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Abstract: Medical-legal partnerships (MLPs) integrate lawyers into the medical team to address patients' unmet legal needs that create barriers to good health and well-being (i.e., "health-harming legal needs") and improve health outcomes. Given the growing popularity of MLP as an innovative healthcare model, this review has two objectives: to identify peer-reviewed literature measuring (1) cancer patients' legal needs, and (2) outcomes for cancer patients after receiving MLP legal services. A systematic literature search was conducted in concordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) for the period 2006- 2022. Four articles met the inclusion criteria for objective one: three articles, including one that also met the inclusion criteria for objective one, met the inclusion criteria for objective two, for a total of six articles. Literature confirms that when screened, cancer patients regularly struggle with health-harming legal needs. Further published research is needed to better identify and understand the unmet legal needs of cancer patients and the impact of MLPs on cancer patients' outcomes.

Key Words: legal services, lawyers, neoplasms, cancer care facilities, psycho-oncology, medical-legal partnership, health-harming legal need, cancer, health outcome

Abbreviations: MLP (medical-legal partnership), HHLN (health-harming legal need), NCMLP (National Center for Medical-Legal Partnership), SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families), HIV/AIDS (Human Immunodeficiency Virus/Acquired immunodeficiency Syndrome), FMLA (Family and Medical Leave Act), RCT (Randomized Controlled Trial), PRISMA (Preferred Reporting Items for Systematic Review and Meta-Analyses), CINAHL (Cumulative Index to Nursing and Allied Literature), MEDLINE (Medical Literature Analysis and Retrieval System OnLINE)

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Background & Objective

Receiving a cancer diagnosis is a life-changing experience that immediately throws patients into the complex world of cancer jargon, prognosis, and treatment options. An oncologist or even a team of oncologists work to treat cancer itself, but they are not equipped to handle the ripple effects that a cancer diagnosis and treatment can have, such as job loss and subsequent lost income, health insurance battles, and advance planning needs. Patients are understandably overwhelmed by the rapid influx of life-changing information and its implications. Among the needs that an oncologist is unequipped to meet include health-harming legal needs (HHLN).¹ According to the National Center for Medical-Legal Partnership (NCMLP) a health-harming legal need is a “social problem that adversely affects a person’s health or access to healthcare, and that is better remedied through joint legal care and healthcare than through healthcare services alone. It is a type of social determinant of health.”² In short, it is anything that affects a

patient's health that could be fixed by an attorney. Examples of health-harming legal needs include a lack of health insurance, denial of public benefits (such as Social Security Disability Income, SNAP/TANF, or unemployment assistance), intimate partner violence, employment discrimination, unstable housing or lack of housing, consumer debt, unmet needs related to estate planning, and more. Studies demonstrate that addressing HHLN can alleviate stress,^{3, 4} improve physical health,^{5, 6} decrease hospital visits,⁷ decrease missed appointments,⁸ improve well-being,^{9, 10} and even improve personal financial situation.^{11, 12}

How can HHLN be addressed? The medical-legal partnership (MLP) model is an innovative model of healthcare delivery that embeds an attorney into the healthcare team. The MLP attorney's purpose is to address any HHLN that are impacting a patient. The MLP model largely originated in the 1980s during the HIV/AIDS epidemic in the United States, where healthcare institutions began forming partnerships with civil legal aid organizations to meet the needs of HIV/AIDS patients.¹³ Over the following decades, the MLP model gained traction for other groups of vulnerable patients including cancer patients.

While there is promising evidence for the effectiveness of MLP on a variety of patient outcomes, there have only been a couple systematic reviews of MLP outcome studies.^{3, 14} To date, there have been no reviews that focused specifically on the legal needs of cancer patients and the outcomes for those patients who received legal services through an MLP. To address this gap in the field, we undertook a systematic review to address the following research questions: 1) What empirical research has been done to document the legal needs of cancer patients? 2) What

outcomes have been measured for assessing the impact of legal help from an MLP for cancer patients?

