A triple role for social workers in primary care and a successful pilot using telemedicine technology to spread the model to rural primary care sites

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Faculty Disclosure

The presenters of this session <u>have NOT</u> had any relevant financial relationships during the past 12 months.

Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018

Slides and handouts are also available on the mobile app.

Learning Objectives

At the conclusion of this session, the participant will be able to:

1. Describe one viable model for social work integration into primary care that addresses several needs.

2. Identify challenges that need to be addressed in the use of this model and possible solutions.

3. Describe the results of a pilot using a virtual social worker that addresses one of the challenges in regards to providing these services to small and rural primary care practices.

Bibliography / Reference

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4. Vickers KS, Ridgeway JL, Hathaway JC, Egginton JS, Kaderlik AB, Katzelnick DJ. Integration of mental health resources in a primary care setting leads to increased provider satisfaction and patient access. Gen Hosp Psychiatry 2013;35:461-7.
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Learning Assessment

A learning assessment is required for CE credit.

A question and answer period will be conducted at the end of this presentation.

Outline

- Social workers and a triple role - background
  - Michelle Leroy and Craig Sawchuk
- A telemedicine social work pilot
  - Angela Mattson and Mark Williams
- Questions

The Triple Role Model of Social Work at Mayo Clinic

Michelle Leroy, PhD, ABPP & Craig Sawchuk, PhD, ABPP

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Current Landscape

➢ Scope and impact of untreated mental health conditions

➢ Access to mental health services is poor

➢ Questionable delivery of evidence-based practices

➢ Financial pressures

➢ Primary care opportunity

Triple Role of Social Work

➢ Triage (air traffic control)

➢ Social service resources

➢ Evidence-based assessment a psychotherapy

Challenges We Have Faced

➤ Understanding the clinic needs and community resources

➤ Recruiting the "right" person

➤ Skill set development and preventing drift

➤ Productivity demands vs. population-based management

 ➤ Blocking for triage means less on-site psychotherapy

Triage – how does it work (ideally)?

- Primary care provider has a patient in his/her office
  - Is this person safe or should they go to the ER or hospital?
  - I think this person needs to get into mental health but which provider?
  - What is really going on with this person?
- Primary care pages triage number for triage social worker (time blocked)
- Social worker comes to that office and takes over the case
  - For safety issues or need for psychiatric backup, social worker can page psychiatrist Doc of the Day
- Primary care provider moves on but is available for follow up questions

The Opportunity

- PCPs highly value triage but inconsistently available

- Rural health system sites to small to support onsite social worker

- Even with on-site social worker, cannot be blocked all workweek.

- Evidence already that psychotherapy can be delivered remotely

- Literature gap supporting delivery of triage function remotely
  - Grant funding available to test feasibility

The Unknown

- Virtual social worker to deliver triage function not tested

- Logistical challenges
  - How to virtually "step into" a PCP room
  - Equipment needed
  - Documentation
  - Efficiency
  - Knowledge of local resources

- Patient and primary care staff comfort

Quality Improvement Pilot – December 2017 for 2 months

- Available social worker to <u>virtually</u> "step into a room" at one primary care site initially, then spread to a second site.
  - Tested in urban sites with on-site social workers already present

- Objectives
  - Identify and test an electronic option for feasibility
  - Establish workflow
  - Explore types of questions, efficiency, etc.
  - Measure acceptability

- Funding – CMS grant to transform practice

Methods

- Quality Improvement – start with one clinic, use a multidisciplinary team involving social work, psychiatry, psychology, desk staff, primary care
  - PDSAs to work through various questions
    - Where should the tablet be kept?
    - How does it get to and from a room?
    - Will primary care providers remember to refer?

- Quantitative
  - Triage social worker entered data on all requests into excel document

- Qualitative - led by researcher outside of the project
  - Semi-structured individual interviews with
    - 7 patients and 7 providers minimum

