

Social Work & the Affordable Care Act: Maximizing the Profession's Role in Health Reform



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ACKNOWLEDGEMENTS

This publication is sponsored by the Brown School at Washington University, the Center for Health Administration Studies at the University of Chicago, and the College of Social Work at the University of South Carolina.

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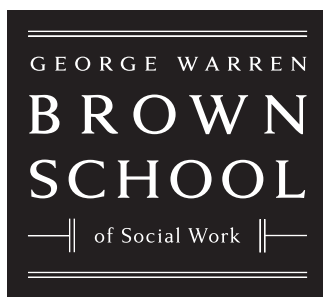
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EXECUTIVE SUMMARY

The Affordable Care Act (ACA) is generating sweeping changes in the financing, organization, and accessibility of health and social services in the United States. The expansion of Medicaid and the establishment of state health insurance exchanges have vastly expanded insurance access in the United States, with an estimated 15 million Americans gaining coverage (Kaiser Commission on Medicaid and the Uninsured, 2014; United States Department of Health and Human Services, 2014). Emphasis on integrated models of care and payment reform, including health homes and accountable care organizations, introduces new opportunities to improve care coordination, reduce unnecessary service use, and make care more cost-effective. An increased focus on health promotion seeks to redefine the aims of health care towards promoting wellbeing rather than treating illness. Realization of these changes will rely on the work of many health care professions, including social work. In light of these changes, a strategic planning meeting was convened to develop recommendations for how social work can maximize its contributions to the ACA.

The meeting was organized by a National Advisory Committee with leaders from the Society for Social Work Research (SSWR), the Council on Social Work Education (CSWE), the National Association of Social Workers (NASW), and the Society for Social Work Leadership in Health Care (SSWLHC). It was sponsored by the Center for Health Administration Studies at the University of Chicago, the Brown School at Washington University, and the College of Social Work at the University of South Carolina.

Approximately 50 social work leaders came together to develop recommendations for how to enhance the profession's involvement in ACA implementation through advocacy, training, and research. Participants discussed six areas in which the profession has especially significant potential to contribute to the ACA: care coordination, behavioral health service integration, insurance access, health behavior change, care transition management, and community-based prevention. The recommendations below summarize the ideas most strongly endorsed by the group as feasible and important to the profession to undertake.

Advocacy

1. Develop a clear message of how social work can contribute to ACA aims.
2. Disseminate the message among insurers, health care administrators, and providers.
3. Promote social work use of all available and appropriate billing codes.
4. Become agenda setters in the healthcare arena.

Training

5. Expand interprofessional training in social work education.
6. Infuse information about the ACA across required social work curricula.
7. Prepare students for roles in health care management and leadership.
8. Strengthen focus on skills-based training for practice in health care settings.

Research

9. Conduct studies that document how social work can advance ACA aims.
10. Incorporate cost-effectiveness measures into social work research.
11. Diversify research methods and data in response to the changing health care system.
12. Share research with the profession's research community and other researchers.

The ACA presents unprecedented opportunities for the profession to contribute to the creation of a more socially oriented model of health care. To take full advantage of these opportunities, we must come together to develop strategies to articulate the specialized knowledge and skills social workers possess that can advance ACA aims; to conduct high impact research that documents our contributions; to deepen relationships with leaders in other health care professions to promote interdisciplinary training and practice opportunities; and to prepare our students and professionals to meet health care's new challenges and opportunities head on. The report that follows details a strategy for achieving these challenging, but critically important goals for the profession.

BACKGROUND

There is no question that the ACA is truly historic. Its passage was an exciting moment for the profession, promising to advance many of the goals at the heart of social work, including improving access to health care, achieving behavioral health parity, expanding the focus on prevention and health promotion, reducing health disparities, and promoting more patient-centered and coordinated models of health care, to name just a few. These are all aims for which the profession has been advocating for a long time. The ACA is also exciting with regard to the opportunities it affords the profession, as it mirrors not only our goals, but also our skills. It is our conviction that social workers possess specialized knowledge and skills that will allow us to make an important contribution to the objectives of the ACA. These skills can complement and enhance the efforts of other professionals working towards these objectives.



In a recent editorial in *Health and Social Work*, Andrews, Darnell, McBride and Gehlert (2013) identify four central qualities of the social work profession that make it well suited to advance the objectives and goals of the ACA. First, social workers engage and understand people within their social contexts—networks, neighborhoods, and communities.