Methods

We conducted this review in concordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA).¹⁵

Data Collection. This review consisted of two individual searches, one for each research question. For both, we systematically searched the following databases: MEDLINE and Embase via Ovid, CINAHL and Academic Search Premier via EBSCOhost, Web of Science Core Collection, and ProQuest Central. The first search was conducted on December 1, 2021 and included a combination of keywords and database-specific subject headings related to the concepts of cancer and medical-legal partnerships. The second search was conducted on March 28, 2022 and combined keywords and subject headings related to cancer and legal needs/services [see supplement/appendix for full reproducible search strategies]. Both search strategies limited the article results from 2006 to the search date. We limited the start date to 2006 based on our preliminary research and discovery of “The Attorney As the Newest Member of the Cancer Treatment Team,” which was published in 2006¹ and to our knowledge was the genesis of cancer MLP research. In an effort to find additional published studies, we supplemented the database searches by exploring gray literature resources (e.g., trial registries, white papers, preprints, and organizational websites), hand-searching personal libraries, and through citation tracking using the reference lists of the captured studies. We also contacted authors of conference abstracts.

Upon completion of each search, we removed duplicates using EndNote X9 (Clarivate Analytics, Philadelphia, PA) and uploaded the unique citations to Rayyan for screening.¹⁶

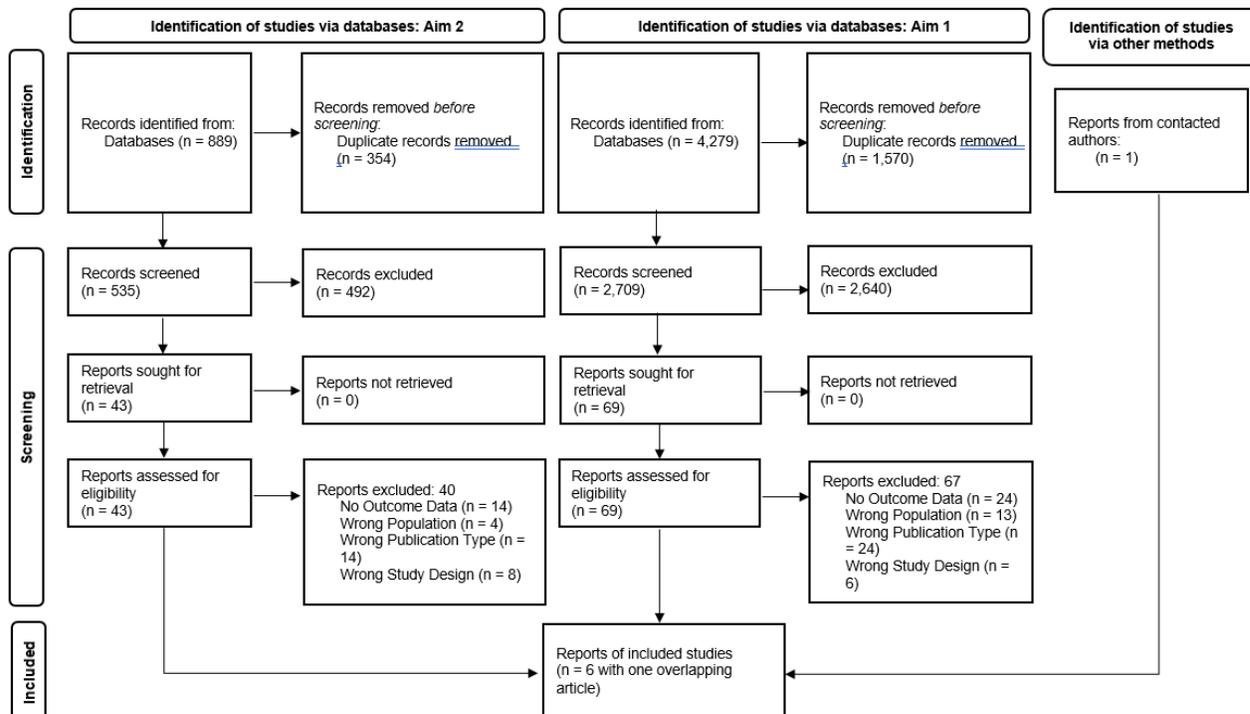
Screening. For each research question, the screening process was managed by a health sciences librarian and consisted of two phases: title/abstract and then full text. Each citation and, subsequently, full-text was independently screened for eligibility by at least two authors, who were blinded from seeing the other's recommendation. We resolved all conflicts through dialogue and consensus by the full team.

