

Costs and Outcomes of Health Social Work: Toward the Learning Health System

Gail Steketee, PhD, Boston University SSW

Sara S. (Sally) Bachman, PhD, Boston University SSW, SPH

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Current Health Policy Trends

- Much of what's happening in health policy is about integrating payment and comprehensive service delivery
- Focus on quality
- The Triple Aim: Improved patient experience, improved population health, reduced per capita costs
- Greater understanding that social determinants of health matter
- An exciting time with great potential for Social Work



Presentation Overview:

Part I: What do we know about the impact of social work in health?

Part II: How does social work contribute to a learning health system?

- Research
- Education
- Practice
- Advocacy



Existing Research

- Reviews of social work and health outcomes focus on geriatric populations (Popejoy et al., 2009; Rizzo & Rowe, 2006; 2014) and hospital interventions in pediatric populations (Shields et al., 2012).
- One recent systematic review of social work interventions and costs showed promising findings, but was limited to older adults (care coordination, end-of-life, and palliative care) (Rizzo & Rowe, 2014).



Aims and Hypotheses

Aims -

- Examine the impact of social work interventions on health outcomes and economic costs

Hypotheses -

- Interventions with social workers in leadership roles will positively affect health outcomes and reduce costs compared to usual care
- Including social workers on interdisciplinary health care teams (vs. consultant roles) will positively influence health outcomes and reduce costs

