TOWARDS THE BEST STANDARD OF CARE: INTEGRATION OF DELIVERY OF PUBLIC BENEFITS WITH HEALTHCARE

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St. John's Well Child and Family Centers represent a network of federally-qualified health centers in south Los Angeles that has provided health care to low-income and uninsured working families for over forty years. To serve the needs of our patients, St. John's has developed a full array of medical, dental, mental health, health education, and supportive services, including on-site medical-legal services. In 2008, St. John's founded the Program in Social Medicine and Health Equity to increase healthcare providers' ability to collaborate with others, including legal partners, to address the biosocial needs of patients, like those of Mrs. V. Mrs. V had come to our clinic for the first time for a routine examination for her four-year old son. It was a Friday, around 4 p.m., several months ago. Her son was relatively healthy. Shortly after starting the examination, I asked her about her family and their well-being; Mrs. V's eyes began to tear up. When I inquired further, she shared a gripping story. Mrs. V had been diagnosed with leukemia five years earlier and was receiving oncology care at a local county hospital.

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Thanks largely to a specific chemotherapeutic medicine covered by Medi-Cal, her disease was in remission.

Here's where her story turned for the worst. A few weeks earlier, her husband had received a raise at work. Sometime thereafter, Mrs. V's Medi-Cal case worker apparently called to notify her that her health coverage would be switched to the Medi-Cal Share-Of-Cost (SOC) plan. Mrs. V was informed by the case worker that, due to the new deductible associated with the Medi-Cal SOC plan, her life-saving leukemia therapy would now cost her family several thousand dollars—money that Mrs. V simply did not have. When she came in with her son that Friday afternoon, Mrs. V had two days of medicine left and was visibly exhausted after trying to seek clarity and help. She was also slightly bewildered: her husband's raise had been transformed from a cause for celebration to a tragic and bizarre threat to Mrs. V's health. In fact, after unsuccessful attempts to fix this insurance problem, Mrs. V's husband was considering asking for a pay cut or leaving his job in order to fall below the income threshold for Medi-Cal eligibility and secure his wife's health care. Mrs. V's tears, which were apparently the first she had shed since her acute ordeal began, were understandable.

I walked with Mrs. V to explain her situation to St. John's on-site benefits counselor, our integrated behavioral health director, and her assistant. I also introduced Mrs. V to a very caring pharmacy technician who helps patients apply for free medicine provided in limited quantities by pharmaceutical companies. As these members of this ad-hoc team went to work, I called our medical-legal partner, Dennis Hsieh from Neighborhood Legal Services (NLS), to explain Mrs. V's dilemma. Although he was not scheduled to be in clinic on Friday afternoon, Dennis immediately went to work. At his guidance, I asked Mrs. V about any specific documentation she might have regarding her situation. Fortunately, since Mrs. V had spent several days advocating for herself, she had some critical paperwork, including the notice from Medi-Cal and some recent pay stubs, in her car. We faxed those to Dennis to review and agreed to reconnect with him within a few minutes to determine next steps. After some calling around, I was able to track down and discuss Mrs. V's problem with her oncologist at a county hospital. He was sympathetic, believed one of his oncology clinic staff was looking

into Mrs. V's situation, and agreed to see Mrs. V in clinic soon to follow up. Despite good intentions expressed in that conversation, I did not feel reassured that we had come up with a viable solution to Mrs. V's medical-legal dilemma. So I called Dennis back. He had determined that Mrs. V's Medi-Cal caseworker had incorrectly calculated her income level and misclassified her insurance status. He said he would track down the caseworker or her supervisor to discuss. A short time later, we learned the mistake had been resolved. By 5:45 p.m., thanks in large part to Dennis, Mrs. V's regular Medi-Cal, her chemotherapy, and her sense of calm and hope had been restored. I saw Mrs. V yesterday. Her son is well, her husband is employed, and she is still receiving her chemotherapy and feeling healthy.

There are several lessons to draw from Mrs. V's story. First, the ability to offer key services—either on-site or readily accessible off-site—helped prevent unimaginable consequences and costs for Mrs. V, her family, and society at large. A lapse in chemotherapy could have been devastating to Mrs. V's health. The psychological stress caused by the dilemma had already affected her and her family and would have spiraled further had her medicine been denied. The cost to society would have been immense if Mrs. V had gotten sick and was sent to the emergency room.

The second lesson pertains to the effectiveness of our clinic and to the practice of medicine as a whole. Co-locating and integrating these services on-site allowed me to be a better doctor, one with an understanding of social determinants of health who is both committed *and able* to address the critical needs of patients. Despite their commitment to help, too few providers feel that they are actually able to assist those patients who are most in need. St. John's launched the Program in Social Medicine and Health Equity precisely to better address these needs. The medical-legal partnership is critical to this mission.

The last lesson goes directly to the missed opportunity for the state to provide better care each and every new day. For instance, if Medi-Cal case workers were stationed at more clinics like ours, particularly those with integrated patient-centered approaches that include medical-legal partnerships, I believe that Mrs. V's health insurance problems and associated stress could have been avoided.

Like Mrs. V, the everyday challenges my patients face are

reflections of fragmented, sometimes chaotic, socioeconomic and legal realities. Each of these forces, along with living and working conditions and the health behaviors they shape, are determinants of peoples' health. If we truly seek to achieve the best standard of care in this complex, interrelated, and multifaceted environment of determinants, the response must be integrated, multidisciplinary, and results-oriented. Health care professionals, many of whom still train in a strongly biomedical rather than biosocial orientation, are only one element of this response. Other important services and resources, including public benefits, need to be brought under the same roof, along with new clear ways of integrating these services in practice. To do otherwise falls short of the best standard of care. That's the last thing Mrs. V and her family needs.