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A Medical–Legal Partnership as a Component of a Palliative Care Model

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Abstract

Introduction: A medical–legal partnership (MLP) incorporated as part of a comprehensive palliative care model addresses unmet social and material needs for patients. This study retrospectively reviews the experience of one MLP and quantifies the benefits of the program for both patients and the host health care institution.
Methods: The Legal Services Program, an MLP, reviewed their program referral and outcomes from April 1, 2004 to December 31, 2007 to document legal needs resolved. The patient accounts manager in the host health care institution reported on the revenue reimbursed to date on a subset of benefits advocacy cases.
Results: The Legal Services Program received 297 referrals from April 1, 2004 to December 31, 2007 and resolved multiple legal issues. Seventeen benefits advocacy cases successfully overturned benefit denials, with the institution receiving $923,188 for current and past health services rendered. Two patient–client case studies are described in-depth.
Conclusion: This MLP demonstrates the ability to help both patients and health care institutions effectively address the needs of patients with cancer and is an important component of a comprehensive palliative care model.

Introduction

Previous work has demonstrated the need for legal services and its impact on the quality of life for patients affected by cancer.[1] The need for access to legal services within the continuum of care for oncology patients is increasingly being documented in the literature.[2,3] A 2006 survey by the Lance Armstrong Foundation detailed the barriers to care for oncology patients by unresolved legal issues, often affecting low-income patient–clients. When patients are diagnosed with life-threatening illnesses, questions frequently arise that many physicians feel ill-equipped to answer, including whether patients need a last will and testament, are eligible for disability benefits, or should appeal insurance denials. The purpose of this study is to quantify the benefits of one medical–legal partnership (MLP) for patients (through addressing unmet legal needs and thereby avoiding economic hardship), and for the institution (in the form of health care dollars recovered). Two case studies describe how legal intervention can impact the delivery of palliative care as part of a comprehensive palliative care program.

Description of the Medical Legal Partnership

In 2004, Roswell Park Cancer Institute (RPCI) identified the legal aspects of patient care as a significant gap in quality cancer care, and founded the Legal Services Program with Neighborhood Legal Services, a local not-for-profit legal services agency. Initially, the mission of the program was to address the needs of patients with cancer at the end of life, but the program was quickly opened to all patients diagnosed with recurrent cancer, as the need for legal services was recognized as an important component of a comprehensive palliative care model that addresses the needs of patients throughout the course of their disease. It accepted referrals from all clinical services, and was separate from the palliative care service. The Legal Services Program is staffed by a full-time social worker employed by RPCI and a 0.5 FTE attorney employed by Neighborhood Legal Services. Social workers, including those from the palliative care service, are the primary referral source for cases. The MLP social worker determines eligibility, confers with the RPCI staff and NLS attorney, and coordinates details of the case referral. The

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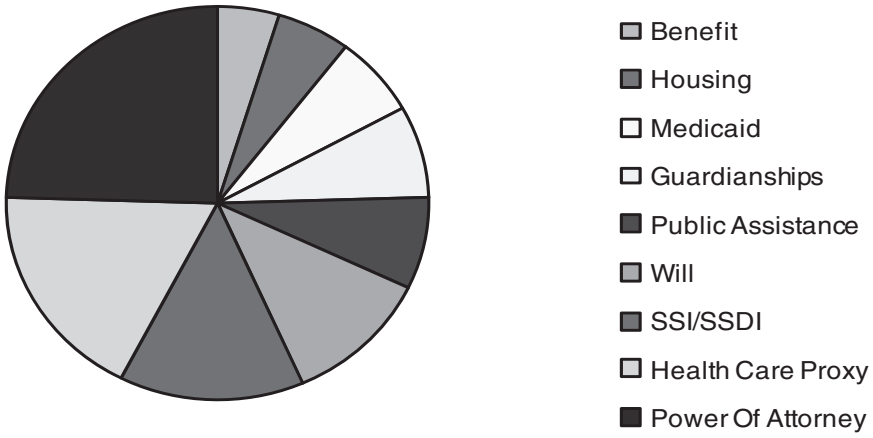

FIG. 1. Distribution of legal services.

attorney and social worker make home or community visits as needed to resolve legal needs. The program provides free legal assistance, advice and counsel to RPCI patients with life-limiting illnesses who fall below the federal poverty guidelines. Patients who do not meet the eligibility criteria receive a free consultation and referral to appropriate services in their community.