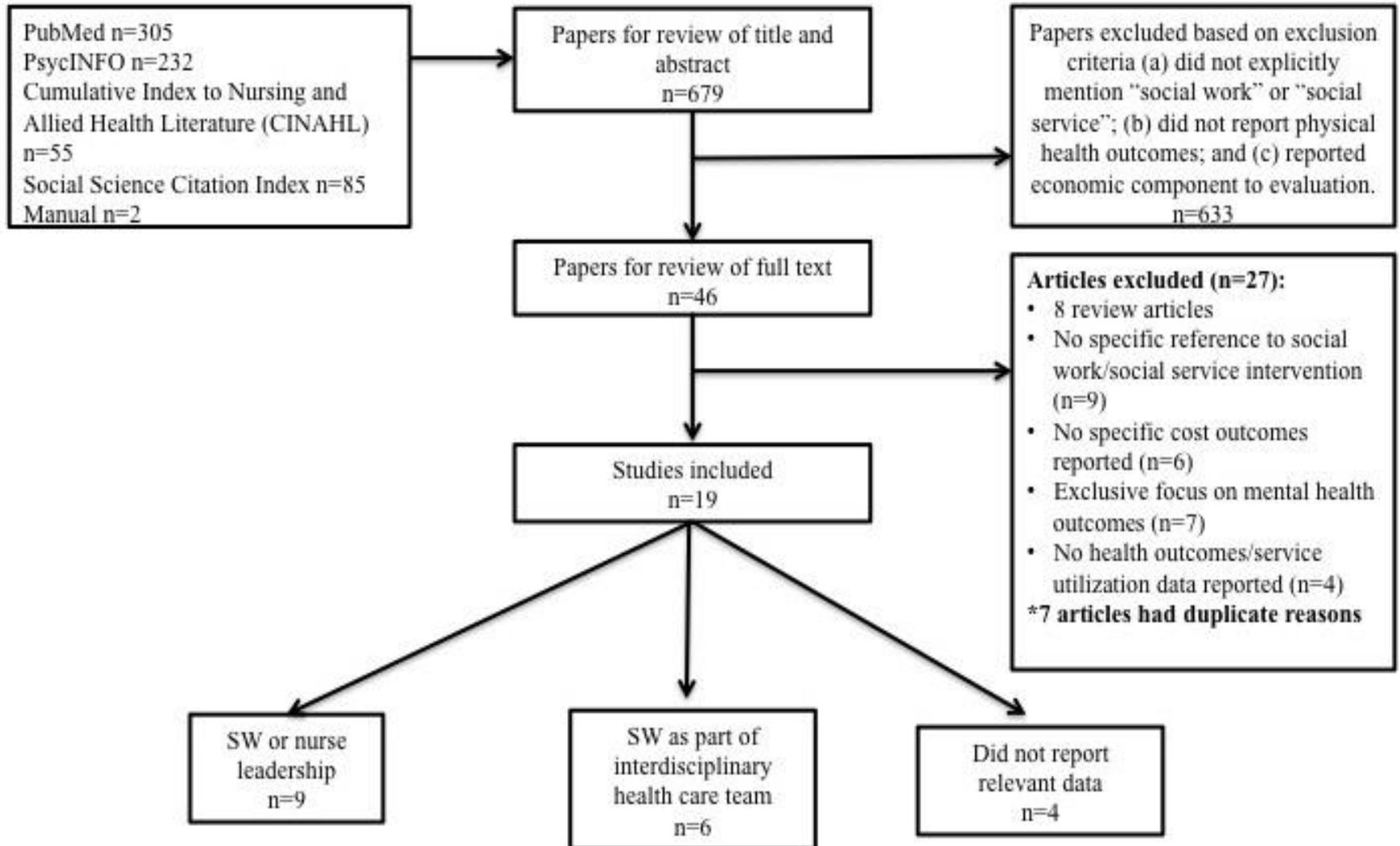


Methods

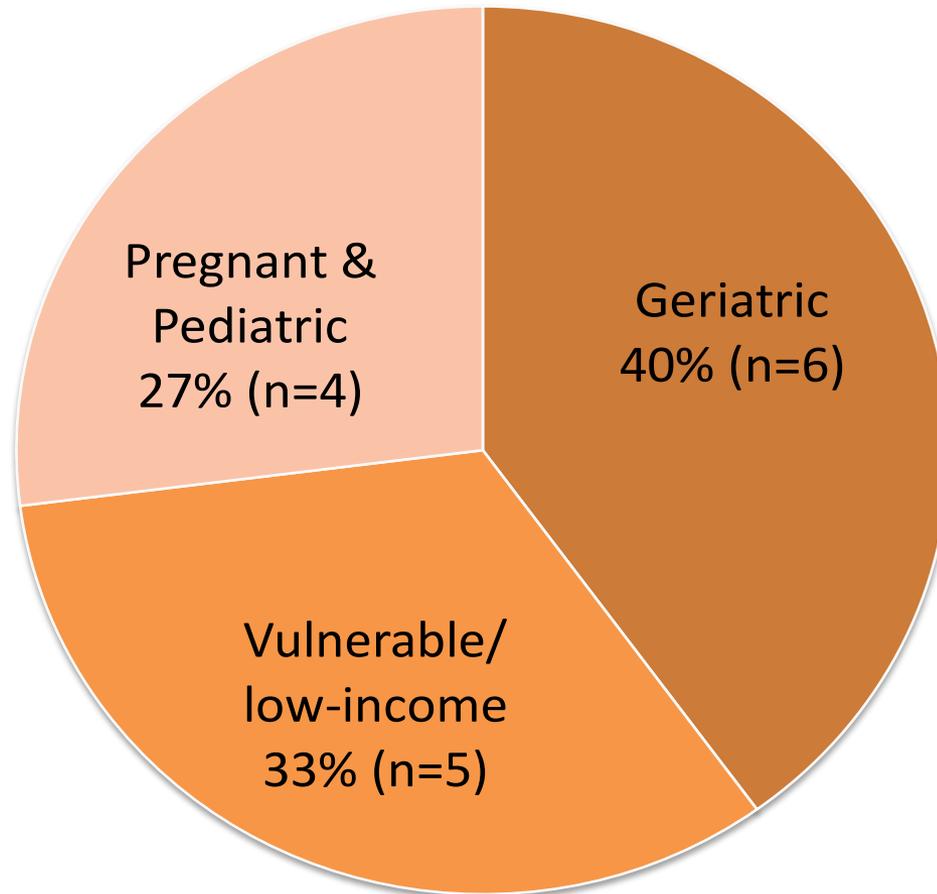
- Systematic review using Cochrane Intervention Review
- Databases for 1994 - 2014: PubMed, PsycINFO, CINAHL, Social Science Citation Index
- Search terms: “social work” AND “cost” AND “health”
- Two independent MSW/MPH reviewers
- Review criteria
 - Original research report (not review articles)
 - Social work or social service involvement
 - Reported physical health outcomes or service utilization data as a proxy for health outcomes
 - included economic analyses and/or cost data



