

Integrating Health & Social Care:

Insights and Recommendations from a Consensus Study

A CHaSCI Community webinar

December 17, 2019

The Center for Health and Social Care Integration (CHaSCI)

CHaSCI envisions a transformed healthcare system with *parity in medical and social care*.

CHaSCI's mission is to transform the system by *advancing practices and policies that break down barriers to health*.

Spreading care models that integrate care: the *Bridge Model of transitional care* and the *AIMS Model* (Ambulatory Integration of the Medical & Social)

**PRACTICE
CHANGE &
CARE
MODELS**

**EVALUATION &
BUSINESS CASE
DEVELOPMENT**

Seeking sustainability in fee-for-service- and value-based payment systems through *research, quality improvement, & studying return-on-investment*

Training and educational initiatives to expand workforce capacity, including via the *CHaSCI Community*, a practice-based learning collaborative

**EDUCATION
& TRAINING**

**POLICY &
SYSTEMS
CHANGE**

Convening stakeholders to advance systems change, via the *National Coalition on Care Coordination (N3C)* and the *Social Work in Health Care Leadership Workgroup*

Today's speakers



Bonnie Ewald, MA

Associate Director,
Center for Health & Social Care Integration
at Rush University Medical Center

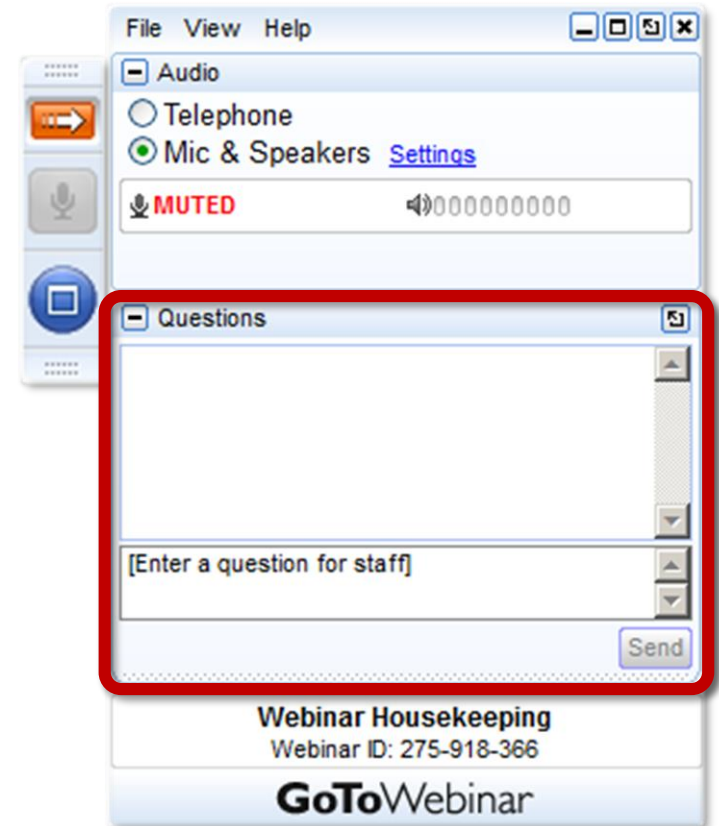


Tamara Cadet, PhD, LICSW, MPH

Associate Professor,
Simmons School of Social Work
NASEM study committee member

Logistics

- Slides and a recording will be sent to those who RSVP'd and posted on www.chasci.org
- Feel free to submit questions throughout webinar
 - Please type your questions into the question box (right)