Methods

This report reviews the program referral patterns and outcomes for a period from April 1, 2004 to December 31, 2007. Data were routinely collected by Neighborhood Legal Services for type and resolution of legal issues. Financial data for benefits advocacy cases were provided by the RPCI patient account manager. These cases were defined as insurance denial cases where the attorney intervened, providing assistance in the form of appealing a denial, attending a fair hearing, or facilitating the benefit application of a complicated case that had previously failed the hospital's routine procedures to obtain benefits.

Results

Two hundred ninety-seven referrals were made to the MLP from April 1, 2004 to December 31, 2007. Each clinical service referred cases, with the breast cancer service comprising the leading referral source. The predominant legal issues identified included permanency or custody planning and guardianships, advance care planning (health care proxies, powers of attorney, and wills), benefits advocacy (disability, insurance or food stamps), estate planning, housing, and legal advice (Fig. 1).

Seventeen cases (6%) were found to be complex insurance denials requiring legal intervention, and reimbursement to the hospital for these 17 patients totaled $923,188. Table 1 outlines the economic hardship avoided by these patients and the health care dollars recovered by the hospital. Thirty-two additional patients received advice or referral in completing their application or appeal for benefits. In several cases, qualifying for health insurance was accompanied by eligibility for disability cash benefits, awarded retroactively. Table 2 outlines the benefits recouped for the patients.

Table 1. Hospital Recovered Reimbursement, Avoiding Patient Economic Hardship

Patient	*Reimbursement*	*Legal issues addressed*
1	$30,511	Insurance coverage and eligibility
2	$703	Terminally ill patient, Medicaid spend down issues
3	$4,179	Terminally ill patient, Medicaid eligibility issues
4	$95,891	Terminally ill; homeless; housing, Medicaid eligibility
5	$1,939	Insurance eligibility
6	$49,228	Family law, housing, permanency planning, proxy, power of attorney
7	$194,715	Advocacy with social services; benefits advocacy
8	$1,086	Insurance eligibility
9	$2,465	Insurance eligibility
10	$14	Insurance eligibility; benefits advocacy; placement
11	$826	Insurance eligibility
12	$93	Insurance eligibility
13	$12,256	Disability advocacy; insurance eligibility
14	No services during this period	Insurance eligibility; continuing care needs
15	$11,112	Disability advocacy
16	$152,217.50	Benefits and disability advocacy; continuing care, cultural issues; proxy.
17	$365,953.26	Benefits advocacy; family law; proxy
TOTAL	$923,188.76	

Table 2. Additional Funding Recouped for Disabled Patients

# of patients	Funds Recouped	Amount
2	SSI/SSDI	$1200/month
1	SSI/SSDI	$4000/retroactive benefits + $600 +/month
1	Food Stamps	Monthly grant reinstated
1	SSI/SSDI	$17,000/retroactive benefits + Additional $600 +/mo
1	SSI/SSDI	$11,000/retro benefits + Additional $600 +/mo

SSI, Supplemental Security Income (federal cash assistance for low-income disabled adults and children); SSDI, Social Security Disability Insurance (federal cash assistance for disabled adults unable to participate in the workforce full-time).

Two case examples illustrate how implementation of an MLP enhances the comprehensive palliative care model.

Case 1

J.S., age 58, was diagnosed with advanced head and neck cancer. He and his wife live 2 hours from the cancer center and receive food stamps. Rather than drive back and forth each day for his radiation treatments, he elected to stay at a local hospitality room. The Division of Social Services in his local county learned that he was not residing in his home and reduced their food stamp benefits by more than half. In addition, he and his wife needed immediate heating assistance because the gas company threatened to turn off their heat for failure to pay their bills. The legal services attorney was able to schedule an immediate fair hearing for his food stamp reduction, increasing the benefits above the previous rate. The attorney was also able to obtain emergency Home Energy Assistance Program (HEAP) assistance for his heating. By resolving these two immediate concerns, the patient was able to remain in the hospitality house to complete his radiation therapy before returning home.

