

# Licensed clinical social workers



## Role at a glance: Licensed clinical social workers

Licensed clinical social workers provide behavioral health and non-clinical support to high- and rising-risk patients to help them improve self-management.

<b>Credentials:</b>	Masters of social work, plus two additional years of supervised experience <sup>1</sup>
<b>Target population:</b>	High- or rising-risk patients with comorbid behavioral, clinical, and social needs
<b>Ratio/Panel size:</b>	1:7,500-10,000 patients; 30-50 active patients per panel
<b>Median salary:</b>	\$48,340 (\$41,087-\$78,000) <sup>2</sup>
<b>Evidence-based ROI:</b>	Though there is minimal social worker-specific literature, existing studies demonstrate strong ROI of integrated behavioral health and care management
<b>State scope of practice considerations:</b>	Scope of practice is determined by state legislatures, which means states may reimburse differently for services. Additionally, not all states offer reciprocity for LCSW licensure, meaning social workers looking to practice across multiple states need to obtain state-specific licensure. Alternative titles states use for the equivalent of LCSWs include licensed independent clinical social worker (LICSW), licensed independent social worker (LISW), and licensed master social worker (LMSW).

## Key roles and responsibilities

Social workers often serve high- and rising-risk patients as behavioral health specialists, care managers, or both. Their knowledge of community resources and training in patient navigation, motivational interviewing, and counseling allows them to uncover and address patient’s psychosocial barriers to health. While organizations should leverage social workers’ expertise when it comes to addressing non-clinical needs, it is not top-of-license to deploy social workers exclusively for this purpose.

### Social worker roles and responsibilities

#### Behavioral health support



- Collaborate with PCP and any other BH<sup>3</sup> specialist on integrated care plan development
- Provide brief psychotherapy (e.g., 6-12 sessions of cognitive-behavioral treatment)
- Connect patients with available support services in the health system or community

#### Care management support



- Identify barriers to patient adherence to care plans, including unmet social needs
- Provide education and self-management support to achieve patient-centered goals
- Coordinate care and connect patients with community resources to address non-clinical needs

1) Licensure requirements vary by state.

2) The median salary is for an ambulatory social worker and is not unique to LCSWs; the range of salaries applies to LCSWs across care settings.

3) Behavioral health.

## Deployment models

Organizations deploy social workers differently based on their goals. Virtual care presents the most effective option for scaling behavioral health and rising-risk patient management, while embedded care is most effective for addressing high-risk care management. Regardless of which model you choose, it's important to educate the rest of the care team on how to work with the social worker. Because the social worker may take on multiple roles, provide clear guidance around how and when to leverage the social worker to promote top-of-license care.



*Embedded*



*Virtual*

### Benefits

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| <ul style="list-style-type: none"> <li>• Facilitates warm handoffs from providers, increasing referral fill rates and improving patient engagement</li> <li>• Improves care coordination among care team by enabling regular communication (e.g., team huddles)</li> </ul> | <ul style="list-style-type: none"> <li>• Scales easily</li> <li>• Facilitates care standardization due to centralized oversight, if centralized</li> <li>• Promotes knowledge sharing among collocated staff, if centralized</li> </ul> |
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### Drawbacks

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| <ul style="list-style-type: none"> <li>• Expensive to scale</li> <li>• Office staff may “co-opt” social workers to perform tasks that aren’t top-of-license (e.g., community resource navigation for low-risk patients)</li> <li>• A rotating model may pose a travel burden on staff</li> </ul> | <ul style="list-style-type: none"> <li>• Lowers physician referral</li> <li>• Weakens care team integration</li> <li>• Reimbursement is variable by payer</li> <li>• Requires strict adherence to documentation practices to achieve effective communication</li> </ul> |
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### Considerations

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| <ul style="list-style-type: none"> <li>• The social worker may also provide clinic-based virtual services (e.g. transitions of care phone calls, behavioral health counseling) to achieve scale</li> <li>• Most appropriate for high-risk care management</li> </ul> | <ul style="list-style-type: none"> <li>• Patient contact is typically telephonic, with social workers providing follow up and/or ongoing patient management following PCP visits</li> <li>• Most appropriate for behavioral health support and care navigation for rising-risk patients, but not appropriate if the social worker is the main point of contact for high-risk patients</li> </ul> |
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## Funding and financing

Providers often struggle to justify upfront funding for a social worker and turn to grants or innovation funds to hire social work staff. However, as CMS shows growing support for non-traditional services intended to lower total cost of care, revenue-generating opportunities for social workers continue to grow,<sup>1</sup> and some providers are finding that social workers can cover much of their own FTE cost.