Eligibility Criteria. In order for papers to be eligible for inclusion, they had to be peer-reviewed, empirical studies, written in English, and focused on cancer and legal needs, legal services, or medical-legal partnerships within the United States. We excluded papers that were not US-based given our unique legal and health care systems.

Results

Despite finding a vast array of articles crediting the Medical-Legal Partnership as an innovative care delivery model, we found very few articles that reported on empirical studies, specific to cancer patients. As seen in Figure 1, our search led to six unique articles that met our inclusion criteria.^{1, 17-21}

Figure 1: PRISMA Flow Diagram of Search and Data Extraction



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: <http://www.prisma-statement.org/>

Table 1:
Articles Identified in Systematic Literature Review

| Author, Publication Year | Title, Journal | Research Question (RQ) Addressed * | Study Location | Medical Legal Partner | Sample Size and Study Participants' Demographics |
|--------------------------|--|------------------------------------|----------------|-----------------------|--|
| Zevon et al. (2007) | <i>Medically related legal needs and quality of life in cancer care, Cancer</i> | RQ 1 | Buffalo, NY | None identified | 50 participants English speaking only |
| Ko et al. (2016) | <i>Burden of socio-legal concerns among vulnerable patients seeking cancer care services at an urban safety-net hospital: a cross-sectional survey, BMC Health Services Research</i> | RQ 1 | Boston, MA | None identified | 104 participants 65% ethnic minority 63% public insurance 67% high school diploma or less |

| | | | | | |
|-------------------------|--|------------|---------------|--|---|
| Knobf et al. (2021) | <i>Bridging the Care Continuum: A Pilot Program for Underserved Women with Breast Cancer</i> , Journal of Oncology Navigation & Survivorship | RQ 1 | New Haven, CT | New Haven Legal Assistance Association | 101 participants 55% ethnic minority 45% public/government insurance 6% no insurance |
| Battaglia et al. (2022) | <i>Patient navigation to address sociolegal barriers for patients with cancer: A comparative-effectiveness study</i> , Cancer | RQ1 & RQ 2 | Boston, MA | Medical Legal Partnership Boston | 306 participants 55% Black, 22% Hispanic 73% public/government insurance |
| Fleishman et al. (2006) | <i>The Attorney As the Newest Member of the Cancer Treatment Team</i> , Journal of Clinical Oncology | RQ 2 | New York, NY | Legal Health | 20 participants Details not provided |
| Rodabaugh et al. (2010) | <i>A Medical-Legal Partnership as a Component of a Palliative Care Model</i> , Journal of Palliative Medicine | RQ 2 | Buffalo, NY | The Legal Services Program/ Neighborhood Legal Services | 297 referrals received by MLP Details not provided |

***Research Question One:** Empirical papers that reported on the results of screening cancer patients for health-harming legal needs; **Research Question Two:** Empirical papers reporting on health outcomes for cancer patients when legal services were provided as an intervention through the medical-legal partnership model.

Study Participants. Participant demographics varied in each study, and Table 1 highlights the basic demographic information of participants including race and health insurance type. Of note, one-third of the studies failed to provide any demographic data about their samples; and a third article provided very limited data (i.e., language spoken). The age of participants, when reported,

was similar, with the average age in each study being between 49 and 57 years old. Some studies limited participants based on the cancer type, and it appears that breast cancer was the most common cancer diagnosis for study participants, although the sample characteristics were significantly shaped by study exclusion criteria such as language needs, income limits, and date of diagnosis. Overall, the majority of patients appeared to be recipients of public insurance or have no insurance, suggesting that many participants were low-income at the time of treatment.

Research Question 1: Identifying Legal Needs. Each of the four studies that met our inclusion criteria used a different screening process to identify legal issues amongst cancer patients which are described in Table 2. Three of the studies^{17, 18, 20} aimed to identify “socio-legal” and “medically related legal” needs, while Knobf et al.¹⁹ took a broader approach to identify “adverse social determinants of health,” which also included legal issues. Once legal needs were identified, in instances where a medical-legal partnership existed, a referral was made (see Table 2).

