

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

Introduction and Study Aims

- Improving clinical outcomes and promoting population health requires changes to the healthcare system that rely, in part, on a team-based approach
- Interprofessional team-based models of care are associated with improved patient outcomes and continuity of care, however the adoption of team-based care has been slow and challenges exist
- Social workers on integrated care teams collaborate with a variety of health professionals to address patient's complex health and behavioral health needs
- Little research has explored social workers perceptions of barriers and facilitators to interprofessional team-based care
- Aims: (1) To provide an enhanced description of social workers in interprofessional practice and (2) To identify barriers and facilitators to social workers' role as members of interprofessional teams in integrated settings

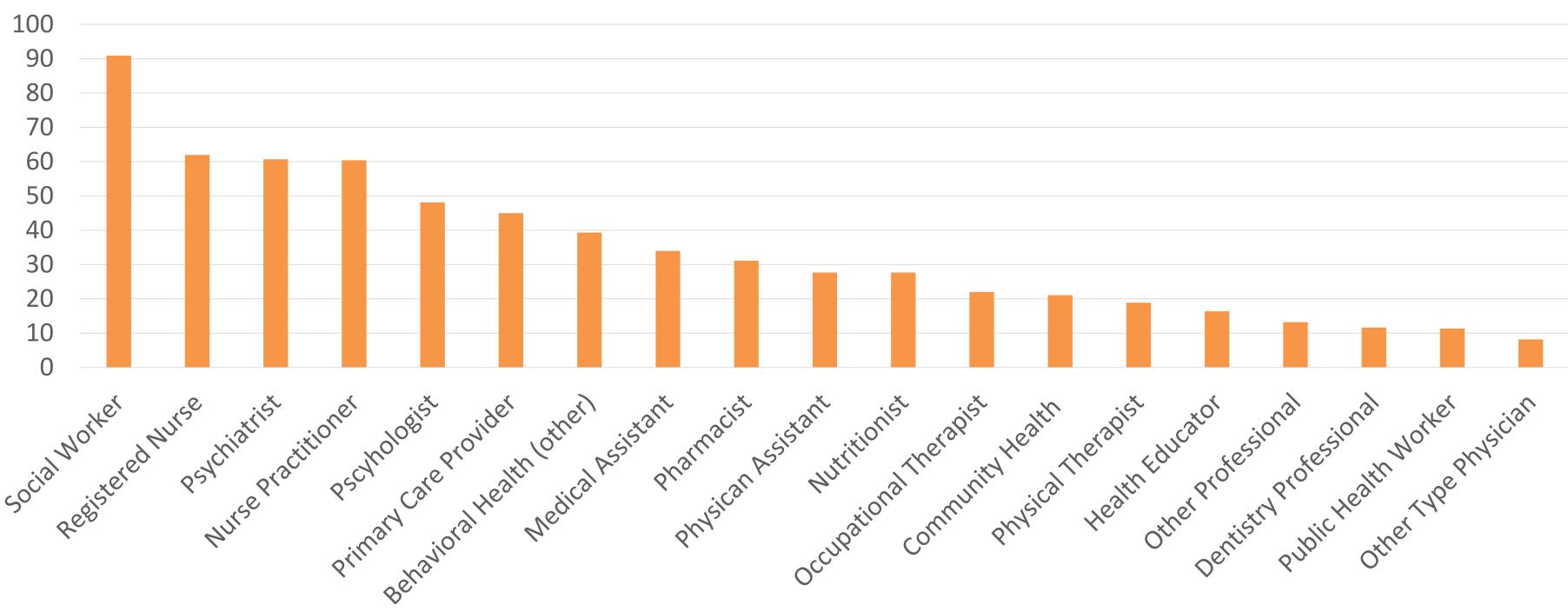
Methods and Analysis

- An electronic survey was developed and administered to MSW students and field instructors at 62 Schools of Social Work who received Health Resources Services Administration (HRSA) funding in 2014 under the Behavioral Health Workforce Education and Training (BHWET) initiative to train and expand the behavioral health workforce in the U.S. (N=325)
- Survey Development: The survey was pre-piloted with a small sample of social workers working in integrated care settings (n=44) and cognitive interviewing was used to refine the instrument.
- The survey included sociodemographic information, role on the integrated treatment team, and barriers and facilitators of interprofessional practice.
- Data regarding the patient population was also collected, including the setting type (outpatient/inpatient), rural location, and components of integrated care.
- Descriptive, bivariate, and multivariate regression analyses were conducted to meet study aims