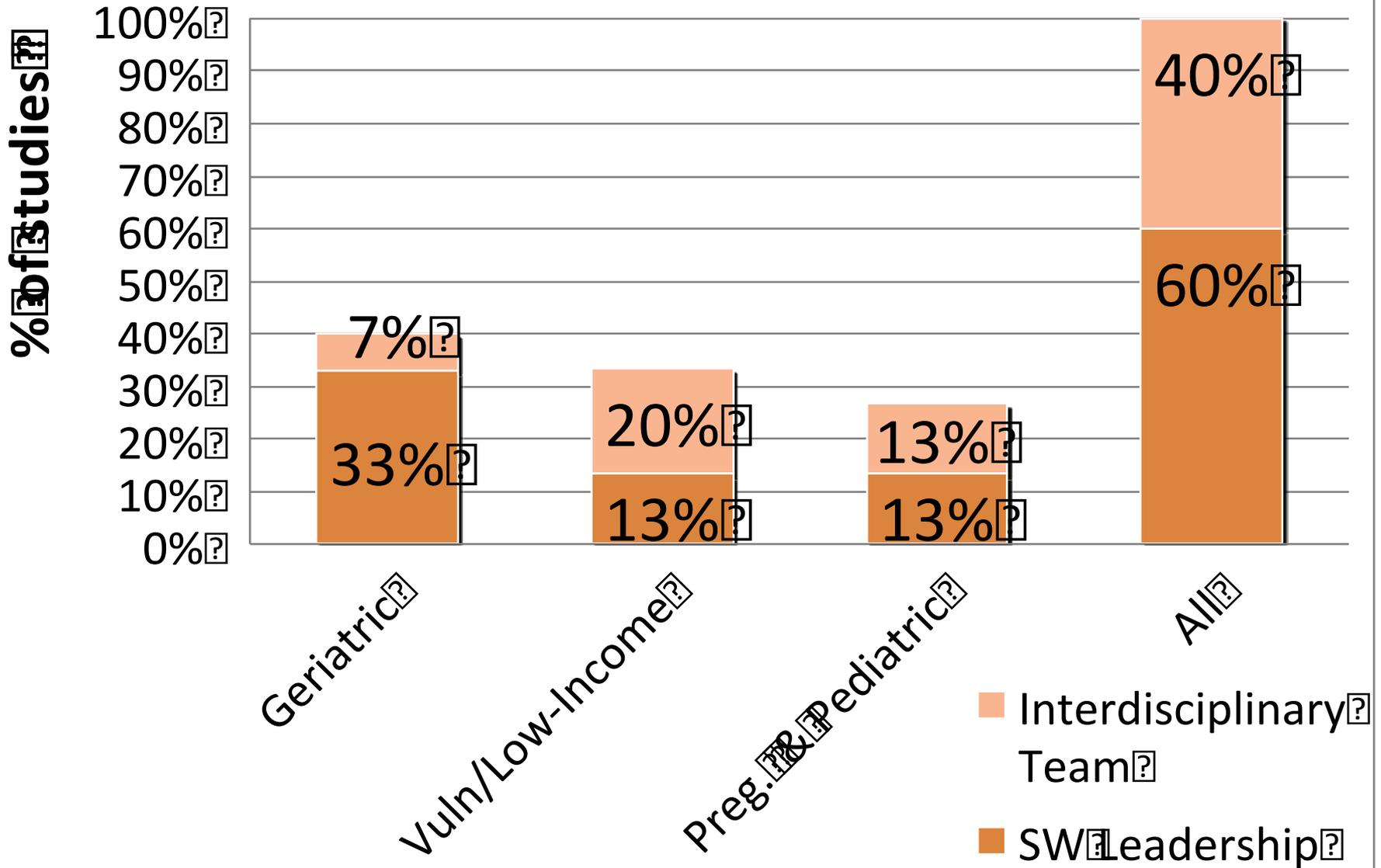
Flow Chart



15 studies provided