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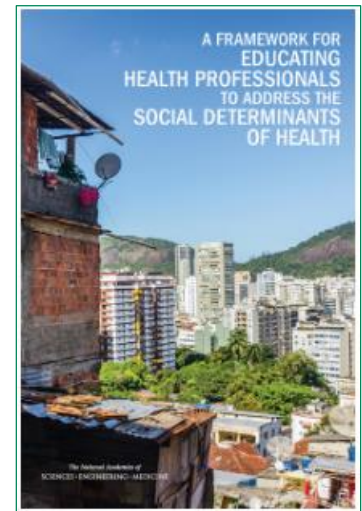
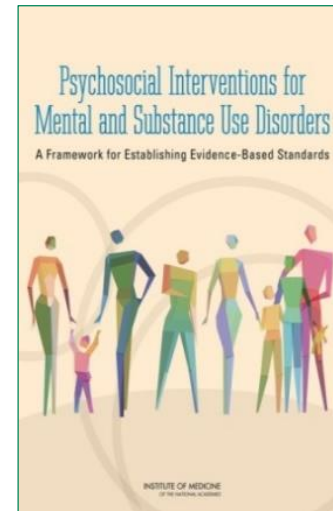
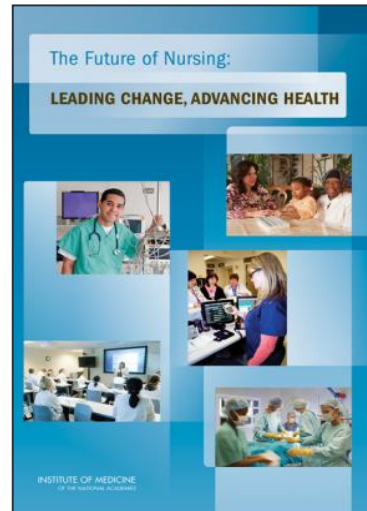
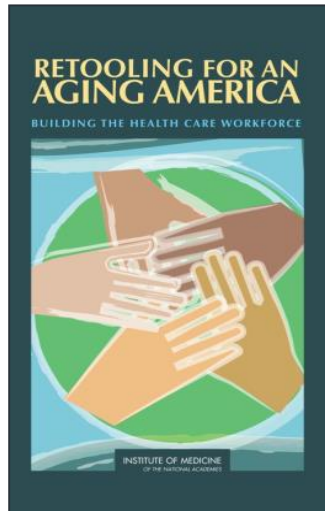
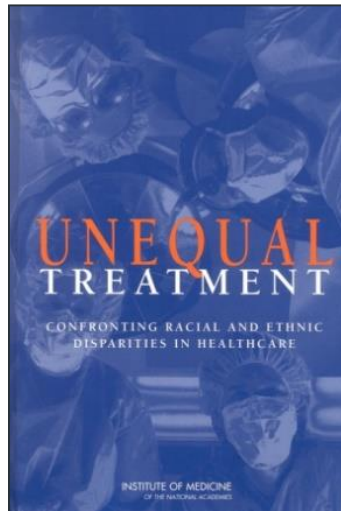


“The social worker’s major contributions to medical care, gauged by frequency of performance, are:

- (1) the **securing of information to enable an adequate understanding** of the general health problem of the patient;
- (2) **interpretation of the patient’s health problem** to himself, his family and community welfare agencies; and
- (3) the **mobilizing of measures for the relief** of the patient and his associates.”

-- American Association of Hospital Social Workers, 1928
Study of 1,000 client cases from 60 social work departments

Seeking evidence-based advice from The National Academies of Sciences, Engineering, and Medicine



Studying the role of social work (and social care) in health care

Summer 2016

- Began discussions with NASEM

Winter 2017

- Convening in Chicago
- Study approved
- Began seeking funding

Fall 2017

- SW orgs sponsor and SW academic match campaign

Fall 2016

- Convening in DC
- Broadened Statement of Task beyond SW

Summer 2017

- \$450k committed from first 2 foundation sponsors

Spring 2018

- Numerous foundations sponsor
- \$1.2m funding goal reached

Statement of Task

An ad hoc committee of the National Academies of Sciences, Engineering, and Medicine will examine the potential for integrating services addressing social needs and the social determinants of health into the delivery of health care to achieve better health outcomes and to address major challenges facing the U.S. health care system.

