Research on the Social Work Workforce:
Integrated Models of Care and Addressing the Social Determinants of Health

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Overview

This brief summarizes research conducted on the social work workforce funded by the Health Resources and Services Administration (HRSA) through the Carolina Health Workforce Research Center in collaboration with the University of Michigan's Behavioral Health Workforce Research Center. This research focuses on the value of social workers and discusses how social work as a workforce contributes to integrated models of care and addresses the social determinants of health. Through innovative methodological approaches, research findings highlight the roles of social workers in today's rapidly shifting health care system and address the implications for policy, practice, and population health outcomes.

This research is conducted in collaboration with UNC-PrimeCare, a $3.3 million HRSA-funded behavioral health workforce education and training program at the UNC-Chapel Hill School of Social Work. Together, our team has opportunities to help prepare the future MSW workforce while conducting policy and practice research to understand this workforce nationally.

The social work workforce research team represents expertise from the University of North Carolina at Chapel Hill School of Social Work, the Carolina Health Workforce Research Center at The Cecil G. Sheps Center for Health Services Research, and the University of Pittsburgh School of Social Work.

Social Work Workforce Studies

Social Work in Integrated Primary Care: A Systematic Review
Fraser M, Lombardi BM, Wu S, Zerden LD, Richman E, & Fraher E. September 2018. https://www.journals.uchicago.edu/doi/pdfplus/10.1086/697567

The expansion of integrated models care requires a better understanding of the roles of social workers in primary care settings. This systematic review synthesized findings from 26 RCTs and identified three primary roles for social workers on integrated teams: 1) behavioral health specialists, 2) care managers, and 3) a referral role. In integrated settings, social workers manage care plans, use standardized screening tools, provide treatment for behavioral health, and brief problem-solving interventions to help patients engage in treatment, prevent relapse, and manage chronic conditions.

— **Toward a Better Understanding of Social Workers on Integrated Care Delivery Teams**
Lombardi BM, Zerden, LD, & Richman EL. April 2017.
http://www.behavioralhealthworkforce.org/wp-content/uploads/2018/04/Y2FA2P2_UNC-Social-Work-Full-Report.pdf

Social workers are increasingly employed in integrated health settings, however a clear understanding of their roles on interprofessional teams is limited. To address this gap, this study used a convenience sample of MSW students in integrated field placement settings and their MSW field instructors (N=395) to clarify how the social work workforce, not traditionally captured in workforce research, contributes to integrated health teams. In this study, social workers reported using 15 out of 25 identified tasks at least weekly in the health care setting. Findings demonstrate the plasticity of social workers as a flexible workforce with a diverse set of skills and ability to adapt interventions to meet the needs of the patient and team. Given their scope of practice and functions, social workers can fill important roles in changing models of healthcare. Two manuscripts forthcoming from this work.

— **Where is Behavioral Health Integration Occurring? Mapping National Co-Location Trends Using NPI Data**
Richman EL, Lombardi BM, Zerden, LD, & Randolph R. September 2018.
http://www.behavioralhealthworkforce.org/project/where-is-behavioral-health-integration-occurring-using-npi-data-to-map-national-trends/ (manuscript under review).

The rate of behavioral health integration in primary care settings is relatively unknown. This study examined the rate of physical co-location, an important component of integration, between primary care providers (PCPs) and behavioral health providers (social workers and psychologists) using geo-spatial analysis. Of the 337,108 PCPs in the analysis, more than 44% were co-located with a behavioral health provider. However, rates varied significantly; state averages of co-location ranged from 25% to 77%. Co-location occurs less frequently in rural settings and in smaller practices. This has implications for the kind of comprehensive care offered in these settings and can impact rates of burnout and isolation. This study offers a new benchmark data to assess up-to-date co-location rates of PCPs and behavioral health providers in primary care settings. Two manuscripts are forthcoming from this work.

— **Electronic Health Records: A New Frontier for Health Workforce Research**
Zerden LD, Lombardi, BM, & Richman EL. September 2018. Brief in press.

Electronic health records (EHR) are an untapped resource to identify complex team roles and commonly used interventions. This exploratory study tried to understand where and how social workers document in the EHR in order to clarify their scope of practice and function as members of integrated care teams. Findings suggest social workers frequently use the EHR for important mechanisms of team-based care, such as communication and coordination of referrals, as well as to document patient behavioral health needs and social needs. However, EHR documentation limits description of social work practice by focusing on the outcome of the clinical encounter versus the process of practice. Further, extracting this information was cumbersome and imprecise based on the design and accessibility of EHR data. A manuscript is being prepared related to this work.

— **Using EHR data to Understand which Members of the Health Workforce are Addressing Patient Social Determinants of Health in Primary Care**
Richman EL, Zerden LD, & Lombardi BM. Project Underway (9/1/2018-8/31/2019).

Social determinants of health (SDOH) are widely understood to profoundly influence health. Healthcare systems struggle to understand how best to screen, document, and intervene for SDOH in clinical settings. Little is known about the workforce and the combinations of health professionals involved in or necessary for successfully screening and addressing SDOH. Electronic health records (EHR) present a new data source for tracking when and how SDOH are screened for and addressed, and which providers are involved.

— **Office Based Opioid Treatment— Defining the Workforce Treating Opioid Use Disorder**
Zerden LD, Richman EL, & Lombardi BM. Project Underway (9/1/2018-8/31/2019).

Medication Assisted Treatment (MAT) in primary care, sometimes referred to as office based opioid treatment (OBOT), is a team-based approach to address opioid use disorder (OUD). OBOT teams are required to have a medical provider with a Drug Enforcement Administration waiver, but the mix of professionals necessary to provide OBOT, including the psychosocial components of care, is not well defined. Using key informant interviews this project is outlining which professions and what skill mixes are commonly found to be successful for OBOT in primary care settings.

— **UNC-PrimeCare: Behavioral Health Workforce Education and Training**
Zerden LD, Principal Investigator ($1.4 million 2014—2017 and $1.9 million 2017—2021).

UNC-PrimeCare is a HRSA funded program to train and educate the behavioral health workforce. To date, over 100 MSW students have been trained in a specialized program focused on expanding the behavioral health workforce. Currently there are 38 final year MSW students and four final year Psychiatric Mental Health Nurse Practitioner students who comprise the UNC-PrimeCare 2018-2019 cohort. UNC-PrimeCare requires a field placement in an integrated setting, provides specialized coursework and supplemental trainings about integrated care for students and field instructors. The project website:
https://uncprimecare.sites.unc.edu

— **Select Related Articles:**

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Richman EL, Lombardi BM, & Zerden LD. The Accountable Care (ACC) Workforce: Bridging the Health Divide in North Carolina. *North Carolina Medical Journal*. 2017;78(4): 262-266. doi:10.18043/ncm.78.4.262.

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