Legal Needs Discovered. In all four studies, a subset of cancer patients identified the presence of unmet legal needs as impacting their quality of life as noted in Table 2. In Ko et al.¹⁸ and Battaglia et al.,²⁰ approximately 75% of study participants had at least one legal need, confirming that legal needs amongst cancer patients are extremely prevalent. There were common legal issues reported across all four studies, regardless of differences in the authors’ study criteria, program structure, and participant demographics. Financial legal concerns, housing, and employment issues were the most frequently reported legal needs identified among study participants.

In the study conducted by Knobf et al., 101 participants were assessed and a subsequent 120 referrals were made by the patient navigation team for non-medical needs.¹⁹ Approximately 50% of the referrals were for financial reasons, which encompassed a variety of financial resources, including both legal and non-legal matters.¹⁹ Knobf et al. noted that issues such as utility bills, mortgage, medical bills, copays, and general living expenses were all legal concerns raised by participants.¹⁹ Similar research by Ko et al. noted that 24% of participants reported being concerned with applying for or receiving disability benefits, and 28% were concerned with receiving government benefits.¹⁸ Ko et al. characterized the top reported socio-legal concern as “having enough money to pay for basic expenses,” followed by “concern with finances.”¹⁸

Other legal issue areas identified were consistent with HHLNs that are commonly identified by MLPs. In Knobf et al.,¹⁹ navigators identified legal issues to include employment, housing, family law, Family Medical Leave Act, and disability— which accounted for approximately 18% of the total referrals— all of which went to the MLP partner. In Ko et al., researchers identified housing concerns: 20% of participants reported having a concern about the safety or condition of their housing, and 17% were concerned about being evicted or losing their house to foreclosure.¹⁸ Interestingly, in Zevon et al., when patients ranked what legal needs they perceived to be most important versus identifying legal needs they actually had, patients perceived healthcare-related legal needs, such as living wills, advanced directives, and healthcare proxies to be the most important, followed by employment, financial, and estate-related legal needs.¹⁷

Perceived legal needs were greater among breast cancer patients as compared to lung cancer patients.²⁰ Despite being able to identify legal needs, patients reported that the current medical system failed to fully address these issues despite their impact on patients' quality of life,¹⁷ and only 35% of patients responding in one study reported that they had raised legal concerns with their provider team.¹⁹

Table 2: Methods for and Results of Legal Needs Screening for Cancer Patients

| Author, Publication Year | Legal Need Assessment Method | Legal services Referral? | Summary of Legal Needs Discovered |
|--------------------------|---|--------------------------|--|
| Zevon et al. (2007) | Participants were instructed to rate legal needs through multidimensional scaling and cluster analysis tools to identify legal needs of cancer patients and their importance to quality of life. | No | Healthcare-related legal issues such as healthcare care proxy issues, advance directives, and living wills were rated by patients as the most important. Employment-related, financial-related, and estate-related legal needs were also rated as having a significant impact on quality of life. |
| Ko et al. (2016) | Research assistants administered a questionnaire to identify socio-legal concerns. The survey was created based on a literature review of SDOH observed among cancer patients, existing questions utilized by Medical-Legal Partnership Boston and a previously validated questionnaire. | No | Of the study participants, 77% reported concerns with one or more socio-legal needs in the past month, with a mean of 5.75 concerns per participant. The most common socio-legal concerns related to income supports, housing, and employment/education. Only 35% of those that reported socio-legal concerns responded that they had raised these issues with their provider. |
| Knobf et al. (2021) | A bilingual community cancer care navigator was recruited and trained by the breast medical oncologist and the MLP and oriented to the goals of the program which was to connect patients to needed resources. | Yes | Study aimed to connect patients with all resources and not solely legal services. 101 women were served and 120 referrals were made, 60% of referrals were for financial reasons, including both legal and non-legal matters. Legal-specific issues identified included employment, housing, family law, Family Medical Leave Act, and disability –which accounted for approximately 18% of the total referrals. |

| | | | |
|-------------------------|--|-----|---|
| Battaglia et al. (2022) | <p>Sociolegal needs were captured by an interview assessment tool designed by the legal advocates and administered by the patient navigator to capture detailed patient information regarding perceived legal barriers across 3 domains (housing and utilities, employment, and disability benefits). A control group received standard patient navigation services. was then used by the medical navigator through a participant interview.</p> <p>The thirty-minute assessment was performed at enrollment and again 3 months and 6 months after the start of treatment.</p> | Yes | <p>75% of patients had a confirmed legal need based on the assessment.</p> <p>For some legal areas, there was a decrease in concern at 6 months compared to 3 months; however, disability benefit barriers and housing needs both increased after 6 months.</p> |
|-------------------------|--|-----|---|

