



# BAR JOURNAL

OF THE CLEVELAND METROPOLITAN BAR ASSOCIATION  
VOL. 1 NO. 12 | MARCH 2009



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# Doctors and Lawyers Working Together

by Mallory Curran and Robert Needleman, M.D.

CLEVELAND HAS LONG been considered an innovator in the areas of health and law. Building upon that tradition, Cleveland is also a leader in the new and rapidly expanding field of medical-legal partnership. In 2002, The Legal Aid Society of Cleveland and the MetroHealth System developed the Community Advocacy Program to better serve individuals and families living in poverty by removing legal barriers to health. One of the first medical-legal partnerships in the country, the Community Advocacy Program was also the first in the state of Ohio.

The Legal Aid Society of Cleveland is the principal law firm for low income persons in Cuyahoga, Ashtabula, Geauga, Lake, and Lorain counties, dedicated to providing high quality civil legal services to persons who are unable to afford an attorney. Legal Aid has been serving Greater Cleveland for more than 100 years.

The MetroHealth System is comprised of MetroHealth Medical Center and the MetroHealth Center for Community Health's network of nine neighborhood-based community health centers. MetroHealth serves patients from all walks of life and is nationally known for its care in the areas of trauma, rehabilitation, stroke, and obstetrics. A core MetroHealth mission is to provide high quality medical services to all members of Cuyahoga County, regardless of ability to pay. MetroHealth has been serving Cuyahoga County for more than 170 years.

These two venerable leaders in the Cleveland non-profit community have long provided their services to the same patient-clients. However, not until recently did they recognize the power of joining forces to use law to improve patient health.

Through the Community Advocacy Program, MetroHealth physicians and other medical providers are able to refer patients to Legal Aid lawyers on-site at MetroHealth when a legal problem is getting in the way of their patients' optimal health. These legal services are provided at no cost to patients who qualify.

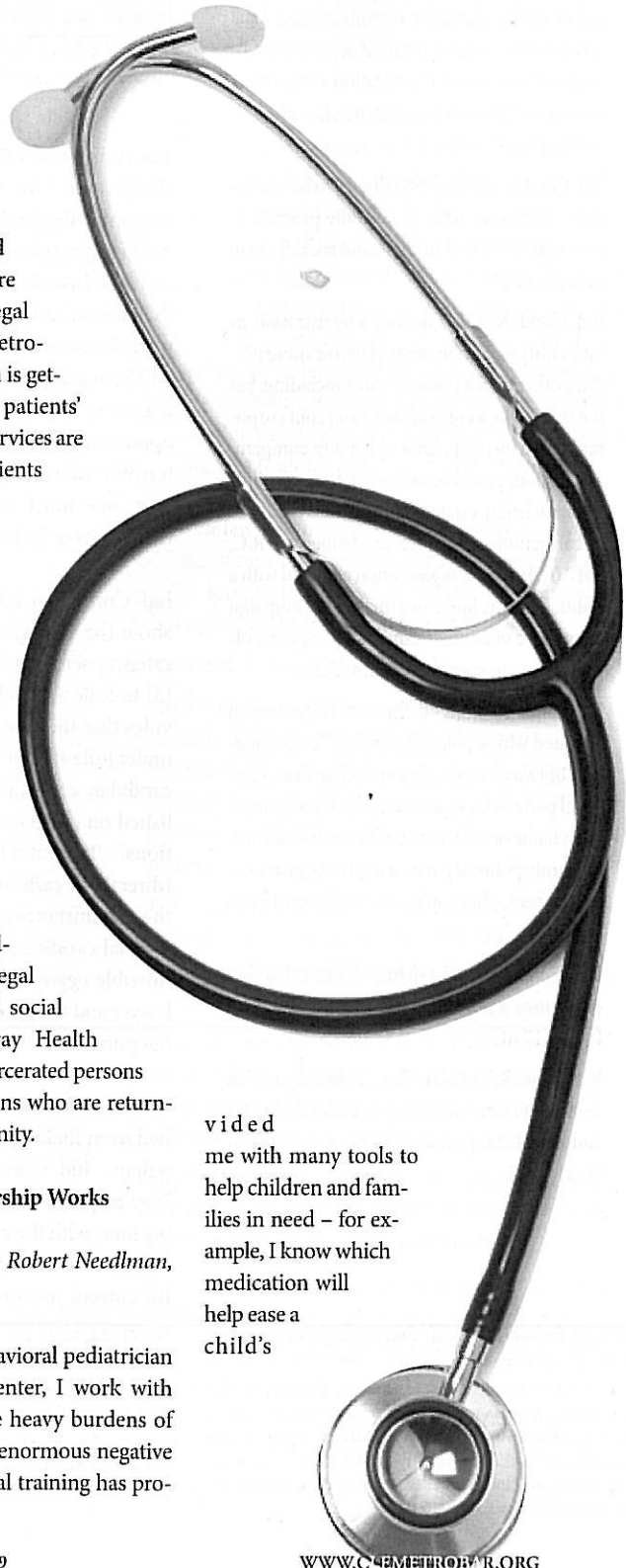
Currently, the Community Advocacy Program lawyers serve the Department of Pediatrics at MetroHealth's main campus, pediatric patients at the Broadway and Buckeye Health Centers, elderly patients at the Buckeye Health Center, and patients of all ages at the Thomas F. McCafferty Health Center. In addition, a Legal Aid paralegal teams with physicians and social workers from the Broadway Health Center to serve formerly incarcerated persons with chronic health conditions who are returning to the Cleveland community.

