



Social Work and the Integration of Health and Behavioral Health: What Have We Learned?

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Disclaimer

- The views expressed here are those of the author and do not necessarily reflect the views of the Substance Abuse and Mental Health Services Administration (SAMHSA) or the U.S. Department of Health and Human Services (DHHS).

Objectives

1. Provide a brief review of available research on various integration models
 - a. *Focus on children as an example*
2. Reflect on how social work practitioners and other stakeholders can best advance integrated healthcare delivery



Brief Review

INTEGRATED CARE MODELS

Children's Mental Health Issues Are Common

- Estimates of the prevalence of child mental health disorders suggest that between 13- 20% of children in the United States may have a **diagnosable disorder** (Perou et al, 2013; Shaffer et al., 1996; U.S. Department of Health and Human Services - Public Health Service - Office of the Surgeon General, 1999)
- ADHD, depression, and anxiety are some of the most common disorders among adolescents of 8.7%, 11.7, 31.9% (any anxiety disorder) **respectively** (Merikangas et al., 2010; Substance Abuse & Mental Health Services Administration, 2013)

Children's Mental Health Issues Are Common

- Growing numbers of children are receiving outpatient behavioral health treatment (Olfson et al , 2015)
 - increased from 9.2% in 1996-1998 to 13.3% in 2010-2012
- Children's behavioral health conditions are the largest area of aggregate medical spending (\$8.9 billion) of all health disorders that contribute to overall child health expenses (Soni et al, 2009)
 - average expenditures per child (\$1,931)

Child Behavioral Health Issues & Primary Care

- Primary care providers are playing an increasingly larger role in the provision of outpatient mental health care (Olfson, 2016)
- Pediatricians find that 15-25% of the children in their practices have significant psychosocial problems, making them the most common condition in pediatric primary care (Kelleher et al., 1997; McInerney, Szilagyi, Childs, Wasserman, & Kelleher, 2000).

Child Behavioral Health Issues & Primary Care

- Common barriers to integrating behavioral health in primary care include physician reimbursement, time, & challenges with accessing specialty mental health **care** (American Academy of Child & Adolescent Psychiatry & American Academy of Pediatrics, 2009; Cunningham, 2009)
- Although primary care physician groups have made some attempts to improve their mental health training, some PCPs receive little mental health training (Horwitz et al, 2016)
- While most pediatricians agree they should be responsible for treating ADHD, they believe they should refer children with other behavioral health conditions to specialists (Stein et al, 2008)

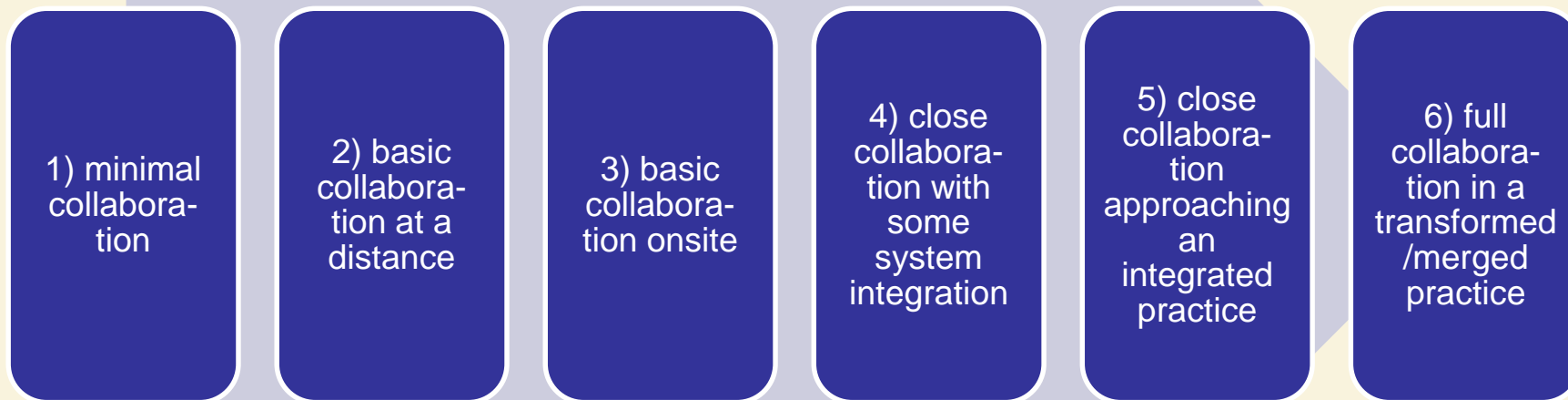
Child Behavioral Health Issues & Primary Care

