

Social Work in Integrated Primary Care: A Systematic Review

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Support for Project

- HRSA Cooperative Agreement U881HP26495: Health Workforce Research Centers Program
- Carolina Health Workforce Research Center at the Cecil G. Shep's Health Services Research Center
- Tate Chair, School of Social Work, University of North Carolina at Chapel Hill
- Royster Scholars Program, Graduate School, University of North Carolina at Chapel Hill



Background & Importance

- SWs have a long history of involvement in healthcare
- Healthcare reform driven by three aims:
 1. Reduce Costs
 2. Improve Patient Care
 3. Improve Population Health
- Elements of healthcare reform align with SW practice and values
 - ✓ Addressing the social determinants of health
 - ✓ Coordinating care
 - ✓ Integrating complex ancillary services (e.g., housing, food security)
 - ✓ Screening and both preventive and treatment services for behavioral health problems (Andrews et al., 2013)



Background & Importance

Occupational Title	Employment 2012	Employment 2022	Change 2012-22	
			Percent	Numeric
Total Social workers	607,300	721,500	19%	114,100
✓ Healthcare social workers	146,200	185,500	27%	39,200
✓ Mental health and substance abuse social workers	114,200	140,200	23%	26,000
✓ Child, family, and school social workers	285,700	328,800	15%	43,100
✓ Social workers, all other	61,200	67,000	9%	5,800

- Preparation has already begun!
 - HRSA Behavioral Health Workforce Expansion and Training Grant
 - CSWE Integrated Behavioral Health Curriculum Development
 - Continuing Education Trainings offered at several Universities

(U.S. Bureau of Labor Statistics, 2014)



With the transformation of the health care system quickly occurring, the question remains:

Does social work involvement enhance health outcomes for patients?



Specific Aims

- **Aim 1:** To describe the functions of social workers on interprofessional teams in integrated primary care
- **Aim 2:** To compare the health outcomes of patients provided intervention by interprofessional teams comprised in part of social workers to health outcomes observed of patients routine primary care



Systematic Review

- To meet our two aims, we sought to systematically search the scientific literature for studies that included the following inclusion criteria:
 - Used an RCT design
 - Published since 2000
 - Plan of care developed and provided by interprofessional team involving a social worker(s)
 - Primary care setting or intervention linked to primary care

