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Integrating Social Workers into Medical–Legal Partnerships: Comprehensive Problem Solving for Patients

Jeffrey David Colvin, Brooke Nelson, and Katie Cronin

Medical–legal partnerships (MLPs) integrate legal services into the health care setting to resolve legal issues that have a negative impact on patient health. These partnerships between attorneys and health care professionals have traditionally focused on physicians. Despite early success and expansion of the MLP model, the literature is only beginning to explore the significant role that social workers can play in an MLP's development, process, and success. This article argues that MLPs are greatly enhanced when they seek the active engagement of a health center's social workers. All members of the MLP, however, should be aware of differing ethical and legal obligations in the medical, social work, and legal profession as well as differences in professional cultures that can affect the work of the partnership.

KEY WORDS: *health care; medical–legal partnerships; social problems; social work*

Bernstein (1977, 1980) first described the benefits of collaborations between social workers and attorneys within the health care setting in 1977. Since that time, social worker–attorney collaborations have grown within health care, most notably in the areas of geriatrics and HIV/AIDS (Golick & Lessem, 2004; Johnson & Cahn, 1995; Retkin, Stein, & Draimin, 1997). Since the dawn of the medical–legal partnership (MLP) movement in the early 1990s, the role of the attorney in the health care setting has greatly expanded. MLPs seek to partner attorneys with physicians and other members of health care teams to resolve legal issues affecting patient health (Cohen et al., 2010; Williams, Costa, Odunlami, & Mohammed, 2008; Zuckerman, Sandel, Lawton, & Morton, 2008; Zuckerman, Sandel, Smith, & Lawton, 2004). The attorneys in these partnerships provide representation to patients to achieve health benefits. They are distinct from a hospital's general counsel, which represents the interests of the hospital.

Although social workers have been involved in the MLP movement, the full value that social workers can bring to any MLP has not been explored. In this article, we discuss the history of the MLP movement, the specific social work skills and perspectives that can enhance an MLP, and

the differing legal and ethical obligations and professional perspectives of the social work and legal professions. Finally, we describe an MLP model that strongly relies on social work to demonstrate how social work can enhance the effectiveness of these partnerships.

THE MLP MOVEMENT

The first MLP was founded in Boston in 1993 in an attempt to address social factors affecting health that could be remedied through legal action (Sandel et al., 2010). For example, mold exposure within living quarters is a known trigger of asthma. The existence of dangerous or excessive mold (or conditions leading to mold, such as leaking roofs) is a housing code violation in many jurisdictions. When the medical treatment team collaborates with attorneys, the health of asthmatic patients can be improved through enforcement of housing codes (Das, 2007). In this way, the MLP legal staff differs from the hospital's general counsel; the MLP represents and serves a hospital's patients, whereas the hospital's general counsel represents and serves the hospital as an institution. MLPs do not pursue legal action on behalf of patients against the hospital, such as malpractice suits.

In addition to housing law, many other legal areas can affect patient health: income supports

and public benefits, health insurance, education rights, orders of protection and divorce for intimate partner violence, immigration, guardianship, and powers of attorney (Kenyon, Sandel, Silverstein, Shakir, & Zuckerman, 2007; Sandel et al., 2010). By reducing or eliminating legal concerns for families, MLPs also decrease patient stress and increase adherence with medical treatment, improving present and long-term patient health (Conroy, Sandel, & Zuckerman, 2010; Zevon, Schwabish, Donnelly, & Radabaugh, 2007). Similarly, Smith et al. (2008) have posited in the context of asthma that each family has an unconscious list of prioritized “worries” (such as housing instability, food insecurity, or home or neighborhood safety), collectively termed a “worry budget.” Families with significant social stressors will often prioritize those worries over the health concerns of family members. As a result, health concerns must compete for attention with the other significant social stressors, possibly resulting in worsened health (Smith et al., 2008). By eliminating social stressors related to legal issues, MLPs can allow families to begin to prioritize their health.

MLPs provide benefits to health centers beyond direct legal services for patients. Many MLPs provide advocacy training to medical residents and students (Cohen et al., 2010; Paul et al., 2009). MLP trainings for medical providers have focused on improving the social histories taken by physicians to improve physicians’ ability to detect legal issues affecting patient health (Kenyon et al., 2007). MLPs have created systemic legal change by advocating for the adoption or modification of laws that affect the health of low-income families. For example, the MLP in Boston worked with the Massachusetts Department of Public Utilities to make dramatic regulatory improvements to utility shutoff protections for tenants (Sandel et al., 2010).