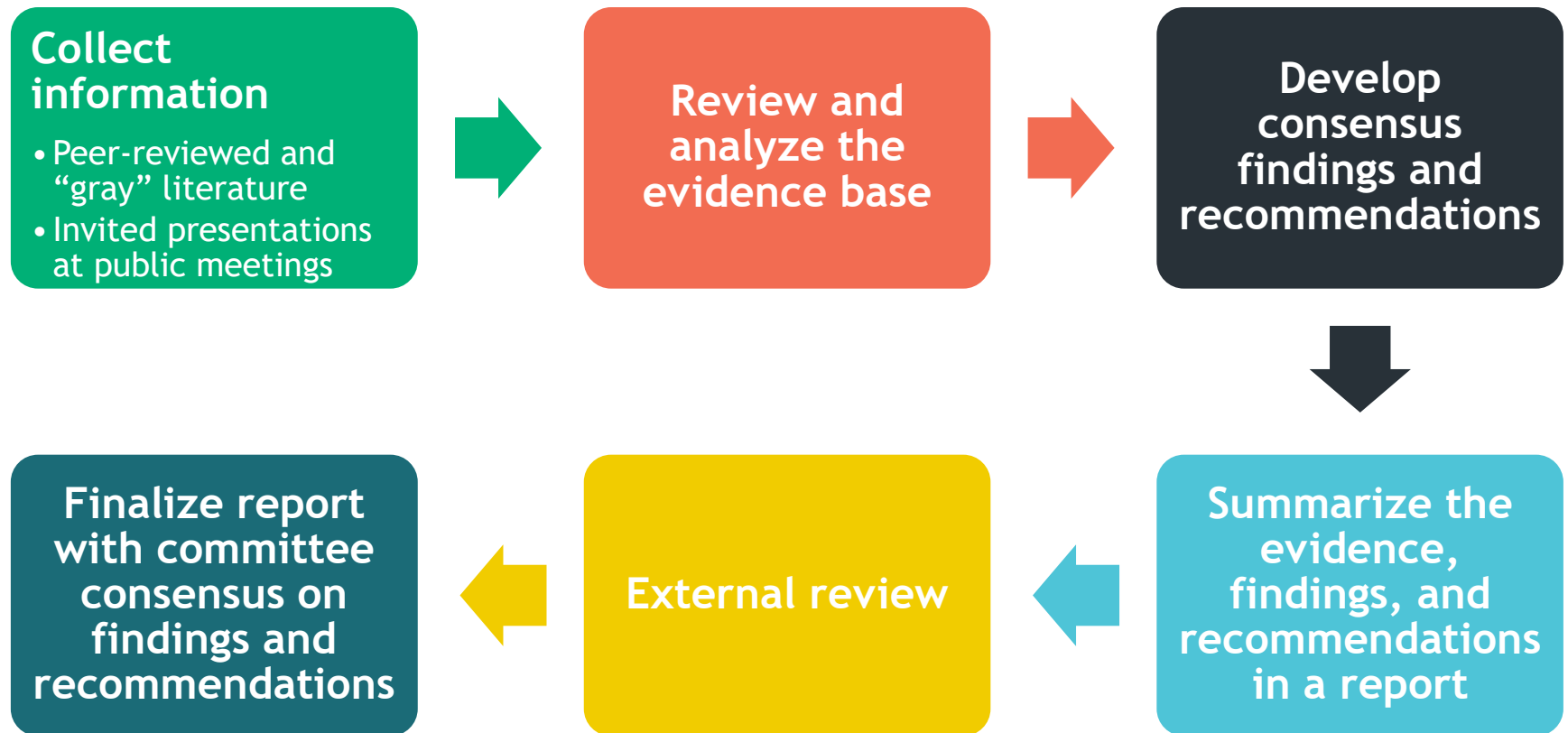
The committee will discuss: 1) approaches currently being taken by health care providers and systems, and new or emerging approaches and opportunities; 2) current roles of different disciplines and organizations, and new or emerging roles and types of providers; and 3) current and emerging efforts to inform the design of an effective and efficient care system that improves the nation's health and reduces health inequities.

The committee will make recommendations on how to: 1) expand social needs care services; 2) better coordinate roles for social needs care providers in interprofessional care teams across the continuum of clinical and community health settings; and 3) optimize the effectiveness of social services to improve health and health care.