Medicare reimbursement codes social workers can provide care for include:

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| <ul style="list-style-type: none"> <li>• Fee-for-value codes such as             <ul style="list-style-type: none"> <li>• AWW<sup>2</sup> (G0438, G0439)</li> <li>• TCM<sup>3</sup> (99495, 99496)</li> <li>• CCM<sup>4</sup> (99487, 99489, 99490)</li> <li>• ACP<sup>5</sup> (99497, 99498)</li> </ul> </li> <li>• Evaluation and Management code 99211</li> </ul> | <ul style="list-style-type: none"> <li>• Behavioral health codes, such as             <ul style="list-style-type: none"> <li>• General behavioral health integration (99484)</li> <li>• SBIRT services (G0396, G0397)</li> <li>• Psychiatric Collaborative Care Model (CoCM) codes (99492, 99493, 99494)<sup>6</sup></li> </ul> </li> </ul> |
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1) In order for the services to be reimbursable, they must be provided incident-to a physician. Incident-to services refer to services provided in an outpatient setting by a licensed non-physician practitioner (e.g. clinical pharmacist) under the supervision of a physician and billed for by that supervising physician. Each code has different requirements regarding the level of supervision required.

2) Annual Wellness Visit.

3) Transitional Care Management.

4) Chronic Care Management.

5) Advance Care Planning.

6) These codes were formerly G0502, G0503, G0504, and G0507 until January 1, 2018.

## Key performance indicators

To evaluate the impact of the integrated social worker over time, focus on role-specific process measures and role-specific outcomes measures in addition to role-agnostic outcomes measures.

### Process measures



- % of patients screened for depression
- Referral completion rate for behavioral health services
- % of patients with an established integrated care plan
- No-show rate among BH patients
- Length of time between referral for service and service provision



- Referral completion rate
- No-show appointments as percentage of total scheduled appointments
- Percentage of patients with self-management goals documented
- Disease management education, smoking cessation counseling completed



### Outcomes measures



- Improvement in patient screening scores (e.g., PHQ-9)
- Patient satisfaction with accessibility, effectiveness of mental health services
- Improvement in patient-reported symptom burden



- PMPM spend
- Hospital admissions per 1,000 patients for at-risk populations
- ED visits per 1,000 patients for at-risk populations
- Change in patient activation measure (PAM) scores
- Patient satisfaction

## Return on investment

Despite minimal literature identifying the specific ROI of the integrated social worker, ample evidence supports the ROI of integrated behavioral health and care management, the two main roles of the integrated social worker.



### Impacts of social worker-led care coordination in primary care

<b>Significantly reduced</b>	<i>Acute care utilization</i>
<b>Significantly reduced</b>	<i>ED utilization</i>
<b>Significantly reduced</b>	<i>30-day readmissions</i>



### Impact of integrated behavioral health

<b>11-27%</b>	Decrease in hospitalization
<b>18/18</b>	Studies show cost effectiveness
<b>\$6.50</b>	Return per dollar of investment



### Impact of care management

<b>11.5/12</b>	studies show decreased acute care utilization <sup>1</sup>
<b>9/11</b>	studies show decreased ED utilization <sup>2</sup>
<b>12/12</b>	studies show decreased cost of care <sup>2</sup>
<b>10/10</b>	studies show increased quality of care <sup>3</sup>

1) Admissions and readmissions. One study shows decreased admissions but no impact on 90-day readmissions.

2) Two studies show both positive and neutral or negative impacts. Some studies showed lower utilization or cost as compared to a control group.

3) Two studies show both positive and neutral impacts.

