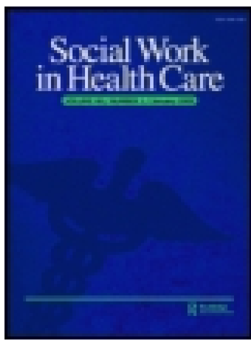

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SOCIAL WORK IN HEALTH CARE
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The role of social work in the opioid epidemic: office-based opioid treatment programs

Brianna M. Lombardi[a], Lisa de Saxe Zerden[b], Ting Guan[b], and Amy Prentice[c]

[a]School of Social Work, University of Pittsburgh, Pittsburgh, PA; [b]School of Social Work, University of North Carolina at Chapel Hill, Chapel Hill, NC; [c]Family Medicine, UNC Health Care, Chapel Hill, NC

ABSTRACT

The opioid epidemic is a national emergency in the United States. To meet the needs of individuals diagnosed with Opioid Use Disorder (OUD) office-based opioid treatment programs (OBOT) are quickly expanding. However, social workers roles in OBOT programs are not clearly described. This paper will emphasize three roles social workers may fulfill in OBOT programs to combat the opioid crisis.

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The opioid crisis is recognized as a national emergency. U.S. deaths from opioid overdose have reached epidemic proportions, as it is estimated 116 people die every day from opioid overdose and in 2016 more than 63,000 people died from drug-related overdoses (Hedegaard, Warner, & Miniño, 2017; U.S. Department of Health and Human Services, 2018). In response to this epidemic, health providers are quickly working to find solutions to treat opioid misuse. One approach that is gaining momentum to treat opioid use disorders (OUD) is medication-assisted treatment (MAT), which traditionally includes a combination of medication and behavioral therapy. Since 2000, the use of MAT has expanded to primary care settings, often called office-based opioid treatment (OBOT). OBOT programs are regarded as an effective way to significantly increase access to care and to expand treatment of OUD (Fiellin et al., 2008; Alford et al., 2011). Yet, implementing MAT into primary care requires a trained workforce to meet complex physical and behavioral health needs of OUD patients. The training and skills of social workers makes the profession uniquely positioned to assist in implementing OBOT, particularly given social workers' contributions in integrated settings (Fraser et al., 2018) and their ability to concurrently provide behavioral health interventions and address the psychosocial needs of individuals with OUD.

The rapid expansion of OBOT programs came in part because of the Drug Addiction Treatment Act of 2000 that allowed qualified physicians to prescribe MAT in primary care whereas previous policy restricted MAT to opiate treatment programs (SAMHSA, 2018). While OBOT programs have

CONTACT Brianna M. Lombardi brl77@pitt.edu School of Social Work, University of Pittsburgh
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increased, 95% of primary care physicians do not have the required DEA waiver to deliver MAT (Rosenblatt, Andrilla, Catlin, & Larson, 2015). Many physicians report feeling unsure of their ability to provide the full extent of care needed by patients with OUD and some expressed concern about the clinical staff having the expertise to provide the psychosocial components related to MAT success (Netherland et al., 2009). Additional barriers include concerns related to administrative, staffing, and treatment criteria as mandated by federal guidelines (Netherland et al., 2009; SAMHSA, 2015).

In order to provide OUD treatment that is "consistent with the patient-centered, integrated, and recovery-oriented standards of substance use treatment" (SAMSHA, 2015, para. 10), OBOT programs often include psychosocial, counseling, and care management services. Yet, recommendations for specific psychosocial protocols, mental health interventions, or frequency of services vary (Korthuis et al., 2017). Several OBOT studies have explored the role of nurses as OBOT care managers, based on nurses' ability to dispense the pharmacotherapy component of MAT (a.k.a. the drug induction), as well as monitor lab values and physical reaction of MAT (Korthuis et al., 2017). However, due to the mental health and psychosocial co-morbidities associated with OUD (Soeffing, Martin, Fingerhood, Jasinski, & Rastegar, 2009), the deployment of social workers in programs could benefit practices by helping to meet the complex needs of patients.

Currently, social workers constitute the largest group of providers of behavioral health services in the country (SAMSHA, 2006), but the extent to which social workers are involved in OBOT teams is unknown. Some OBOT models have used social workers as part of the team, particularly with patients who have complicated psychosocial problems in combination of OUD, (i.e., homelessness or parents with OUD; Kahn et al., 2017). Social workers' roles in OBOT settings could mirror the profession's expansion in integrated health settings, which was solidified with the passage of the Patient Protection and Affordable Care Act in 2010 (Andrews, Darnell, McBride, & Gehlert, 2013; Stanhope, Videka, Thorning, & McKay, 2015). Because of their clinical training, social workers are well suited to enhance OBOT services by coordinating MAT and providing additional treatment for psychosocial and behavioral health needs. For example, social workers on interprofessional teams in integrated primary care settings use their skills to provide the screening, assessment, and treatment of behavioral health problems (Fraser et al., 2018; Zerden, Lombardi, Fraser, Jones, & Rico, 2018). Social workers are also well equipped to apply a person-in-environment perspective, enabling them to identify the biopsychosocial factors that influence the well-being of patients and families (Zerden et al., 2018). Further, social workers understand the community context of addiction that can affect MAT retention, adherence, and success (Lundgren & Krull, 2018). A systematic review of interprofessional teams that include social workers in integrated primary care settings identified three primary social work roles or functions: (1) behavioral health specialists, (2) care managers, and (3)

community engagement specialists (Fraser et al., 2018). How these roles can translate specifically to OBOT settings are described below.

