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NASW
National Association of Social Workers

September 1, 2016

The Honorable Edward J. Markey
255 Dirksen Senate Office Building
Washington, DC 20510

The Honorable John Cornyn
Assistant Majority Leader
517 Hart Senate Office Building
Washington, DC 20510

The Honorable Michael F. Bennet
261 Russell Senate Office Building
Washington, DC 20510

The Honorable Rob Portman
448 Russell Senate Office Building
Washington, DC 20510

Dear Senators Markey, Cornyn, Bennet, and Portman:

I write on behalf of the National Association of Social Workers (NASW) regarding the Independence at Home Act (S. 3130).

As the largest membership organization of professional social workers in the world, NASW works to enhance the professional growth and development of its 130,000 members, to create and maintain professional standards, and to advance sound social policies. Advocacy for older adults and for the social work profession that serves older adults is an integral part of that mission.

NASW has long maintained that coordinated, team-based care improves health outcomes for older adults—a goal the Independence at Home Act (S. 3130) clearly strives to achieve. At the same time, NASW is concerned that the outcomes of the IAH model are not as strong as they might be because social work is not a required discipline within the IAH team.

Social workers are the only health care professionals devoted exclusively to addressing the psychosocial needs of Medicare beneficiaries and family caregivers—needs that are increasingly understood to influence health outcomes. In its report *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*, the Institute of Medicine (IOM) defined "psychosocial health services" as "psychological and social services and interventions that enable patients, their families, and health care providers to optimize biomedical health care and to manage the psychological/behavioral and social aspects of illness and its consequences, so as to promote better health" (IOM, 2007, p. 9).

Social workers perform multiple roles within interdisciplinary primary care teams, including case management and care coordination, medically related social services, education of beneficiaries and families, discharge and transition planning, advance care planning, and community outreach and engagement. In many primary care settings, such as federally qualified health centers, clinical social workers provide mental and behavioral health services. A recent systematic review examining the impact of social work interventions in aging, as documented in 42 studies published between 2004 and 2012, found that 71 percent of the studies reported significant outcomes in improving quality of life. Of the 21 studies that addressed cost outcomes, 15 (71.4 percent) documented significant cost savings; of that

subset, 12 studies (80 percent) addressed health-related social work interventions, such as care coordination and end-of-life/palliative care (Rizzo & Rowe, 2014).

At this time, social work participation in IAH programs varies, and data about the roles and qualifications of people providing social work or social services in IAH demonstration sites is unavailable. To ensure that Medicare beneficiaries participating in IAH sites as the program spreads nationwide, NASW urges incorporation of professional social workers—defined as individuals with a bachelor's or master's degree in social work from a program accredited by the Council on Social Work Education (NASW, 2010, 2013, 2016b)—as core members of the IAH team, alongside the physician, nurse practitioner, or physician assistant (S. 3130, p. 3, lines 22–24). Optional inclusion of "licensed mental health practitioners and other health and social services staff, as appropriate" (S. 3130, p. 4, lines 2–5) is not sufficient to meet the psychosocial needs of older adults participating in IAH. Thus, NASW is unable to support the bill in its current form.

As noted in NASW's January 2016 comments to the Senate Finance Committee Bipartisan Chronic Care Working Group, the following primary care models illustrate successful interdisciplinary efforts that incorporate social workers.

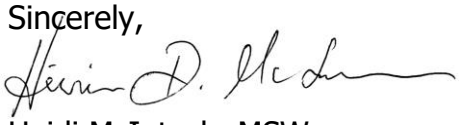
GERIATRIC RESOURCES FOR ASSESSMENT AND CARE OF ELDERS (GRACE). The GRACE model of primary care includes a nurse practitioner–social worker care coordination team, which works closely with primary care physicians and a geriatrician (American Hospital Association, 2012). The program, which is being replicated nationally (Counsell, 2011), has been featured in both the Agency for Healthcare Research and Quality's (AHRQ's) Health Care Innovations Exchange ("Team-developed care," 2009) and the American Hospital Association's report *Caring for Vulnerable Populations* (2011). A randomized controlled trial of GRACE demonstrated decreased use of the emergency department, lower hospitalization rates, and enhanced quality of life among older adults participating in the program, as compared with those in control groups (Counsell et al., 2007). Moreover, the program yielded cost savings in the third year of the three-year clinical trial, preceded by two years of cost neutrality (Counsell, Callahan, Tu, Stump, & Arling, 2009). The integration of medical and social care is cited as one of the keys to GRACE's success (Counsell, 2011).

HOME BASED PRIMARY CARE (HBPC). HBPC, created by the Department of Veterans Affairs (VA), provides comprehensive primary care to veterans in their homes. Social workers are part of the HBPC interdisciplinary team. Outcomes of the program include improved veteran functional status and satisfaction, reduction in costs to the VA, and reduction in days spent in both hospital and nursing home (Beales & Edes, 2009; see also Edes, 2011, and Egan, 2012).

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE). Social workers also play integral roles in the PACE model, which provides primary care and other services to help individuals 55 years and older maintain independence in their homes and communities. Program outcomes include effective and efficient processes for complex primary care, high participant and family caregiver satisfaction, improved participant health status and mortality rates, reduction in preventable hospitalizations, and cost savings to Medicare and Medicaid (National PACE Association, 2016).

Thank you for your consideration of NASW's input regarding the Independence at Home Act (S. 3130). We would welcome the opportunity to work with you and your staff on these important changes to improve health outcomes for older adults.

Sincerely,



Heidi McIntosh, MSW
Deputy Director, Programs

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Programs