We understand that these contexts greatly influence people's choices and engagement with the health care system. Understanding these relationships provides us with insight into health behaviors and health outcomes that are necessary to achieve population health goals. Second, social workers are trained to navigate the service systems that can provide resources to patients to promote their health. Social workers are familiar with the complex and overlapping systems that must be negotiated to ensure that the social, psychological, and economic needs of individuals and groups are addressed in a way that underscores optimal health. For instance, social workers know how to ensure that patients have what they need from multiple systems upon discharge, that discharge instructions are understood, and that resources are in place to ensure that those instructions can be followed. This knowledge is essential for avoiding unnecessary readmissions—events subject to financial penalties under the ACA.

Third, social workers have a long history of working with and advocating for disenfranchised populations. These skills will be critically important for assisting the estimated 29 million Americans who, despite the ACA, remain without insurance coverage (Congressional Budget Office, 2012). Social workers historically have targeted their services to disenfranchised groups, including those who do not have a stable place in society, may lack housing and other basic services, and have no or irregular contact with the health system.

Social workers will be able to work with disenfranchised groups that will be left uncovered in the post-health reform era because of resident status, unwillingness

to take part in the system, inability to pay, or state choices. The profession can help to promote wellness among these groups who will be not be covered by the ACA and might otherwise be ignored.

A final quality of the profession that positions us well to contribute to the goals of the ACA is our evidence base, which is informed by rigorous research within communities and collective wisdom gleaned from over a century of social work practice. Importantly, social workers conduct research to understand how mental health and physical health interact to enhance or impede functioning and patients' participation in healthcare treatment. Social workers devise plans based on knowledge of how the two interact, and can help to ensure that the communication that underlies optimal, sustained functioning and wellness occurs.

Evidence-based social work practice begins where individuals and groups are, in a way that is sensitive to cultural beliefs and health literacy. This orientation helps to ensure that recommendations for disease prevention and care management are understood and that patients and families are able to follow instructions when individuals become ill.

Clearly, social workers have a great deal to contribute to the implementation of the ACA. Our skills can fill a gap in the ACA-precipitated transition to a more socially oriented model of health care that is coordinated, holistic, and patient-centered. In light of this, we believe that social work should not just be one of the many professions involved in implementing the ACA, but rather, one that is leading the way.

We face the opportunity—and the responsibility—to share our perspective and contributions with the broad range of health care providers and

stakeholders who are seeking to transform health care through the ACA. The question, then, is how we contribute. In the sections below, we detail specific strategies for achieving this end.

These strategies seek to build upon the many excellent efforts already underway to enhance social work's involvement in the ACA. These include two Congressional Briefings focusing on social work's role in the Affordable Care Act, sponsored by NASW and SSWR; CSWE's White House Briefing; the Integrated Behavioral Health Project co-sponsored by CSWE and the National Association of Deans and Directors of Social Work ; NASW's ongoing advocacy and education efforts; and many more. The goal of this white paper is to identify strategies to complement these efforts, and ideally, serve as a springboard for enhanced coordination.

On February 7, 2014, in Chicago, IL, a meeting was convened with the purpose of developing recommendations for how social work can maximize its contributions to the implementation of the ACA. The meeting was organized by a National Advisory Committee that included health social work and policy researchers and experts, as well as leaders from the Society for Social Work Research (SSWR), the Council on Social Work Education (CSWE), the National Association of Social Workers (NASW), and the Society for Social Work Leadership in Health Care (SSWLHC). The event was generously sponsored by the Brown School at Washington University, the Center for Health Administration Studies at the University of Chicago, and the College of Social Work at the University of South Carolina.

The meeting focused on six areas identified by the National Advisory Committee as potential domains of practice in which social work has great potential to contribute within this new era of health care: care coordination, behavioral health service integration, insurance access



and enrollment, community-based prevention, care transition management, and health behavior change intervention. Approximately 50 invited social work experts attended the meeting. Together, they developed a series of recommendations for how the social work profession could maximize its contributions to the implementation of the ACA in three major areas: advocacy, training, and research. Recommendations for advocacy, research, and training were developed specific to each of the six domains of practice identified above.