## Why Medical-Legal Partnership Works

**A Physician's Perspective – Robert Needleman, M.D.**

As a developmental and behavioral pediatrician at MetroHealth Medical Center, I work with many families who bear the heavy burdens of poverty, which often has an enormous negative impact on health. My medical training has pro-

vided me with many tools to help children and families in need – for example, I know which medication will help ease a child's



asthma, what interventions will help improve a child's behavior, and which immunizations are necessary to keep a child safe from communicable diseases.

However, as I began to practice medicine, I realized that my medical training left me ill-equipped to deal with many problems which had a direct impact on health. I felt I was spinning my wheels trying to solve problems such as getting special education for a patient with a learning disability, getting my patient back on health insurance when Medicaid coverage was terminated seemingly without reason, preventing an illegal eviction, and advising a grandmother how to obtain legal custody of her grandchildren when they came to live with her.

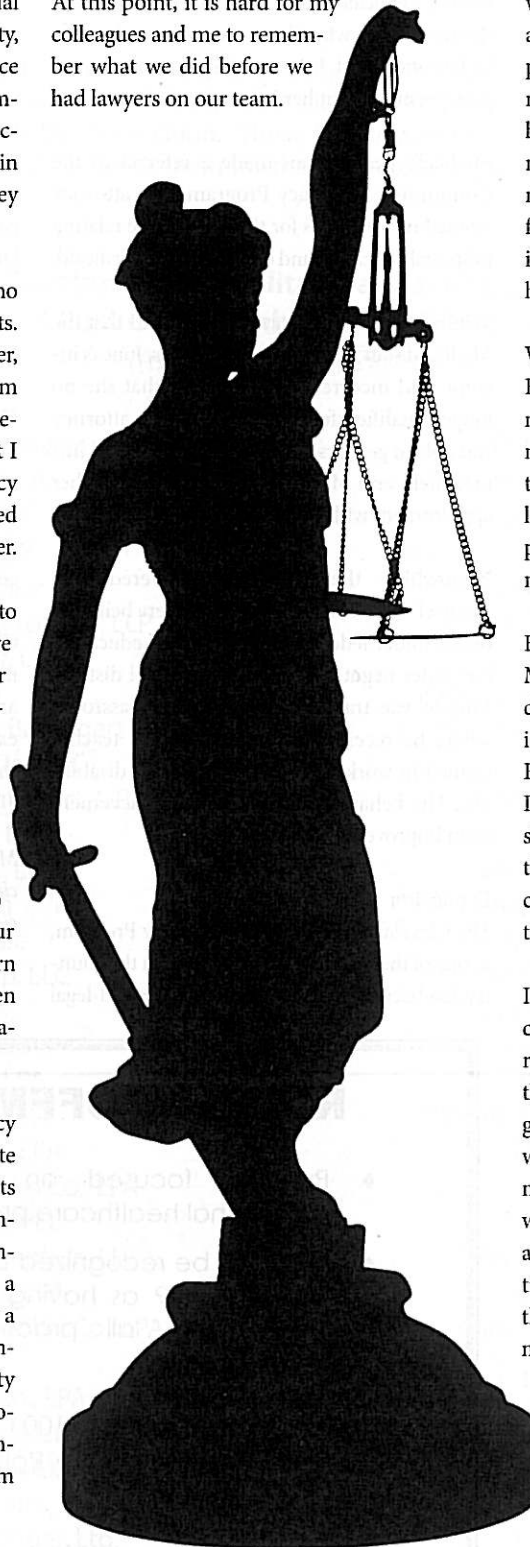
As a pediatrician, I am a "front-line" doctor who works in partnership with a variety of specialists. When I am concerned that my patient has cancer, I refer his family to an oncologist. When I am concerned that my patient has a serious heart defect, I refer her family to a cardiologist. What I did not realize until the Community Advocacy Program came to MetroHealth was that I needed another kind of specialist in my practice: a lawyer.