Since the establishment of the first MLP in 1993, the model has spread to over 100 hospitals and 116 community health centers across the United States (Sandel et al., 2010). Some medical facilities employ their own attorneys, but many partnerships leverage existing legal resources in the community, such as legal aid agencies, pro bono assistance from the private bar, and law school clinics. Whereas some partnerships focus on specific fields of medicine (for example, diabetes, oncology, mental health), many MLPs address a

wide range of legal and medical issues (Cohen et al., 2010).

MLPs offer a unique opportunity to practice preventive medicine and preventive law (Morton, Barton, & Maypole, 2009; Sandel et al., 2010). Patients may mention legal issues to their medical providers as they are developing, as opposed to waiting to contact a lawyer at the crisis stage (Weintraub et al., 2010). Receiving a legal case in a preventive posture, an attorney may be able to pursue additional methods of advocacy and remedies for a client. For example, a patient living in poorly maintained rental housing may be tempted to withhold rent payments from his or her landlord, an option that may only be legal if certain procedures are followed, such as placing the withheld rent in escrow. The patient, the physician, and the social worker may be unaware of the procedures for legally withholding rent. The unrepresented patient may withhold his or her rent without placing it in escrow, which could lead to his or her eviction. Through a referral to the MLP, the attorney, working in conjunction with the medical team, can advise the patient regarding the proper procedures for withholding rent. Traditionally, this patient may never learn about the existence of free legal services until the eviction stage or after it is too late to pursue any legal options. Through an early referral identified by the MLP social worker, a patient’s potential legal outcome—and consequently, health outcomes—can be greatly improved.

MLPs have received considerable attention in the popular press because of their potential to improve patient health in novel ways (Eckholm, 2010; Gorman, 2010; Sun, 2010). The model has been endorsed by the American Academy of Pediatrics, the American Medical Association, and the American Bar Association (ABA) (ABA, 2007; National Center for Medical–Legal Partnership [NCMLP], 2009, 2010). In July 2010, bipartisan legislation—the MLP for Health Act—was introduced in both the U.S. House and Senate to provide funding for MLPs throughout the country (Medical–Legal Partnership for Health Act, H.R. 5961, 111th Cong., 2d Sess. 2010; Medical–Legal Partnership for Health Act, S. 3668, 111th Cong., 2d Sess. 2010). Although the legislation, to date, has not been enacted, it demonstrates the growing national interest in the MLP movement.

In the past few years, the NCMLP has actively recruited social workers to attend their MLP Summit and present on the role of social work in MLPs. The national Medical Advisory Board (MAB) and the new transitional board of directors of the NCMLP have included social work members.

SOCIAL WORKERS IMPROVE MLPs

Social workers play an integral role in an MLP. MLPs should actively engage social workers to further improve the effectiveness of the model. The literature is only beginning to explore the significant role that social workers can play in an MLP's development and success.

The complexity of the modern social problems of homelessness, poverty, intimate partner violence, child abuse, and chronic disease require a multidisciplinary approach to fully meet the needs of families and to reduce the burden on health (Benson, 2007; Cervone & Mauro, 1996; Enos & Kanter, 2002; Steinberg, Woodhouse, & Cowan, 2002). No single profession, including medicine and law, has the answer to these dilemmas (Enos & Kanter, 2002; Steinberg et al., 2002). Consequently, legal authors have advocated for attorneys to more actively partner with the social work profession. Clients who are "dealing with complex and multidimensional problems need service providers who approach problem-solving in a way that is client-centered and incorporates multidisciplinary and community-based solutions and resources" (Enos & Kanter, 2002, p. 84). Collaborations between physicians, nurses, social workers, and attorneys meet the needs of families who require one stop shopping for effective assistance: Medical, legal, and social supports need to be situated in the same location to ensure access by families (Brustin, 2002; Tames, Tremblay, Wagner, Lawton, & Smith, 2003). By having an attorney or paralegal on-site at a medical facility, MLPs have improved the quality and coordination of medical care (Brustin, 2002).

