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The Affordable Care Act and Social Work Field Education: A Shifting Landscape

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The implementation of the Affordable Care Act of 2010 (ACA) is a critical milestone in healthcare reform, though our country still struggles towards healthcare equality. It follows the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008, which requires that health insurance benefits for mental health conditions are no more restrictive than benefits for medical conditions ("Mental Health Parity," 2014). This legislation laid a foundation for mental health awareness and parity that is fundamental in the Affordable Care Act. This article describes one school's exploration of the effects of the ACA – especially "medical homes" – on social work field education.

With the ACA signed into law, the healthcare delivery system has been shifting beneath our feet. It seemed apparent to a new field director that accompanying movement would be felt in social work field education. Less clear was the nature of that movement. With such complex policy, much inquiry was needed to acquire a basic understanding of how this would affect the role of social workers in healthcare settings in general; and on the training needs of social work students in particular. There was little doubt that field education, the "signature pedagogy" of social work education, had to respond – and respond quickly – to these changes.

Planted in the midst of Boston's richly resourced medical community, Simmons School of Social Work seemed well-located to partner with our training affiliates to learn more, and engage in a conversation about the meaning of these changes for our students. The task then became how to organize such a learning effort, and how to do so efficiently. It was in collaboration with a second year graduate student, who had completed her first year internship in an integrated care setting, that the inquiry took place. Now largely behind us, we can look back and summarize the components of this effort, the preliminary outcomes, and the questions and efforts that remain.

The elements of our exploration could be broken down into three parts: securing a better grasp of the Affordable Care Act; understanding the role of graduate level social workers in the integrated care model (one of the defining components of the ACA); and positioning ourselves to offer prepa-

ration for this emerging specialty from both a field and classroom perspective. Our method included accessing resources from another academic institution to orient our faculty; a visit to a local "medical home" of Brigham and Women's Hospital in Boston and a gathering of local social work clinicians and administrators to begin a conversation about these new models of care and the skills that new social workers will need in order to step into this arena successfully.

Many elements of the ACA seemed to resonate with the values of our profession: parity in benefits, greater access to screening and treatment, emphasis on cultural competency, a call for community education, outreach to high risk groups, and prevention. If these are the "goods," the ACA promises, then it is the integrated, or more synchronized, model of care that is the signature of the ACA "method."

Although there are numerous models of integrated care, our investigation focused on "medical homes," a central spoke of the ACA "wheel" (Davis, Abrams, & Stremikis, 2011). Though the concept of medical homes was first founded in the 1960s by pediatricians who partnered with families for a more comprehensive treatment approach, the model was more recently adopted by the ACA as the Patient Centered Medical Home (PCMH) (Center for Policy Studies, 2007). Being recognized as a PCMH requires meeting criteria according to the National Committee for Quality Assurance (NCQA) ("PCMH Recognition," 2014). A PCMH must share the mission of improving the quality of patient care while decreasing costs. Some prominent features of this model are the use of electronic medical records, coordination of care, use of population-based research for preventive services, chronic disease management, and the inclusion of behavioral health clinicians as core members of the medical team.

As we learned more about the role of behavioral health clinicians in existing medical homes, it became evident that the biopsychosocial model of assessment, to which the social work profession first laid claims, was an organic fit for the role. We were fortunate to have the first-hand experience of our student collaborator as a reference point as we continued to learn.

Like other social workers in primary care settings, our student spoke of the experience of meeting patients for the first time in the exam room following an evaluation by a primary care provider. "These 'warm hand-offs' signal the social worker's role as an integral member of the medical team." The model of care offers opportunities for social workers and other professionals to collaborate on behalf of patients. As part of the team, social workers provide an array of services including: referral to community resources, consultation about financial and insurance concerns, and safety assessments. For patients referred for mental health or substance abuse concerns, the social worker intervenes with brief models of treatment for some, while referring others to community resources. With screening a key component of integrated care, there are more opportunities for education, early intervention, and outreach to high-risk and otherwise hard to reach populations.

Through the telling of this experience, the field director's visit to a medical home, and a dynamic conversation with community partners who are working in the integrated primary care model, we learned of a collection of skills essential to a social worker in this setting. They include, but are not limited to:

- Familiarity with Motivational Interviewing
- Use of standardized assessment tools
- Ability to engage in an interprofessional model of practice
- Case management
- Brief interventions including solution-focused therapy
- Basic knowledge of the medical model and diagnoses in primary care (asthma, diabetes, hypertension, etc.)
- Basic understanding of psychopharmacology
- Chronic disease management
- Complementary and alternative therapies (yoga, acupuncture, relaxation techniques)

Simmons faculty and administration are now actively engaged in assessing curricular needs related to the Affordable Care Act. A full-semester elective in motivational interviewing has been approved by the Curriculum Committee and will be piloted this summer. A specialized program of study is also being implemented for students with a career interest in healthcare. Finally, specialized, skill-building modules are under consideration, and it is a goal to have standardized assessment tools incorporated into the curriculum.

Through these collaborative efforts among faculty, administration, and community partners, new relationships have been forged and existing relationships have been strengthened. A greater understanding of the practice arena has been gained, and the process of securing more placements to train our students in this model is ongoing.

Much remains, but we can only hope that our attempts to "start where the [healthcare system] is" will enable our students to be properly prepared for a promising and exciting time in the social work profession.

References

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