

# A Social Work Lobbyist's Perspective

## Health Care Reform Outlook for the Profession

By  
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# NASW Government Relations Functions

- Organize & represent the profession
- Professionalize advocacy operations
- Identify membership agenda items, work out differences
- Set realistic objectives
- Stay focused & tune out noise
- Educate DC representatives & “political translators”

# Profession is Making Significant Progress

- Domenici-Wellstone MH/SA Parity Act
- Medicare benefit expansions-MIPPA
- Medicaid/CHIP coverage improvements
- Stigma is reduced
- Health care reform
- Integrated care
- Reputation in Congress is much improved
- Behavioral health is mainstream

# Social Work Roles in Health Care Today

- Behavioral health—diagnosis and treatment
- Care coordination
- Patient support & education
- Other specialty areas e.g., ESRD hospice

# PPACA\* is System Redirection

- Coverage for all, paid for by all
- Redesign incentives for quality, efficient, affordable care
- Pay for performance principles
- Models expand care coordination
- Expanded availability and use of medical information
- Clinical effectiveness, science-based practice, documented professional value

\* Patient Protection and Affordable Care Act

# What's Ahead for the profession?

- Integrated and coordinated care
- Mandated MH/SA benefits at parity levels
- Revised practice standards and programs to integrate mind/body care
- SW Groundwork for PPACA
  - create and harmonize rules-states and feds
  - improve use/collaboration of professions
  - rebranding/credentialing of SWs

# PPACA: New Workforce Demands

- Expands access to Community Health Centers (CHCs) and National Health Service Corps, \$12.5 billion over 5 years:
  - Funds 20 million more patients in CHCs
  - Invests in primary care training/development to address shortages
  - Recovery Act funding provided additional \$2 billion to CHCs; National Health Service Corps; Health Professions
- \$9.5 billion will:
  - Create new health center sites in medically underserved areas
  - Expand preventive and primary health care services, including oral health, behavioral health, and pharmacy at existing CHC sites-SW role?

# Renewed Focus on Workforce Education Programs

- Workforce support and incentives for students and providers:
  - educate and recruit high school students
  - expands geriatrics career incentives
  - discipline eligibility for current programs and traineeships
  - expands workforce diversity programs
- A Sample: Sec. 5507. An innovative project to address health professions workforce needs
  - Establishes a demonstration program through competitive grants to provide support services to low-income individuals with the opportunity to obtain education and training for occupations in the health care field that are expected to experience labor shortages or be in high demand.
  - The demonstration serves low-income people including recipients of assistance under State Temporary Assistance for Needy Families (TANF) programs. Grants will be awarded within 18 months.

# New Workforce Training Programs Authorized

- Mid-career scholarships
- Public health loan repayment
- Cultural competency, prevention and public health and individuals with disabilities training
- Expanded public health training fellowships
- Geriatric workforce development fellowships
- Develop and implement programs to provide education and training in pain management
- Family and direct caregiver training
- Mental and behavioral health education and training

# Restructured Financial Incentives

- Authorizes new Center for Medicare and Medicaid Innovation to test innovative models
- Authorizes Accountable Care Organization (ACO) demonstration for Medicare and Medicaid providers in which practitioners and providers are encouraged to join together to provide care that is more efficient and of a higher quality.
- Payment is all inclusive, including care coordination
- Clinicians and institutional providers work for large, integrated organizations that receive a bundled payment or even global budgets
- Encourages integration of independent physicians and clinicians with hospitals, home health, and other institutional providers

# Accountable Care Organizations (ACOs)

- ACOs connect groups of providers responsible for improving health status, efficiency and experience of care for a defined patient population
- Ideally include patient-centered “medical/health homes” that deliver primary care and coordinate with other providers
- Emphasis on effective clinical care integration and coordination mechanisms focused on enhanced outcomes
- Payor-provider contracted relationships and payment models that facilitate and reward cost-effective high-value (not high-volume) care
- Health information infrastructure necessary to enable integrated community-wide care coordination
- Requires vertically integrated providers, from primary care through acute care through long-term and palliative care

# Essentials of Bundled Payments

- Develop gain sharing arrangements among clinicians, hospitals, SNF, HH agencies to cooperate and improve care while containing costs
- Bundled payments could result in increased payments to some practitioners
- Episode-of-care and post-acute-care bundling is easier in a healthcare system that employ physicians and clinicians in a large multispecialty group like Geisinger Clinic

# Medical/health homes

- Provides comprehensive primary care with a team of interdisciplinary professionals to address patient needs
- May focus on high-risk populations or the general population
- SWs could work within the team to support patient in chronic care management skills:
  - teaching/encouraging/coaching in self care
  - transitional care services
  - care planning

# System Challenges to Reform

- Maintaining and improving access to quality care in the face of pressure to constrain spending growth
- Assuring health care is affordable for beneficiaries, particularly those with modest incomes and serious health needs
- Potential for inequitable care & funding among Medicare, Medicaid, exchange plans, and employer sponsored plans
- Behavioral health providers uniquely sensitive to privacy and consent issues in health IT—potential barrier to improved care coordination
- All providers share risk of significant payment cuts if IPAB\* process is implemented and overall Medicare spending continues current growth

\*Independent Payment Advisory Board (IPAB)

# Market Challenges to the SW Profession

- Nursing—broad licensure may encourage over reliance by ACOs
- Counselors
- Case Managers
- Peer Operation
- Hospitals as drivers—ASOs?

# Still More Professional Challenges

- Inadequate payment, working conditions
- Lack of participation/readiness for health IT environment
- Lack of autonomy and recognition
- CER\* for the profession is not yet there
- Differentiation of clinical skills/tasks
- Social work has great opportunities to expand under reform, but can it sell itself?

\*Comparative Effectiveness Research (CER)