By integrating social workers into its partnership, an MLP is better able to connect patients and families to community resources beyond those addressed by legal representation. With their unique skills set, social workers enhance MLPs by fully assessing patient needs and barriers and by expanding the breadth of knowledge and solutions available to both patients and attorneys. Even for issues with a legal remedy, social

workers can provide other, nonlegal solutions so that patients and families can choose the best course. Patients' legal problems do not exist in isolation; rather, clients who have low incomes or are indigent "have a variety of problems that contribute to or affect their legal situations, and these problems often require services beyond the expertise of lawyers" (Galowitz, 1999, p. 2130). Effective multidisciplinary partnerships "start with the client's needs and concerns and understand the variety of ways in which law can be a part of a comprehensive approach" (Trubek & Farnham, 2000, p. 259).

Family Systems Theory

MLPs further benefit from the approach social workers take to patient problem solving. Social workers encourage legal staff to use a comprehensive and holistic approach, exploring all of a patient or client's psychosocial needs, not just the ones that have readily available legal solutions (Aiken & Wizner, 2003; Weinstein, 1999). Social workers often view the "patient" as the entire family system, including anyone who belongs to the patient's support system. Social work's systems approach places the patient within multiple layers of social contexts beyond traditional legal relationships (for example, plaintiff-defendant, petitioner-respondent) (Coleman, 2001; St. Joan, 2001). This approach enhances an MLP's understanding of the complexity of the social conditions affecting patients' health. Typically, attorneys are retained to assist their clients with one set of finite legal issues and, at the conclusion of the legal case, the relationship terminates. In contrast, the patient-social worker relationship may be ongoing, becoming more active at times of crisis and less active when the family system is stable (Coleman, 2001; Kisthardt, 2006; Kruse, 2004). When the legal issue is framed by a social worker, the legal strategy is pursued by means of a more holistic and longitudinal approach.

The systems approach used by social workers provides enhanced recognition of the factors that contribute to a client's legal problem, thereby allowing for a more effective and potentially permanent legal solution. For instance, in an eviction case, an attorney may focus on the immediate legal issue: preventing the eviction. In contrast, a social worker may look more broadly at the causes leading to that legal problem, such as loss

of employment resulting in the inability to pay rent. This broader perspective helps MLP attorneys look beyond the housing legal issue to identify other potential legal issues, such as unlawful termination of employment, to assist the patient. By identifying the root causes of a patient's present legal problem, social workers and attorneys collaborate to assist patients in addressing both acute and chronic sources of poor health through a wide range of solutions.

Empowerment

Social workers enhance the MLP's use of an empowering approach. Social work practice emphasizes empowering families by teaching them to find solutions to their problems. Law school educators are beginning to recognize the need for the teaching and adoption of social work's empowerment approach in legal education (Aiken & Wizner, 2003; Rand, 2006). These legal educators believe that social work's empowering approach will increase future attorneys' commitment to social justice and systemic change (Aiken & Wizner, 2003; Rand, 2006).

Value of Social Work Assessment

By collaborating with social workers, MLPs also gain a deeper understanding of patients and insights into patients' strengths and needs. With background information from a social worker about a patient and his or her family, social workers assist MLP attorneys and paralegals in "understanding or relating to the client, thereby assisting in the delivery of legal services to the client" (Galowitz, 1999, p. 2125). For example, a teenage mother may have been denied Medicaid for "failure to cooperate" in providing requested information to the application-processing agency. The social worker may be aware that the mother has a learning disability that makes it difficult for her to comply with the complicated application process. Notified of this limitation, legal staff may be able to provide additional assistance to ensure that the application requirements are met.

Value of Therapeutic Relationship

MLPs benefit from the relationship and rapport that social workers have previously established with their patients. Patients may have concerns about working with a member of the legal profession, but social workers can help patients

understand the role an attorney can play in improving health and access to community resources. Social workers can encourage and empower patients to use the legal services available through the MLP (Brustin, 2002; Kisthardt, 2006; Trubek & Farnham, 2000).

Promoting Solutions to Nonlegal Barriers

Furthermore, because a patient may not recognize the legal implications inherent in his or her situation, a social worker can explain potential legal solutions and can consult with the MLP (Brustin, 2002; Hansen & Lawton, 2008). A trusting patient-social worker relationship may lead to earlier disclosure of social problems and recognition that a situation has legal ramifications. The social worker is then able to refer the patient to the MLP before the problem becomes a legal crisis. When contacted early, the MLP may be able to present the patient with additional legal options and may prevent new, secondary legal difficulties from arising. In this way, a strong collaboration with social workers furthers the "preventive law" aspect of MLPs.

