ISSUE
Spring
2020

PracticePerspectives

The National Association of Social Workers

750 First Street NE
Suite 800
Washington, DC 20002-4241
SocialWorkers.org

NASEM Report on Integrating Social Care into the Delivery of Health Care

The National Academies of Sciences, Engineering and Medicine (NASEM) in September 2019 released its Consensus Study Report, *Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health*.

This landmark report, which the National Association of Social Workers (NASW) played a lead role in conceiving and funding, includes numerous recommendations to ensure that the nation's health care systems address all of the factors that contribute to health – both "social" and medical or physical. A growing body of evidence shows that factors such as stable housing, economic security, access to nutritious food and transportation – also known as social determinants of health (SDOH) - play a key role in health outcomes. The study recognizes that social workers are "specialists" in identifying and addressing these social needs. This Practice Perspectives outlines key study findings and their implications for practice and policy.

Addressing Social Needs

Social factors influence health outcomes for every person throughout the lifespan. These factors must be considered to have a complete picture of a person's health status. Traditionally, medical care providers have not taken these factors or needs into account. The NASEM Consensus Study recommends that health care providers, such as health plans, should identify and address social risk factors as they provide care. Understanding health influences outside of the medical setting is necessary to improve health and reduce health disparities.

Since the founding of the profession over a century ago, social work practice has been grounded in the person-in-environment framework. This framework considers the strengths and needs of individuals, their resources, support networks, and community. In recent years, the SDOH has become a buzzword in many settings. The term does not have a positive or negative connotation, as these factors apply to every person and are dynamic throughout the stages of life. The SDOH are associated with 80% or more of a person's health outcomes, whereas medical services themselves are associated with 20% or less of an individual's health status (https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/).

A growing body of evidence shows that factors such as stable housing, economic security, access to nutritious food and transportation – also known as social determinants of health (SDOH) - play a key role in health outcomes.

THE NASEM CONSENSUS STUDY DEFINES KEY TERMS IN TABLE 1-2:

TABLE 1-2
Key Terms Used in This Report

Health	A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity; this includes affording everyone the fair and just opportunity to be as healthy as possible.
Social care	Activities that address health-related social risk factors and social needs.
Social determinants of health	The conditions in which people are born, grow, work, live, and age that affect a wide range of health, functional, and quality of life outcomes and risks.
Social needs	A patient-centered concept that incorporates a person's perception of his or her own health-related needs.
Social risk factors	Social determinants that may be associated with negative health outcomes, such as poor housing or unstable social relationships.
Social services	Services, such as housing, food, and education, provided by government and private, profit and nonprofit, organizations for the benefit of the community and to promote social well-being.

SOURCES: Adapted from Alderwick and Gottlieb, 2019; HHS, 2019; WHO, 2010.

Framework for Action

The NASEM study provides a framework to classify the activities in which health care systems can engage to address social needs. The foundation, and initial entry point, is *Awareness*. *Awareness* represents a system's readiness to identify socioeconomic needs and strengths of the patient population it serves. *Awareness* can be achieved through the use of screening tools with individuals, or through analysis of community-level data. After *Awareness*, health care systems can take various approaches. Interventions may be focused on care provided to an individual through *Adjustment* or *Assistance*. *Alignment* and *Advocacy* activities establish partnerships for change at the community level. Activities can happen in any sequence or combination and are not mutually exclusive.

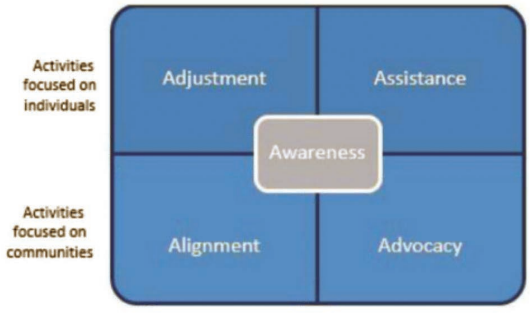

FIGURE 2-1 Health care system activities that strengthen social care integration.

- Adjustment is a change in clinical practice to accommodate existing barriers; for example, a clinic could extend operational hours into evenings or weekends or offer telehealth appointments to make services more accessible.
- Assistance connects an individual with resources directly, by providing information, or through a referral.
- Alignment occurs when health institutions engage with stakeholders to enhance social care in the community, for example, by supporting local infrastructure investment.
- Advocacy activities promote policy changes that will improve health and address social needs in the community.

Health care providers can identify one or more strategies to strengthen social care through individual interventions and collaborative efforts.

A Prepared Workforce

All team members must be aware of the SDOH and no one discipline can adequately address social risk factors alone; interprofessional teams are necessary. Across health professions education programs, training topics should include the SDOH, interprofessional collaboration, and social care using competency-based curricula. Interprofessional educational experiences in the classroom and clinical settings help prepare future providers to work effectively in teams. Role clarity within teams is important, so that each team member can excel in the appropriate area of expertise. Teams may include physicians, nurses, community health workers, volunteers, and should include social workers, who are experts in delivering social care. However, the concept of a team should not be limited to those who work in the same office location. Teams should expand to encompass community providers and unique partnerships such as with lawyers, family caregivers, and others. Social workers are particularly skilled at promoting collaboration and bridging gaps between health care and social service providers to create a full, supportive continuum of care for individuals and families.