- A solution to this problem might be the collaborative care model (CCM)
- The idea of providing team-based care that delivers both physical and mental health care to children has existed for nearly five decades
(Sia, Tonniges, Osterhus, & Taba, 2004; U.S. Department of Health Education & Welfare - Health Services & Mental Health Administration - Maternal & Child Health Service, 1972)
- Provision of team-based care can be challenging due to differing professional cultures of care

Social Work & Primary Care

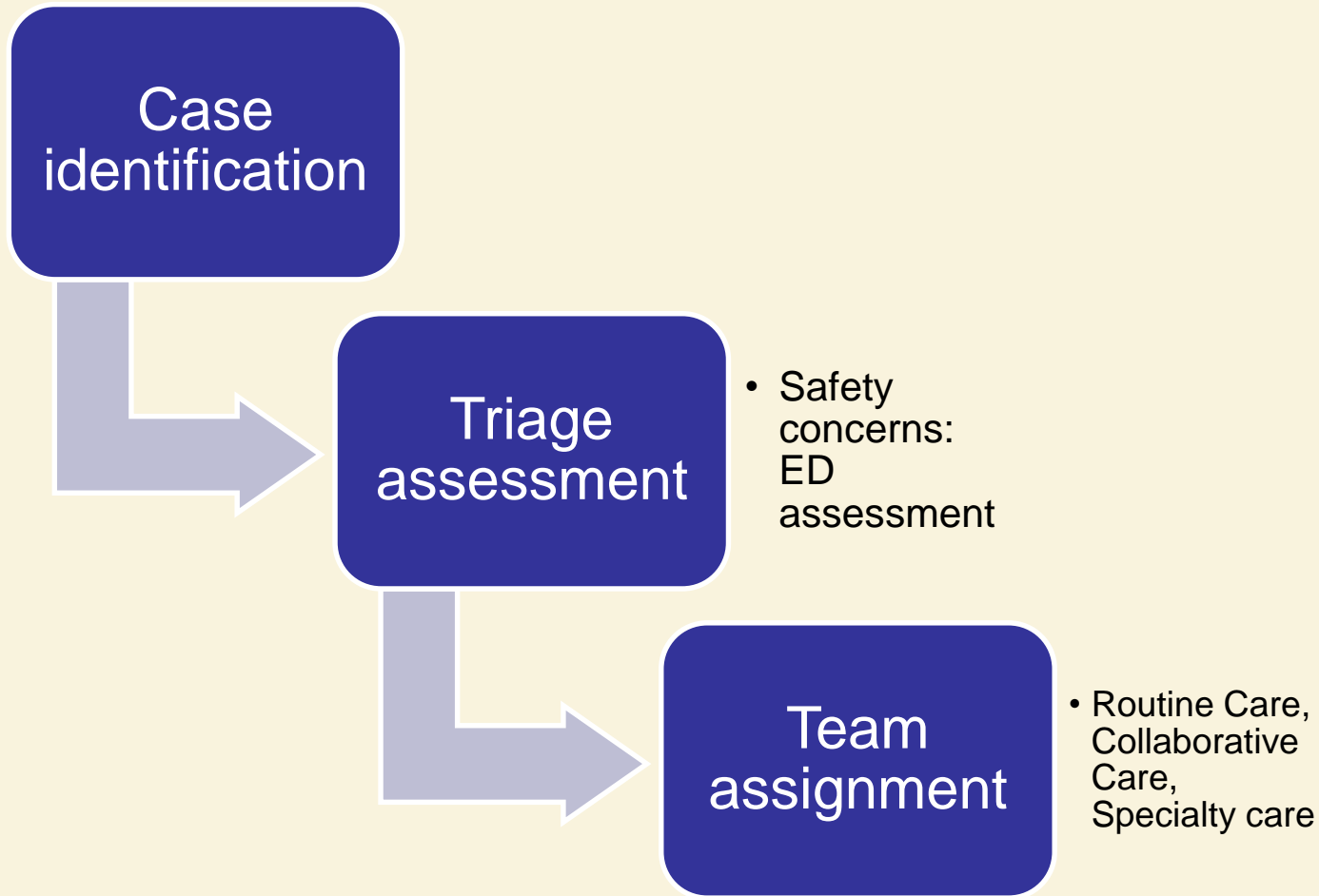
- Social work practice roles in primary care settings began to be developed about the same time as team-based care (Hookey, 1976; Henk, 1989)
- Social work research on collaboration models has focused on acute care settings (Abramson & Mizrahi, 1996; Bergman & Fritz, 1981; Kitchen & Brook, 2005)
- However, some social work collaboration models have developed in primary care settings (Coleman et al 1976; Crighton et al 2005; Monti & Rosner, 2016)