adequate data

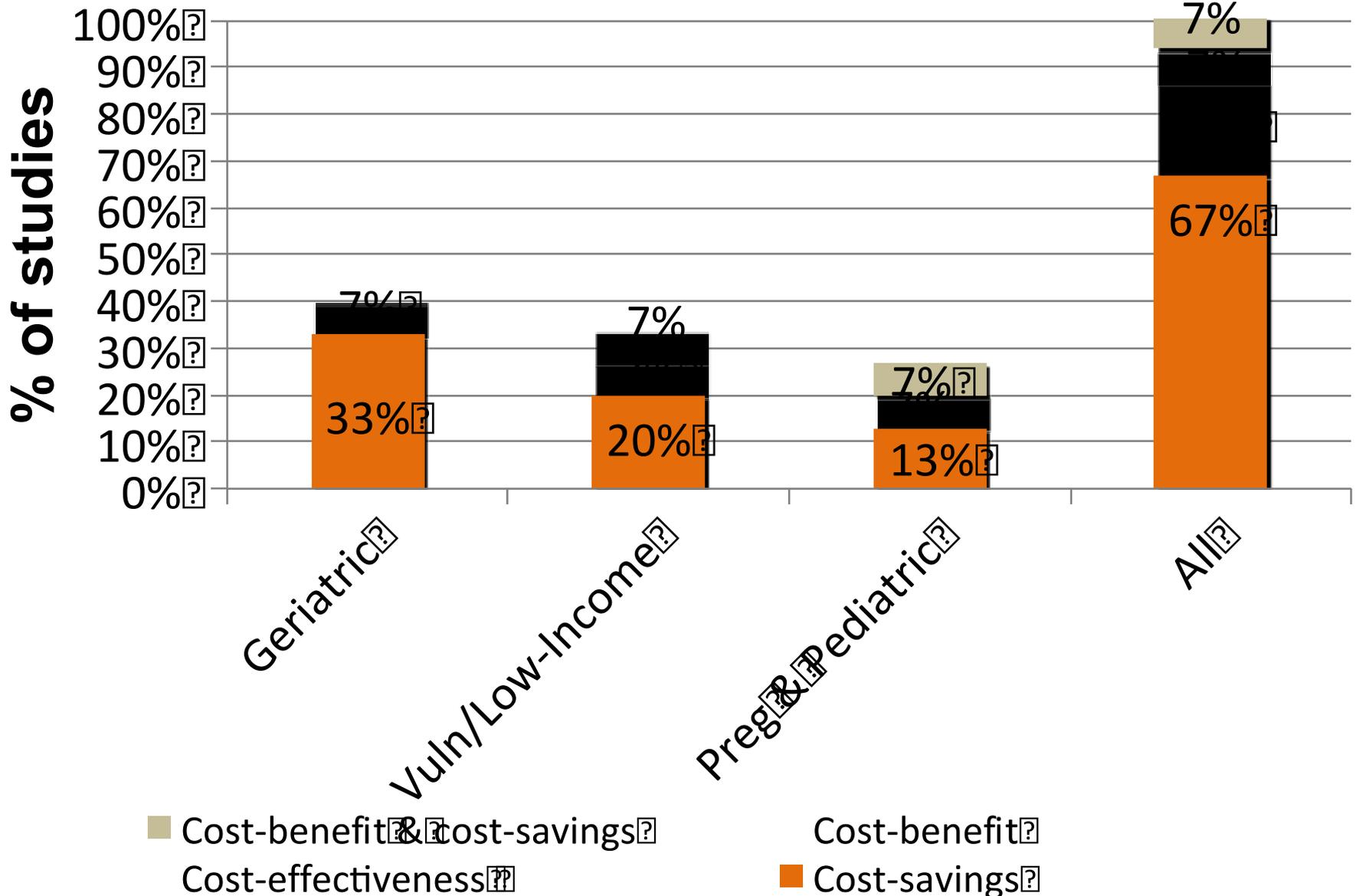


Social Work Role

