As the U.S. health care system undergoes rapid change, health care social work is also transforming at a swift pace. Under the auspices of NASW and the Society for Social Work Leadership in Health Care (SSWLHC), social work leaders and health experts from around the nation convened in Washington, DC on February 25th 2013, to discuss the current state of health care social work and develop recommendations for strengthening this fundamental area of practice. Meeting participants represented practice settings across the health care continuum including, acute care, behavioral health, oncology, palliative and hospice care, pediatrics, primary care, public health, and veteran's health.

Pressing Needs Facing Health Care Social Work

PROFESSIONAL RESEARCH BASE

A common theme emerged regarding the need for an enhanced research base to substantiate the value of social work interventions in health care. An insufficient research base affects health care social work practice in a number of ways. Health care institutions, once driven by volume of care, are focused increasingly on reducing utilization and improving patient outcomes. This change necessitates stronger evidence of social work effectiveness. And unlike medicine and nursing, inpatient social work departments are often challenged by the lack of infrastructure to support research studies.

To meet cost containment objectives, public and private payors are also pushing for credible effectiveness data, particularly as other (often less costly) health and behavioral health providers assume traditional social work roles. A strong research base, or lack thereof, also affects leadership opportunities. For example, social workers are often absent from public health leadership discussions, due in part to the profession’s underdeveloped scientific base.

MANAGEMENT AND ADMINISTRATION

A stronger social work presence in health care management was also identified as a critical need facing the profession. Experienced social work managers can elevate the profile of the profession and preserve and create health care social work jobs. The robustness of many children’s hospital social work departments can be attributed to the presence of social work directors whose career trajectories have taken them from frontline positions to management roles.
GREAT PROFESSIONAL DISTINCTION
With more disciplines poised to assume traditional social work functions, health care social workers are challenged to demonstrate their distinction from other health care providers. Social workers need to recognize the importance of interdisciplinary, team-based care while emphasizing their distinctive training and skills. Without distinguishing its unique capabilities, the social work profession may be relegated to a subordinate status within health care institutions, rather than being viewed as a vital contributor to patient health and well-being.

SPECIALIZED TRAINING
The changing health care landscape calls for enhanced social work education and training. To address the modern needs, training programs must address the shortage of social work educational opportunities that reflect the depth and scope of palliative care, as the resources currently available are insufficient for this growing area of social work practice. Greater availability of social work leadership training is necessary to cultivate a future workforce of social work managers in health care settings. And, as health care becomes more technologically driven, social workers need additional training in technology skills, particularly in telemedicine, video conferencing and social media.

Emerging Opportunities for Social Workers in Health Care Settings
DISTRESS SCREENING FOR INDIVIDUALS WITH CANCER
Distress screening, which soon will be mandatory at all Commission on Cancer (CoC)-accredited cancer centers, is a unique opportunity for social workers to assume a leadership role in the provision of an essential health care service. The CoC mandate is based on evidence indicating that cancer-related distress is a nearly universal experience, which, until recently, has been largely ignored by health care providers. Beginning in 2015, distress screening must be offered at pivotal visits, which may include initial consultation, pre and post-surgery, initiation of chemotherapy, and completion of active treatment.

Social workers are largely responsible for responding to patients experiencing high levels of cancer-related distress. With nearly 1.7 million new cancer diagnoses each year in the U.S. (American Cancer Society, 2013), the opportunity to demonstrate the effectiveness of social work interventions is significant. Demonstrating the benefit of distress screening for individuals with cancer also positions social workers to advocate for expansion of this service to patients with other chronic conditions.

EMERGENCY DEPARTMENT SERVICES
Hospitals are increasingly employing social workers in emergency departments (Van Pelt, 2010). Pediatric hospitals are at the cutting edge of this area of practice. Most free-standing children’s hospitals have 24-hour social work coverage in the emergency department, where they provide mental health evaluation, stabilization, assessment for suicidal ideation and drug/ alcohol use, and psychosocial support and consultation for trauma and family violence cases. Emergency department social workers are often the primary coordinators of psychiatric crisis teams in children’s hospitals. They frequently serve as the bridge between the patient and the family – and they ensure the patient’s safe transition back to the community. Through telephonic care coordination, hospital-based social workers ensure full implementation of the discharge plan, assist with arranging community resources and follow-up appointments, and address issues that arise for patients with complex conditions. A landmark control trial of the EDPP showed positive results, including increased medication understanding, decreased stress, and better adherence to scheduling and attending follow-up medical appointments (Alfred et al., 2012). By ensuring social workers move to a hospital-to-home role in new ACOs prevention programs. Furthermore, new research fields, especially patient-centered outcomes research and community-based participatory research, offer an opportunity for social workers to contribute to the prevention and public health research base.