Collaborative Care Models



(Heath, Romero, & Reynolds, 2013; Hsieh & Shannon, 2005)

Pediatric CCM Example



Campo, J. V., et al. (2005).

Pediatric CCM Example

Features	Routine	Collaborative	Specialty
Impairment:	Mild-moderate	Moderate-severe	Moderate-severe
Complexity:	Straightforward	Dx uncertainty	Danger; legal
Tx history:	None	PCP tx failure	Prior psyc hosp.
Problems:	ADHD; emotional or adjustment disorders	Routine dxs plus ASD, eating disorders (mild)	Autism, bipolar, conduct, substance use, psychosis
Tx needs:	Psycho-education, self-management, Rx	Psychotherapy, specialty Rx	Intensive psychotherapy, family work, in-home services
Setting:	On-site	On-site	Off-site
Billing:	Standard	Specialty	Specialty
Team:	PCP, APN	PCP, APN, SW, CP	

Example:

CCM social worker role

- Patient and family education
- Intake assessment for in-practice referrals
- Specialty psychotherapeutic intervention
 - Individual (cognitive behavioral therapy, self-management)
 - Family
- Selected case management
- School liaison and support
- Liaison with primary care providers

Pediatric CCM Effectiveness


- A recent meta-analysis of studies that examined the effectiveness of integrated pediatric physical and mental health care compared with usual care in primary care settings (Asarnow et al., 2015).
 - The probability was 66% that a randomly selected youth would have a better outcome after receiving integrated medical-behavioral treatment than a randomly selected youth after receiving usual care.
 - The strongest effects were seen for treatment interventions that targeted mental health problems and those that used collaborative care models.

CCM Effectiveness: Costs

- Attention has recently focused on collaborative care models (CCMs) as an effective way to reduce healthcare costs (Unützer, Harbin, Schoenbaum, & Druss, 2013)
 - Evaluations have found connections between CCMs and cost savings (Unützer, Katon, Fan et al, 2008; Alexander & Druss, 2012;)
 - One study found that for every \$1 spent on collaborative care \$6.50 was saved in health care costs (Unützer, Katon, Fan et al, 2008)

Reimbursement

- Successful implementation of integrated healthcare hinges on financing
 - Four new codes were created for the 2017 Medicare Physician Fee Schedule to allow payment to primary care providers for furnishing behavioral health integration services
 - **Three of these codes describe services furnished using the Psychiatric Collaborative Care Model (CoCM)**
 - There is greater variation in Medicaid benefits, coding, & payment requirements across states
 - More specific financing information is available through the SAMHSA-HRSA Center for Integrated Health Solutions
<http://www.integration.samhsa.gov/resource/billing-financial-worksheets>

