



## Social work: Integral to interprofessional education and integrated practice



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### ABSTRACT

Although the debate on US health care reform is ongoing, existing policy has expanded access to preventative and treatment services through new models of integrated care. This has resulted in the creation of interprofessional healthcare teams comprised in part of social workers who undertake brief behavioral health intervention, care management, and service referral. To promote patient care and population health, integrating social workers onto interprofessional teams requires educating all members of the healthcare team on the roles and functions of social workers. A case vignette is included to demonstrate how interprofessional teams can use the skills of social workers to offer brief, evidence-supported interventions and inform team-based care. Suggestions are offered for moving forward to increase the participation of social work in IPE and practice settings.

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Improving clinical and population health outcomes often focuses on system-wide changes viewed as part of an evolving, if not radically changing, landscape in health care.<sup>1,2</sup> Much of the discussion related to improving outcomes has centered on the need for implementing new models of care. Specifically, the disease/diagnosis model would be replaced with an integrated model of care that includes early intervention (ie, prevention) as well as the coordinated treatment of physical and behavioral health problems. This transition is conceptualized as moving from *sick care* to *health care*<sup>3</sup> and replacing the physician-centric model with a patient-centric, team-based model of care. The move toward a team-based approach in health care is supported by research evidence suggesting that providing primary care through interprofessional teams not only improves the quality, safety, and efficiency of services, but also increases use of available services.<sup>4–6</sup> Nevertheless, health systems have been slow to adopt team-based practice, and this innovative practice approach continues to face implementation challenges.<sup>4,7,8</sup>

Increasing the uptake of interprofessional teams in health care systems is a complex challenge because doing so requires changes at the practice and administrative levels, as well as changes in education and training for practice. Educational approaches need to

align preparation for professional practice with health care reform.<sup>9</sup>

Across health care professions, interprofessional education (IPE) is becoming an integral element of preparation for practice.<sup>10,11</sup> Defined by the World Health Organization,<sup>12,p.196</sup> IPE occurs when “students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.” The goal of IPE is to prepare future health providers with the knowledge, skills, and attitudes necessary to embrace team based care. That is, IPE is intended to prepare practitioners to work collaboratively as partners on interprofessional teams. Across disciplines and professions, IPE prepares students to problem-solve interprofessionally, think as a team member, and ultimately, understand and appreciate the contributions of each profession to clinical outcomes and population health.<sup>10</sup>

Models of IPE were developed and pioneered in nursing and medicine.<sup>13,14</sup> In contrast, the social work profession has been late in embracing IPE and interprofessional practice despite the profession’s historical involvement in health care.<sup>15,16</sup> The Council on Social Work Education<sup>17</sup> (CSWE; the accrediting body of social work education in North America) only recently became a member of the Interprofessional Education Collaborative (IPEC), a national association for schools in the health professions. IPEC was formed “to promote and encourage constituent efforts that would advance substantive interprofessional learning experiences to help prepare future health professionals for enhanced team-based care of

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patients and improved population health outcomes.”<sup>18,p.1</sup> Although the debate on US health care reform is ongoing, recent policies have expanded insurance coverage and increased access to preventative and treatment services through new models of integrated care.<sup>19</sup> This expansion has significant implications for the way in which social work is practiced as well as the potential contribution of social work on interprofessional health care teams.

The purpose of this article is to further articulate the roles and functions of social workers in integrated health care systems and to briefly review evidence for the inclusion of social workers on interprofessional integrated treatment teams. Moreover, for health professionals outside of social work, this article describes the skills that social workers bring to integrated health care settings. We outline the functions fulfilled by social workers in promoting patient care and population health. We have included a case vignette to demonstrate how a social worker, as a member of an interprofessional team, might use brief, evidence-supported interventions in an integrated health care setting. In addition, we identify the roles of social workers in contributing to a patient's plan of care that address both physical and behavioral health, including the social determinants of health. Further, suggestions are offered for moving forward to increase the participation of social work in IPE and practice settings.

## 1. Social work in health care

Social workers fulfill a crucial role in addressing the modifiable determinants of health<sup>20,21</sup>—or the social determinants of health wherein social and environmental factors that affect physical and behavioral health outcomes are considered.<sup>22</sup> Social workers with graduate training are well equipped to apply a person-in-environment perspective and to recognize the full array of biopsychosocial factors that influence the health status of patients.<sup>20,21,23</sup> Health care reforms require a holistic approach because both physical and behavioral health are influenced by risk and protective factors that include biological and social influences.

