SOCIAL WORKERS: JOINING THE FIGHT FOR BETTER HEALTH

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Social Work came to ABCBS in 2012 and now has its own department within Clinical Services and Population Health with Social Work available to most Lines of Business in 2018.

- 2012 – 1st Social Worker added to Case Management staff for Walmart line of business.
- 2014 – 2 Social Workers started with new Medicaid Exchange Program for the newly insured.
- 2018 – Total of 13 SWers, 1 Manager, 1 Supervisor, 1 Intern.
Social Workers at AR Blue Cross Blue Shield have officially joined the fight. We work with RN Case Managers, Nurse Navigators, Gap Nurses to provide at least the following:

- Assess for social issues and their impact on members
- Educate members on available resources
- Assist members in navigating their own community for resources and advocating for new resources
- Explain their own benefits and how to use them
Insurance: 7%
Transportation: 5%
Food Insecurity: 13%
Public Benefits: 13%
Household Expenses: 30%
Medical Expenses: 32%
Obstacles to Better Health

• Arkansas ranks #1 in food insecurity
• Mood disorders, substance abuse and untreated chronic illnesses (ex: diabetes) leading dx for ER visits
• Food insecurity is the most significant SDH in the US, having to choose between food vs healthcare costs.
MEMS PILOT PROJECT
In 11.2017, ABCBS Social Workers joined with Care Management and Medical Directors to do a pilot of a pilot with a local ambulance service, MEMS.

MEMS (Metropolitan Emergency Medical Services) has primary coverage area of almost 194,000 people in central Arkansas with 3 major healthcare systems.

We partnered with MEMS to provide their paramedicine program to target those AR Works members in the same region to address ER overuse while identifying obstacles to care with coverage of an initial visit to each identified member.

Paramedics made a first visit to referred AR Works members who had multiple ER visits as well as numerous ambulance rides.

Performed home assessment and evaluation, then a referral to Case Management and Social Work Team to provide follow up with corrected contact information.
Goals of the Developmental Pilot and Program were set by the joint MEMS/ABCBS Team. They were:

1. Define the population most suitable for the intervention
2. Define social needs that impact health outcomes and health care utilization
3. Define resources needed to meet the needs of the target population
4. Increase CM/SW engagement of the target exchange population
5. Increase PCP utilization
6. Decrease inappropriate ambulance and ED utilization
MEMS Participant Social Work Triggers

- Caregiving Assistance/Respite, 2%
- Employment Assistance, 7%
- Food Insecurity, 4%
- Home Environment Issues, 4%
- Household Expenses/Finances, 16%
- Housing/Homelessness, 12%
- Insurance Needs, 2%
- Mental Health/Substance Abuse, 25%
- Public Benefits, 14%
- Transportation, 12%
- Medical Expenses (Co-pays, Medications, Dental, Vision), 21%

Arkansas BlueCross BlueShield
Lessons Learned

• Utilize appropriate PR and education to introduce pilot to the area
• Refine assessments for Medicaid population
• Link to additional enterprise efforts
• Define how to address SDOH at individual and population levels
Expand Social Work’s Impact

- Expand the program to address more SDH and solutions
- Partner with CBO’s to increase our reach and effectiveness
- Work with other pilot projects such as Matrix to stay in the fight for better health
- More SW/CM teams to address clinical/social needs
Thank you
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REFERENCES

White Paper by Dr. Creshelle Nash, Medical Director for the Exchange and Ed Gilbertson, RN, BSN Paramedicine Program Director, MEMS

Various Social Determinants of Health Presentations at Scottsdale, AZ Care Coordination Conference

MEMS Pilot Project Social Barriers Identified Chart created by Devon Davasher, LCSW, CCM

“Managing the Social Determinants of Health: Part I” by Ellen Fink-Samnick, MSW, ACSW, LCSW, CCM, CPR