The stage was set for the meeting with a general introduction by the event co-chairpersons and instructions from a meeting facilitator, Marj Plumb. Participants then attended break-out sessions for two of the six topics, and reconvened as a whole to listen to the reports related to each of the topics and participate in a general discussion. Participants were asked in advance their preference for the break-out session topics (care coordination, behavioral health service integration, insurance access and enrollment, community-based prevention, care transition management, and health behavior change intervention), and there were approximately 16 attendees in each of the sessions.

Each session had a speaker, moderator, and scribe. The speakers were tasked with giving an overview of their topic in a 20-minute talk using the same outline for the six topics and used a uniform Power Point template to present:

- What is the practice area and how will it develop or change due to health reform?
- What research can help inform how social work can participate in this area?
- Will financing for this practice area change?
- What new jobs for social workers will be created and what skills will be needed?
- What opportunities and challenges do we face in contributing to this area of practice?

After the 20-minute presentation, the session moderator took comments and questions from the audience and facilitated an 85-minute brainstorming discussion and prioritization process around three questions:

- How can we better train social workers to assume roles in the area of practice?
- How can research and scholarship support these efforts?
- How can social workers participate in advocacy to promote access and cost-effective quality care related to this area?

Session moderators led participant discussion around these three questions. All ideas were captured by the scribe on sheets of paper that were posted around the room. Then, attendees of each break-out group voted for the three recommendations in each area (advocacy, training, research) that they considered most important to implement and most feasible to implement. At the end of each session, votes were tallied. At the end of the day each moderator presented to the general audience the top three most highly endorsed recommendations for training, research, and advocacy in their session. All proceedings from the day were audio recorded and transcribed.

The event concluded with feedback about the major ideas presented and a general discussion about what attendees will do in their own organizations to enhance social work training, research, and advocacy related to the ACA implementation. After the event, all ideas collected at the break-out sessions were compiled and all of the transcripts from the sessions and concluding discussion were reviewed in order to provide context for key recommendations included in this report. This report was authored by the event co-chairpersons, with input from the event National Advisory Committee.

ADVOCACY

Develop a clear, coordinated message of how social work can contribute to ACA aims. The profession must clearly articulate to policy makers, stakeholders in health care, and the broader public how social workers can contribute to the ACA's goals to improve health care access, quality, and cost effectiveness. Participants identified several strategies to achieve this end. First, the profession should create consistent, easily referable labels to describe the skills and activities social workers perform. The profession must go beyond identifying the roles and activities that social workers do well; it is also essential to develop a "language" to communicate about these roles that is consistent across the profession and consequently, can be most effectively communicated to other stakeholders such as policy makers, insurers, other health care professionals, and the public.

The profession should engage the assistance of lobbyists and public relations experts who specialize in messaging to hone our key messages. Second, the profession must clearly link what social workers do to tangible, specific needs of the healthcare system. We need to closely analyze what the gaps are and develop a clear, consistent message about how social workers can fill them—especially as part of interdisciplinary healthcare teams, and as leaders of outreach and case management activities that are increasingly being performed by paraprofessionals under the ACA (e.g., community health workers, promoters).

We need to be able to articulate how we can fit within the system. Participants felt strongly that in order to do this well, the profession must develop a greater understanding of the needs of insurers, particularly in the managed care realm. In order to



play a substantive role in ACA implementation, social workers need to appreciate the challenge of rising health care costs and be able to work with a range of stakeholders to develop cost-effective strategies to improve healthcare access and quality.

Participants strongly endorsed the creation of an effort to secure financing and support for the development of an Institute of Medicine report on the future of health care social work. While many recognized challenges to doing so, there was also conviction that such a publication could greatly advance social work's recognition as a health care profession and serve as a powerful opportunity for the profession to engage in the processes of self-study and message articulation described here.

Disseminate this message among insurers, health care administrators, and other providers.

There is also a critical need for well-coordinated, national- and state-level efforts to disseminate these messages. Participants felt that the most effective dissemination could occur through face-to-face meetings with decision makers in health care financing and administration in the public and private sectors. Key “targets” for advocacy should include federally qualified health centers, newly established accountable care organizations and patient-centered medical homes, hospitals, insurers and managed care organizations, large private physician practices, and behavioral health programs.

Participants emphasized that it is important for the profession to move beyond “traditional” settings for social work. To communicate our message persuasively, there is the need for greater, clearer evidence regarding how social work can contribute to ACA aims—a topic that is taken up in great detail in the section below, entitled “Research.”