Source: Rowe JM, et al., "The Ambulatory Integration of the Medical and Social (AIMS) Model," *Social Work in Health Care*, 2016; Kroenke, K, Unutzer, J, "Closing the False Divide: Sustainable Approaches to Integrating Behavioral Health Services into Primary Care," *Journal of General Internal Medicine*, 34, no. 4 (2017): 404-410; Unutzer J, et al., "Collaborative care management of late-life depression in the primary care setting: A randomized controlled trial," *JAMA*, 2002, 288(22):2836-2845; "Behavioral Health Integration Program Evaluation," *Carolinas HealthCare System*, 2018; Reiss-Brennan B, et al., "Association of Integrated Team-Based Care With Health Care Quality, Utilization, and Cost," *JAMA*, 16, no.8, (2016): 826-834; Hong C, et al., "Caring for High-Need, High-Cost Patients," *Commonwealth Fund*, 2014, 19; Population Health Advisor interviews and analysis.

## Questions to consider when deciding whether to hire a social worker

- 1 *Prevalence of behavioral health need.* Primary care providers lack the expertise and training to diagnose and counsel patients with behavioral health needs. Social workers can provide counseling and work closely with psychiatrists and primary care providers to ensure a patient's needs are met holistically. What proportion of your patients have diagnosed behavioral health needs such as depression or anxiety?
- 2 *Prevalence of social need.* It's not top-of-license to have PCPs address social needs, nor do they have the time to do so. Social workers have greater insight into available community and system resources, as well as the type of training in motivational interviewing and patient navigation that enable them to address these needs more effectively and efficiently. What proportion of your patients have unmet social needs (e.g., housing or food insecurity)? How much time are physicians spending trying to address these needs?

## Alternative hires to meet behavioral health and care management/non-clinical needs

Organizations looking to integrate behavioral health and/or care management and non-clinical support into primary care may consider a wide range of team members to invest in aside from the social worker.

### Behavioral health staff to consider

	<b>Psychiatrist</b> <i>Board-certified physician</i> 	<b>Doctor of Psychology</b> <i>PsyD or PhD</i> 
<i>Roles</i>	<ul style="list-style-type: none"> <li>Works mainly in a consultative role for high-acuity patients</li> <li>Collaborates with care team on diagnoses and care plans</li> <li>Prescribes medication</li> </ul>	<ul style="list-style-type: none"> <li>Assesses BH screenings</li> <li>Provides a range of therapeutic interventions</li> </ul>
<i>Benefits</i>	<ul style="list-style-type: none"> <li>Able to prescribe medication</li> <li>Greater reimbursement opportunity</li> </ul>	<ul style="list-style-type: none"> <li>Most extensive training to provide range of support for diverse needs</li> </ul>
<i>Drawbacks</i>	<ul style="list-style-type: none"> <li>Expensive</li> <li>Inadequate physicians to meet demand</li> </ul>	<ul style="list-style-type: none"> <li>Cannot prescribe</li> <li>More expensive than social worker</li> </ul>

### Care management/non-clinical staff to consider

	<b>Nurse care manager</b> <i>Registered nurse</i> 	<b>Community health worker</b> <i>On-the-job training</i> 	<b>Volunteer</b> <i>On-the-job training</i> 
<i>Roles</i>	<ul style="list-style-type: none"> <li>Manages patients with multiple chronic conditions</li> <li>Promotes self-management</li> <li>Provides care coordination, community resource referrals</li> </ul>	<ul style="list-style-type: none"> <li>Serves as link between health system and community</li> <li>Surfaces unmet social needs</li> <li>Actively connects patients with community resources</li> </ul>	<ul style="list-style-type: none"> <li>Provides community resource navigation</li> </ul>
<i>Benefits</i>	<ul style="list-style-type: none"> <li>Training facilitates clinical management, self-management support</li> </ul>	<ul style="list-style-type: none"> <li>Able to gain patient trust, engagement</li> <li>Able to obtain a 360-degree view of patient condition</li> </ul>	<ul style="list-style-type: none"> <li>No staffing costs</li> </ul>
<i>Drawbacks</i>	<ul style="list-style-type: none"> <li>Lack of behavioral health training</li> </ul>	<ul style="list-style-type: none"> <li>May require on-the-job training or certification</li> <li>May be difficult to obtain provider uptake</li> </ul>	<ul style="list-style-type: none"> <li>Limited scope of service</li> <li>May not have access to EHR, restricting care team communication</li> </ul>

Source: Population Health Advisor interviews and analysis.