MLP attorneys and physicians should also be aware of a number of practical ways that social workers improve the effectiveness of MLPs. Social workers may identify problems that prevent patients from meeting with MLP staff or completing needed legal documents. Those problems can range from transportation and illiteracy to substance abuse and mental illness. Following a client assessment, social workers can help to remove nonlegal barriers to effective legal solutions (Coleman, 2001; Trubek & Farnham, 2000). In addition, social workers can help facilitate communication between a patient and legal staff (Kisthardt, 2006). For instance, when there has been a loss of contact between the MLP and the patient, the social worker may have an opportunity to re-establish communication during ongoing medical appointments. Collaboration between physicians, social workers, and legal staff promotes comprehensive problem solving for patients and families.

Differing Legal and Ethical Obligations and Professional Perspectives: Issues and Solutions When Social Workers and Attorneys Collaborate

Attorneys, physicians, and social workers collaborating in an MLP should be aware of differing legal

and ethical obligations. For existing MLPs that have focused their partnership on physicians, these differences will not be new, as social workers adhere to many of the same legal, ethical, and professional obligations as do physicians. Social workers and attorneys should recognize potential differences in professional perspectives and cultures.

Differing Ethical and Legal Obligations of Social Workers and Attorneys

The differing ethical and legal obligations of social workers and attorneys in the health care setting have been described in detail in other publications (Boumil, Freitas, & Freitas, 2010; Campbell, Sicklick, Galowitz, Retkin, & Fleishman, 2010; Retkin et al., 1997; Tames et al., 2003). Social workers and attorneys have differing obligations with regard to patient and client confidentiality. Attorneys who have not entered into business associate agreements with their health care providers are not subject to Health Insurance Portability and Accountability Act (P.L. 104-191) (HIPAA) rules regarding the release of substance abuse information (such as 42 C.F.R. § 2.1–2.67) and state-mandated reporting statutes for concerns regarding abuse or neglect. Instead, attorneys adhere to the obligations of attorney–client confidentiality and privilege and the ABA’s (2012) *Model Rules of Professional Conduct* (as adopted in each state). For example, MLP legal staff should be aware that social workers may be “mandated reporters” with an obligation to report certain information shared with them (for example, suspicions of child abuse or neglect) that normally would not be disclosed under attorney–client confidentiality (Block & Soprych, 2011).

Differences also exist between the professions’ perceptions of client self-determination and need for independent professional decision making (Retkin et al., 1997). The ABA’s (2012) *Model Rules of Professional Conduct* require attorneys to follow a zealous advocacy standard (see “Preamble: A Lawyer’s Responsibilities”). Under this requirement, an attorney must advocate for a client on the basis of the client’s chosen course (ABA, 2012). This obligation therefore differs from the NASW (*Code of Ethics*’s emphasis on client self-determination and a social worker’s “dual responsibility to clients and to the broader society” (NASW, 2008). Attorneys do not have an obligation to “resolve conflicts between clients’

interests and the broader society’s interests” (NASW, 2008).

Social workers frequently work with a group of people, such as a family. Attorneys and paralegals, however, are bound by ethical obligations to identify one specific client to whom they will attach their professional obligations (Retkin et al., 1997). For instance, if other family members are going to be present during the representation when confidential information is being shared, the attorney must be aware of and counsel the client regarding the potential loss of attorney–client privilege (Retkin et al., 1997).

Despite differences in ethical and legal obligations, most dilemmas can be “resolved in a way that is consistent with the personal and professional values and ethics” of the multidisciplinary team (Hollander & Budd, 2007, p. 195). Indeed, “the collaborative nature of the services appear to be very beneficial to lawyers and clients alike, and . . . the ethical risks have not proven grave enough to interfere with the functioning of these practices” (Poser, 2003, p. 121). Other authors who have written in depth on this topic have suggested practical structures and solutions to these potential dilemmas, including formalized policies on information sharing, procedures for moderating differences in client recommendations, written roles for each profession, and informing the patient–client of the differing ethical obligations (Boumil et al., 2010; Brustin, 2002; Galowitz, 1999; Peters, 1989; Retkin et al., 1997).

Differing Professional Cultures and Perspectives

Traditionally, attorneys have been “rights oriented,” with a focus on achieving the fullest victory for the client, with only secondary regard for its effects on others (Parsloe, 1981). Whereas attorneys are accustomed to using adversarial techniques to achieve client goals, many social workers may feel uncomfortable with this approach (Van Wormer, 1992). Social workers have been trained and strive to maintain interpersonal relationships, but attorneys may find that those same relationships come second to achieving a client’s legal goals.