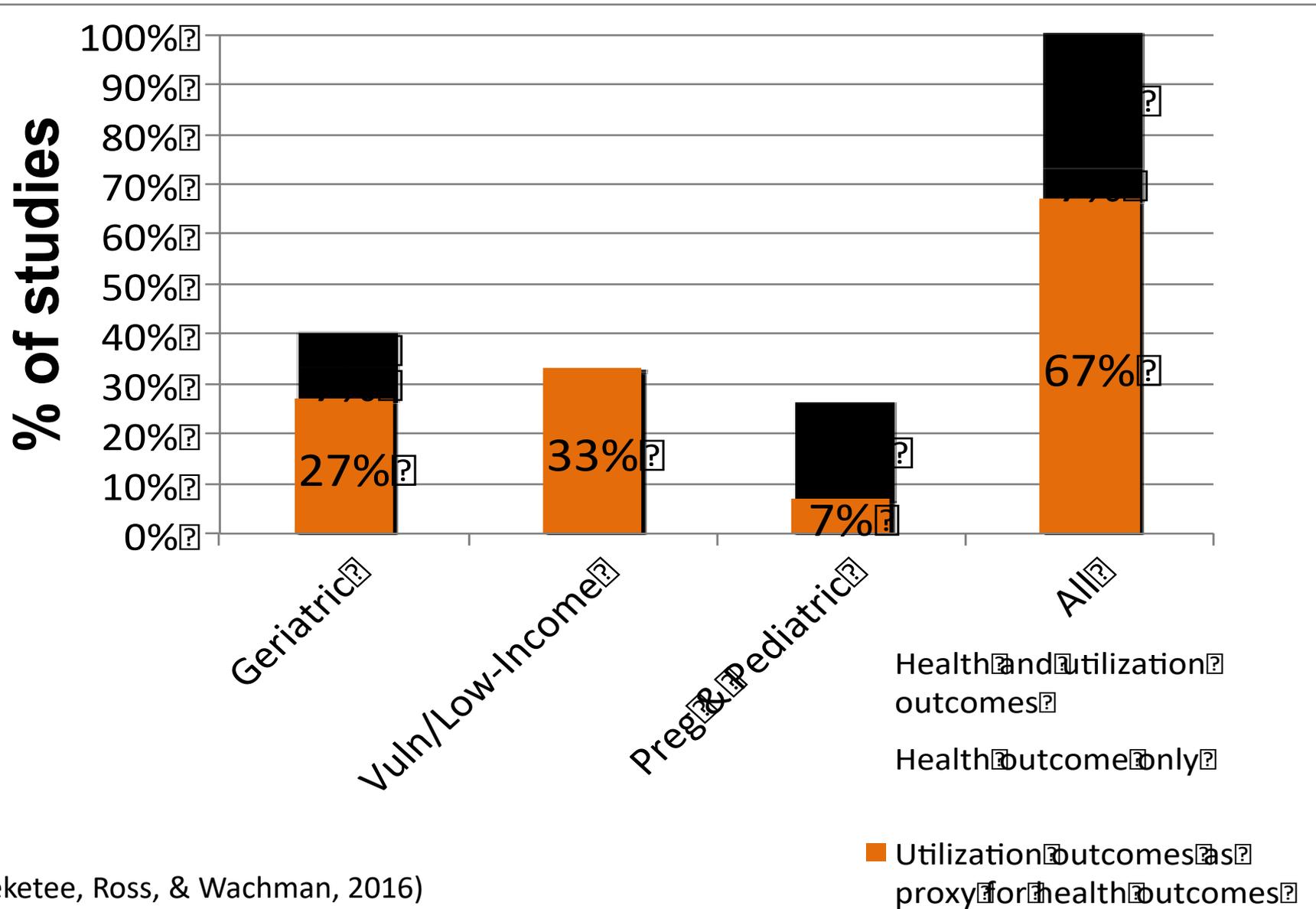


(Steketee, Ross, & Wachman, 2016)