The involvement of social work in addressing the social determinants of health is not new. A century ago, health scholars understood that physical health was fundamentally linked to the social environment and wrote about the potential of social work to contribute to better health.<sup>15,16</sup> These scholars argued that the social environment frequently delimited the capacity of patients to access care and subsequently respond to treatment. Although, as compared with the social work case descriptions that dominated the literature in the early 20th century, current perspectives on social work in health care are based on more systematic research; however, the conclusions are much the same. This new literature is compelling: “A population's health is shaped 10% by the physical environment, 20% by clinical health care (access and quality), 30% by health care behaviors (themselves largely determined by social and physical environments), and 40% by social and economic factors.”<sup>24,p.4,25</sup> Link and Phelan's seminal work “*Social Conditions as Fundamental Causes of Disease*” largely attributed suboptimal health outcomes to social factors, including education, income, employment, and neighborhood or housing conditions.<sup>26</sup>

Social workers constitute the largest group of providers of behavioral health services in the United States.<sup>27</sup> Historically, behavioral health services have not been integrated with health care systems; therefore, it is not surprising that IPE and the social work role in integrated care settings have not been incorporated into social work curricula. However, recent funding by US federal agencies has created new opportunities for schools of social work to engage in interprofessional training. For example, in 2014, the Health Resources Service Administration (HRSA) awarded more than \$26 million to 62 social work programs around the country to

fund pilot programs designed to train and expand the behavioral health workforce.<sup>28</sup> These awards were targeted to masters of social work (MSW) programs and MSW students doing direct practice work in integrated health care settings. Additionally, \$54.6 million was awarded to community health centers to hire mental health professionals, with the aim of increasing access to community-based mental health services.<sup>29</sup> Because this funding was based on the recognition that social and environmental factors contribute to both population health outcomes and national costs for health care, this level of funding reflects an important re-alignment in the provision of health care services across the United States. Moreover, these funding streams were established with the intent of reducing fragmentation and “siloed” approaches to the delivery of physical and behavioral health care. These initiatives emphasize the collaborative delivery of physical and behavioral health care in one setting and through the creation of an individualized plan of care developed for each patient by an interprofessional team.<sup>30</sup>

## 2. Models of integrated care and emerging roles for social work

The term *integrated health care*, often referred to as *interprofessional health care*, refers to the coordination of care that involves both physical and behavioral health services to address the whole person.<sup>31</sup> However, other definitions of integrated care consider integration more broadly. For example, Kodner and Spreeuwenberg<sup>32,p.3</sup> defined integration as “a coherent set of methods and models on the funding, administrative, organizational, service delivery and clinical levels designed to create connectivity, alignment, and collaboration within and between the cure and care sectors.” These multi-tiered approaches synchronize treatment across multiple providers for the assessment, treatment, and follow-up of multiple health conditions affecting patients. The resulting comprehensive set of services is organized through a single, unified plan of care to which each member of an interprofessional team contributes.<sup>33,34</sup> As members of interprofessional care teams, social workers are increasingly hired to work in primary care settings where they provide screenings, assessments, brief interventions, care management, crisis intervention, and prevention interventions to address behavioral health problems and the social determinants of health.<sup>21,35–37</sup>

The precise structure of integrated care and the inter-organizational processes associated with this practice approach tend to be setting dependent. That is, models of integration might look different from setting to setting, as health care entities contingently develop mechanisms to meet the unique needs of diverse patient populations, health systems, and communities. Although the research on the provision of integrated care is mixed, several models of care have empirical support.<sup>35,38–42</sup> Perhaps, the 2 most commonly studied models of integrated care are the chronic care model (CCM) and the collaborative care model. The CCM was developed to treat individuals with complex, co-morbid, and unstable physical health conditions.<sup>42</sup> The CCM uses a care manager to regularly track patient health and relay that information to a team of providers who ensure a rapid, coordinated response. CCM care managers also work to meet the psychosocial needs of patients to stabilize non-medical factors that disrupt treatment compliance and compromise patient health. Like the CCM, the collaborative care model includes a multidisciplinary provider team—typically a primary care provider, a care manager, and a consulting psychiatrist—working together on a patient treatment plan.<sup>43–45</sup> Whereas the CCM focuses on unstable medical conditions, the collaborative care model focuses on the assessment and treatment of behavioral health conditions, most commonly within primary care settings.<sup>43–45</sup>

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