Attorneys and paralegals may also focus on the legal issue at hand, finding facts not pertinent to that legal issue irrelevant in a client’s case (Kruse, 2004). Compared with social workers, attorneys

may be less cognizant of the broader social and psychological context of the patient (Retkin et al., 1997). In recognition of the multiple, interacting influences of a patient's broader system, social workers may view those influences and relationships as essential in determining the best legal solution for an individual patient (Cervone & Mauro, 1996; Coleman, 2001; Kruse, 2004). As one prominent judge has stated, "[t]his fundamental difference between the two professions may be summed up as 'tell me more' versus 'get to the point'" (Weinstein, 1999, p. 391).

Through open communication and cross-training regarding professional differences, attorneys and social workers can begin to appreciate each profession's approach and values. Rather than perceiving each profession's approach as either "right" or "wrong," team members can come to appreciate differing perspectives that shed new light on the potential effectiveness of their own solutions (Trubek & Farnham, 2000). In addition, each perspective can provide patients with new resources and skills (Trubek & Farnham, 2000).

Both formal and informal methods can be used to foster communication between the two professions. Authors have found interdisciplinary training essential in relieving tensions between social workers and attorneys working collaboratively (Cervone & Mauro, 1996; Coleman, 2001; Kisthardt, 2006). For instance, the creation of an advisory group is one way to establish open communication between social work and legal staff. A significant social work presence in the group can allow the social work perspective to be heard and fully appreciated and provides invested social workers with the opportunity to share feedback about the MLP's strengths and areas for improvement. If possible, it can be valuable to have a member of the MLP who is experienced in and familiar with both the social work and legal professions (Coleman, 2001).

MLP AT THE CHILDREN'S MERCY HOSPITALS AND CLINICS

The MLP at Legal Aid of Western Missouri (MLP-LAWMO) was founded in 2007 with funding from the Health Care Foundation of Greater Kansas City. MLP-LAWMO's first medical partner was the Children's Mercy Hospitals and Clinics (CMHC) in Kansas City, Missouri. MLP-LAWMO has continued to expand its

partnership to other health care providers, but this section focuses on the partnership with CMHC. Paralegals from LAWMO are available to conduct on-site intakes with patients and families at CMHC. MLP-LAWMO is contacted by pager, a mode of communication that health care professionals are accustomed to within the hospital setting. Following an intake interview, patients receive brief legal advice or their case is accepted for more extensive legal representation.

Although many MLPs focus their training efforts on physicians, from the beginning MLP-LAWMO recognized the value and potential of partnering with CMHC's robust social work department. MLP-LAWMO is fortunate in that CMHC employs over 100 social workers throughout its hospital- and community-based programs. MLP-LAWMO views social workers as the specialists within the medical setting in evaluating the social needs and barriers affecting patient health. MLP-LAWMO has an engaged physician champion, so the partnership's primary outreach is directed to the hospital's social work department, essentially forming a social work-medical-legal partnership. MLP-LAWMO's founding director held a BSW, allowing her to further appreciate the social work perspective. In addition, MLP-LAWMO's social work champion has served as a member of the NCMLP's MAB, allowing MLPs nationally to learn of the benefit of collaborating with social workers.

MLP-LAWMO has surveyed the social work department and found that social workers at CMHC value the MLP and the additional legal resources provided. The social workers at CMHC recognize that with competing income stressors, families with low incomes often do not have the time or resources to access legal aid agencies. Through MLP-LAWMO, CMHC social workers ensure that their patients are able to immediately connect to legal services while they are using hospital services.

MLP-LAWMO has now received over 1,000 referrals and helped hundreds of individuals and families overcome legal obstacles. Patients have been assisted in a wide range of legal areas, from housing and public benefits to domestic violence and guardianship, helping the patients receive access to care and improved health. MLP-LAWMO attributes its success to its inclusion of social workers in the partnership.

A Case Study from CMHC

All names in this case study are pseudonyms. Chelsea Taylor had already been a parent once before, but now she found herself doing it all over again as the primary caretaker for her grandson, Frankie Smith. Frankie had been diagnosed with sickle cell anemia at a young age, and because of chronic issues related to that disease, he and his grandma spent a lot of time in the Hematology and Oncology Department at CMHC. During his appointments, Ms. Taylor would meet with the department's social worker to discuss any social issues that might be affecting Frankie's health.