Ideally, such meetings with decision makers should also have the goal of building (or enhancing) long-standing relationships between the profession and major stakeholders and decision makers in the health care sector. The profession will also need to identify individuals in each state who can be charged with closely monitoring key decision points and opportunities related to ACA implementation that are relevant to social work goals. These “Paul Reveres,” as one participant put it, should be capable of mobilizing high-level advocacy or broad professional support as needed. Moreover, participants felt that a resource handbook should be developed that can provide assistance with these efforts, identifying the kinds of agencies and commissions that should be monitored, and how. This handbook could be shared with NASW chapters, schools of social work, and other locally based social work organizations across the country.

Promote social work use of all available and appropriate billing codes.

A key component of an effective advocacy strategy to maximize social work’s contributions to the ACA is to explore avenues to strengthen reimbursement of social work services. Participants identified several strategies to achieve these goals. First, we must clearly define our scope of practice within health care settings and explore needs and opportunities for expansion of scope. There is a need for a workgroup within the profession to identify key services social workers currently provide, or could provide, and then identify billing codes that represent them. For example, the workgroup could examine the expansion of the federal social work definition to “health care provider,” in addition to “mental health provider.”

Expansion of the social work scope of practice may permit access to the Health and Behavior Codes, which allow for assessment of the biopsychosocial needs of individuals who do not have a mental health diagnosis. While payment bundling is becoming the predominant model of health care financing, and this was viewed by the participants as a positive development that can improve the health care system’s ability to achieve the triple aim. For the foreseeable future, however, payment for specific services and to specific, reimbursable professionals will remain commonplace.

Foster social work representation in all ACA-related leadership and advisory bodies.

As ACA implementation unfolds, many crucially important decisions are being made by state health insurance exchange commissions, as well as Medicaid and Medicare, about what services will be covered, at what price, and who will be paid to provide them. It is essential that social work actively influence these decisions. At the national level, the profession should work to get social work representatives appointed to the Medicare Payment Advisory Commission (MedPAC) and the Medicaid and CHIP Payment and Access Commission (MACPAC). Representation on all leadership bodies associated with the state-administered health exchanges will be especially important. At the state level, we should strive for professional representation on every state Medicaid Advisory Committee (MAC).

Become agenda setters in the healthcare arena.

In addition to fostering our professional capacity to contribute to the ACA, it will also be necessary for social work to advocate more broadly for the



effective implementation of more socially oriented models of health care. The ACA articulates a vision for the transformation of health care, from one that is crisis-oriented and medically grounded to one that is focused on prevention, wellbeing, and holistic care. The health care system is being asked to do many things it has never done before. Health care administrators are actively searching for solutions to the challenges they face and are more open than perhaps ever before to new ideas and messages. Consequently, social workers face a unique window of opportunity to become leaders who are helping to set the nation's health care agenda.

Participants identified several strategies to achieve this end. First and foremost was the need to direct our primary advocacy strategies towards societal, rather than professional, advancement. As described above, there is a clear and important need to advocate on behalf of the profession. Such work is needed to ensure that the ACA benefits from what social work has to offer.

However, to achieve true leadership in the transformation of health care, the profession must advance a vision for what a more effective health care system looks like and offer concrete recommendations for how this can be achieved. With this idea in mind, the profession should seek to build coalitions around these issues, and as one participant put, "start inviting people to our table rather than always trying to get a seat at theirs."

Achieving this goal will require two things. First, participants identified the need for greater collaboration and coordination among professional social work organizations. More can be achieved by working together to identify the most important goals for the profession and collaborate closely to achieve them. The case of nursing was given an example. Increased coordination among key nursing organizations is cited by that profession as one of the major steps resulting in their professional

advancement over the past twenty years. Second, the development of new social work leaders with the political sophistication to engage in high-level professional advocacy is needed.

Participants acknowledged that a two-year graduate education simply does not allow for the depth of training that such leadership training requires. Consequently, some advocated for the creation of health policy leadership development programs that could identify early- and mid-career professionals with great potential who could engage in 1-2 year policy fellowships.

Training

Expand interprofessional training in social work education.

Participants argued that some wholesale changes to social work education will be needed to most effectively train social workers to be practitioners and leaders in health care reform. Principal among them was the need to train students interprofessionally with their peers in other health sciences such as pharmacy, medicine, nursing, public health, and allied health professions.

