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Background

DEFINITIONS

Health Related Social Needs (HRSN): the social and economic needs that individuals experience that affect their ability to maintain their health and well-being (housing stability/quality, food, employment, personal safety, access to reliable transportation and affordable utilities)

Health Harming Legal Needs (HHLN): social problems that adversely affect a person's health or access to healthcare, and that is better remedied through joint legal care and healthcare than through healthcare services alone

INTRODUCTION

In our primary care resident practice, the profound influence of HRSN on our patients is a daily reality. In 2017 we established an interdisciplinary Medical Legal Partnership which seeks to foster a more holistic response to our patients by addressing HHLN.

Aims and Methods

Our aim was to investigate the impact of the MLP on clinicians, referring to the partnership:

- Interview questions were drafted by four project team members and brought to the large project team for discussion and approval. Questions were also reviewed by an expert in qualitative research methods.
- A total of 11 semi-structured interviews were completed with social workers, clinical care managers, nurses, residents, advanced practice providers and attending physicians.
- Semi-structured interviews were completed until data saturation using Zoom's closed captioning feature to create transcripts.
- Transcripts were then reviewed and edited by a human transcriptionist.
- Using MaxQDA22, inductive and deductive coding was used to create themes for analysis.

Major Interview Themes

Cognitive Load & Time

"We could pull MLP in and they had, not only the expertise, but the time and knowledge to do it"

"I think anytime I have a resource that I have confidence in that is helpful to me there's less stress"

What's cool about knowing that such resources exist is that we can alleviate that [...] provider anxiety with action like. Knowing [...] while I don't have the direct answer myself, at least what I can do is shepherd the patient towards somebody who may have more clarity or expertise.

"Without MLP [...] I would not be able to do my work effectively. I think you know my reach wouldn't be as wide.."

Hopefulness & Fulfillment

"It makes you feel really good that you're able to help a patient and deal with some of these social issues that they deal with on an everyday basis..."

"There is a lot of opportunity to actually positively impact patients like on a daily basis. So, of course it feels good when I'm able to help a patient like solve the problem"

"It feels like I'm able to like offer something"

Other Themes

Linkage or Warm Hand-Off
Collaboration, Transparency, and Follow-up
Increasing Clinician Bandwidth

Discussion

There were several major themes which reflected a sense of mutual benefit for patients and their clinicians:

1. Cognitive load and time: Clinicians described a reduction of time and cognitive load spent on specific patient needs that falls out of the scope of their clinical practice due to the existence or use of the service.
2. Hopefulness & fulfillment: Participants describe a personal sense of empowerment and pride in their work, role, and team as a result of the program.

There were also several identified areas of limitation:

1. Several clinicians desired opportunities for verbal consent for patients to participate and integration into eRecord. Both written consent and separation of records are a non-negotiable part of the partnership agreement at this time.
2. Desire by clinicians for closed loop communication on the results of referrals.

Limitations:

- Since interview participants were selected for their high frequency of use of the MLP service, there is likely selection bias within the sample.

Next Steps

1. Using these results in part, we were able to apply for additional funding to expand the MLP program into the pediatric department.
2. We hope to further explore whether the hopefulness and fulfillment interviewees described may translate to or be associated with reduced clinician burnout in an outpatient primary care resident practice setting.
3. We continue iterative work to improve the ease of our referral process as well as closed loop communication within our team.