Cost Analyses



Health Outcomes



(Steketee, Ross, & Wachman, 2016)

Conclusions

- Findings support the benefit of social work involvement in health care services for both health and cost outcomes:
 - Health outcomes -
 - All 8 studies with data showed benefits for geriatric and pediatric/pregnancy studies
 - 7 studies had insufficient data; data not provided for vulnerable and low income adult studies
 - Health costs -
 - 14 of 15 studies showed lower costs across all three types of health areas
 - Benefit per patient: \$107 – \$19,000 (8 studies)
 - Annual benefit: \$153K – \$8M (6 studies)



Conclusions

- Only 15 studies provided data relevant to hypotheses
- This sample is too small to demonstrate definitive value of social work roles in health settings
- Only 8 studies had adequate health outcome data
- Mixed economic evaluation methods limit conclusions; more sophisticated methods are needed (e.g., budget impact analysis)
- Specific role of social workers and their contribution to health and costs is difficult to measure
- Consistent inter-professional metrics are needed across settings



Opportunities for SW in a learning health system

- Social Workers are often employed in health settings
- Traditional payers and providers cannot implement new systems using typical strategies
- Focus on health and well-being aligns with Social Work's perspective and values
- Social Work can step in to the gap



Value Based Purchasing (VBP)

- Set of health care payment and health delivery strategies:
 - VBID: Value based insurance design
 - P4P: Pay for performance
 - Bundled payments: Capitation, ACOs
 - HDHPs: High deductible health plans
- Origins in employer sponsored health insurance
- Emphasize cost effectiveness and outcomes given available resources



Defining value: Social Work can help

- Quality of care
- Quality of life
- Participation and social connectedness
- Caregiver health and well being
- Reduce financial hardship
- Return on investment
- Mitigate health inequities
- Other?



Evidence about VBP

- Government Accountability Office report found little impact of Medicare's hospital VBP program (HVBP)
- Quality measures did not change overall
- Exception were readmissions indicators that are subject to financial penalties, rather than financial rewards.

Source: United States Government Accountability Office. (2015) Hospital value-based purchasing. GAO Report to Congressional Committees. Washington DC.



Bundled payments

- Comprehensive payment systems
- Advantages over fee for service systems
 - Flexibility
 - Opportunity to pay for services that are not covered in traditional health insurance plans
 - Promote integration of many services including social supports, mental health and substance use
- Examples include:
 - ACO
 - Managed care
 - Accountable communities



Bundled payments

- Bundled payments are a key strategy for achieving value in health care purchasing
- The Medicare Payment Advisory Commission endorsed bundled payments, to decrease spending by reducing the number of unnecessary services
- Medicaid programs have long advanced agendas that include use of capitated purchasing

Source: McClellan M. (2011). Reforming payments to health care providers: the key to slowing health care cost growth while improving quality. *J of Econ Perspect.* 252:69-92.

Medicare Payment Advisory Commission, MEDPAC. (2008). Report to the Congress: Reforming the Delivery System. Available at: http://www.medpac.gov/documents/reports/Jun08_EntireReport.pdf



Bundled payments

- High-risk/high need patients are particularly vulnerable to underservice if poorly designed provider payment reforms, like pay for performance when not linked to meaningful quality outcome measures
- Risk- adjusted needed to account for differences in severity or other patient-level characteristics
- The accuracy of those adjustments remains uncertain



Care coordination

- Care coordination is a key activity for Social Work
- Knowledge of community resources
- Understand human behavior in a social environment
- Similar functions may have different names:
 - Patient navigation
 - Case management
 - Family support workers
 - Peer advisors



What is care coordination?