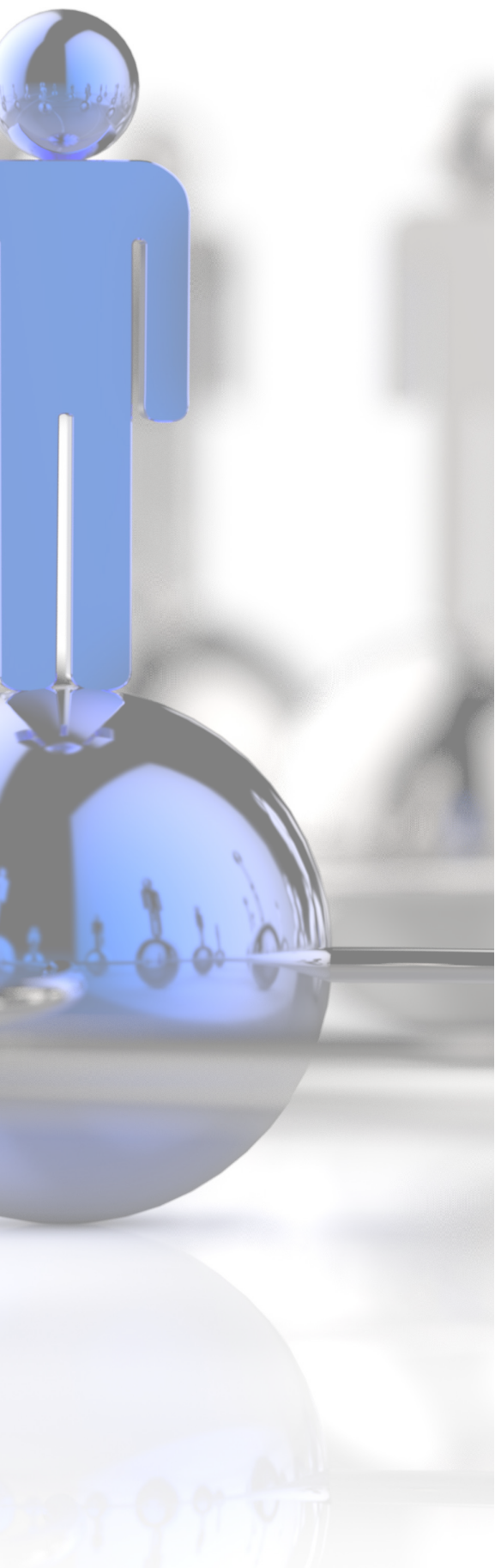
In this model, students take courses alongside students in other professions and are taught by interprofessional faculty from different schools. This type of instruction allows social work students to learn how to work on interdisciplinary teams required for the delivery of health care under the ACA and also trains other professions on the value of social workers on such teams. Interprofessional courses should involve social work faculty working with their interdisciplinary peers to create syllabi and also deliver course content.

Schools of social work are encouraged to also develop interprofessional field placements and can use resources like the Institute for Healthcare Improvement's Open School to enhance interprofessional training. CSWE is encouraged to create interprofessional learning expectations for the academy, and to revise accreditation expectations to allow for such experiences. For example, under the current accreditation standards, a nurse or physician could not teach a social work practice class.

Infuse information about the ACA across required social work curricula.

Content related to the ACA and its implementation needs to be delivered throughout the social work curriculum—there is no specialization or population that is not impacted significantly by the ACA, and related content should not be delivered only in health or policy classes and specializations. Rather, this content needs to be distributed across specializations and content areas as applicable. Moreover, this content must not simply be interspersed throughout curricula, leaving it to students to make the connections across courses.

Instead, participants emphasized the need to build and bridge ACA-related context so that all courses “speak” to each other to help students make the explicit connections between social work policy, research, theory and practice. In order for these changes to happen, social work faculty will need to collaborate within institutions to ensure that their own programs are not themselves siloed into different courses that are not collaborative and in which students have difficulty connecting class content across a curricula.



Social work students need more training in “insurance literacy,” and particularly financing structure and reform, in order to help clients and identify ways that social workers can play a significant role in the delivery of services in health care reform. As part of this, students need training on the intersection between health care cost, quality, and access. Finally, social work programs are encouraged to include content on how to help individuals and communities’ access health insurance coverage and services, particularly in states that have not expanded Medicaid.

This may be delivered in part by the creation of field placements in provider and insurance organizations. In addition to general information for all students, faculty are encouraged to develop courses that teach students competencies needed in practice guided by the ACA and training on specific roles for social workers (for example, in coordinated care programs or in patient-centered medical homes).