PRIMARY CARE SETTINGS/MEDICAL HOMES
Social workers are increasingly present in medical homes (also known as health homes) and other primary care settings. These settings allow social workers to combine their behavioral health training with their health promotion and disease prevention skills. The Veterans Administration (VA) has developed a unique medical home model, the Patient Aligned Care Team (PACT). PACT teams are multi-interdisciplinary, with social workers serving as health care advocates, case managers and mental health clinicians. The PACT model demonstrates the breadth of health care social work functions.

COMMUNITY-BASED MENTAL AND BEHAVIORAL HEALTH SERVICES
Mental and behavioral health administrators recognize the broad benefit of social workers, who bring experience in community-based treatment, awareness of the social determinants of health, and understanding of the interdependence of physical and mental wellbeing. Like their hospital-based colleagues, mental and behavioral health social workers focus on maintaining clients in the community, reducing readmissions, ensuring access to coordinated care, and serving as the bridge between the client and the health care institution. Mental and behavioral health is a growing area for social workers, fueled by the Affordable Care Act’s (ACA) significant investment in prevention and treatment of substance abuse and mental health disorders, and the value that the mental and behavioral health sector places on social work services.

PREVENTION AND PUBLIC HEALTH INTERVENTIONS
Much of health care social work is prevention-based, but the profession often fails to identify it as such. Supporting HIV medication adherence programs, providing home visitation services for at-risk mothers and newborns, and addressing childhood obesity are all examples of social work prevention and public health interventions. Social workers are well-positioned to take a leadership role in new ACOs prevention programs. Furthermore, new research fields, especially patient-centered outcomes research and community-based participatory research, offer an opportunity for social workers to contribute to the prevention and public health research base.

New Opportunities in the Affordable Care Act
ACCOUNTABLE CARE ORGANIZATIONS (ACOs) AND HEALTH HOMES
The ACA invests heavily in these care delivery models, which seek to improve patient outcomes and lower health care costs through greater integration of acute care, primary care and other community-based services. The ACA’s demonstration projects involving ACOs and health homes open a window for social workers to use their skills in patient navigation, mental and behavioral health integration, and care coordination (Collins, 2011). To thrive, ACOs and health homes will need to rely heavily on this social work skill set. Social workers involved in these models, whether as mental and behavioral health clinicians or as care coordinators, are also well positioned to advocate for the use of qualitative outcome measures to gauge patient satisfaction and well-being.

On a day-to-day basis, we work in teams with our health care colleagues and while there are many shared aspects of the specialty, our skill sets are unique. Whereas physicians and nurses may assess for psychiatric needs, they generally do not have the depth of training that allows them to intervene with the expertise of a trained social worker.”

“Social work directors] have become influential leaders within their institutions and many have advanced to key hospital administrative positions.” – Ed Woomer

“There are not enough social workers seeking [behavioral health care management] and administrative positions.” – John Mistrangelo

“No longer matters how many people we see. We need to document the impact on patients and families of the work we do.” – James Zabora
GREAT PROFESSIONAL DISTINCTION
With more disciplines poised to assume traditional social work functions, health care social workers are challenged to demonstrate their distinctiveness from other health care providers. Social workers need to recognize the importance of interdisciplinary, team-based care while emphasizing their distinctive training and skills. Without distinguishing its unique capabilities, the social work profession may be relegated to a subordinate status within health care institutions, rather than being viewed as a vital contribution to patient health and wellbeing.

SPECIALIZED TRAINING
The changing health care landscape calls for enhanced social work education and training. For example, health care must address the shortage of social work educational opportunities that reflect the depth and scope of palliative care, as the resources currently available are insufficient for this growing area of social work practice. Greater availability of social work leadership training is necessary to cultivate a future workforce of social work managers in health care settings. And, as health care becomes more technologically driven, social workers need additional training in technology skills, particularly in telemedicine, video conferencing and social media.

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Specialized social work clinical interventions, such as psychoeducation, cognitive-behavioral intervention, disease management groups, and short-term psychotherapy during hospitalization, hold the potential for improving outcomes while reducing cost and utilization. Palliative care is also an emerging social work clinical specialty. People with serious or life threatening illnesses can benefit from palliative care, which can be integrated into patient care beginning at the time of diagnosis until the end of life. This specialty area offers social workers the opportunity to employ their generalist and specialist training, as well as their ecological viewpoint.