Committee members

- **KIRSTEN BIBBINS-DOMINGO** (*Chair*), Lee Goldman, M.D., Endowed Chair in Medicine; Professor and Chair, Department of Epidemiology and Biostatistics, University of California, San Francisco
- **TOYIN AJAYI**, Chief Health Officer, Cityblock Health
- **TAMARA CADET**, Associate Professor, School of Social Work, Simmons University
- **LISA A. COOPER**, Bloomberg Distinguished Professor, James F. Fries Professor of Medicine, Director, Johns Hopkins Center for Health Equity, Johns Hopkins University School of Medicine and Bloomberg School of Public Health
- **KAREN DESALVO**, Professor of Medicine, University of Texas at Austin, Dell Medical School
- **CHRIS ESGUERRA**, Senior Medical Director, Blue Shield of California
- **JANET C. FRANK**, Adjunct Associate Professor, Faculty Associate, UCLA Center for Health Policy Research, UCLA Fielding School of Public Health
- **RACHEL GOLD**, Senior Investigator, Kaiser Permanente Northwest Center for Health Research and Lead Research Scientist, OCHIN
- **ROBYN GOLDEN**, Associate Vice President, Population Health and Aging, Rush University Medical Center
- **LAURA GOTTLIEB**, Director, Social Interventions Research and Evaluation Network, Department of Family and Community Medicine, University of California, San Francisco
- **SEAN JOE**, Benjamin E. Youngdhal Professor of Social Development, George Warren Brown School of Social Work, Washington University in Saint Louis
- **CHRISTOPHER KOLLER**, President, Milbank Memorial Fund
- **CINDY MANN**, Partner, Manatt, Phelps & Phillips, LLP
- **DIANA J. MASON**, Senior Policy Service Professor, Center for Health Policy and Media Engagement, School of Nursing, The George Washington University
- **KEDAR MATE**, Chief Innovation and Education Officer, Institute for Healthcare Improvement
- **EDWARD SALSBERG**, Director of Health Workforce Studies, Health Workforce Institute, The George Washington University
- **ELIZABETH CUERVO TILSON**, State Health Director and Chief Medical Officer, North Carolina Department of Health and Human Services
- **KEEGAN WARREN-CLEM**, Director, Austin Medical-Legal Partnership, Texas Legal Services Center and People's Community Clinic

The committee's process



Hearing from stakeholders

- Sept. 24, 2018 presentations:

- Kristie Kulinski, Aging Services Program Specialist, Administration for Community Living
- Michelle M. Washko, Acting Director, National Center for Health Workforce Analysis, Health Resources and Services Administration
- Susan Reinhard, SVP & Director, AARP Public Policy Institute
- Rev. Debra Hickman, Co-founder and CEO, Sisters Together and Reaching, Inc., Baltimore, MD
- Roberta Waite, Executive Director, Stephen and Sandra Sheller 11th Street Family Health Services of Drexel University
- Kathryn Haslanger, CEO, JASA, New York, NY
- Kelly Craig, Chief Strategy and Information Officer, Camden Coalition of Healthcare Providers, NJ
- Laura Taylor, National Director of Social Work, Department of Veterans Affairs

View presentations at

www.nationalacademies.org/hmd/Activities/HealthServices/IntegratingSocialNeedsCareintotheDeliveryofHealthCaretoImprovethetheNationsHealth.aspx

Hearing from stakeholders: Social work care model innovators

- Nov. 13, 2018 webinar:
 - Leveraging social work in primary care: The Ambulatory Integration of Medical and Social (AIMS) Model
Victoria M. Rizzo, Ph.D., LCSW-R, Associate Professor, School of Social Welfare, University at Albany, State University of New York
 - Addressing social needs and increasing patient engagement after hospital discharge: The Bridge Model of transitional care
Walter Rosenberg, MSW, MHSM, LCSW, Director, Social Work and Community Health, Rush University Medical Center
 - Lessons Learned from the Field: Key Components to Building an Integrated Health Program
Tim Rehner, PhD, Professor of Social Work, The University of Southern Mississippi and Director, School of Social Work
Michelle Brazeal, ABD, LCSW, Project Director, Mississippi Integrated Health and Disaster Program and Assistant Professor of Social Work, The University of Southern Mississippi