Research Question #2: Identifying and Analyzing Measured Outcomes when Cancer

Patients Receive Medical-Legal Partnership Legal Services. Three papers^{1, 20, 21} met the inclusion criteria for measured outcomes for cancer patients after receiving legal services at a medical-legal partnership (MLP). As expected, there was variation between the three papers in which outcomes were measured, with only some overlap. For example, one paper measured “stress”, and another measured “distress”, while one paper measured “maintained treatment regimen” versus another that examined “attended medical appointments.” See Table 3 for a full description of the outcomes measured.

Study Design and Legal Services Provided. In each study, attorney intervention differed in terms of when a legal referral was made and who was providing legal information to the patient. In Fleishman et al., MLP legal providers trained physicians to actively triage patients for legal needs and then provide a referral to LegalHealth when appropriate.¹ The authors described that

once a legal need was identified, an appointment was made with the lawyer who sat in the same clinical area where treatment was provided.¹ In Rodabaugh et al., medical providers referred patients with identified or suspected legal needs to the Legal Services Program, which was staffed with a full-time social worker and a part-time lawyer employed by a local legal services agency.²¹ In Battaglia et al., patients who were newly diagnosed with cancer were assigned to either standard patient navigation or enhanced navigation with legal services.²⁰ Patients in the enhanced navigation received services that were delivered by a navigator with specialized MLP training on three socio-legal needs: housing, employment, and disability benefits.²⁰ Navigators who identified legal issues were then provided one-on-one consults from the legal team and could provide referrals for patients requiring additional direct legal assistance.²⁰

Assessing Cancer Patients' Outcomes. In both observational studies, legal interventions positively impacted cancer patients. In "The Attorney As the Newest Member of the Cancer Treatment Team," Fleishman et al. identified that 75% of patients interviewed said that legal services reduced stress, and 50% said that legal services had a positive impact on their family or loved ones.¹ Fleishman et al. noted that 45% of participants surveyed reported that legal services had a positive impact on their finances.¹ Rodabaugh et al. noted that in 6% of referrals, patients had a complex insurance denial; through legal intervention, over \$900,000 in economic hardship was avoided.²¹ Fleishman et al. also demonstrated that 25% of survey respondents said that legal services helped them keep medical appointments.¹

Interestingly, the randomized controlled study by Battaglia et al. in Boston did not detect positive effects of the legal intervention on patient outcomes for distress, timely treatment, or quality of

cancer care.²⁰ However, the authors noted that there were fewer unmet legal needs than expected, and the comparison group received a robust patient navigation intervention.²⁰ Additionally, the Battaglia et al. study was the only study design that did not specify that it was limited to low-income participants, which may have played a role in the null findings.²⁰

Table 3: Study designs and outcomes measured for cancer patients referred for legal services

| Author, Publication Year | Study Design | Outcomes Measured | Outcomes Results |
|--------------------------|--------------------------------|---|---|
| Battaglia et al. (2022) | Randomized Control Trial (RCT) | Timely Treatment (within 90 days of diagnosis) Quality of Cancer Care Distress Cancer-related Needs Satisfaction with Navigation Services | No statistically significant differences between the treatment and control groups' outcomes |
| Fleishman et al. (2006) | Observational Study | Stress Effect on family and loved ones Maintained treatment regimen Attended medical appointments | Positive effects for all outcomes measured |
| Rodabaugh et al. (2010) | Observational Study | Monetary benefit of legal intervention | Positive effects for the outcome measured |

