

Closing the Health Gap: Social Workers' Roles in Integrated Primary Care

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Overview

- Review the systematic review and key findings
- Discuss implications for training and education
- Highlight continued barriers and next steps to social workers integration into health care settings



Background & Importance

- SWs have a long history of involvement in healthcare
- Emphasis on the social determinants of health
- 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

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

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



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

What are social worker roles on integrated primary care teams?



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

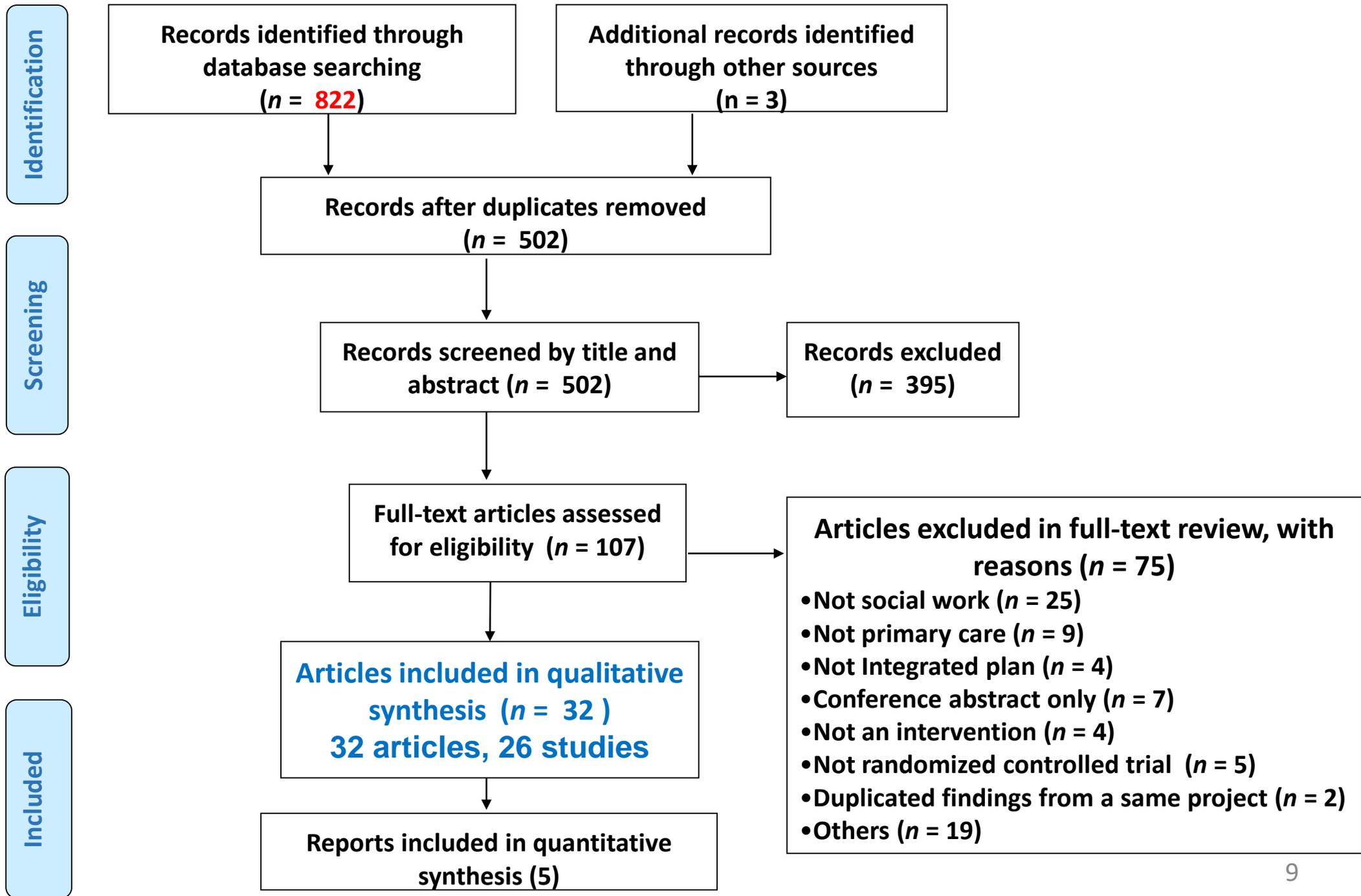


Systematic Review

- 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
- Social workers not always identified in publications as intervention agents or as co-authors—big problem!



