**Law: Medical Legal Partnerships: When Medicine is Insufficient.**

**Webinar Questions**

**1. The average low-income household experiences up to \_\_\_\_ number of legal needs per year.**

A. 1

B. 2

C. 3

D. 4

**2. Healthcare providers can fill all of the following roles in medical-legal partnerships EXCEPT:**

A. Following up on referrals to the legal side of the partnership

B. Providing resources or guidance for patients before issues become emergencies

C. Writing letters

D. Giving legal advice

**3. If your organization is not part of a medical-legal partnership you can:**

A. Look for legal services providers in your area that may be able to help patients with common issues

B. Look for social services providers in your area that may be able to help patients with common issues

C. Contact the National Center for Medical-Legal Partnerships for assistance with beginning a MLP

D. All of the above

**4. Which of the following is an appropriate definition for Social Determinants of Health?**

A. How having an active social life improves health

B. The impact of social media on health

C. How the environments in which we live, work, and play shape our health

D. How an individual’s genetic makeup affects health

**5. Which of the following is a Social Determinant of Health that may affect a patient’s cancer outcome?**

A. The patient’s genetic predisposition to breast cancer

B. The patient’s access to public or private transportation

C. The patient’s body’s resistance to the most effective treatment

D. The patient’s body’s response to drug side effects from chemotherapy

**6. Dr. Barry Zuckerman—the originator of the medical-legal partnership idea—decided to add a lawyer to his patient’s treatment team after noting that:**

A. Many of his patients experienced profound asthma exacerbations during the summer and remissions during the winter

B. A defect in his patient’s asthma inhaler caused it to malfunction, and he hoped to pursue legal action against the manufacturer

C. The patient’s caregiver refused to seek treatment for his patient’s asthma, despite obvious signs that the child needed medical attention

D. He could treat his patient’s asthma in the hospital, however, the child’s asthma flared up when the child returned home to substandard housing conditions

**7. Which of these is not a core element of Medical-Legal Partnerships?**

A. “Lawyer in Residence”

B. Information Sharing

C. Lawyer Provided Training

D. Policy advocacy

**8. A medical-legal partnership’s formal agreement—the agreement between the medical and legal sides of the partnership—typically addresses information sharing to protect patient’s privacy. Which of the following is critical to include in such an agreement?**

A. The Bill of Rights

B. The Right to Financial Privacy Act of 1978

C. The Health Insurance Portability and Accountability Act (HIPAA)

D. The E-Government Act of 2002

**9. Pharmacists are an asset to the medical-legal partnership team because they:**

A. Have specialized knowledge in preferred or restricted formularies, adverse drug reactions, etc. and can answer questions

B. Can identify areas where legal advocacy is needed to change health insurers’ policies

C. Excel at following up with patients, which can be helpful once a patient is referred to the legal side of the partnership

D. All of the above

**10. You are a pharmacist who works with elder, low-income patients. A patient comes to the window and says that Medicare is refusing to pay for his dental surgery, even though it was medically necessary. Your organization is not part of an MLP. To best assist him you could:**

A. Say I’m sorry and wish him a good day.

B. Give him the website for local food pantries.

C. Give him the contact information for a local legal services organization that works on Medicare issues.

D. Offer to start a collection jar at the pharmacy.