SOCIAL WORKERS
Stand Up and Be Counted!

In Accountable Care Organizations
Conflict of Interest

- As required, we would like to make you aware of all potential conflict of interest(s).

- These educational planners and presenters have indicated that they have not bias or conflict of interest(s).
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Sara is a graduate of State University of New York at Albany-School of Social Welfare. She has been working in the field of healthcare for over 15 years and currently oversees quality assurance and compliance for Transitions Hospice and serves as Chief Operating Officer for Transitions Home Medical Group. She enjoys teaching on the topics of end of life care and professional leadership.  
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Objectives

• To understand what an ACO is and how it fits into the goals of the Affordable Care Act;
• To Identify the Triple Aim of Accountable Care Organizations and examine Integrated Care;
• Advocate for Improved Outcomes for Consumers, including Underserved Populations;
• Celebrate Skills Social Workers Possess to enact these immense changes in the American Healthcare System;
• Encourage Social Workers to expand in Leadership Role within their organizations.
Healthcare Trends

- Public and Private Models with many differing approaches to achieving common goals;
- Medicare Shared Savings Program;
- Accountable Care Organizations - A group of health care providers that accept responsibility to care for the health needs of a defined population;
- Payers (insurance, Medicare, Medicaid) will connect quality outcomes directly to payment structures.

Bachman, S. Accountable Care Organizations: Opportunities for Social Workers 2011  NASW
What is Integrated Care?

Barriers to primary care — coupled with challenges in navigating complex healthcare systems — have been a major obstacle to care.

At the same time, primary care settings have become the gateway to the behavioral health system, and primary care providers need support and resources to screen and treat individuals with behavioral and general healthcare needs.

The solution lies in integrated care, the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.

http://www.integration.samhsa.gov/about-us/what-is-integrated-care
Accountable care organizations (ACOs) are networks composed of hospitals, clinics, physician practices, and other providers who work together to offer coordinated care and who receive financial compensation for meeting specific patient outcomes. The assumption is that coordinated care will reduce spending as these groups work together to be accountable for a patient population.
The Triple Aim of ACOs

Triple Aim for Populations - Applying integrated approaches to simultaneously improve care, improve population health, and reduce costs per capita...

Institute for Healthcare Improvement blog – 9/2015
Benefits of Accountable Care

**FINANCIAL**
- Higher Patient Margins
- Medicare Shared Savings
- Payor Incentive Payments
- Clinical-Financial Alignment

**CLINICAL CARE**
- High Quality of Care
- Clinical Care Systems
- Patient-Centered Delivery
- Positive Quality Reporting
- Hospital-Physician Integration

**PATIENT EXPERIENCE**
- Improved Outcomes
- Higher Patient Satisfaction
- Positive Patient Experiences

**COMPETITIVE**
- Strong Market Position
- Strong Payor Bargaining
- Strong Physician Alignment
- Capacity Realigned
- Ready for Health Reform Population
Medicare offers several ACO programs:

- **Medicare Shared Savings Program**—a program that helps a Medicare fee-for-service program providers become an ACO.

- **Advance Payment ACO Model**—a supplementary incentive program for selected participants in the Shared Savings Program.

- **Pioneer ACO Model**—a program designed for early adopters of coordinated care. No longer accepting applications.

- **Next Generation Model**—additional benefits to keep patients in the system—ie. Telehealth and snf visits.

NASW IL conference presentation, ACO, Impact on Healthcare and Practice; Odea-Evans, 2015;
Some examples of what this looks like...
UT Medicine partners with Humana on accountable care

Humana and UT Medicine, the medical practice unit of University of Texas Health Science Center in San Antonio, have established an accountable care arrangement under which Humana and HumanaOne subscribers will have access to UT Medicine's primary care physicians. Physicians will receive incentives for helping patients with diabetes meet goals regarding long-term average blood glucose values, breast cancer screenings, drug adherence monitoring and reducing prescriptions for antibiotics to treat adults with acute bronchitis.  

San Antonio Express-News (9/25)
ACO’s demand Improved Outcomes:

- We now know that well over 60 percent of visits to a doctor are for stress-related conditions. Managing stress and building long-term resiliency are scientifically proven to improve healthcare outcomes and quality of life.
- Social workers are specially trained in stress reduction and creating these programs.

When the Customer is Stressed, Harvard Business Review, Oct 2015
Many Outcomes are measured outside of medical realm....

• “That's because this new model is strongly based on patient outcomes and those outcomes have facets outside of the medical model. Managing diabetes, for instance, is not just about regulating blood sugar but also knowing that you have the car fare to get to your doctor's appointment or that you'll have food on the table that night.”

• Case Management!!! This change is a way that case management, advocacy, activism, and care coordination can get their own CPT codes and be billed and if social workers can get reimbursed we do not have to become mental health therapists to get paid what we are worth!!!

Lindsey Getz Social Work Today, Accountable Care Organizations: .... Vol. 15 No. 2 P. 24
What do Social Workers have to offer?.....

Why us?
Social Workers Advocate for…..