Although many consider doctors and lawyers to be natural adversaries, my colleagues and I have welcomed having a Legal Aid lawyer on our health care team. In addition to providing direct legal services to patients and their families, the Community Advocacy Program staff also educates MetroHealth staff so that we are better able to spot legal issues facing our patients. This instruction – which ranges from immigration law to family law, education law to public benefits law – helps fill in the gaps of our medical training. With this guidance, we learn about remedies to problems we may not even have realized had a legal solution. Special education is a good example of this.

Furthermore, having the Community Advocacy Program at MetroHealth helps us better educate the next generation of doctors. Medical students and medical residents now have access to trainings on these social issues as part of their standard curriculum. One day they might have a training on epilepsy and seizure disorders by a neurologist; the next day they might have a training on housing law by one of the Community Advocacy Program lawyers. Learning about social determinants of health is much more meaningful when doctors and lawyers analyze them together.

At MetroHealth we work hard to gain the trust of our patients, many of whom have been battered by "the system." Some patients, especially those with disabilities, come to view MetroHealth as a second home. Having the Community Advocacy Program on-site at MetroHealth allows our patients to access the legal assistance they need in a place where they feel safe.

At this point, it is hard for my colleagues and me to remember what we did before we had lawyers on our team.



#### A Lawyer's Perspective – Mallory Curran, Esq.

I began working with the Community Advocacy Program at MetroHealth straight out of law school. As a Legal Aid lawyer, I work with individuals and families who face not just one legal problem, but often three or four legal problems simultaneously. They are forced to navigate complicated bureaucracies on a monthly (and often weekly or daily) basis. While their legal problems are often paramount, they also have non-legal problems, including health problems. Furthermore, many legal problems are made worse by health problems. For example, untreated asthma might cause a client to miss important appointments such as with the caseworker who approves food stamps for the clients' family. I cannot imagine serving my clients without the support of the health care teams at MetroHealth.

When other lawyers hear that I work at MetroHealth, they frequently assume that I work in risk management, the general counsel's office, or medical malpractice defense. They are often intrigued when I explain that my version of "health law" involves using the law to solve specific legal problems which are keeping patients from optimal health.

Because all of my clients are referred to me by a MetroHealth doctor, nurse, social worker, psychologist, or any other staff member, I automatically have an ally in advocating for my client. Because I have an office on-site at MetroHealth, I have developed long-term, positive relationships with the doctors and other medical staff. As they have observed our successes, they have come to trust that my legal colleagues and I act in the best interest of their patients.

I know that many lawyers and paralegals spend countless hours trying to track down medical records or get a doctor on the phone. Because of the trust relationship Community Advocacy Program staff have with MetroHealth medical staff, we are able to get doctors on the phone within minutes by paging them. We also have meetings with them in their offices within a day or two of a request, grab them for impromptu consultations when we pass them in the halls, and see them at faculty and staff meetings. The value medical providers add to the cases includes educating the lawyer on how medical problems impact legal problems. For example, a doctor can explain how a disability may be impacting a child's ability to learn or how exposure to mold and other environmental hazards makes asthma worse.