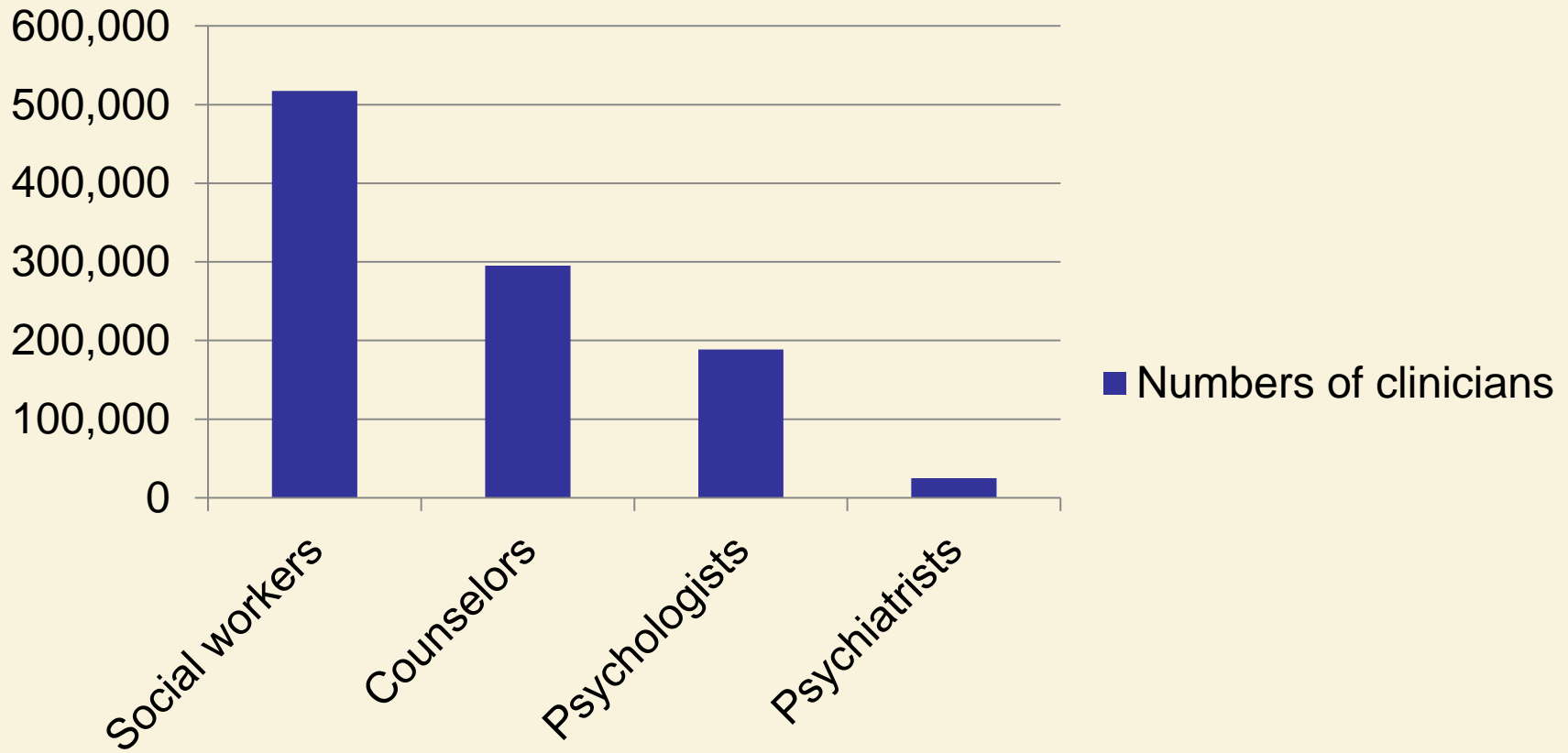


Social Work Practitioners and Other Stakeholders:

HOW CAN WE BEST ADVANCE INTEGRATION?

