

## Managed Care and Changes in Health Care Delivery in the United States: Implications for Social Work Practice in Health Care Settings

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### Abstract

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The social work profession in the United States has experienced many changes in the last fifty years. Changes in health care practices, the increasing costs of healthcare, and the rising number of uninsured in the United States all have an impact on the social work practice. Currently, managed care is the premier mode of healthcare delivery in the United States. Managed care organizations aim to improve the quality and reduce the rising costs of health care in the United States. Managed care involvement has meant changes in social work education and practice. Schools of social work are incorporating these changes in their curricula in order to prepare future social workers and to empower them with the changing health care environment. The social work practice faces many ethical dilemmas within the changing environment in health care practices. This manuscript analyses major changes happening in the social work practice with an emphasis on social work education, ethical dilemmas, and social work practice in the acute and long-term health care settings. Suggestions for preparation include implementing evidence-based practices focusing on treatment plans, with measurable goals and outcomes

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**Keywords:** Social work practice, managed care, health care, ethical dilemmas

### Introduction

Social work practice in the United States has a history of more than a century and social welfare has been a part of American culture from the early 1800s (Leiby, 1978). Mary Richmond (1861 – 1928), a pioneer and one of the founders of social work in the United States, through her career and literatures has shown to the world how professional social work differ from other careers and established an exemplary credentials for the profession. The Social Work Dictionary defines social work as an “applied science” helping people to achieve the optimum level of psychosocial ability and thriving social changes for the well-being of all (Barker, 2003). The movement started by the American Social Science Association (ASSA) in 1865, aided the transformation of the social care concept into the organized professional social work (Thyer, & Myers, 2010). Teaching of social work and social work administration in the United States started with the training of volunteers by the New York School of Philanthropy in 1898 (Martin & Choudhary, (2001).

In 1919, fifteen social work schools formed an association and established a standardized curriculum for schools in 1932. In 1939, a formal Master’s of the social work (MSW) program with two years of study was established by the New York School of Philanthropy (NYSP) affiliated with Columbia University, which evolved into the first school of social work (Leiby, 1978). The Council on Social Work Education (CSWE), founded in 1952, mandates the curriculum and serves as the accrediting agency for social work education.

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By the early part of the 20<sup>th</sup> century, the social work practice was organized as a professional discipline. Through positive contributions, the social work profession has advanced as a discipline by overcoming the early resistance to its inclusion in the health care field (Nacman, 1977). In 1905, the Massachusetts General Hospital started the first social work department with the aim to include social and environmental factors in patient care (Auslander, 2001). With the formation of the American Association of Hospital Social Workers in 1918, the health and the social work disciplines merged with a vision for the well-being of the patients. The American Association of Hospital Social Workers formulated principles towards an interdisciplinary approach to the social work practice (Dworkin, 1997).

Health care practice in the United States has undergone paradigmatic changes in professional standards and the delivery of care with the involvement of managed care. This manuscript provides a review of the evolving changes in the social work practice with an emphasis on social work education, ethical dilemmas, and social work practice in the acute and long-term health care settings. Finally, the manuscript concludes by deliberating the future trends and the role of the social workers in the health care settings.

### **Changes in Health Care Practices and Managed Care**

The history of managed care in the United States can be traced back to early 1920s. Managed care as a policy for providing health care coverage to workers started in the United States as early as in the 1920's (Verheijde, 2006). In 1965, the United States Congress implemented the Medicare program under the Social Security Act, which provides health insurance coverage to citizens aged 65 and older. Later, Congress made many amendments to the Medicare program by qualifying the disabled below the age of 65. However, since this time, the United States has experienced soaring health care costs. Due to these increased costs and the increased number of uninsured and underinsured during the period of 1960 to 1980, Congress implemented the Health Maintenance Organizations (HMO) Act of 1973 (Simonet, 2007).