Participants also emphasized that training efforts must not only encompass students, but also social work faculty and practicing professionals. Attendees pointed out that in order to effectively train new social workers to practice in an era of health reform, social work faculty will need to themselves be trained on the ACA and new methods of care delivery, and the social work skills that will be needed in such venues. Faculty will also need training in innovative classroom approaches to content delivery such as problem-based and simulation learning. In the community, attention is also needed to make sure that social work practitioners receive continuing education on the ACA and health reform that mirrors suggested content in social work education. Such outreach will be particularly important for field instructors.

Prepare students for roles in health care management and leadership.

Schools of social work need to prepare students to be leaders in ACA implementation. Fundamentally, students need to be trained to be able to understand and define social work's role and value within health teams. For example, students need to be able to clearly articulate what social workers can do to ameliorate psychosocial barriers to outcomes important in health reform under the ACA. Students need information about potential settings for such work outside a typical hospital setting—for example, in federally qualified health centers.

To be leaders in health care delivery, social work students will need to be taught about health care financing and understand how care is funded and billed. Training is also needed on competencies in electronic health records—how to develop and understand existing codes and how they operate. Such knowledge is critical for effective policy advocacy—on behalf of clients and the profession—within health care settings.

In addition, to be leaders and work with providers and insurers, social work students need training in managing people, data, and outcomes important in health reform. Social work faculty and doctoral students need more training on how to use “big data” to evaluate systems—i.e., cost effectiveness research, network analysis, and other methods. At the same time, schools of social work are encouraged to also train students to lead efforts that challenge the typical medical model in healthcare and be able to reconcile possible conflict between organizational need/benefit and client need/benefit while being able to understand a cost benefit analysis of social work interventions.

Strengthen focus on skills-based training for practice in health care settings.

To be excellent practitioners in medical settings in this new era of health reform, social work students need to understand complex medical conditions and the intersection between mental and physical health. This may include training students on medical terminology and teaching prevention interventions. This training should attend to the ways in which families and communities are impacted by poor health outcomes and can include attention to skills that address health disparities and build coalitions to improve community wellness.

CSWE and individual schools could get feedback from organizations and stakeholders about future models of care delivery and provide training in skills that complement such models. Social work students also need training on skills and interventions such as motivational interviewing, behavioral health interventions, patient navigation, and care transition management.

These skills can be taught in an integrated manner with field education. As the profession identifies additional skills that are needed for social workers to be leaders in health care delivery and oversight, social work schools will need to include course work related to those skills.

One strategy through which schools of social work can facilitate this recommendation is by considering moving away from the traditional model of offering 3 credit classes to the use of 1 credit course that will allow students the opportunities to identify and solve complex problems.



This will allow students to receive training specific to a greater number of issues and problems relevant to health reform. This approach was strongly endorsed by participants.

RESEARCH

Conduct studies that document how social work can advance ACA objectives.

Participants expressed a strong need for the profession to build an evidence base to demonstrate how social workers can be effective in achieving ACA objectives. Evidence that social workers can improve health outcomes is critical to achieve the above-mentioned advocacy recommendation to articulate to other health care professionals, policy makers, and the public why the profession is important for successful implementation of the ACA. Participants largely agreed that currently, the evidence is inadequate. While several high-quality studies have documented how social workers can improve health outcomes, particularly in the areas of care coordination and transition management, more work needs to be done to more comprehensively document social workers' effectiveness.

To achieve this end, researchers need to develop and test entirely new models for improving health, in which social workers play a key role. This is in contrast to trying to figure out how to “fit” social workers into existing models of health care, and consequently, perpetuating the current system and promoting medicalization of health care social work. The ACA presents an enormous opportunity to radically redirect the design and aims of health care.

The legislation acknowledges that current models aren't working and establishes new financial incentives to promote better outcomes. Newly established accountable care organizations and patient-centered medical homes, alongside expanded prevention initiatives, signal the ACA's intention to promote approaches that acknowledge and address the social and community contexts in which health and illness occur.

Social work research must heed this call for the creation of a more socially oriented health care system. Several participants noted a special role for social work in leading prevention efforts, at both the individual and community levels. At the individual level, interventions are needed to help patients to achieve their own goals for healthier living—particularly interventions that are sensitive and responsive to the broader family, community, and social contexts in which patients operate.