U.S. Behavioral Health Workforce, 2013

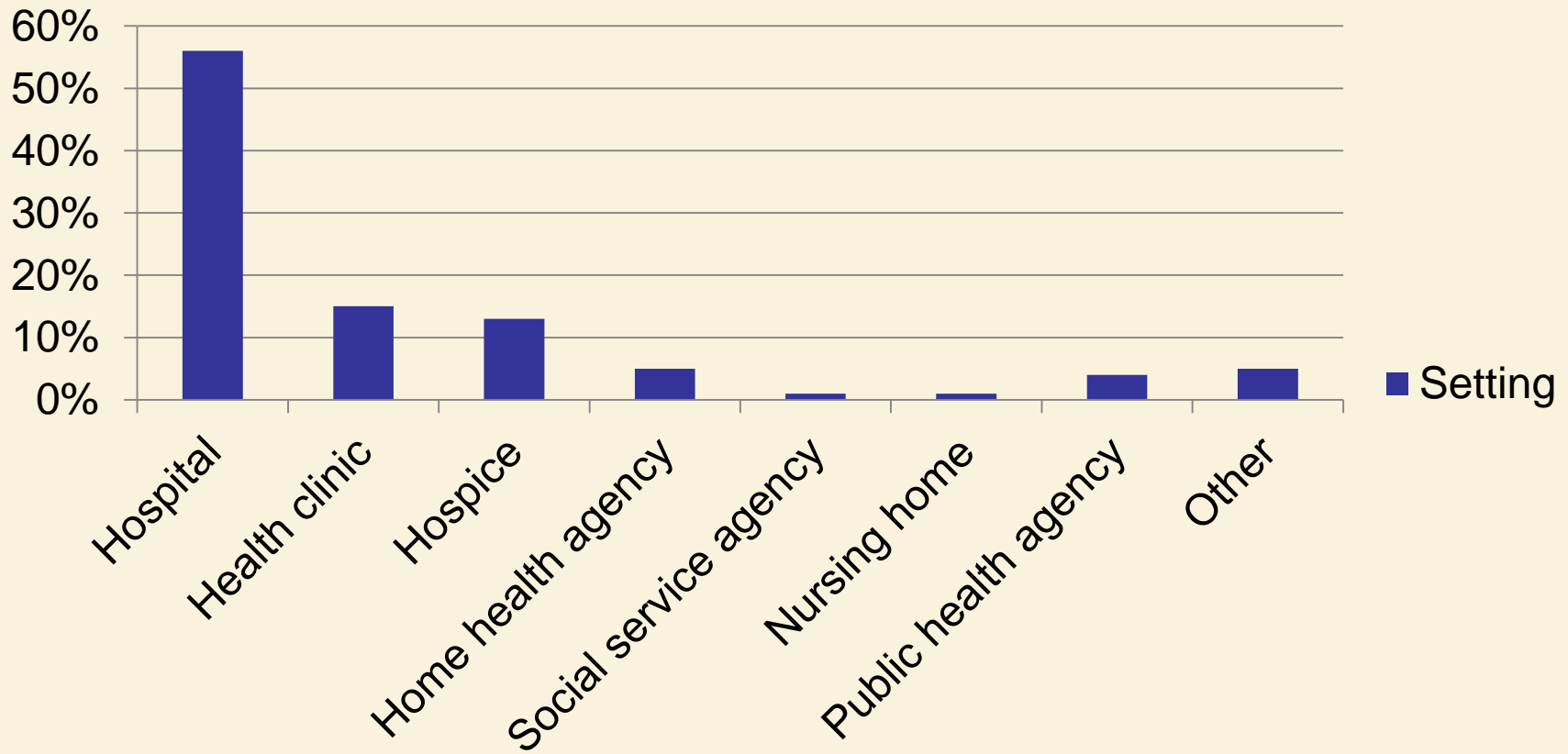
Numbers of clinicians



(Health Resources & Services Administration, 2013; Bureau of Labor Statistics, 2013)

Social Work Practice in Health

Health Settings Where MSWs Practice



Potential Strategies to Advance Integration

1. Adapt social work training
2. Integrated care setting field placements
3. Training in integrated care competencies
4. Clinical practice skills for integrated care
5. Update content in policy courses
6. Knowledge of HIT
7. Research & training opportunities

(Lynch et al, 2016)

Adapt Social Work Training

- Needed skills include the ability to:
 - work with families and communities,
 - deliver brief mental health services, and
 - design short and long-term care plans