Since its beginning, the managed care organizations and HMOs went through tremendous changes in providing services and enrollments due to various fiscal and clinical environmental reasons (Kongstvedt, 2004). Through the implementation of the Balanced Budget Act of 1997, Medicare and Medicaid managed care and other private managed care organizations have become the predominant health care delivery systems in the United States (Sultz & Young, 2006). For more than a century, the United States has been experiencing changes in its health care delivery systems due to the involvement of various political, legislative, and economic reasons. The changes have driven health care systems to be more complex and dominated by bigger private corporations (Sultz & Young, 2006). Managed care influences the practice of medical delivery in two ways. Firstly, with the evolution of the utilization review process, clinical guidelines by managed care organizations may choose alternate therapies for cutting costs. Secondly, by benchmarking health care provider standards, medical care is standardized, and the provider has to follow the stipulated guidelines (Simonet, 2007).

Due to the changes in the health care delivery, and to contain the skyrocketing costs of health care services, many human services programs becomes a "neutral tool," losing its patient centered care and the principles of justice (Dill, 2001). The ongoing restrictions and limitations imposed by the managed care systems had negatively affected the purpose of many health service programs, which in turn limited social service providers in providing services aiming at achieving the goals for the clients. Utilization review process in health care has evolved along with the changes in health care delivery with an objective to determine patient care based on medical necessity. With the utilization review process, the managed care organizations may deny treatment, may not reimburse the provider, or may deem the care not necessary. Managed care employs cost-constraint mechanisms through the utilization review process, where the provider and some predetermined guidelines by managed care organizations determine medical necessity (Saunier, 2011).

### **Social Work Education and Health Care Practice**

The growth of managed care has many implications for the social work profession and social work education. Social workers need both skills and education to practice in the changing environment of managed care. As more than fifty percent of social workers are in the managed care arena, it is important for schools of social work to focus on the social work practice in health care and in the mental health field.

Berger and Ai (2000) emphasized the importance of improving social work curricula relating to policy and research due to the continuous changes in the health care delivery system. The authors also suggested the need for incorporating necessary changes in social work training and field education; in this way, social workers can advocate for quality of care and equity in health care.

Managed care organizations have placed certain demands on social workers, such as functioning within the limits of the health care delivery system, brief interventions, cautious documentations, and compliance with utilization reviews (Caliborne & Fortune, 2005). According to Caliborne & Fortune (2005), social work education needs to prepare students to meet these requirements, so that they can perform efficiently in a managed care environment. It is particularly important to have the knowledge of the delivery of services within limited reimbursement models, clinical diagnosis, utilization review methods, and administrative functions (Caliborne & Fortune, 2005).

With the recent trends in the health care industry, and cutting the costs of health care, the social work profession has to move on to "best practices" and "evidence-based practices," which is putting pressure on social work education. Schools of social work have had to adapt to these expectations through community partnership, research, and publications (Reid & Edwards, 2006). Reducing the gap between the academic world and social work praxis in a managed care environment is important for the sustainability and adaptability of social workers. According to Bronstein, Kovacs, and Vega (2007), social workers need more training on diversity, ethical dilemmas, working with interdisciplinary teams, accountability, and utilization reviews to work effectively in the managed care environment. The authors suggested the need for integrating study materials relating to managed care in the health care industry and reimbursement criteria for social work services. The authors also indicated the need for additional formal education, continuing education, and continuing academic support for social workers.

In addition, social work schools provide training regarding ethical dilemmas and multicultural issues, but there are few studies to explain how much of this training is related to the changing environment of the present health care delivery systems (Daniels, Alva, & Olivares, 2002). Daniels, Alva, and Olivares found that only sixty percent of graduate programs provide training in managed care, and forty percent reported no training. The authors further emphasized the need for training in ethical factors such as confidentiality and brief-treatment options focusing on outcomes.

However, many schools of social work do incorporate evidence-based practices in their curriculum. Education in evidence-based practices in social work schools can be a part of the curriculum, research, or through partnerships with community agencies (Proctor, 2007). There is a large body of literature regarding importance of teaching evidence-based practices in the schools and its practical application in the social work profession (Shlonsky & Stern, 2007; Rubin, 2007). Social work schools need to take the initiative in preparing students with the skills needed to practice in the mental health field, as well as the financial aspects of mental health in the managed care environment (Acker, 2011).