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

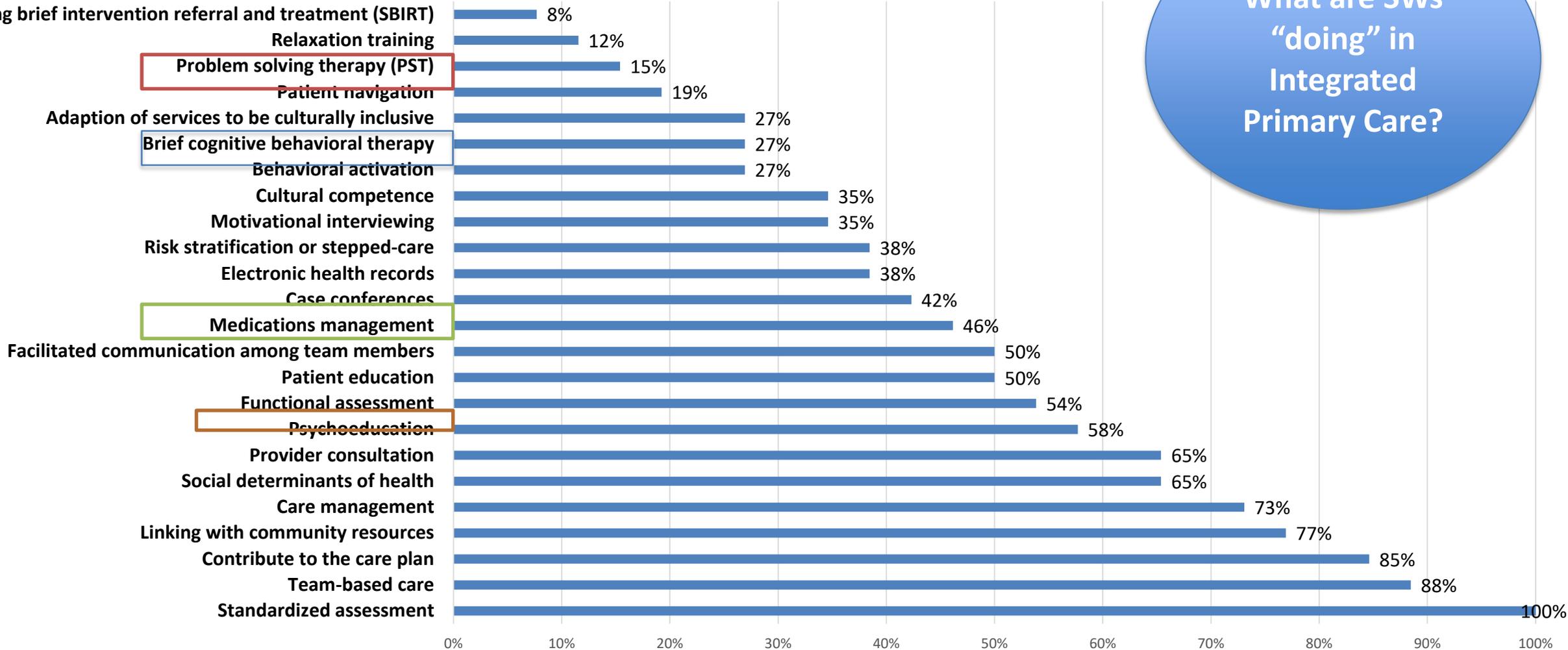
Results: Aim 1

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?