Working on the Interprofessional Team: **Barriers and Facilitators to Social Worker Practice in Integrated Care Settings** Lisa de Saxe Zerden, PhD; Brianna M Lombardi, MSW; Erica Richman, PhD School of Social Work, University of North Carolina at Chapel Hill

Total Sample

Gender Male Female **Other Reported Gender** Age Race White (non-Hispanic) Black (non-Hispanic) Hispanic Other/Multi-racial Setting Academic Hospital System Health System (non-acaden **Community Health Setting**





<u>Results</u>												
	N	ISW Student	Field	Total S								
		218		3								
	n	n (%) or Mean(SD)	n	n (%) or Mean(SD)	n	n (
	214	21 (10%)	103	11 (11%)	317							
	214	190 (89%)	103	92 (89%)	317							
	214	3 (1%)	103	0 (0%)	317							
	215	29 (SD=8)	106	44 (SD=12)	321							
	216	156 (72%)	107	89 (83%)	323							
	216	24 (11%)	107	8 (7%)	323							
	216	14 (6%)	107	3 (3%)	323							
	216	22 (10%)	107	7 (7%)	323							
	_		-	_	_	_						
	208	46 (22%)	98	23 (23%)	306							
emic)	208	68 (33%)	98	44 (45%)	306							
5	208	94 (45%)	98	31 (32%)	306							

Interprofessional Collaborations

Sample (%) or Mean(SD) 32 (10%) 282 (89%) 3 (1%) 34 (SD=12) 245 (76%) 32 (10%) 17 (5%) 18 (9%) 69 (23%) 110 (36%) 125 (41%)



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Results (continued)

Barrier and Facilitators to Practice	MSW Students (n=218)		Field Instructors (n=107)		All Respondents (n=325)	
	n	Mean (SD)	n	Mean (SD)	n	Mean (SD)
Culture/language differences between medical providers & SW	218	2.0 (1.1)	107	2.1 (1.0)	325	2.1 (1.1)
Organizational climate supports SWs on team	218	3.6 (1.2)	106	3.7 (1.1)	324	3.6 (1.2)
Organizational climate promotes SWs role & interventions	217	3.6 (1.2)	106	3.6 (1.2)	323	3.6 (1.2)
Team interactions are negatively influenced by hierarchal system	217	2.1 (1.2)	105	2.0 (1.1)	322	2.1 (1.1)
SW role is positively valued on the team*	218	3.6 (1.1)	106	3.9 (1.0)	324	3.7 (1.1)
Data collected by SW is entered into HER	216	3.1 (1.7)	105	3.4 (1.7)	321	3.2 (1.7)
SW has clearly defined role on team	218	3.5 (1.2)	106	3.6 (1.2)	324	3.5 (1.2)
SW role overlaps with other members of team	216	2.5 (1.3)	105	2.5 (1.2)	321	2.5 (1.3)
• p<.05; **p<.01; ***p<.001	1					

• Note. Scores could range from 1-5 from indicating Never, Occasionally, Often, Very Often, Always

Limitations

- Respondents were drawn from a convenience sample of MSW and field instructors working integrated care settings, which limits the generalizability of the findings
- Perspective of interprofessional practice and barriers to treatment was drawn on from social work respondents

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Team co-located Team communicates da All team members have Team understands roles Team collaborates on m

- On average social work respondents indicated working with about 7 (SD=3.8; Range: 1-18) different disciplines on teams, most commonly, RN (62%), Psychiatrist (60%), NP (59%)
- Overall, respondents identified feeling organization supported on the integrated care team (Mean=3.6) and felt valued on the team (Mean=3.7)
- Barriers around language/terminology on teams remains, as well hierarchal differences by professions
- No differences in reported barriers and facilitators between MSW students and field instructors
- Social workers reported lack of role clarity on the team (Mean=2.5)
- Respondents reported varied components of integration-key elements like co-location, shared electronic records, and communication were not consistently present in the practices
- Social work respondents, both students and field instructors, indicated working extensively on interprofessional teams in a variety of interdisciplinary settings, highlighting the significant heterogeneity of practice settings that social work amongst
- Continued work and training is needed to define and conceptualize social work role function and clarity Interprofessional efforts at the practice and training level are necessary to re-tool current workforce



Elemente of Integration	All Respor		
Elements of Integration	n		
	320		
aily (In person, by phone, or e-mail)	319		
e shared Electronic Health Records	312		
es	315		
nost or all patient cases	314		

Results (continued)

Conclusions & Implications