POST-DISCHARGE CARE COORDINATION
Historically, hospital discharge planning has been a social work function. But until recently, hospital social workers had little contact with a patient post-discharge - and often no verification that a treatment plan had been followed.

Hospital social workers have challenged this limited role by expanding into care transition functions. Rush University Medical Center (Rush) has developed an evidence-based model, the Enhanced Discharge Planning Program (EDPP), a social work-led, post-discharge intervention to assist older adults in safely transitioning back to the community. Through telephonic care coordination, hospital-based social workers ensure full implementation of the discharge plan, assist with arranging community resources and follow-up appointments, and address issues that arise for people with complex medical conditions. A concurrent control trial of the EDPP showed positive results, including increased medication understanding, decreased stress, and better adherence to scheduling and attending follow-up medical appointments (Alfred et al., 2012). By ensuring social workers combine their behavioral health functions.

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– Terry Alkito
CMS INNOVATION CENTER GRANTS
The CMS “Innovation Center” was created to develop and test new health care delivery and payment models. Health care social work leaders have been successful in designing and implementing projects that have received Innovation Center funding. The Illinois Transitional Care Consortium received a grant for its “Bridge Program,” a multisite project using the Rush social work discharge intervention. duPont Hospital for Children in Delaware received a grant to establish pediatric health homes, to reduce asthma-related emergency department use and increase adoptions among pediatric Medicaid patients. Social workers are involved in management and supervisory functions for the pediatrics health home project. Partners in Care Foundation, a community-based, social work-led organization, received an Innovation Center grant to reduce hospital and nursing home admissions among Medicare beneficiaries in Los Angeles County. Innovation Center grants provide an opportunity to build the evidence base for models of care that can be used broadly by the social work community.

MEDICARE WELLNESS BENEFIT
Through the ACA, Medicare beneficiaries are now entitled to free annual wellness visits with their primary health care provider. These visits include a variety of interventions, including depression screening. Although such screening must be performed by physicians, nurse practitioners, or physician assistants, social workers may provide the requisite follow-up assessment and treatment, for beneficiaries who screen positively for depression. For social workers in primary care settings, providing these psychosocial services demonstrates both their value to the health care team and the effectiveness of their interventions. Research has shown that depression can exacerbate other chronic health conditions, and reducing depression can lower overall health care costs.

Leadership Development Recommendations
- Develop training programs to prepare social workers to move into middle management positions in health care and behavioral health care settings
- Establish leadership training as a core competency in social work education
- Support a national social work certification in health care leadership
- Establish formal mentoring programs among health care social work managers and administrators

Social Work Education/Continuing Education Recommendations
- Devote resources to enhance and enrich social work education at all levels, to ensure that generalists and specialist training reflects the complexity and scope of health care social work across the continuum
- Educate social work students and recent social work graduates on the many opportunities in both frontline clinical and management-level positions within the health and behavioral health care systems

Public Education Recommendations
- Educate the public about the distinctive skill set of health care social workers, emphasizing how social work education and training enhances the services provided to patients, families and health care institutions
- Educate insurance carriers on the cost saving potential and effectiveness of social work interventions
- Educate employers and allied health professionals on the roles, expertise, and value-added functions of health care social workers across the health care continuum

Policy/Advocacy/Regulatory Recommendations
- Push for state regulations that mandate social work inclusion in Medicare and Medicaid ACOs
- Advocate for reciprocity among social work state licensure boards to allow greater mobility for health care social workers
- Work with CMS to modify the clinical social work scope of practice to include both “mental health provider” and “health care provider”
- Advocate for social work effectiveness research funding within all federal agencies that fund health research
- Advocate for social work use of the health and behavior assessment and intervention codes (HBA codes), to provide fair reimbursement for social work services

Innovative Reimbursement Strategies
- Include health care social work as a component of reaccommodation for schools of social work
- Increase the number of social work school that offer health care concentrations in their MSW programs and increase the availability of health care social work field placements
- Strengthen health care technology skills among social workers, particularly in telemedicine, video conferencing and social media
- Enhance the care coordination and case management skills necessary for social workers in the current health care environment
- Expand educational opportunities in emerging social work practice areas, including palliative care, primary care, emergency care, and behavioral health integration