Workflow – involves four groups

Tele-Social Work Triage: Baldwin to NE Clinic

Draft: 12/15/17

Patient | Nursing/CA | PCP | Social Worker
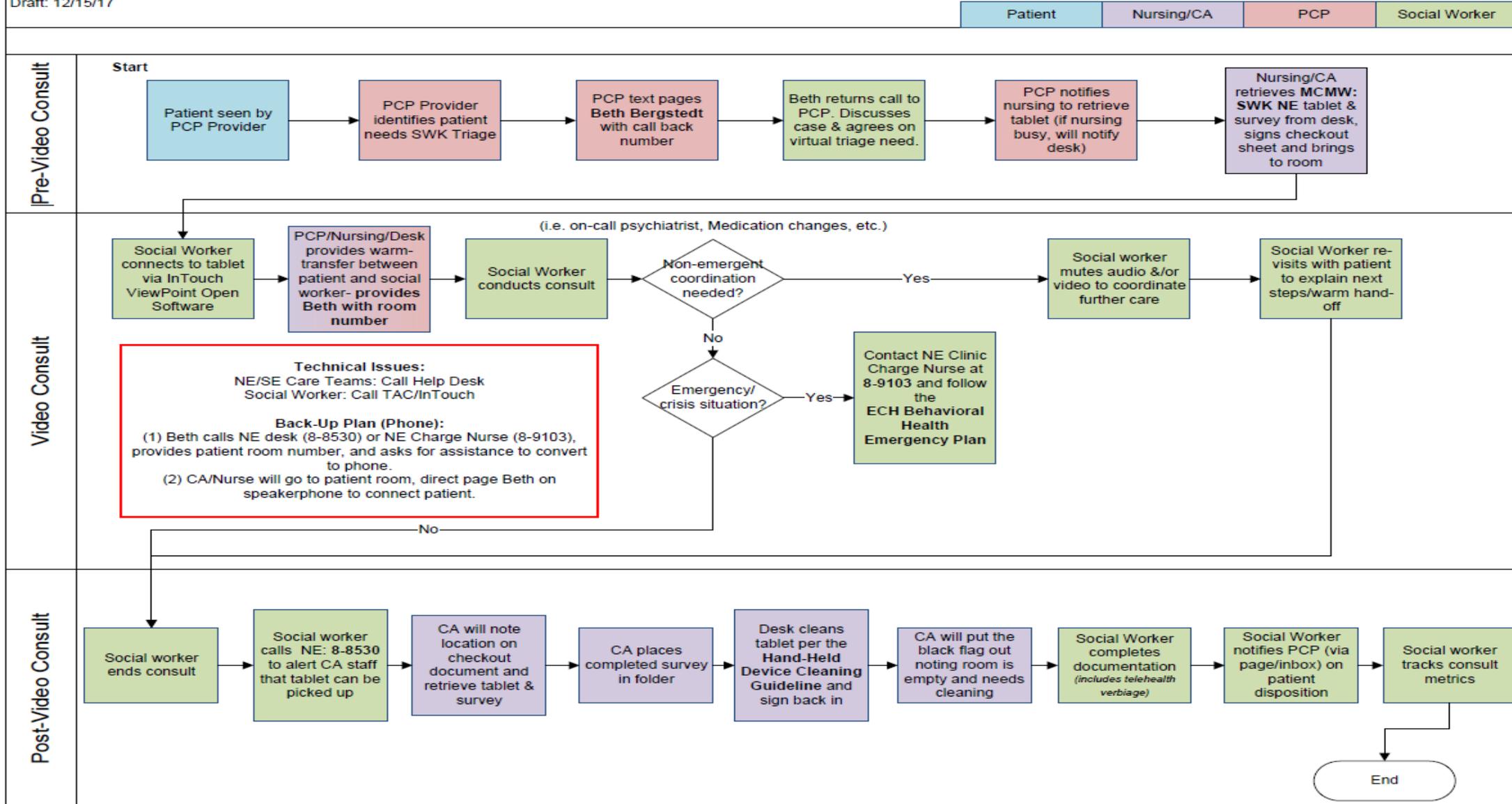
PDSA learnings

- Tablet
  - Must have better than average internet at site for good connection
    - Video lag bothered social worker more than patients
    - Battery power for long contacts requires extra battery pack
  - Keeping the tablet at the desk and asking rooming staff to bring it worked

- Volume
  - Need to advertise at huddles to raise awareness
  - Work through worries about 'sensitive' issues

Quantitative data

- Volume
  - 22 triage visits / 37 days (of which 19 days covering 2 sites)
  - 82% used tablet (3 phone, 1 guardianship issue)

- Patients
  - 45% female
  - mean age 33 (1-94); 32% <18

- Mean duration of tablet use/visit: 44 minutes (15-120)

- Type of request: resources (45%), mental health triage (45%)
  - No cases led to Emergency room / hospital visits
    - 3 ED / hosp. visits averted (in opinion of covering social worker)
      - Unable to test backup physician. No on-site crises occurred.

Qualitative feedback – patients (n=12)

- Results of Patient Opinion Survey Data
  - Patient ratings of experience (1=worst; 5=best)
  - Mean = 4.7 (SD = 0.49); range 4-5

- **Themes**
  - **Viewed as convenient by patients**
    - 004 F: *It's right there. No waiting for appointment...great way to take advantage of technology.*
  - **All would recommend to other patients**
    - 007 M: *I would recommend it, I think it's a good idea actually.*
  - **Some opportunity to improve technology and usage**
    - 002 M: *There was a slight lag in the video and the sound.*

Provider Interview Themes

Patient received immediate resources that may not have happened otherwise
"I truly do not think the patient would have come in to see a social worker otherwise. As a provider, I cannot tell you how much better I felt knowing he had a visit and a plan was made when the patient needed it most."

Tele social work viewed as efficient by staff
"I kept moving doing other stuff—kept working while the patient and social worker talked. Time-wise that was very useful."

The Learnings

- Social work triage can be delivered at point-of-care via a tablet for both adult and child patients
    - New options for rural primary care clinics
    - May be backup option for urban clinic (open up access)

- Positive patient experience
    - Quick access to social service help.

- Lessons learned on technology and workflows increase the viability of future implementation

- Next steps?
    - Use this model in urban area to free up resources for more therapy?
    - Test the model in rural areas?
        - Add therapy?
        - Include link with emergency rooms – utilization outcomes?

Recognition

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Thanks to our IBH colleagues!!!

Questions??

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Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!