At the community level, social workers have the opportunity to develop interventions to understand community health needs, work collaboratively with communities to organize for change, and to advocate for resources and environmental change that can promote better community health.

Interventions should focus broadly on improving health, but within this context, should incorporate tangible components of social work practices that have high impact potential. This will involve careful and collaborative evaluation about the kinds of health outcomes social work can impact and the specific aspects of practice that address them. Additionally, such interventions should encompass the increasingly interdisciplinary health care environment.

At both the individual and community levels, interventions should reflect careful consideration of how social workers can work effectively with

other health care professionals to achieve health outcomes. While it is essential to demonstrate our profession's value, the goal should be to articulate how we can complement—rather than co-opt—the efforts of other health professionals.

Include measures of cost-effectiveness in intervention research.

Across every focused discussion, participants echoed the need for social work researchers to include measures of cost-effectiveness in intervention studies and related research. The ACA promotes several new models of health care delivery that push the field further towards highly capitated models of financing. These models also aim to financially reward good patient outcomes and penalize adverse events. Both of these changes have prompted increased interest among health care administrators and providers in identifying practices that provide the best value—optimizing health outcomes and cost-effectiveness.

Consequently, the most relevant intervention research will provide decision makers with information about value as well as effectiveness. To be a leading player in health reform implementation, the profession must demonstrate that it has the capacity to achieve good health outcomes while also bringing down health care costs. Participants felt that, currently, such information is largely lacking in the field.

As team-based care and bundled payments become more common in health care settings, social work researchers will be challenged to conduct studies that demonstrate the contribution of social work interventions in support of cost-effectiveness and positive patient outcomes. Design and implementation of such studies should be a priority within the social work research



community. There is a need for the profession to train and for schools of social work to hire more health economists and health services researchers who can conduct and collaborate with faculty in these areas.

Diversify research methods and data sources in response to the changing healthcare system.

As the ACA changes the landscape of health care, our research methods must also change. Participants recognized the ongoing need for randomized controlled trials—indeed, as the recommendations above reflect, there is not enough of an evidence base documenting the effectiveness of social work practice. However, they also highlighted the need to balance these efforts against the need for policy-informative research grounded in naturalistic settings. Ideally, a goal for social work research will be to move interventions showing great promise in trials to real-world settings, to be tested among diverse populations, and tweaked to improve effectiveness. Paramount is the need for rapidity—quick turnaround of data and findings.

Policy makers need access to information in a timely manner. Particularly in light of the challenging environment for securing federal funding, social work researchers should consider developing novel partnerships with managed care organizations and growing companies developing electronic health records and mobile health applications. Many of these organizations have access to good quality, timely data and possess interests that align with social work research interests.

Participants also highlighted the need for increased interdisciplinary research, particularly with scholars from other health professions. Our outcomes and findings are more likely to have impact for the health care field—and the many different kinds of health professionals of which it consists—when we work with

researchers from these fields right from the start. Additionally, social work research can also benefit from developing research collaborations with scholars in engineering, computing, and health systems design. These collaborations could go in many directions. Potential areas for overlap with social work include the creation of telehealth, e-health, and mobile applications related to health and health promotion; the development of simulations for professional training; and the application of industrial engineering and systems design principles to improve health care management and service delivery.

Share research with the profession's research community and other researchers.

Lastly, participants stressed the need to share social work research findings both within the profession's scholarly community, as well as across health-related disciplines. Within social work, there is a need for the creation of a social work practice-based research network that promotes the creation of coordinated, community-based studies in multiple "real world" settings. Widely used by other health professionals, practice-based research networks bring together practitioners and researchers for the purpose of advancing research. Led by the Society for Social Work Research and other key stakeholders, including the National Association of Social Workers and the Council on Social Work Education, such a network could serve as a national coordinating body through which to share resources, coordinate cross-state efforts, and develop a vision for enhancing the profession's role in the ACA over time.

Building upon the above-mentioned recommendation to articulate social work's capacity to contribute to the ACA to policy makers and other stakeholders, there is also

a need to do so within research communities outside of social work. Overall, there is a need to get our findings published and read outside of social work and to keenly focus on the reach and impact of the journal in which we publish. Additionally, several participants endorsed an organized effort to secure the assistance of several of the profession's most respected researchers to seek editorials in high-profile health-focused journals, such as the New England Journal of Medicine, the Journal of the American Medical Association, Health Affairs, and the American Journal of Public Health.

