisfy these criteria and are easy for law students to pick up was a challenge.

The biggest challenge we experienced was probably the COVID-19 pandemic. At the onset of the pandemic, the hospital placed major restrictions on who could walk through their doors.

For a long time, it was only the patient, then it was only the patient and their caregiver. Law students were not able to go the hospital like they could in the past.

Our students managed to work around this issue by connecting and talking to patients by phone. Some patients welcomed us into their homes, and we would meet people on their porch or at a park. We wanted to keep every individual with cancer safe; every student in the clinic was required to be vaccinated and wear a mask when meeting with patients.

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OI. What members of the cancer care team were involved in the development of the medical-legal partnership?

SMOLINSKI. The chief nursing officer, who welcomed and supported the partnership, was a great asset. The volunteer coordinator was also involved, offering to process the law students as volunteers, so they would have IDs that allow them to access different clinic areas, as well as to park for free when they come to meet with patients. The director of Social Work Services and Case Management was integral to the design and implementation of the Legal Advocacy for People with Cancer Clinic, as all the referrals were processed by that department.

If any Karmanos Cancer Institute staff came across a patient who they thought was eligible for the Legal Advocacy for People with Cancer Clinic, they would refer the patient to the social work department, who would then screen the patient and send them to us. This process was wonderful because sometimes patients require only social work intervention, and other times they would require both social work and legal services. The Risk Management department was also crucial to the development of the medical-legal partnership, as was the in-house counsel and nursing staff.

OI. What happens when a patient you are representing has some legal issue with the medical care they have received?

SMOLINSKI. All medical-legal partnerships establish a memorandum of understanding, which explains the roles and responsibilities of the legal and medical partners. In doing so, we make it very clear that we will never be part of any type of lawsuit against our medical partner—Karmanos Cancer Institute.

If a patient ever brings up an issue, we will refer them to the state bar where they can then pursue a medical malpractice claim if they choose to do so. Further, the memorandum outlines the type of support Karmanos Cancer Institute will provide to the students, such as access to copiers, phones, meeting rooms, as well as outlining the services the Legal Advocacy for People with Cancer Clinic will provide to patients at Karmanos Cancer Institute.

OI. What type of benefits do medical-legal partnerships have for patients with cancer?

SMOLINSKI. These types of partnerships have a lot of benefits. Outcome studies have shown that patients experience a decrease in stress after meeting an attorney and resolving their issues. Clients are also healthier, in addition to developing better habits related to attending their medical appointments and adhering to their treatment. They also have stable housing and income support, all because a lawyer was able to intervene.

I think what I do is an extension of my career as a social worker. Lawyers and social workers are social justice professionals; we are problem solvers. When I was a social worker, I could not really leave the hospital. I could meet with patients and their families and make phone calls, but my job ended at the door. In my new role, as a legal advocate in the medical-legal partnership, I can now work with federal and state agencies, walk into their hearing rooms and offices, explain laws and enforce regulations on behalf of clients, and affect the entire landscape.

Medical-legal partnerships also allow patients to experience benefits they may be unaware they qualify for. I had one patient who was asked to fill out an adult function report that would determine his eligibility for disability services. One of the questions was about his ability to do his own laundry. He said he did his laundry himself. But I then asked him to describe that process. The client proceeded to explain that he was too weak to carry his clothes together in a basket, so he would throw each piece of clothing down the stairs. Then he would walk down the stairs, pick up his clothes one at a time, and put them in the washer. Once the wash cycle is done, someone else in the house would have to move the wet laundry to the dryer because the clothes would be too heavy for him to lift on his own. When the clothes are finished drying, the patient then puts each piece of clothing in a basket and attaches a rope that he has tied around his waist to pull the basket up the stairs.

Had that client indicated that he could do his laundry himself, there is no way the Social Security Administration would understand his actual limitations. Instead, lawyers can interview individuals in depth to better understand what is going on in their lives and help them access benefits that they are not privy to.


Medical-legal partnerships are also a preventative model of legal services. We work to keep people out of a courthouse. We want to resolve something with the patient's landlord before they must go to court. If a patient is not able to pay rent for a certain month, we negotiate with the landlord, and many landlords, especially if the client has been a long-time tenant, are amenable.

OI. What value does a medical-legal partnership bring to comprehensive cancer care?

SMOLINSKI. The value to any oncology setting is that you are going to have healthier, better adjusted, less stressed patients because these other areas of their lives have been attended to. The data support this statement, and you cannot care for people who cannot show up to their medical appointments or have such housing conditions where they cannot flush their lines or ports at home. You need patients to have a stable life to be able to handle the stress of cancer and its treatment, and that is one value the medical-legal partnership brings to cancer care. These types of partnerships also provide the support patients need to return for treatment and stick with it. In general, a medical-legal partnership helps cancer programs and practices provide better health outcomes for their patients.

OI. What advice would you give another cancer program or practice that is looking into developing and implementing a medical-legal partnership?

SMOLINSKI. The first would be to understand the legal issues that your patients encounter. Then you should think about what legal practices cover those issues in your state and locality. Once you find one, be it a local legal aid organization or even one of the larger firms that has a very robust pro bono department, you need to gauge their interest in a medical-legal partnership. Models can range from a lawyer from one of these organizations coming into the cancer program two to three times a year to help patients with issues they may have to a fully integrated medical-legal partnership like ours. (Editor's note: Read how Virginia Commonwealth University Health System, VCU Massey Cancer Center won a 2022 ACCC Innovator Award for its medical-legal partnership on pages 20–30.)

Additionally, speak with the cancer program or practice administration and determine how the partnership would be funded. Work with the National Center for Medical-Legal Partnerships because it is built to support medical-legal partnerships around the country. These services are such an essential component of comprehensive cancer care. I wish they were in every oncology setting. 

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