



# **SOCIAL WORK IN OUTPATIENT HEALTH SETTINGS**

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# **THE NEED FOR SOCIAL WORK IN PRIMARY HEALTHCARE SETTINGS**

TRANSITION FROM TRADITIONAL HEALTHCARE TO INTEGRATED HEALTHCARE

## THE NEED FOR SOCIAL WORK IN PRIMARY HEALTHCARE SETTINGS

- Patient Protection Affordable Care Act (PPACA)
  - Holistic, individualized approach to healthcare (Stanhope et al., 2015)
- Traditional medical model of healthcare
  - Treatment vs. prevention (British Medical Association Board of Science, 2011)
  - Fragmented healthcare – multiple providers, settings, and payment services (Golden, 2011)
- Issues: patients neglected/overlooked, increased health costs, physician burnout, increased structural healthcare need

**INTEGRATED  
HEALTH:  
PRIMARY CARE  
AND BEHAVIORAL  
HEALTH  
SERVICES IN ONE  
LOCATION (LEE ET  
AL., 2016)**

- Social workers are ideal for integration of health:
  - Address all areas of patient's life (Lombardi et al., 2016)
  - Flexible and adaptable (Lombardi et al., 2016)
  - Expertise in behavioral health & evidence-based treatment (de Saxe Zerden et al., 2019)
  - Knowledge of resources (de Saxe Zerden et al., 2019)
  - Focus on strengths-based and person-in-environment perspectives (NASW, 2016)
  - Experience with vulnerable populations (NASW, 2016)
  - Ability to advocate and assist in policy change and research (NASW, 2016)



# PROBLEM EXPLORATION

PATIENT QUALITY OF CARE, COORDINATION OF CARE, PHYSICIAN SATISFACTION/RETENTION AND STRUCTURAL HEALTHCARE NEEDS, AND HEALTHCARE COSTS

## PATIENT QUALITY OF CARE

- Untreated psychological issues seen at primary care for physical ailments (Craig et al., 2016)
- Mental health issues lead to poor self-management and decreased treatment adherence (Craig et al., 2016)
- Healthy lifestyle changes difficult for patients with mental health issues (Reardon, 2010)
- Patients with minor mental health issues only seek primary care physician (McGregor et al., 2018)
- Healthcare rated based on patient satisfaction (affects funding and patient volume)

## PATIENT QUALITY OF CARE

- Social workers in healthcare improve patient quality of care
  - Implement biopsychosocial, assist in developing self-efficacy, psychoeducation, behavioral health treatment plans (Craig et al., 2016)
  - Evaluate social determinants and barriers to treatment implementation (British Medical Association Board of Science, 2011)
  - Focused on relationship, self-efficacy, and individualized care (McGregor et al., 2018)

## **COORDINATION OF CARE – PHYSICIANS AND PATIENTS**

- Integrated health system improves coordination of care
  - Increase efficiency and time management (Mann et al., 2016)
  - Increase provider consultations (Mann et al., 2016)
  - Interdisciplinary team in one location addresses all complex medical issues and decrease barriers to access of care (Craig et al., 2016)



## **COORDINATION OF CARE – HEALTH INSURANCE (EVANS ET AL., 2018)**

- Social workers comprehend social barriers, flexibility in care, and liaison between patients and insurance companies
- Educate patients on available insurance and coverage/cost of different plans
- Advocate on patients' behalf to insurance companies

## **PHYSICIAN SATISFACTION (KUNG ET AL., 2019)**

- Physician burnout causes decreased continuity of care and increased health costs
- Decreased social resources causes burnout
- Social workers:
  - Provide information regarding resources
  - Use research and evidence-based interventions to affect structural change
  - Liaisons between physicians, patients, and community

## HEALTHCARE NEEDS

- Unmet psychological needs lead to increased ER and primary care visits (Reardon, 2010)
  - Decreased resources for other patients (Reardon, 2010)
- Severe mental illness more likely to end up in ER (Lee et al., 2016)
- Resources used in treating chronic and comorbid issues (Stanhope et al., 2015)
- Implementing behavioral health services improves quality of care and decreases need for medical resources (McFeature & Pierce, 2012)

## HEALTHCARE COSTS

- Severe mental illness (SMI) more likely to have chronic comorbid medical conditions = increased healthcare costs (Lee et al., 2016)
- SMI low population, large healthcare expenditure (Lee et al., 2016)
- Integrated health = decreased long term healthcare costs (Lee et al., 2016)
- Reduction in medical resources used for behavioral/comorbid issues = decreased healthcare costs (McFeature & Pierce, 2012)

A woman with dark hair pulled back, wearing a dark blue medical uniform, is shown in profile from the chest up. She is looking down at a tablet computer she is holding with both hands. The background is a bright, out-of-focus office window with a view of a city skyline. A dark blue horizontal bar is overlaid on the lower half of the image, containing white text.

# THEORETICAL PERSPECTIVES

PATIENT CENTERED MEDICAL HOME (PCMH)

# THEORETICAL PERSPECTIVES



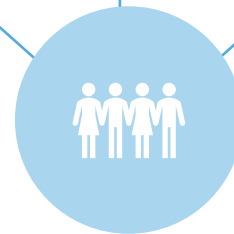
INTEGRATED  
HEALTH



INDIVIDUALIZED  
CARE



HOLISTIC APPROACH



PATIENT CENTERED  
MEDICAL HOME  
(PCMH)

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# PATIENT CENTERED MEDICAL HOME (PCMH)

- Address holistic needs while focusing on relationships between physicians, patients, and behavioral health specialists (Stanhope et al., 2015)
- Behavioral Health Specialists:
  - Provided brief assessments to address lifestyle stressors (McFeature & Pierce, 2012)
  - Individualized care (McFeature & Pierce, 2012)
  - Flexibility in appointments (McFeature & Pierce, 2012)
  - Social workers ideal for Behavioral Health Specialists due to varied skill set and code of ethics (Mann et al., 2016)
  - Implement assessments and treatment modalities (Mann et al., 2016)
  - Consultations w/ providers and patients (Mann et al., 2016)
  - Address barriers to care (Mann et al., 2016)



**CONCLUSION**



## **SOCIAL WORKER ROLE:**

<b>Provide</b>	Provide benchmarks for quality social work practice in healthcare settings (NASW, 2016)
<b>Educate</b>	Educate policymakers and other healthcare professionals on role of social workers in healthcare settings (NASW, 2016)
<b>Design / Deliver</b>	Design / Deliver PCMH model into healthcare systems (Stanhope et al., 2015)

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## **BENEFITS OF SOCIAL WORKERS**



**Unique clinical skills, program development/management skills, and evaluation skills (Stanhope et al., 2015)**



**Holistic approach to patient care**

- Increases quality of care provided
- Coordinates services better
- Improves patient and physician satisfaction
- Decreases healthcare costs
- Benefits healthcare overall

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