Behavioral health specialist

Many state programs require that patients who receive MAT concurrently receive psychotherapy or mental health care. For example, North Carolina requires OBOT programs to provide "a minimum of once monthly individual or group therapy sessions during the induction and stabilization phases of treatment conducted by a behavioral health professional licensed to treat substance use disorders" (North Carolina Division of Medical Assistance, 2017, p. 19). MSW-level social workers are trained to provide mental health treatment as part of a larger interprofessional team (Fraser et al., 2018). In addition to social workers' expertise in screening and assessment for suicidality, depression, and other mental health needs, social workers understand brief evidence-based treatment modalities such as motivational interviewing among many others (Zerden et al., 2018). Social workers can fulfill state requirements to provide concurrent behavioral health treatment when MAT is delivered.

Care manager role

The MAT literature often describes the role of care manager as a person who facilitates OBOT services by monitoring treatment adherence and progress, coordinating referrals and appointments, and facilitating communication with the interprofessional MAT team (Chou et al., 2016). Increasingly, social workers are fulfilling care manager roles in integrated primary care, OBGYN, and specialty clinics (Fraser et al., 2018). Because social workers are already working within integrated settings, the profession could adapt skills to fulfill care management roles in OBOT.

Community engagement specialist

Although not a traditional component of OBOT services, many OUD patients are likely to benefit from care that addresses their psychosocial needs. A community-engagement specialist on the OBOT team could assess for physical needs (i.e., housing, food) and connect patients with community services that may affect treatment retention or risk of relapse. Social workers on OBOT teams could bring a strengths-based and resilience-focused perspective to identify strengths and adapt services to be culturally inclusive (Zerden et al., 2018).

Although the three roles are unique, social workers have the capacity to fulfill many of these functions simultaneously (Fraher, Richman, Zerden, & Lombardi, 2018). The ability to perform multiple functions on an

interprofessional team makes social work a unique workforce with the flexibility to adapt to the needs of both the patient and the health care team.

Next steps for social work education, practice, and research

As the opioid epidemic continues to impact the lives of millions in the U.S., added emphasis on the training, education, and deployment of a prepared social work workforce is critical to combatting this national emergency. The crucial role of behavioral health care has been recognized by the Behavioral Health Workforce Expansion and Training (BHWET) grants funded by the Health Resource and Service Administration (HRSA). With this mechanism, more than 65 social work programs were funded to expand the behavioral health workforce in integrated health settings. However, few of the BHWET programs specialize in OUD specifically. A national study of 210 MSW programs found that among accredited programs, only 14.3% offered a specialization focused on addiction and only 4.7% required one or more courses on substance use (Wilkey, Lundgren, & Amodeo, 2013). Expanded training and content regarding substance use and OUD will be an essential component of social work education. Beyond additional OUD training specifically for social workers, education strategies must prepare a workforce with competencies for interprofessional education (IPE) and collaborative practice. Given that interprofessional teams deliver OBOT, IPE is one approach to better prepare the future workforce on a shared understanding of the medical terminology associated with OUD and MAT processes.

Continued research

Although research on the efficacy of MAT in OBOT programs is robust, little research is available on the psychosocial components of MAT in primary care settings. Some evidence supports that behavioral health intervention promotes MAT success (Chou et al., 2016), however findings are mixed (Lagisetty et al., 2017). Refining the evidence of psychosocial components of OBOT will enhance clinical guidelines for social work practice and will improve future training in these care models. Future research to evaluate team composition of successful OBOT teams and the added value that social workers bring to interprofessional teams is needed.

Conclusion

Both the treatment of OUD and the role of social workers in integrated primary care settings are quickly expanding. Given the foundation of social workers' education and training, these professionals can be deployed in flexible roles to address behavioral health concerns, coordinate and manage

plans of care, and connect OUD patients with community resources to mitigate psychosocial needs that might influence successful treatment. Social work education needs a renewed focus on preparing social workers to treat substance misuse and on developing competencies needed for working in collaborative and interprofessional integrated health settings. Research on social work practice specific to OBOT settings is critical. Social work has the potential to impact the opioid epidemic – now is the time to engage this workforce across primary care settings.

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