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

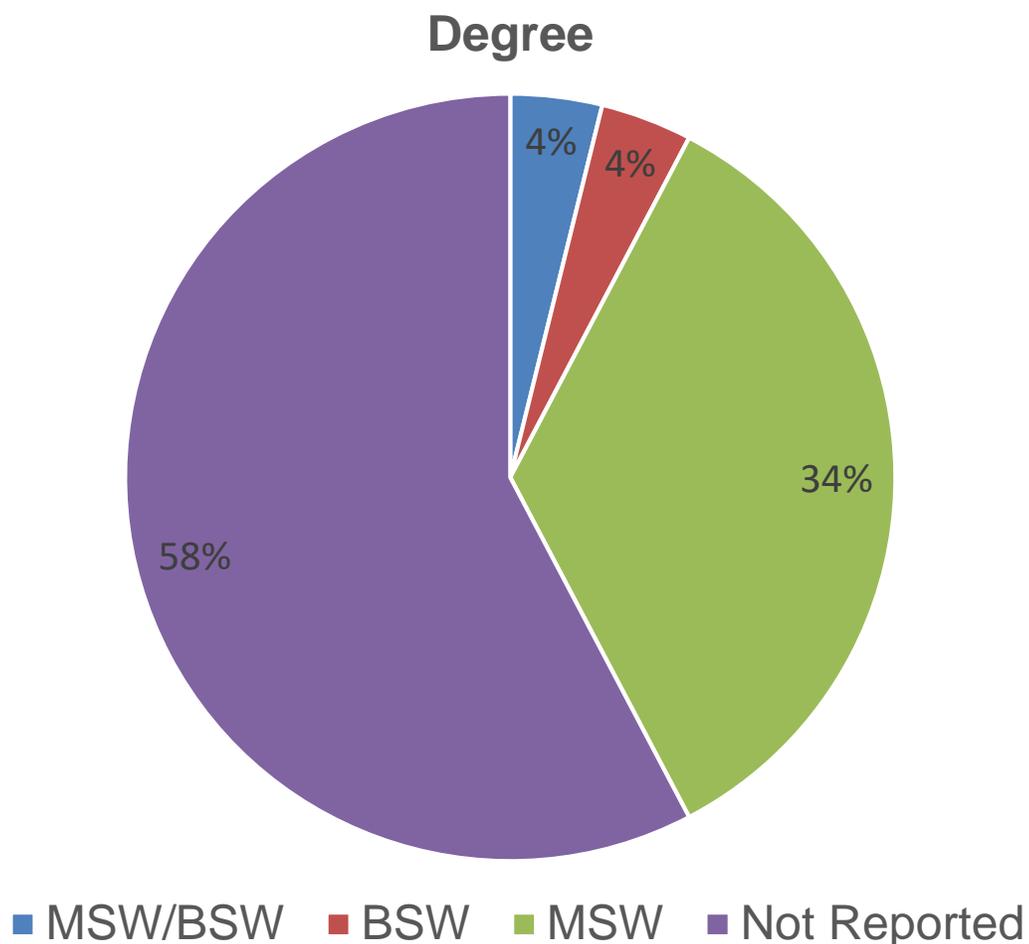


Results: Social Worker Roles Often Overlap





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



Systematic Review Conclusions

- Integrated primary care teams which comprise a social worker are producing positive health outcomes, particularly for the treatment of depression and anxiety
- Social workers are fulfilling flexible roles in heterogeneous health settings
- So, how do we pay for this?
- Training, education, and workforce implications



Implications for Education

1. Training on three primary roles and understanding of flexibility needed to complete tasks and meet responsibilities
2. Critical need for meaningful interprofessional education (IPE)
3. Macro level training for direct practice social workers



Education on Roles and Functions

Behavioral Health Specialist

- Standardized screening and assessment
- Evidence Informed behavioral health interventions
- Consulting with providers on behavioral health needs

Care Manager

- Screening and assessment of the social determinants of health and other psychosocial needs
- Coordinating services and facilitating treatment planning
- Symptom monitoring and check-ins
- Consulting on complex cases with comorbid needs

Community Engagement Specialist

- Expert in community resources to meet needs of the individual
- Referral and facilitation of non-medical services



Interprofessional Education (IPE)

- Expand interprofessional training in a meaningful way
- Create interprofessional classrooms and develop interprofessional courses
 - e.g., Population Health, Health Policy Courses
 - Standardized practice cases
- How to re-tool current workforce in IPE?
 - Interprofessional clinical learning environments
 - Clinical lecture series for continuing education credits in more than one discipline



Macro level training for direct practitioners

- State and national policies influence social workers roles and functions
- Health system administrative issues influence social work roles and functions
- **Expand training in the following:**
 - Health systems and health administration
 - Population health
 - A deeper understanding of licensure, billing, and reimbursement
 - Understanding policy and implications of health policy in direct practice services



Continued Challenges Social Workers Face

- **Licensure Regulation**
 - Social work licensure does not align with scope of practice in health settings
- **Administration and Workflow**
 - Confusion of social worker scope of practice in health system
 - Title and role confusion on the interprofessional team and within health system
- **Reimbursement**
 - Most social workers are paid through system cost-savings
 - Systems not always utilizing billable codes for social work practice (e.g., CMS CPT Care Management Codes, Brief Behavioral Health Interventions, SBIRT)

Thank you!

Q & A

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