NEXT STEPS

In the summer of 2014, advisory committee members shared the findings from the February 7 event and had discussions with the leaders of relevant social work stakeholder organizations: the American Academy of Social Work and Social Welfare (AASWSW), the Association of Baccalaureate Social Work Program Directors (BPD), the Council on Social Work Education, the National Association of Deans and Directors of Schools of Social Work (NADD), the National Association of Social Workers (NASW), the Society for Social Work Leadership in Healthcare (SSWLHC) and the Society for Social Work Research (SSWR). All of these leaders provided feedback and suggestions to address the report's recommendations and also shared existing organizational efforts that address the event's suggestions.

There are a number of ongoing efforts undertaken in the area of advocacy. NASW has contracted with the Washington, D.C.-based law firm Polsinelli to help strengthen its government relations strategies, including federal advocacy related to social work and health reform. NASW, in collaboration with Polsinelli, has demonstrated the intention to carry out recommendations described



in this white paper to develop a clear, coordinated message of how social work can contribute to ACA aims; to disseminate this message among insurers, health care administrators, and other providers; and to foster social work representation in ACA-related leadership and advisory bodies.

NASW will also continue its ongoing efforts to support state chapters in advocacy to include social workers in ACA-driven reforms, as well as to push for broad-based policy goals, such as maximizing health insurance enrollment and achieving Medicaid expansion in all states. For example, NASW, in collaboration with the Council on Social Work Education and the Society for Social Work Leadership in Health Care will host a webinar for social workers on becoming Certified Application Counselors, showcasing examples of social work participation in the last enrollment cycle, both in social work schools and practitioner settings. State chapters of NASW are encouraged to mobilize legislative advocacy committees to focus on the ACA.

There are multiple stakeholder organizations that are committed to advancing social work training to meet the needs of this new era of health care. CSWE is pursuing an active agenda to assist our educational programs to make their curricula responsive to ACA-driven changes in practice. CSWE continues to work with Lewis-Burke Associates to engage in federal advocacy related to professional training and workforce development. This kind of advocacy was instrumental in securing funding for the Health Resources and Services Administration's Behavioral Health Workforce Education and Training for Professionals program, which awarded grants to 62 social work education programs to support nearly 4,000 students over the next three years.

Finally, in collaboration with the National Coalition on Care Coordination, the Gero-Ed Center and CSWE Government Relations are seeking to elevate social work's role within the Center for Medicare and Medicaid Innovation. Information has been collected about how social work activities, particularly in new models

of care, are lowering costs, enhancing care, and improving health outcomes. This evidence will be shared with CMML and disseminated to a broader audience to build the case for the importance of social work within the ACA.

Additionally, BPD will explore ways to infuse information about social work's role in ACA across undergraduate curricula. This will include exploring the creation of an information clearinghouse and suggesting field placements to give students experience in community health work and patient navigation.

In the area of training for practicing professionals, NASW is working with CMS to develop an Internet-based forum training social workers. The goal of the training is to equip social workers to assist with state-specific enrollment challenges, particularly in states that haven't expanded Medicaid; states with high numbers of non-English speaking residents; and states with significant rural populations. NASW is also working with CMS to create a toolkit for social workers, which includes information on complicated enrollment cases that social workers have encountered, e.g. enrolling incarcerated individuals prior to release, enrollment of former foster care youth who have aged out of the system, and enrollment of mixed status families.

Moving forward, CSWE is committed to advancing white paper recommendations related to training, including expanding interprofessional training; infusing information and the ACA across the required social work curriculum; preparing students for roles in health care management and leadership; and strengthening educational programs on skill-based training for practice in health care settings. Collaboration with other stakeholder organizations, including NASW, GADE, NADD, and BPD, has been identified as a priority.

In the area of research, the American Academy of Social Work and Social Welfare has designed the promotion of health as one of its "Grand Challenges," defined as ambitious yet achievable goals for society that mobilize the profession, capture the public's imagination, and require innovation and breakthroughs in science and practice to achieve (Uehara et al., 2013). This effort will help move forward the white paper's recommendation to conduct studies that document how social work can advance ACA objectives.

There remains more to be done to facilitate advancement of white paper recommendations to include developing measures of cost-effectiveness in intervention research; creating diverse research methods and data sources in response to the changing health care environment; and sharing research with the profession's research community and other researchers.

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