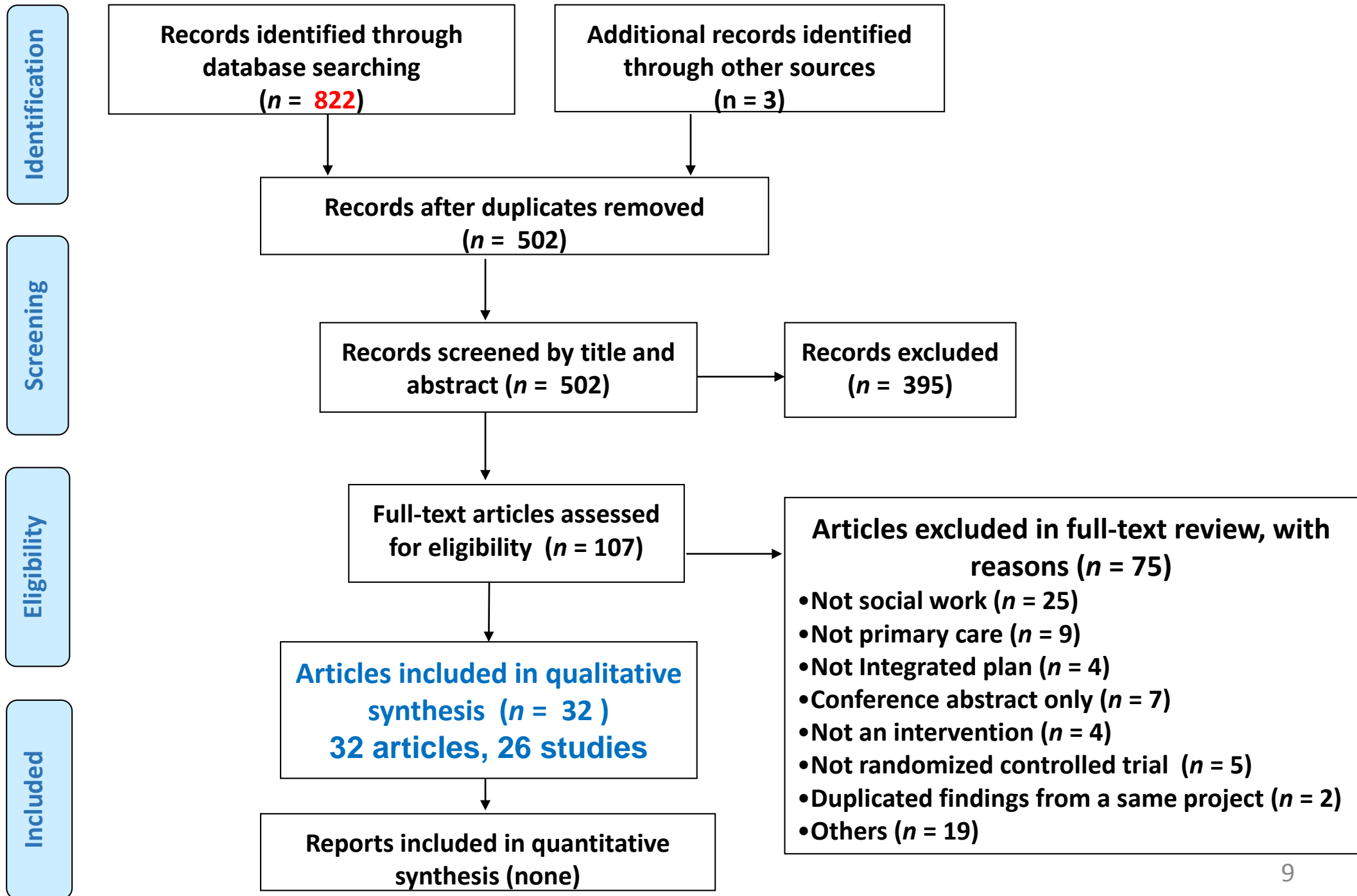


Search Method - BIG PROBLEM!

- Published **PROSPERO** Protocol (CRD42015026695)
- **5-Phase “Deep Search” Strategy**
 1. Developed Search Terms with Reference Librarian
 2. Two team members conducted systematic search of 9 electronic databases and completed title/abstract review
 3. Two team members completed full text review
 4. Completed forward and backward citation chaining
 5. Contacted authors of conference abstracts and of studies where SWs were not identified as intervention agents but were among authors, were acknowledged, etc.



PRISMA 2009 Flow Diagram





Results: Studies Identified

- **23 of 26 studies were completed in the United States**
- **Interventions were implemented in a variety of health settings:**
 - *PCP clinics, Public Health Safety Net Clinics, Academic health care networks, VA, OBGYN, assisted living settings*
- **Patient panel: White, females, age 65+**
 - 9 studies with older adult population (+65 years)
 - 3 studies with child and family focused interventions