### **Ethical Dilemmas in the Social Work Practice**

In aiming for people's wellbeing, social work practice influences people's lives. The ethical decision's social workers make have a great impact on the total well-being of their clients. In 1996 (amended in 2008), the National Association of Social Workers (NASW) approved a code of ethics for professional practice. In the ethical decision-making process, the code of ethics, as stipulated in the NASW, serves as directives for the social workers.

Ethics have become a great concern when the desire for profit contrasts with the desire for patient wellbeing. Furman (2003) illustrated managed care's indifference to patients' autonomy and sovereignty, pointing out an example of denying continued psychotherapy to depressed patients, due to non-compliance with psychiatric medications. Due to the fact that patients' autonomy and self-determination are central to the social work practice, such practices may put social workers in an ethical dilemma. In managed care, administrative staff has access to patients' confidential information. Social workers are unaware in such situations to what extent information has been disclosed. Furman (2003) further stated that, in providing mental health services, social workers face ethical dilemmas as the managed care determines the number of treatments and, in many instances, not in the best interest of the clients.

Ethical problems also surface in fee-related issues in social work practice. In agency practice or in private practice, if the client terminates treatment due to an inability to pay fees, social work practitioners may experience clinical and ethical dilemmas (Wolfson, 1999). In such situations, social workers should use the best judgment, based on NASW ethics, and arrange for other avenues that meet the client needs.

Strom-Gottfried (1998) indicated that ethical and legal dilemmas originate in the changing managed care regulations. While consulting with peers, supervisors, consultants, and attorneys could avoid most problems, additional ways of dealing with dilemmas include gathering additional information, finding more resources, and getting support from experts. Strom-Gottfried stressed the importance of documentation, confidentiality, informing clients about their benefits, sharing the information with the payer, and the client's right to appeal. In the managed care environment, social workers are limited to a certain extent in their professional discretion, as managed care dictates how care is to be provided to the patients (Reid & Edwards, 2006). In many of those situations, social workers have to stand by social work ethics by providing appropriate continuity of services through other measures that are available to patients in the community.

### **Social Work in Acute Health care**

Since from the beginning, the social work profession has been a link between the patient and the environment. Due to the changing environment and health care reforms, acute health care went through tremendous changes in providing services. Since the inception of social work practice in hospitals in 1905, the social work profession in hospitals has faced many challenges due to the changes in the health care environment. Moreover, managed care environments have forced professions to establish more specializations. According to Holliman, Dziegielewski, and Datta (2001), social workers in hospitals face many challenges, together with providing bio-psychosocial needs; discharge-planning skills have become specializations in different health care settings.

Specifically, the professional roles of the social worker in the hospital changed after the implementation of the prospective payment system, known as the Diagnostic Related Groups (Judd & Sheffield, 2010). The Diagnostic Related Group (DRG) method has had a great impact on patient discharges; forcing a "reengineering" effect on the role of the social workers in interdisciplinary acute care settings. The "reengineering" effect in the social worker's role due to the changes in health care leads to the extinction of many middle management positions, diminishing the opportunity of supervision for the social workers and its influence in the administration of the hospitals (Reisch, 2012).

Current economic constraints and the changing environment of health care delivery have prioritized evidence-based practices in all health care disciplines. For example, Davis (2004) emphasized the need for establishing evidence-based practice methods in social work acute care settings. Practice outcome measurements become an important factor for social work practice in acute care settings. These outcome measures should be significant for the profession to establish its values in a hospital setting. Davis further outlined the importance of intervention-based research studies in social work to demonstrate outcomes as well as cost-effectiveness. The author also pointed out the need for hospital social workers to collaborate with faculty and researchers to assess and enhance the effectiveness of social work practice in hospital settings.

