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## Medical-Legal Partnership Expanding in Pennsylvania

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Kelly Flynn

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When a middle-aged man with high-blood pressure, diabetes and a history of strokes arrived at one of the clinics in the National Nursing Centers Consortium (NNCC), his nurse practitioner realized his problems were more than just physical problems.

"His blood pressure and blood sugar were out of control and life-threatening — a problem exacerbated by his lack of income, unsafe housing and memory issues caused by multiple strokes," said Jamie Ware, a Philadelphia attorney and NNCC policy director.

For those reasons, the man was referred to an attorney through the medical-legal partnership (MLP) at the clinic, Ware said. Three months later, he is receiving disability benefits and living in a residential living program, and his health care providers have reported a significant improvement in his blood pressure and blood sugar, she said.

Ware said that man is just one example of the many patients who have been helped as a result of a medical-legal partnership — a model that integrates the legal profession into a health care setting by screening patients to see if their health is being affected by a nonmedical factor. If it is, they can be referred to an on-site legal services provider for help, Ware said.

Medical-legal partnerships are a growing trend, Ware said, and implementing legal partnerships into a health care setting is important for people's health and well-being.

In June, the NNCC received a \$601,200 grant from the Kresge Foundation to expand its medical-legal partnerships at three nurse-led clinics. The funds will go to the Abbottsford Falls Clinic in Philadelphia, St. Vincent's Nurse-Managed Health Clinic in Galveston, Texas, and Glide Health Services in San Francisco.

A medical-legal partnership at a nurse-led clinic has something working in its favor that a traditional medical-legal partnership does not, according to Ware, who is the co-director of the NNCC's MLP initiative.

"Nurses have that special touch," she said. "People trust nurses."

Ware said national surveys indicate patients tend to trust nurses more than members of any other profession, and as such, nurses may be more likely to encourage a patient to seek legal aid.

The NNCC has partnered with Philadelphia's Legal Clinic for the Disabled (LCD), the National Center for Medical-Legal Partnership and the Abbottsford Falls Clinic at the Family Practice and Counseling Network (FPCN) for its "Nurse-MLP Initiative." Donna Torrisi, network executive director of the FPCN, said nurses tend to be more attuned to the psychological and social aspects of a patient's health than a doctor.

"Medicine looks at the illness and nursing looks at the person who happens to be inhabited by an illness," Torrisi said.

She said the nursing education model focuses on looking at the patient as a whole rather than solely examining the disease. For instance, one of Torrisi's patients suffered from asthma, and when the clinic learned that the house the child was living in was infested with cockroaches, they contacted a lawyer through the clinic's medical-legal partnership. Torrisi said the attorney was able to improve the child's overall health by taking actions against the boy's landlord in order to have his home fumigated.

"What we try to do here is put all of the pieces together," Torrisi said of the various social and financial issues that can impact a person's health.

Due to the fact that nurses look at medicine from a holistic perspective, the interdisciplinary collaboration between nurses and legal professionals is a natural extension for a nurse-led clinic, Ware said.

Although the Kresge Foundation's grant funds the clinics for three years, a portion will go toward creating a permanent establishment for medical-legal partnership assistance at the NNCC, Ware said.

"Every medical facility needs to be thinking about" medical-legal partnerships, Ware said.

Ben Beck-Coon, a staff attorney at the Legal Clinic for the Disabled and a partner in the Nurse-MLP Initiative, had the idea to establish the first medical-legal partnership in a nurse-managed clinic, and the Legal Clinic for the Disabled partnered with Abbottsford Falls to implement an MLP at that clinic, Ware said.

Ware said both the nurses and lawyers involved in the partnership will receive training. Ware made the distinction that the collaboration is not about integrating the medical and legal professions but about cross-training between the two.

When a patient enters a clinic, he or she undergoes a screening process to see if he or she has a potential legal need, and if an individual's intake form indicates that the person may need legal services, the legal professional on-site will either help the individual or refer him or her to an appropriate legal professional, Ware said.

Torrisi said the nurses are able to ask questions in a common language that patients can understand. She said they ask about outside factors that might take a toll on a person's health from the very beginning in order to determine how a person's health is being impacted and what kind of help the person needs.

While the NNCC does not offer direct legal assistance to patients, Ware said her role within the organization

is advocacy on behalf of nurses and patients, Ware said her role within the organization is advocacy on behalf of nurses and patients. For example, if 50 percent of the patient population comes into the clinic with ailments relating to a lack of utilities, Ware said she might go to the state capital to discuss policies relating to utilities.

Ware's long-term goal, however, is to learn as much as she can from the organization's medical-legal partnerships in order to help the NNCC implement partnerships nationally. Ware said she predicts other clinics will adopt the NNCC's model once they see the organization's success.

"I think this is going to grow like wildfire," Ware said.

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