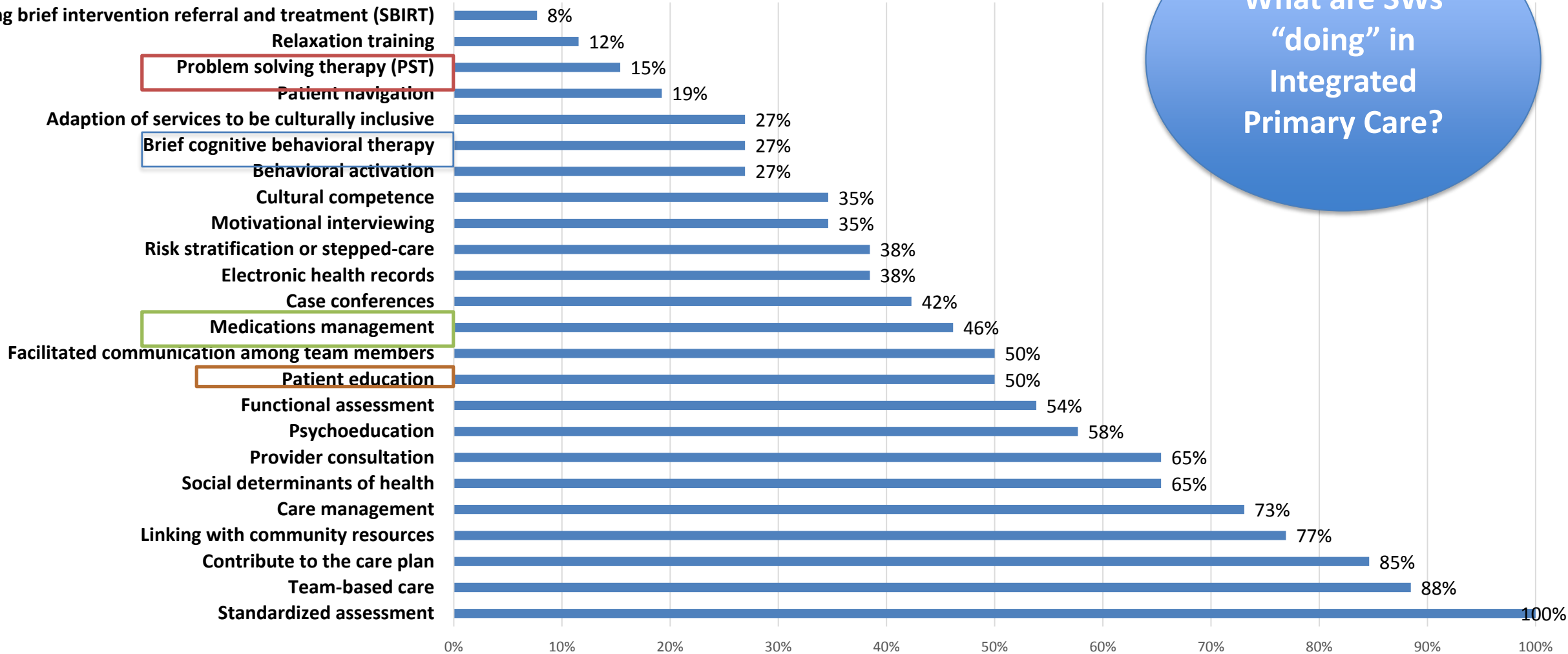
Results: Aim 1

To describe the functions of social workers on interprofessional teams in integrated primary care



Results: SW Tasks Identified

What are SWs
“doing” in
Integrated
Primary Care?



(Horevitz & Manoleas, 2013)

Percentages of Studies Reporting Task as Element of Intervention



Results: SW Roles Identified

- **Behavioral Health Specialist:** Focused on the assessment and brief treatment of behavioral health conditions using discrete evidence-informed interventions
- **Care Manager:** Focused on managing a patient's plan of care primarily for patients who have impacting social determinants of health
- **Community Engagement Specialist:** Focused on psychosocial assessment and referral to community services such as transportation and housing