Many debates are still ongoing regarding the position and the importance of hospital social workers in the health care industry. While some hospital administrators view social work positions as "expendable," others view social work as a profession that helps patients and health care in general, dealing with a patient's complex social and health care needs. Many times, the contribution of social workers in hospitals becomes unclear and remains unnoticed as it mixes with other disciplines that are also involved in the discharge planning process. According to Auerbach, Mason, and Laporte (2008), social workers in the acute care, settings deal with the most complex cases needing placement with multiple medical and social needs at discharge. The authors suggested that social workers are the paramount providers of patient assessment and are important coordinators of multiple patient needs at discharge. Furthermore, the authors suggested implementing tracking systems in hospitals to record empirical data in order to create accountability and gather feedback on social work practice in hospitals. Social work interventions in acute care settings are mostly related with multifaceted psychosocial needs of patients resulting in cost-effective health care delivery (Auerbach & Mason, 2010; Auerbach, Mason, & Laporte, 2008).

Cesta (2012) reiterated the importance of the social work practice in acute care settings, to be based on the best practices, while coordinating with other disciplines (Cesta, 2012). The evolving changes in acute care settings challenge social workers to deal with cases involving the multitude of complex factors including psychosocial, and cost-effective discharge-planning needs for the patients.

### **Social Work in the Long-term Care Settings**

Social workers have extensive roles in the long-term care setting such as nursing homes, as the profession teaches the importance of considering the whole person in terms of his or her environment, integrity, and value. Meyers (2006) stressed the need for social workers to work with people in long-term care settings, valuing their uniqueness and fulfilling important emotional needs. The Center for Medicare and Medicaid Services regulate nursing homes and other long-term care facilities in the United States. Nursing homes that receive Medicare/Medicaid funding have to complete a comprehensive assessment care plan as per federal regulations. The social worker is an integral part of the multidisciplinary team that develops such plans in long-term care settings. The sufficient presence of these teams is a vital part of proper care. While conducting a study on care assessment planning, Vongxaiburana, Thomas, Frahm, & Hyder (2011), found more resident assessment violations in facilities with no qualified social worker staff. The study also showed that the presence of social workers or the social service staff has a significant effect for the nursing home's compliance with federal regulations.

Bern-Klug (2008) analyzed the state regulation differences in nursing home social worker qualifications. While the federal law mandates the employment of at least one qualified social worker in facilities with more than 121 beds, according to Bern-Klug, there is a vast difference in the qualifications of social workers in different states. The author also observed that these differences may be due to the obscurity of the federal regulations and the nursing home's bed capacity. In addition, Bern-Klug revealed that there might be people working in nursing homes as social workers without genuine social work degrees, and, while they may be effective, there should be a standard set for the social work position in nursing homes, including proficiency in bio-psychosocial and counseling aspects.

Social workers provide a variety of care in the long-term care settings, which is why they are able to work with an interdisciplinary team to provide the services needed. Sanders, Bern-Klug, Specht, Mobily & Bossen (2012) illustrate the extensive role of the social work profession in long-term care settings, explaining the need for counseling and the psychosocial aspects that is associated with many physical symptoms like urinary incontinence among the older adults. Simons, Bern-Klug, & An (2012) advocate the need for professionally qualified social workers in long-term care settings regardless of the number of patients and the authors urge long-term care providers to consider greater diligence in caring psychosocial needs of the patients. Even though, there are many obscurities regarding the psychosocial care in the long-term care settings, the Omnibus Reconciliation Act of 1987 mandated the need for providing quality psychosocial services in federally certified nursing homes (Simons, Bern-Klug, & An, 2012).

To categorize the efficacy and evidence-based social work practices in the long-term care settings Simons, Shepherd & Munn (2008) analyzed peer-reviewed empirical studies pertaining to social work practices published during the period of 1997-2007. Based on the criteria, the authors identified and reviewed 80 articles pertaining to social work practices in the long-term care settings. In general, the study found that there exists efficacy for social work services but no proof to differentiate in discipline-wise contributions in the long-term care settings. To remove the obscurity and to establish the role clarity in the long-term care settings, there is a need for more empirical research to establish evidence based practices which will pave the way for better psychosocial care for the residents.