These close relationships obviously make our lives easier as lawyers, but more importantly, they greatly benefit our clients. Having quick access to medical records and expert medical opinions speeds up the resolution of legal problems. In the area of public benefits, for example, these relationships have cut weeks, months, and even years off the wait time for crucial safety net services for which families qualify but have been denied improperly.

The physicians and other medical staff at MetroHealth have also proved first-rate at screening for unmet legal needs. As they gather a family and social history at a visit, they are often the first non-family member to learn of a pending eviction, the need for a domestic violence restraining order, loss of health insurance, or possible foreclosure. Having doctors and other medical staff screen for unmet legal needs is especially important in areas not commonly thought of as having legal solutions, such as special education for students with disabilities.

Patient confidentiality is obviously a major concern from both the MetroHealth and the Legal Aid perspective. The General Counsel's office at MetroHealth has been involved in the planning and implementation of the Community Advocacy Program since its inception. The two organizations have a memorandum of understanding outlining each organization's responsibilities, detailing the limits to access of both medical and legal files, and trying to plan ahead for any potential conflicts.

Finally, working in partnership with MetroHealth has taught me the lessons of "preventive medicine" which I apply to "preventive law." Many private attorneys already practice "preventive law" – advising a corporation on how to avoid liability or drafting a contract which clearly spells out the expectations of both parties. In civil poverty law, however, lawyers often practice "emergency room law" – trying to fight an eviction or foreclosure at the last minute, trying to reinstate benefits after they have already been terminated, and trying to appeal an expulsion once a child is already out of school. Throughout my tenure at MetroHealth, I have moved closer to the "preventive law" model so that the advice and counsel I provide to clients at an early stage prevents them from having to come to the "legal emergency room" in crisis.

### Case Example

Mrs. Jones came to see her pediatrician with her 9-year-old grandson, Michael, who has lived with her since birth. Michael was having problems in school, and Mrs. Jones was frequently called to take Michael home early or to sit with him in the classroom.

For her part, Mrs. Jones, a cancer survivor, had lost her Medicaid health insurance coverage, and she wasn't sure why. She was overdue to be seen by her oncologist, but was afraid to make an appointment without her insurance card.

Michael's pediatrician made a referral to the Community Advocacy Program. The attorney opened up two cases for the family: one relating to special education and one relating to Medicaid.

Within a week, the attorney discovered that the Medicaid staff had miscalculated Mrs. Jones's income and incorrectly determined that she no longer qualified for the program. The attorney was able to get Mrs. Jones back on Medicaid immediately, and Mrs. Jones was able to make her appointment with her oncologist.

Meanwhile, the attorney discovered that Michael's special education rights were being violated under federal and state special education law. After negotiations with the school district, Michael was transferred to a smaller classroom where he received more help from a teacher trained in working with students with disabilities. His behavior and academic achievement soon improved.

### Expansion

The Cleveland Community Advocacy Program, as one of the first five such programs in the country, has become a national leader in medical-legal

partnership. In Ohio, there are now six medical-legal partnerships serving low income patients at 12 hospitals and community health centers. The different sites have teamed up to form the Ohio Task Force on Medical-Legal Partnership, with a goal of providing technical support to each other and developing an advocacy agenda to improve patient health throughout the state. Nationwide, there are now more than 80 medical-legal partnerships serving patients at more than 160 hospitals and community health centers.

On March 26-27, 2009, Cleveland will play host to a national medical-legal partnership summit: "Transforming the Landscape of Health Care: Promoting Health Through Preventive Law." Organizers expect that more than 200 physicians, lawyers, social workers, nurses, and researchers will gather in Cleveland to collaborate even more effectively in using the law as an instrument to improve community health.

### Conclusion

Medical-legal partnerships provide an opportunity for doctors and lawyers to join forces on behalf of low income patients. Using the law as a strategy to improve patient health is a new concept, but one that is gaining ground across the country. In Cleveland, the Legal Aid Society of Cleveland and the MetroHealth System serve as national leaders in the field. Both feel that they are seeing just the tip of the iceberg, and hope to expand their capacity to serve more patients throughout the region. ■

*Mallory Curran is an attorney with The Legal Aid Society of Cleveland. Robert Needelman, MD is a physician with The MetroHealth System.*

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