The NASEM study recommends that the scope of practice of the social care workforce be expanded to address social needs. Federal and state regulatory policies sometimes impede the ability of providers to fulfill their scope of practice and operate at the top of their license. For example, Medicare, which is the nation's largest government healthcare payer, defines clinical social work services narrowly as "the diagnosis and treatment of mental illness." This scope, which has not been revised since 1989 when clinical social workers first became eligible to bill for services

provided to Medicare beneficiaries, is narrower than the scope of practice for clinical social work in 48 out of 50 states. These broader state scopes of practice include, in addition the diagnosis and treatment of mental illness, numerous other activities such as helping individuals cope with acute or chronic health conditions. NASW continues to undertake advocacy efforts to remove these policy barriers. To learn more, go to www.socialworkers.org/Advocacy.

Health Information Technology

In today's health care environment, the digital infrastructure is integral to the functioning of health systems. Policy changes have advanced efforts to modernize health IT systems, and both the public and private sector have had a role in these advancements. For example, the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 provided incentives for practices to transition to electronic health records (EHR) and set standards for EHR use.

The social service sector has not benefitted from the same level of investment in IT infrastructure, and there are many barriers to sharing data between organizations. To create a true continuum of care across health and community settings, interoperability is paramount. Furthermore, initiatives at the federal level are needed to strengthen the capacity of community-based organizations and to support data sharing at the regional and local level. Regional gaps in IT infrastructure, and gaps in digital literacy, highlight inequities. Investments must be strategic to support equitable development.

In EHR systems, there has been a lack of standardization in documentation and coding practices when it comes to social needs. Available codes have been underutilized, and inconsistent practices have hampered efforts to share information, track outcomes, and establish accountability measures. Recent initiatives have put an emphasis on standardization through the use of ICD-10 Z-Codes and the development of best practices to guide the collection of social needs data.

Financing Social Care

Traditionally, third party payers have determined covered services as being those that are "medically necessary" and they have not included social care. The NASEM report calls on the Centers for Medicare and Medicaid Services (CMS) to identify social care activities that can be covered and reimbursed.

Since implementation of the Patient Protection and Affordable Care Act of 2010, some models of care are reimbursing based on value rather than volume as in fee-for-service. Innovative value-based payment models, whether deployed by public or commercial payers, can incentivize the provision of social care. That said, barriers to value-based care persist. Most notably, payers typically prioritize models that generate short-term savings. Return on investment from the provision of social care can take years to be realized. Policy advocacy efforts that support continuous eligibility in Medicaid, for example, allow long-term engagement with patients and communities.

Medicaid, which is administered by states, has increasingly experimented with programs to directly fund or incentivize social care through waivers and other mechanisms. States can make changes to Medicaid program offerings through waivers that are approved by CMS. Waivers offer a variety of Medicaid flexibilities, allowing states to test innovative models of care, offer new services to specific populations, and adjust eligibility requirements and benefits. CMS recently unveiled options for Medicare Advantage (MA) plans to cover non-medical supplemental benefits for beneficiaries with chronic conditions. Medicare Advantage plans are offered by private companies that contract with CMS, and in 2020 plans are offering a range of services to MA beneficiaries including meal delivery services, home safety modifications, transportation, and acupuncture and massage therapy.

Next Steps for Social Workers

- Share the NASEM report widely among colleagues and stakeholders, both within and outside social work
- Promote organizational, policymaker, and public awareness that social workers are specialists in social care, and essential participants and leaders in interdisciplinary healthcare teams
- Pursue opportunities at your organization to enhance awareness about social needs and offer services to address social risk factors
- Advocate for reforms with local, state, and federal level policymakers to drive the provision of social care

All team members must be aware of the SDOH and no one discipline can adequately address social risk factors alone; interprofessional teams are necessary. Across health professions education programs, training topics should include the SDOH, interprofessional collaboration, and social care using competency-based curricula.

The NASEM study recommends that the scope of practice of the social care workforce be expanded to address social needs. Federal and state regulatory policies sometimes impede the ability of providers to fulfill their scope of practice and operate at the top of their license.

- Apply the 5As Framework to your current position and document social work interventions using the 5As terminology
- Educate peers and stakeholders about the ways that you address social needs
- Support investment in infrastructure for social services and health care services
- Support research on models of care and social work practices that address social needs to advance the evidence base

Resources

National Academies of Sciences, Engineering and Medicine report, Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health

NASW Webinar Elevating "Social Care": Social Work's Role in Driving Healthcare Transformation

Center for Health and Social Care Integration at Rush University Medical Center

Social Work Advocates article, "Health Care Transformation: National Academies Study Underscores Value of Social Work"

Prepared by Carrie Dorn, MPA, LMSW
Senior Practice Associate for Health

NASW
National Association of Social Workers

750 First Street NE, Suite 800
Washington, DC 20002-4241
SocialWorkers.org