Increasing attention to social determinants of health in medical literature

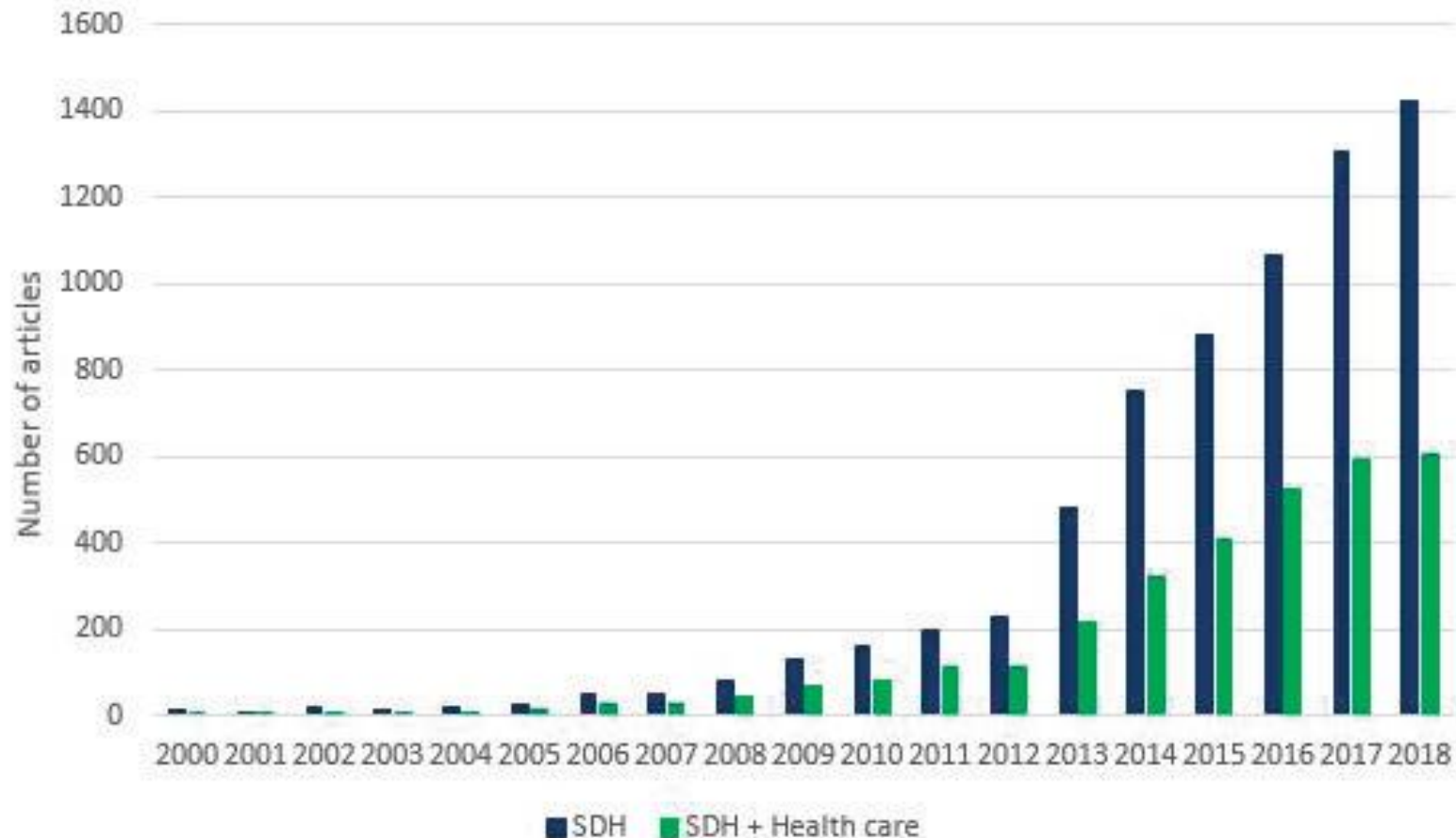


FIGURE 2-3 PubMed search results for “social determinants of health” overall and in the context of health care, 2000–2018. NOTES: Number of results of PubMed searches for “social determinants of health” (SDH) and for “social determinants of health AND health care (SDH + Health care). Search performed by the committee on January 15, 2019. SOURCE: Adapted from Gottlieb et al., 2017a.