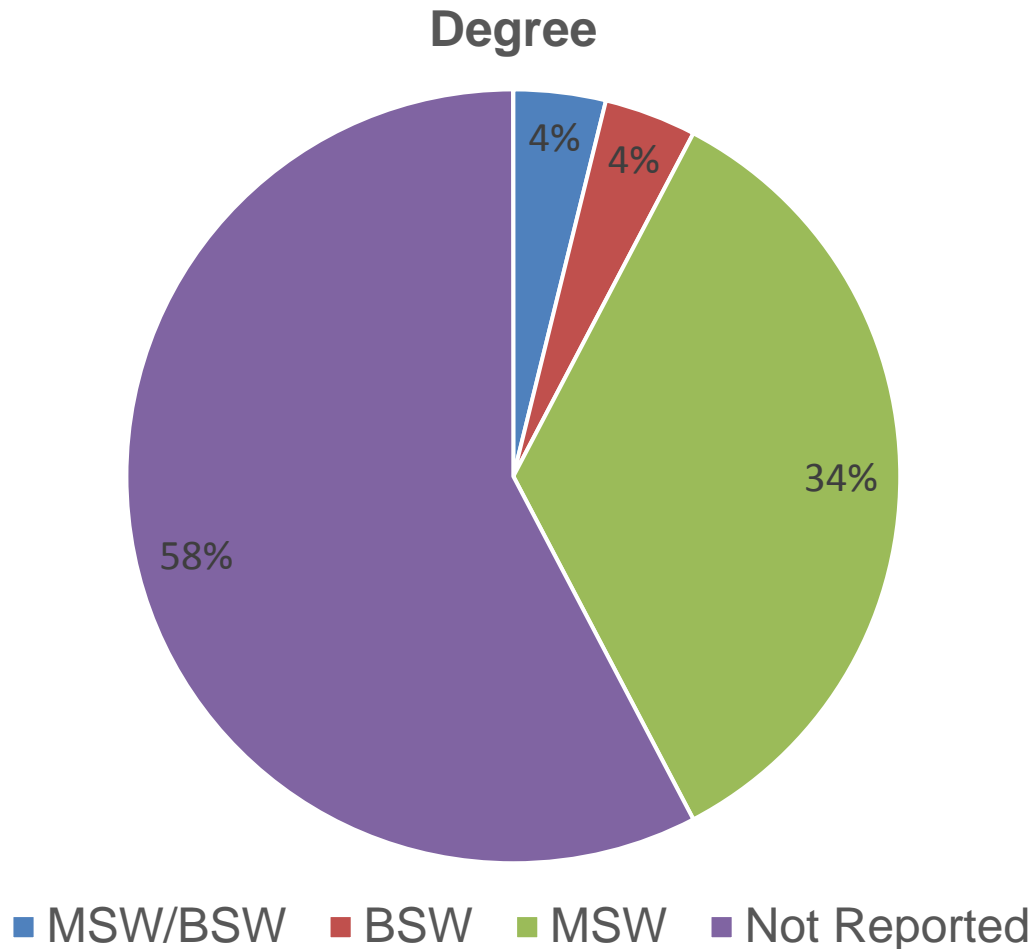


Results: Social Worker Roles Often Overlap





Results: Social Work Intervention Agent Details



- What's in a name?
 - Depression Care Manager
 - Depression Clinical Specialist
 - Diabetes Depression Clinical Specialist
 - Family Support Specialist
 - Dementia Care Consultant
 - Depression Specialist
 - Anxiety Clinical Specialist
 - Care Manager
 - Social Worker
 - Case manager

Results: Aim 2

To compare the health outcomes of patients provided intervention by interprofessional teams comprised in part of social workers to health outcomes observed of patients routine primary care



Results: Outcomes Identified

Outcome Domain

Evidence

Details

Overall Effect
(n=26)

+

19 studies reported significant effects over control condition

Behavioral Health
(n=12)

+

Strong evidence for the treatment of depression and anxiety

Substance Use Disorders

=

No evidence for decrease in substance use

General Health & Functioning
(n=8)

+

Self-reported measure (SF-36) indicated of health and functioning

Mortality

=

No difference in mortality rates

Use of Health Care Services
(n=11)

+/=

Decreased use of ER services; Increased use of appropriate health appointments; No difference in hospital admission rates, yet decreased length of hospital stay

Cost of Care
(n=8)

=

Interventions overall were cost neutral



Limitations

- Outcomes are attributed to interprofessional teams
- Limited included studies to RCTs
- Reporting and publication bias
- Studies may have been excluded if authors did not report intervention agent discipline or incorrectly reported intervention agent discipline



Challenges

- Urgent need to develop and test new models of integrated care for substance use disorders
- Uncertain future of CMS CPT codes that might provide reimbursement for SW who provide care management and brief behavioral health interventions in primary care settings
- Urgent need to realign Social Work licensure with scope of practice in health settings
- Many social workers may not be practicing at the top of their degrees



Conclusions

- SWs are often involved in **core tasks: standardized assessment, care management, community engagement, and brief intervention**
- Studies suggest that **prevention interventions can be provided in integrated care settings**, but this will require addressing the fit of prevention programs to the organizational and contextual features of healthcare settings



Conclusions

- Compared to usual services, integrated care comprised in part of social work:
 - **costs no more than routine care, and**
 - **significantly improves patient level behavioral health outcomes.**

Thank you!

Q & A

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