Public Policy
- Advise policymakers and health care leaders about the suitability of social work skills in meeting the growing need for coordinated care, particularly among vulnerable older adults
- Inform all audiences about the central role of health care social workers in addressing the social determinants of health

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1 Terry Alfino, Social Work Coordinator, Dept of Pain Medicine and Palliative Care, Beth Israel Medical Center, New York, NY
2 Robyn Golden, Director of Health and Aging, Rush University Medical Center, Chicago, IL
3 John Mistrangelo, Vice President and CEO, Adventist Behavioral Health, Rockville, MD
4 Krista Nelson, President, Association of Oncology Social Work, Forthord, OR
5 Betty Ruth, Clinical Associate Professor, Boston University School of Social Work, Boston, MA
6 Carol Shaw, Acting Chief Consultant, Care Management and Social Work Services, Dept of Veterans Affairs, Washington, DC
7 Ed Tinkham, Executive Director, Society for Social Work Leadership in Health Care, Wilmington, Delaware
8 James Zabora, Director, Life with Cancer program, Inova Health System, Fairfax, Virginia

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“Our profession’s cultural responsiveness, ecological viewpoint and our skills in community organizing, integration, navigation, and client empowerment—play an important and recognized role in the new health care arena.” – Betty Ruth
of health care delivery, behavioral health can combine our skills in community and social work to enhance care delivery. The CMS “Innovation Center” was created to develop and test new health care delivery and payment models. Health care social work leaders have been successful in designing and implementing projects that have received Innovation Center funding. The Illinois Transitional Care Consortium received a grant for its “Bridge Program,” a multi-site project using the Rush social work discharge intervention. duPont Hospital for Children in Delaware received a grant to establish pediatric health homes, to reduce asthma-related emergency department use among children with asthma. Social workers are involved in management and supervisory functions for the pediatric health home project. Partners in Care Foundation, a community-based, social-work-led organization, received an Innovation Center grant to reduce hospital and nursing home readmissions among Medicare beneficiaries in Los Angeles County. Innovation Center grants provide an opportunity to build the evidence base for models of care that can be used broadly by the social work community.

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### Recommendations for Strengthening Health Care Social Work

**RESEARCH RECOMMENDATIONS:**
- Design research studies that generate outcomes data on social work effectiveness, including measurement of readmission, adherence, utilization and patient satisfaction
- Encourage the development of research
- Include health care social work as a component of reaccreditation for schools of social work
- Increase the number of social work schools that offer health care concentrations in their MSW programs and increase the availability of health care social work field placements
- Strengthen health care technology skills among social workers, particularly in telemedicine, video conferencing and social media
- Enhance the care coordination and care management skills necessary for social workers in the current health care environment
- Expand educational opportunities in emerging social work practice areas, including palliative care, primary care, emergency care, and behavioral health integration

**PRACTICE RECOMMENDATIONS:**
- Promote consistent use of evidence-based social work interventions in all health care settings
- Promote social work participation in emerging ACA opportunities, including medical homes/health homes, ACOs, as well as Innovation Center programs testing readmission prevention and care coordination models
- Foster social work leadership in distress screening for individuals with cancer and encourage social work advocacy to expand distress screening to individuals with other chronic health conditions
- Strengthen clinical supervision within health care settings
- Establish an academic and practitioner workgroup to analyze industry needs and opportunities for social workers across the health care continuum

**LEADERSHIP DEVELOPMENT RECOMMENDATIONS:**
- Develop training programs to prepare social workers to move into middle management positions in health care and behavioral health care settings
- Establish leadership training as a core competency in social work education
- Support a national social work certification in health care leadership
- Establish formal mentoring programs among health care social work managers and administrators

**SOCIAL WORK EDUCATION/CONTINUING EDUCATION RECOMMENDATIONS:**
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- Educate social work students and recent social work graduates on the many opportunities both in front-line clinical and manageriallevel positions - within the health and behavioral health care systems
- Educate policymakers and health care leaders about the suitability of social work skills in meeting the growing need for coordinated care, particularly among vulnerable older adults.
- Inform all audiences about the central role of health care social workers in addressing the social determinants of health

**POLICY/ADVOCACY/REGULATORY RECOMMENDATIONS:**
- Push for state regulations that mandate social work inclusion in Medicare and Medicaid ACOs
- Advocate for reciprocity among social work state licensure boards, to allow greater mobility for health care social workers
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**Pressing Needs Facing Health Care Social Work**

**Professional Research Base**

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