At one of those appointments, Ms. Taylor mentioned that while she had been caring for Frankie for quite some time, she was now at risk of losing her housing choice voucher assistance, or Section 8 voucher, because she could not prove that she had legal guardianship of Frankie. The social worker was very concerned about the possibility of Ms. Taylor losing her voucher. Recognizing the legal issues in play, the social worker at CMHC had Ms. Taylor's permission to page MLP-LAWMO and discuss the basics of her case. She also had Ms. Taylor sign a HIPAA release, allowing the social worker to talk further with MLP-LAWMO about Ms. Taylor's situation and Frankie's health status, and a confidentiality release, allowing MLP-LAWMO to talk to the social worker about Ms. Taylor's legal case. The attorney assigned to the case determined that Ms. Taylor needed to obtain immediate power of attorney over her grandchild. Although it was sometimes difficult for the attorney to reach Ms. Taylor to have her sign legal paperwork, the social worker at CMHC was in frequent contact with her during Frankie's appointments. With the help of the social worker, a valid power of attorney form was delivered to Ms. Taylor and signed by her grandchild's mother. The attorney used the form to help establish that Ms. Taylor's grandson was a member of her household for purposes of her Section 8 voucher. In the meantime, a petition was filed seeking Ms. Taylor's formal guardianship over Frankie. Guardianship was obtained, providing the Housing Authority with the verification they needed to ensure that their housing was no longer at risk.

Integration of Social Work in MLP-LAWMO

Beyond mutual cross-disciplinary respect and open communication between MLP-LAWMO

and CMHC's social work staff, MLP-LAWMO created two processes to better integrate social work in the partnership. The first process was to develop a periodic lecture series on various legal topics to be presented to the social work department. The lecture series was designed to enhance the social work department's ability to recognize the legal aspects of social conditions affecting their patients. The legal presentations also helped to clarify the different roles of the partnership's attorneys and the hospital's general counsel. The MLP lecture series is now built into the social work department's formal education schedule, and continuing education credit is sought prior to each presentation. Not only did this lecture series help integrate social work into the partnership, MLP-LAWMO found that it resulted in social workers becoming very proficient at identifying potential legal issues.

The second process was the creation of an advisory group, consisting of frontline social workers who frequently use the program. The advisory group met on a quarterly basis during the start-up phase and continues to meet biannually. Advisory group agenda items include a discussion of the types of referrals received over the last six months, a celebration of a social worker who has made high-quality referrals to the MLP, and a discussion of a recent case story with a successful health outcome. MLP-LAWMO places high value on the feedback provided by the advisory group and strives to implement the group's recommendations.

MLP-LAWMO recognizes that ethical and legal differences exist between the social work and legal professions. To address these differences, MLP-LAWMO requests that patients sign HIPAA and 42 CFR-compliant releases and confidentiality waivers to open the lines of communication between social workers and legal staff. Even when releases and waivers have been signed, members of the MLP consistently exercise caution and diligence in protecting confidential information, relaying only what information is necessary to assist in the representation of a client or to provide an update to medical team members regarding the final outcome of a case. In addition, many of the legal matters handled by MLP-LAWMO are resolved through negotiated solutions with government agencies, so issues of attorney-client privilege in a trial setting rarely occur.

CONCLUSION

MLPs are an innovative and rapidly growing movement in health care. Social work skills and expertise can enhance medical-legal collaborations and increase the effectiveness of legal interventions. Although differences exist between traditional social worker and attorney roles and cultures, there are practical solutions to overcome those differences, and the resulting multidisciplinary collaborations can bring great benefit to mutual patient-clients. The effectiveness and continued growth of the model will benefit from increased social work involvement within existing MLPs and in those that are yet to be developed to further enhance comprehensive problem solving for patients.

Further examination is needed to demonstrate the effectiveness of MLPs, including the association of MLP interventions and health outcomes and whether additional benefits are obtained from incorporating social work principles and clinical practice into the model. By working in conjunction with social workers, MLPs can play an important role in ensuring that patients from vulnerable communities can navigate new entitlements and receive adequate protection under the Patient Protection and Affordable Care Act (P.L. 111-148). With increased attention to social determinants of health and the need for preventive efforts, the multidisciplinary collaboration between MLPs and social workers will provide further solutions to the root causes of disease and health disparities. **SW**

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