Key Findings. In all studies, cancer patients were found to have legal issues, and participants identified addressing legal needs as important to their quality of life. Legal needs were consistently related to finances, employment, and housing, and the prevalence of legal needs in cancer patients suggested that many patients have more than one legal need when screened. In reviewing the outcomes of patients who received legal services, cancer patients benefited from legal services. Even in the RCT, which yielded no detectable difference between outcomes of the two groups studied, it is noteworthy that in both groups, patients' perceived socio-legal barriers

were overall lower at six months versus at three months, perhaps indicating that navigation and patient education did resolve many legal concerns.²⁰

Discussion

To our knowledge, this is the first systematic review reporting on the intersection of the legal needs of cancer patients and the use of the MLP model in their treatment and care. The results of our literature review make clear that cancer patients have a high burden of HHLN; financial concerns and the secondary results of not having stable income like housing evictions, food instability, and consumer debt issues are common occurrences. Because however, vulnerable populations were excluded from these studies, (i.e., cancer patients without insurance, non-English speakers, and in some instances, cancer patients with less common cancers), the true incidence of such needs is likely higher.

These papers underscored the lack of commonly agreed upon guidelines for what are the essential elements of a cancer MLP. The programs/interventions described in the papers which met our inclusion criteria varied in the detail of their descriptions and described a range of intervention strategies. For example, Knobf et al.'s model described an approach that started with screening and then led directly to a referral to a legal services organization.¹⁹ In Battaglia et al.'s RCT, the MLP cohort received "enhanced" patient navigation services, which were administered via navigators who had completed additional training provided by the MLP partner on three socio-legal areas, including housing, employment, and disability benefits; once a legal problem was identified, the navigator created a care plan through consultation with the lawyer rather than a hand-off to a legal provider.²⁰ In addition to intervention differences, important

details about the qualifications and experiences of the legal partners in these MLPs were missing. It was unclear whether the attorneys assigned to address the legal issues of cancer patients were generalists, attorneys with expertise in specific areas of practice like public benefits or housing, or had prior MLP experience. As the field continues to mature, programs offering MLP services should carefully describe their key personnel, approaches to screening, legal intake, referral to and/or the direct provision of legal services consistent with the guidance offered by the National Center for MLP in its Health Center Toolkit, “Bringing lawyers onto the health center care team to promote patient & community health.”²²

This review also highlighted the lack of consensus on the type of outcomes that cancer MLP should expect to impact. Indeed, the papers included in this review reported on a range of outcomes, some extracted from medical records while others were self-reported by the patients. Some focused on patients’ distress/stress levels, while others focused on the financial incentives, including financial benefit to the individual patient as well as to the medical partner. A well-articulated theory of change for how the provision of legal services would result in changes in specific outcomes would increase the rigor of future studies. This could also help contribute to the development of commonly agreed upon outcomes so that effect sizes could be calculated and future meta-analyses could be performed.

The field of MLP currently lacks a set of well-validated, standardized screening tools to identify which social needs are best suited for legal intervention and fall under the purview of a lawyer versus a social worker or another type of patient navigator. The lack of precision in defining “health-harming legal needs” is not unique to cancer MLPs. Within the papers reviewed here, Ko

et al. defined socio-legal concerns as “social problems related to meeting life’s basic needs...potentially remedied through legal advocacy/action.”¹⁸ This definition doesn’t help distinguish between basic life needs that may be addressed through social work versus legal advocacy. Indeed, in practice, many such issues may benefit from the initial advocacy a social worker can provide. For example, a cancer patient might have an issue with obtaining health insurance coverage that a social worker could assist with; however, once a formal denial from the health insurance agency has occurred, a lawyer might be the appropriate person to address the issue. Comprehensive cancer centers often have a multi-disciplinary team of providers who can support a broad range of health-related social needs following a cancer diagnosis. Thinking critically about how and when a lawyer can help and increasing precision around these boundaries is important in MLPs where providers and patient support teams are working together to address potential legal needs for cancer patients.