Creating a framework: Key definitions

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 non-profit, organizations for the benefit of the community and to promote social well-being.

SOURCES: Adapted from Alderwick and Gottlieb, 2019; Healthy People, 2018; WHO, 2010.

Creating a framework: Healthcare delivery system activities that integrate social care

Adjustment

- Activities that focus on altering clinical care to accommodate identified social barriers.

Assistance

- Activities that reduce social risk by providing assistance in connecting patients with relevant social care resources.

Awareness

- Activities that identify the social risks and assets of defined patients and populations.

Alignment

- Activities undertaken by health care systems to **understand** existing social care assets in the community, **organize** them to facilitate synergies, and **invest in and deploy** them to positively affect health outcomes.

Advocacy

- Activities in which health care organizations work with partner social care organizations to **promote policies** that facilitate the creation and redeployment of assets or resources to address health and social needs.

Committee findings: Three areas are needed to enable successful integration

1. AN APPROPRIATELY STAFFED AND TRAINED WORKFORCE

"All members of a health care team should be aware of social factors, but experts in social care are critical to interprofessional teams... Social workers are specialists in providing social care and have a long history of working within health care delivery." – pg. 76-77

2. HEALTH INFORMATION TECHNOLOGY INNOVATIONS

"Interoperability and data sharing between health care and social care are hampered by the lack of infrastructure, data standards, and modern technology architecture shared between and among organizations." – pg. 104

3. NEW FINANCING MODELS

"The key challenges identified by the committee are how the legal definition of health care affects the inclusion of social care, how methods for paying providers incentivize or disincentivize the integration of social care into health care delivery, ...and the limited administrative capacity of many social care providers." – pg. 6

Spotlight on social work

*"In 1989 the Omnibus Budget Reconciliation Act amended the Social Security Act to include clinical social work services under Medicare Part B covered services, **defining clinical social work services as services related to the "diagnosis and treatment of mental illnesses"**.*

*...Importantly, the definition's exclusive focus on behavioral health has **largely prevented social workers from using Health and Behavior Assessment and Intervention [billing] codes**, even though it is these codes that reimburse for services that target social factors resulting from or affecting physical health problems."*

- pg. 72

Spotlight on community-based organizations

*"CBOs may find clinic partnerships difficult. They may need to establish new organizational relationships, which are possibly made more difficult by **power imbalances** with better-resourced medical practices. They may lack the staff or staff competencies needed to support such partnerships.*

*CBO-staffed social workers partnering with a clinic to provide biopsychosocial assessment and case management as part of the interprofessional team may offer an effective intervention, but **unless the practice refers with enough volume and agrees to share clinical, usage, and cost data with the CBO**, it is difficult to develop a business case for the partnership, and funding may not be renewed."*

- pg. 152

5 consensus goals to advance health and social care integration

1

- Design health care delivery to integrate social care into health care.

2

- Build a workforce to integrate social care into health care delivery.

3

- Develop a digital infrastructure that is interoperable between health care and social care organizations.

4

- Finance the integration of health care and social care.

5

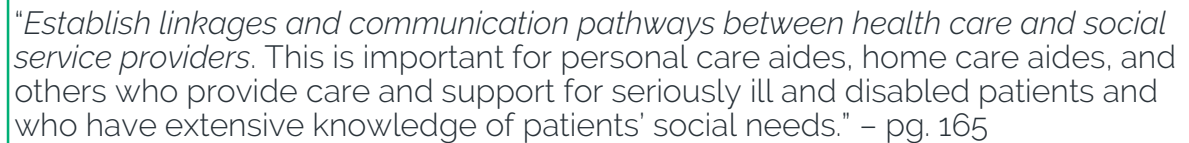
- Fund, conduct, and translate research and evaluation on the effectiveness and implementation of social care practices in health care settings.

Goal 1: Design health care delivery to integrate social care into health care

Recommendations:

■ Health care organizations should:

- Design and implement integrated care systems by engaging a wide variety of stakeholders.
- Support the development of infrastructure components needed to meet the goal of integration.
- Establish linkages and communication pathways between health care and social service providers.
- Develop and finance referral relationships with selected social care providers when feasible.