- Underserved Populations
- Uninsured Populations
- Impoverished on Medicaid
- Those who do not have a voice- no seat at the table
- At Risk Youth
- Communities with few opportunities
- Vulnerable Populations
- Immigrant Populations
- People with greater than usual healthcare needs

Bachman, S. ACO: Opportunities for Social Workers, 2011, NASW Guest Editorial
### Underserved populations in Hospice

<table>
<thead>
<tr>
<th>Patient Race</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/Caucasian</td>
<td>76%</td>
<td>80.9%</td>
</tr>
<tr>
<td>Multiracial/Other Race</td>
<td>13.1%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>7.6%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Asian, Hawaiian, Other Pacific Islander</td>
<td>3.1%</td>
<td>2.9%</td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>0.3%</td>
<td>0.3%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Ethnicity</th>
<th>2014</th>
<th>2013</th>
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<tbody>
<tr>
<td>Non Hispanic or Latino Origin</td>
<td>92.9%</td>
<td>93.2%</td>
</tr>
<tr>
<td>Hispanic or Latino Origin</td>
<td>7.1%</td>
<td>6.8%</td>
</tr>
</tbody>
</table>
What do we Contribute to the Interdisciplinary Team?

• Social workers offer insight on nonmedical issues such as a patient’s anxiety about the effect of treatment schedules on work or about leaving the family in debt after treatment costs.

• We are best in high emotion situations – say with newly dx cancer patients to address patients feelings of fear, frustration, powerless, and of being ignored.

• We pay special attention to the Whole Person experiencing illness

• When the Customer is Stressed, Harvard Business Review, Oct 2015
Building Trust in Healthcare

- Ask permission for everything.
- Acknowledge the personal nature of questions.
- Take “no” for an answer.
- Ask for permission to return.
- Be mindful of nonverbal and verbal responses when a patient self-discloses.
- Normalize patient behavior and thoughts as much as possible.

Our Role on IDT

Education to the Interdisciplinary team

Modeling respectful patient communication – see Building Trust

Non-Judgemental approach

Embrace Diversity

Able to assess for mental health issues that complicate treatment
Skills we possess

Outreach Specialists

Members of community health care teams

Advocacy and Organizing

Care Coordination

Empathy

Case Management specialists
Philosophies we ascribe to

We pay attention to socio-economic factors –

Behavioral factors

Value all peoples – not just those with medical insurance

Moral Strength

Social Justice

Dignity and Respect
Social Workers Stand up and be Counted!

There are seats at the ACO tables...

- We must show our Value! Negotiate your salaries based on the worth of your skills – Nurses and Doctors do.....
- Social workers are known to keep patients healthy after a hospital admission – preventative care – readmissions are a focus of ACOs - $$$$$
- Social work values are aligned with the goals of ACOs
  - SW believe in addressing both physical and mental health needs in palliative and hospice care
  - SW believe in Self-Determination of patients within the health care environment
  - Social Workers value holistic care, community engagement and counseling services.

Getz, Lindsey, Accountable Care Organizations:... Social Work Today Vol 15 No. 2 P.24
Social Workers ARE Leaders!

• UNC School of Social Work- Definition of Social Work Leadership
  ▫ “Leadership is the capacity to work creatively, constructively, and effectively with individuals, families, groups, organizations and communities to promote social justice, catalyze social change and address individual and social problems. Leaders accomplish this by inspiring vision, offering direction and supporting individual and collective action in order to obtain mutually valued results
Stand up as a leader in your organization

• Take an active part – speak up!
• Market health care social work
• Seek out leadership roles within your organization
• Partner synergistically with other professions to increase the health and wellness of individuals and groups at multiple levels
• Research outcomes to measure value of social work interactions with patients/families
• Encourage your CEO to take a Social Worker to the meeting that may lead to a merge with an ACO!

What holds Social Workers Back?

- Lack of understanding of “medical speak”
- Lack of Confidence in ourselves – “I’m just a social worker”
- Physician and Nurse directed medical system
- Lack of training in Social Work schools
- Lack of Social Work leadership positions in hospice and palliative Care Programs
- SW are philanthropic and do not think they should be business minded – Conflict of ideals?
- Social work values are at odds with the business model?
- Social Work does not typically attract personalities that pursue the limelight of leadership
Changes Needed in our professional Focus?

• We need to engage in social conversations in the public sphere!!! Our programs are cut because we are silent!!!!!
• We are not unionized???
• We are politically inactive?
• NASW needs to lobby to get our work reimbursed by the new payor systems during this time of great change!!!

Social Workers are the KEY to solving societal problems

Hooper, D “Top 5 Reasons Social Work is Failing” 2014
Resource List

Accountable Care SmartBrief ahipaco@smartbrief.com 9/28/15

Bachman, S. “Accountable Care Organizations; Opportunities for Social Workers” NASW 2011


Getz, “Accountable Care Organizations” L Social Work Today Vol 15 No 2 Pg 24

Harvard Business Review “When the Customer is Stressed” Oct 2015

Hooper, D “Top 5 Reasons Social Work is Failing” Social Work Helper Aug 2014

Institute for Healthcare Improvement Blog 9/2015

Miles, L: Pallimed

National Hospice and Palliative Care Organization “NHPCO’s Facts and Figures; Hospice Care in America” 2015 Edition

O'Dea-Evans, P “ACO’s, Impact on Healthcare and Practice” NASW IL conference 2015

San Antonio Express News “UT Medicine Partners with Humana in Accountable Care” Sept 2015


University of North Carolina School of Social Work “Social Work Leadership Definition”

www.intergration.samhsa.gov/aboutus/what-is-intergrated-care


www.medpagetoday.com/PublicHealthPolicy/HealthPolicy/55513