Another gap in the literature raised by this review is a lack of data on whether and how cancer patients’ legal needs might change over time. The lack of longitudinal studies as well as variability in the timing of administration of legal needs screenings both contribute to this problem. For example, the screening tool used by Ko et al. asked patients if “in the last month” they had been concerned about one or more socio-legal concerns.¹⁸ Similarly, in Battaglia et al. the screening and legal interventions occurred within the first 30 days of treatment.²⁰ It is likely that different legal needs will arise as the patients move from diagnosis into active treatment and hopefully to remission and/or survivorship as time passes. For example, at the time of initial diagnosis, a patient may have stable employment and adequate housing; as patients move into receipt of chemotherapy and/or radiation, employment concerns about time off from work might

surface, as may the downstream socio-legal effects of treatment, including reduced income, denied benefits, and housing evictions. After treatment, legal issues about long-term disability, estate planning, and debt issues may arise. Future research should document the timing for legal screening and—to the extent ethical and practical—measure change over time in legal issues for cancer patients during the natural history of their illnesses.

Most of the studies that met the inclusion criteria for this review were cross-sectional and non-experimental designs, with one exception. Battaglia et al.'s RCT stands alone as the only rigorous test of the effectiveness of MLP services for cancer patients.²⁰ In this study, Battaglia et.al divided patients into two cohorts, one that received standard patient navigation, which included no legal intervention for patients and one that received “enhanced” navigation, which provided patients with navigators with specialized MLP training and legal support.²⁰ Despite this rigorous design, no statistically significant differences between the two groups were detected on their main outcome: time to treatment following diagnosis.²⁰

While disappointing, the null findings of Battaglia et al.'s RCT²⁰ illustrate many of the concerns raised above. First, as referenced above, the legal services and patient navigation were both provided quite early in patients' cancer trajectory—at the point of their initial diagnosis. Additionally, in this study patients had access to professional patient navigators, who may be equally as capable of addressing certain barriers as an MLP attorney. For example, where patients assume that cancer treatment means they must stop working, a well-trained social worker can identify the potential entitlement to leave under the Family and Medical Leave Act. Patients counseled to enroll by calling their Human Resources representative may only require an attorney

referral when this initial step of enrolling goes awry. Lastly, Battaglia et al. used patients' "time to treatment" as the metric examining the impact of the MLP.²⁰ Why was "time to treatment" the focal outcome measured? Were other outcomes considered, such as adherence to treatment, but outweighed by "time to treatment"? As practitioners and researchers grapple with how to persuasively make the economic case for starting and sustaining an MLP, outcomes selected for study should be linked to a theory of change and also identified through stakeholder input.

It is important to note that this review focused exclusively on empirical papers that were in the peer-reviewed scientific literature. In 2016, Ko et al. noted that much of the current data related to the socio-legal concerns of cancer patients resided mainly in legal literature or program reports, and therefore was qualitative in nature.¹⁸ Six years later, this trend remains true. In conducting this review, we frequently had to exclude papers that offered anecdotal accounts of cancer patients' legal needs. As the MLP field continues to build its evidence base, partnerships with researchers and evaluators can help programmatic teams increase the rigor of future empirical studies, establish measurable legal interventions and outcomes, and ultimately publish their findings. Academic MLPs, a subset of the MLP model where the MLP includes an academic partner, are uniquely suited to take up this charge; according to a study by Girard et al., approximately one-third of law school partners and half of the medical school partners in MLPs surveyed are conducting research.²³

Conclusion & Thoughts on Future Research

The results of our systematic review demonstrate that cancer patients have a high prevalence of HHLNs that impact their health outcomes and suggest that MLPs can help address some of these

needs. While preliminary results around the MLP model are promising, the small number of empirical studies that have been published for cancer patients underscore the need for additional research on the use of MLP as a health promoting intervention. The MLP model has evidence for effectiveness in addressing the unmet legal needs of other patient populations, such as pediatrics, HIV-positive people, and immigrant farmworkers, and this review helps build the case that it can be equally effective for cancer patients. Our theory of change is that once cancer patients have legal advocates helping them meet their housing, disability, insurance, and estate planning needs, they may more easily be able to adhere to their oncology treatment plan and report less stress, for themselves and their families.

Having completed this review, we recommend future cancer MLP research: 1) specify how patient legal and health outcomes are defined, 2) identify tools for assessing patient outcomes, 3) articulate theories of change for legal intervention and measured outcomes, 4) strive to include more populations of cancer patients, including those may be most in need of legal services and advocacy.

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