Source	Definition or key attributes
American Academy of Pediatrics (AAP) (2014) Antonelli & Antonelli (2004)	Care coordination should be a team- and family-driven process that improves family and health care practitioner satisfaction, facilitates children's and youth's access to services, improves health care outcomes, and reduces costs associated with health care fragmentation, which can lead to under- and overutilization of care.
Berenson & Howell (2009)	A person-centered, assessment-based interdisciplinary approach to integrating health care and social support services in which a care coordinator manages and monitors an individual's needs, goals, and preferences based on a comprehensive plan
Safety Net Medical Home Initiative (2013)	Care coordination begins with the thoughtful identification of key service providers in the community followed by the deliberate organization of patient care activities between two or more participants involved in a patient's care to facilitate the appropriate delivery of health care services.

Who provides care coordination?

Provider	Considerations
<p data-bbox="156 361 363 404">Paid staff</p> <p data-bbox="156 429 548 701"><i>Public program staff, social workers, physicians, nurses, administrative staff or paraprofessionals</i></p>	<p data-bbox="606 361 1653 482">Different levels of care coordination provided at different sites by different staff:</p> <ul data-bbox="606 504 1779 893" style="list-style-type: none"><li data-bbox="606 504 1740 596">•Medical practices often provide information and referral-related services<li data-bbox="606 618 1779 661">•Payers often offer disease- or condition-specific case management<li data-bbox="606 682 1611 725">•Public agencies offer population based care coordination<li data-bbox="606 746 1734 789">•Some collaborative care coordination across agencies/programs<li data-bbox="606 811 1715 893">•Reimbursement options determined by provider’s professional practice (license, activity, etc.)
<p data-bbox="156 1003 519 1046">Family members</p>	<p data-bbox="606 1003 1746 1125">Little funding or reimbursement for family members Families have ultimate accountability</p>



What do we know about care coordination?

- No consensus about what care coordination is, who should provide it, who should receive it, and how to pay for it
- Care coordination return on investment (ROI) has not been determined
- CPT billing codes for care coordination are not catching on
- Current models will not support a high-quality, sustainable care coordination system
- Care coordination often falls to informal caregivers– can be a financial, labor intensive burden
- A gap for Social Work to fill



Health care coverage

- Social Workers must learn about health care coverage options
 - Employer sponsored coverage
 - ACA
 - Marketplaces
 - Medicaid
 - Medicare
 - Veterans Administration
 - Coordinated coverage



Potential for coverage impact

- How health care coverage impacts vulnerable populations
 - Out of pocket costs
 - Benefit caps
 - Provider network restrictions
 - State variability in ACA implementation
 - Financial hardship
- Intended and unintended consequences
 - Financial incentives
 - Winners and losers



Population health

- Social Workers can help improve population health
- Potential to positively impact many more lives
- Social Work expertise in critical areas:
 - Social determinants of health
 - Health inequities
 - Macro practice including legislative, advocacy, community organizing
 - Holistic view of community influences
 - Contextual knowledge for understanding epidemics, such as current opioid crisis



How does social work contribute to a learning health system?

- Opportunities for Social Work impact in multiple areas:
 - Research
 - Education
 - Practice
 - Advocacy
- Leadership is essential



Research agenda

- Measure the impact of Social Work in health
- Generate evidence about ways to mitigate social determinants of health and tie to Social Work's role
- Show value of Social Work using Return on Investment (ROI) strategies
- Document evidence base for Social Workers in specific roles and activities



Need new educational paradigms

- Draw on a broad definition of health, such as the WHO definition of health
 - Drawing on evidence and epidemiology
- Educate Social Workers for leadership roles in health
- Educate for changing health care delivery and financing system
- Social Workers must learn about health financing
- Educate Social Workers to articulate their role on an interdisciplinary team
- Include micro, mezzo, and macro methods
 - Linking clinical skills prevention and advocacy/policy



Reconfigure Social Work practice

- Conceptualize implications of social determinants of health model
- Focus on integration of all health and social support services, including mental health and substance use
- Clarify and embrace role on interprofessional teams
- Articulate cost-effectiveness of Social Work and measure return on investment
- Extend all practice areas to include macro practice
- Develop health leadership roles in all areas of practice



Advance the role of Social Work through advocacy

- Social Work must pursue a broad advocacy agenda
- Claim a seat at the table
- Be part of the design of payment/delivery reform
- Promote professional representation in health reform



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