(Andrews et al., 2013; California Social Work Education Center, 2011; Lindberg, 2013; Lynch, 2014; Maramaldi et al., 2014; McCabe & Sullivan, 2015; Reisch, 2012; Spitzer et al., 2015)

- While these skills are part of the social work curriculum, they are usually taught for use in acute care settings such as hospitals
 - Some of them may need to be adapted for implementation in primary care settings

Integrated care setting field placements

- Concurrent field, theory, and practice coursework is a signature pedagogical approach to train and prepare social workers
- Expand the diversity of practicum placements to include:
 - *integrated health care settings,*
 - *medical homes, and/or*
 - *accountable care organizations will be essential to the preparation of effective social workers*

(Davis et al, 2015; Spitzer & Davidson, 2013)

Training in integrated care competencies

- Federal agencies have identified several integrated practice competencies including:
 - 1) *interpersonal communication,*
 - 2) *collaboration and teamwork,*
 - 3) *screening and assessment,*
 - 4) *care planning and care coordination,*
 - 5) *intervention,*
 - 6) *cultural competence and adaptation,*
 - 7) *systems oriented practice,*
 - 8) *practice-based learning and quality improvement, and*
 - 9) *informatics*

(Hoge, Morris, Laraia, & McManis, 2014; Kinman, Gilchrist, Payne-Murphy, & Miller, 2015)
- Further review of the practice competencies may be needed for social workers in health care settings (Spitzer & Davidson, 2013).

Clinical practice skills for integrated care

- A study of social workers who practiced in integrated behavioral health settings and noted that some important skills were learned on the job rather than in the classroom. These skills include:
 - *Interdisciplinary collaboration,*
 - *psycho-education, as well as*
 - *cultural competence*
- Learning these skills during graduate training will better prepare social workers for practice in the integrated health care workplace
 - New social workers would be more prepared to start work rather than learning these skills while on the job

Horevitz and Manoleas (2013)

Update content in policy courses

- Two authors recommend that educators ensure that the health policy that is taught to MSW students be updated to reflect the current policies related to the direct practice environment in health care settings (Mitchell & Joosten, 2014)
- These updates would include policy-related topics such as:
 - health care access, disparities (Hebert, Sisk, & Howell, 2008),
 - quality of care, and
 - prevention in the curriculum that will support the development of skills (e.g., advocacy) to address these issues

Knowledge of HIT

- Health information technology has the ability to enhance communication between providers, as well as between providers and patients
 - Goal: significantly enhancing the coordination of care and reducing medical errors
- This focus is particularly true with respect to electronic health records for coordinating clinical care (Andrews et al., 2013; Collins, 2012; Hawk et al., 2014; Spitzer & Davidson, 2013; Tai & Volkow, 2013).
- Other areas in which to develop skills might be:
 - e-Therapy,
 - telehealth,
 - smart phone and mobile applications (m-Health)

Research Opportunities

- Strengthen the overall research infrastructure
 - Examine models of care coordination
 - Activities of the social worker in integrated care
 - Integrated team structure
 - Adapt social work interventions for primary care settings



SAMHSA Integration-Related

INITIATIVES & PROGRAMS

Integration-Related Initiatives & Programs

- Health Care & Health Systems Integration Initiative
 - This Initiative aims to improve care coordination across different service settings (e.g., primary care, schools)
- Primary Care Behavioral Health Integration (PBHCI)
 - The purpose of this program is providing for the provision of coordinated and integrated services by co-locating primary and specialty care medical services in community-based mental and behavioral health settings.

Integration-Related Initiatives & Programs

- Screening, Brief Intervention, Referral to Treatment (SBIRT)
 - SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.
- SAMHSA-HRSA Behavioral Health Workforce Education and Training (BHWET) Program
 - BHWET is a collaborative grant program with the Health Resources and Services Administration (HRSA) designed to increase the behavioral health workforce.

Conclusion

- Primary care practices are in a process of adaptation to meet patients' behavioral health needs
- The field of Social Work is in a good position to advance integration efforts
- The integration of behavioral health into primary care may provide new opportunities for early identification and preventing symptoms from worsening over the lifespan

Questions & Contact Information



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