Case 2

J.D., age 43, was diagnosed with recurrent cervical cancer and admitted in the terminal phase of her illness for pain management. She was a single mother of two teenage children. The palliative care service learned that she was concerned with what would happen to her children upon her death and needed someone to pay her bills while she was in the hospital. A legal services consult was requested and the attorney also discovered she had been served an eviction notice.

She resided in an apartment that was partially funded through a federal housing subsidy. An inspection yielded the apartment uninhabitable as a result of the landlord's failure to maintain the property, and the terminally ill patient and her children were threatened with eviction and were forced to find another apartment on short notice while she was hospitalized.

The Legal Services Program obtained a power of attorney to pay the patient's bills. The attorney advocated for her with the federal housing program and assisted in obtaining suitable housing for her and her family. If not for the legal intervention, she would have been placed on alternate level of care status in the hospital awaiting either nursing home or hospice placement. The children would have been placed in foster care. With the legal intervention, once a viable living space was secured, the patient was able to spend 2 weeks at home with her children prior to her death with Hospice services and the assistance of her mother, thus keeping the family unit intact. The attorney assisted the grandmother with custody of the two children, following the death of the patient.

Discussion

For many patients facing a life-limiting illness, unmet social and material needs can impact their course of disease and quality of life. Shortened life expectancies can present significant barriers to resolving legal needs since the projected wait time for benefit activation may exceed life expectancy. Benefits advocacy—facilitating, procuring and maintaining benefits for patients—is a core component of palliative care program activities in many cancer centers, but social workers and financial counselors may sometimes encounter difficulties securing these benefits or answering legal questions.

The Legal Services Program at RPCI addressed unmet legal needs by executing advance directives, last wills and testaments, developing custody plans, successfully reinstating food stamp benefits, and securing emergency HEAP assistance for heating on behalf of patients with cancer. The benefits advocacy focus of the MLP helped patients access public programs and services to which they were entitled but were denied following routine applications. Insurance denials were appealed, thus avoiding economic hardship for these patients. Additionally, the Legal Services Program demonstrated financial sustainability of the program through benefit advocacy.

The limitations of this study are its sole focus on monetary benefits of legal intervention, estimating reduced economic hardship following insurance denial. It reflects one comprehensive cancer center in New York, and results may not be fully generalizable to other sites. It incompletely assesses the impact of MLP as part of the palliative care model, both the intended and unintended consequences of legal intervention and potentially underestimates the benefits, such as reduced stress, improved compliance with medical regimens or improved health. Additional research is needed in the measurement of the impact of benefits advocacy and early intervention for those with a limited life expectancy as well as the quality of life attained through achieving closure on identified issues.

MLPs are easily generalized to many settings, whether internal medicine, oncology, geriatrics, and beyond. The MLP described in this article utilizes an attorney and social worker dyad to address unmet legal needs. Other sites have employed their own lawyers or used on-site social workers or paralegals. In 2009, a National Center for Medical Legal Partnership was formed to help implement the model nationwide (www.medical-legalpartnership.org).

Overcoming barriers to the provision of quality cancer care that are created by legal, social, psychological and economic hardships experienced by patients is a continuous goal. MLPs

can be an effective component of comprehensive palliative care to remove these barriers.

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Author Disclosure Statement

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References

1. Zevon MA, Schwabish S, Donnelly JP, Rodabaugh KJ: Medically related legal needs and quality of life in cancer care: A structural analysis. Cancer 2007;109:2600–2606.
2. Fleishman SB, Retkin R, Brandfield J, Braun V: The attorney as the newest member of the cancer treatment team. J Clin Oncol 2006;24:2123–2126.
3. Westphal SP: Lawyers help patients solve problems. Wall Street Journal April 11, 2006:D3.
4. Knight R: Health care recovery dollars: A sustainable strategy for medical-legal partnerships? www.medical-legalpartnership.org (Last accessed July 31, 2009).

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