### **Future Trends: The Role of the Social Worker in the Changing Health Care Environment**

There is an ongoing debate among politicians and policy makers regarding the issues of cost containment, the quality of care, affordability, and the accessibility of health care to all Americans (Oberlander, 2012). The Patient Protection and Affordable Care Act (ACA) of 2010, and the ongoing changes in the health care delivery have a significant effect on the practice of social work in the United States (Reisch, 2012). The ACA's provisions address the deficiencies and expand health insurance coverage, but many aspects of the health care delivery and the cost containment methods remain the same (Reisch, 2012). The focus of managed care is on the physician's accountability and the constraints of health care costs.

The change in health care practices to a certain extent has failed to recognize the patients' interests, and it is important to manage the health care system from the bottom up so that the patient's interests will be a contributing factor (Rodwin, 2010). With these changes in the health care law and practice, the social work profession has to overcome many obstacles. According to Dziegielewski (2004), what makes the social work profession unique is upholding its central professional theme of the "person in the environment" concept. In a time of ambiguity about the uniqueness of social work in health care settings, the health care social worker should be viewed as a "bridge" between the client, the environment, and the interdisciplinary team (Dziegielewski, 2004).

Dziegielewski and Holliman (2001) suggested four important aspects for the health care social workers in the era of cost-effectiveness and efficiency of practice; (a) focusing on psychosocial needs with an objective of generating outcomes, (b) performing proficiently in an interdisciplinary team to make the profession unique, (c) supporting the efforts for recognizing and acknowledging the dignity of the profession and (d) opening up to more avenues to improve the significance of the profession. Accepting the challenge of the modern changing health care, social workers become creative and assertive in positioning the profession in the holistic approach treatment model.

The major aspects of managed care and the health care changes include reductions in health care costs; consequently, the focus may be a different outlook than social work's concept of "well-being" and the "person in environment" (Bolen & Hall, 2007). It may be important to focus on treatment plans based on a diagnosis with goals and measurable outcomes. It is important to pursue value-based and evidence-based practices in an environment where most of the decisions are for a medically necessary treatment approach. Bolen and Hall (2007) further suggested that, if the social work profession lags behind developing appropriate evidence-based treatment approaches, other disciplines might replace many of the social worker positions.

The changing environment in health care has also challenged the profession to re-examine the method of service delivery. Managed care has also challenged the profession to change the curriculum of the social work education process. The health care changes has driven the profession to articulate more evidence-based practices to comply with social work values that are justifiable to consumers and to managed care organizations. These new demands have created the need for the social work profession to face ethical dilemmas in the changing environment in terms of dealing with client confidentiality, therapeutic relationships, right to privacy, etc. Ethical risks are associated with every profession, but to practice in an ethically justifiable way, social workers should be aware of professional standards and the National Association of Social Workers (NASW) Code of Ethics. Social work practitioners should employ professional skills that address client satisfaction when dealing with cost- and time-restricted treatment methods.

As Dziegielewski (2004) has suggested, social workers need to accept the challenges and move forward to create an evolution in new practice techniques, becoming a crucial member of the interdisciplinary team. It was the vision of the American Social Science Association (1865), to make the social work profession, an "applied social science" and to practice evidence-based practices; this is where the profession is turning presently (Thyer & Myers, 2010). Social workers have a bigger role in advocating for the disadvantaged, minimizing the disparity and inequality in the health field. The managed care may exist in one form or other, and there is implication for social workers to advocate for moral exhortation in patient oriented care and justice on the corporate health care ethos. In the era of cost containment, there are implications for social work research, building on evidence-based practices and greater collaboration for the social work staff and academia. By building on its principles, the social work profession in the twenty-first century can aim at meeting the client's needs through practices that are scientific and accountable.

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