“Establish linkages and communication pathways between health care and social service providers. This is important for personal care aides, home care aides, and others who provide care and support for seriously ill and disabled patients and who have extensive knowledge of patients’ social needs.” – pg. 165

Goal 2: Build a workforce

Recommendations:

- State legislatures, licensing boards, professional associations, and federal agencies should develop, expand, and standardize the scopes of practice of social workers, community health workers, gerontologists, and other social care workers.
- Social workers and other social care workers should be eligible for reimbursement. Payers should create standards for the reimbursement of social care, including assessment and such treatment as chronic care management, behavioral health integration, and transitional care management.

Goal 2: Build a workforce (cont'd)

Recommendations:

- Funders of health care workforce training (i.e. HRSA, the VA) should include the social care workforce in their education, training, and practice initiatives.
- Schools of health professions should engage social workers in instructional roles in order to model their participation in interprofessional teams and to provide information on social risk screening and social care resources and referrals.
 - Training for health professionals should include training on social factors and how they affect health. Training should encompass multiple settings, including social services settings.
- Credentialing organizations for medicine, nursing, and other health professions should incorporate knowledge about the social determinants of health and the importance of addressing social needs in licensing examinations and continuing education requirements.

Goal 2: Build a workforce (cont'd)

Recommendations:

- Social work schools and continuing education programs should use competency-based curricula on social care.
- State agencies and academic institutions, including community colleges, should develop standards for training and advancement (for example, career ladder programs) for community health workers and other emerging social care workers.
- Foundations and other funders should commission a follow-up comprehensive report on the role of social work in health care as social care and health care integration continues to evolve.
- Foundations and other funders should fund a campaign to raise awareness among the health care professions and others about the value and contributions of social workers and other social care workers in health care.

Goal 3: Develop a digital infrastructure

Recommendations:

- The federal government and the private sector should:
 - Build internal capacity for social care organizations and consumers to interact with each other and the health care system.
 - Provide resources to create digital systems to facilitate eligibility and enrollment.
 - Provide support for deploying interoperable platforms for communities.
 - Ensure equity in digital and technological advances.

Goal 4: Finance social care

Recommendations:

- The Center for Medicare & Medicaid Services (CMS) should:
 - Clearly define aspects of social care considered covered services under Medicaid.
 - Approve Medicaid waivers that support social care and include sustainable financing for effective interventions.
 - Consider additional Medicare reforms to broaden coverage rules.
 - Coordinate with states the coverage and benefits administration for dual-eligible populations.
 - Develop incentives for healthcare entities to collaborate with community-based social services.

Goal 4: Finance social care (cont'd)

Recommendations:

▪ States should:

- Communicate to health plans and health care/social care providers about social care activities that can be covered by Medicaid.
- Pursue policies of continuous program eligibility.
- Pursue opportunities to align hospital licensing and reporting requirements to ensure consistent obligations for health systems with respect to community benefits, and link the benefits to provision of social care.

Goal 5: Fund, conduct, and translate research and evaluation

Recommendations:

- Encourage demonstration projects with a range of study designs.
- Develop a clearinghouse of promising practices.
- Develop common core of measures.
- Use research on effective demonstrations to inform health care reforms.

Building on the report

- [#socialcare](#) and NASEM social media toolkit



Snapshot from our social work campaign

(in development)

Stakeholder group	Goal / priorities
Federal legislators and CMS	<ul style="list-style-type: none">• Broaden Medicare's definition of clinical social work (<i>Improving Access to Mental Health Act, H.R. 1533/S.782</i>)• Incentivize partnerships between Medicare and Medicaid billing providers and plans with CBOs
Educators and researchers	<ul style="list-style-type: none">• Train social workers to be equipped to practice in health care• Leverage social workers in educating interprofessional health providers on social care• Carry out effectiveness and cost effectiveness research, especially of "assistance" activities
Healthcare leadership	<ul style="list-style-type: none">• Leverage + study care models with social workers, community health workers, and patient navigators• Consider clinical social workers in hiring and supervision

Q & A

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Thank you for joining this CHaSCI Community webinar!

Questions?

Ideas for future content, or your own learnings to share?

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