ASSOCIATION OF COMMUNITY CANCER CENTERS

Making the Business Case for Hiring Oncology Social Workers

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Quality cancer care requires a comprehensive approach to addressing the wide range of biopsychosocial-spiritual needs facing oncology patients and their families. Recently, renewed attention has focused on social determinants of health as drivers of improved health outcomes, effective system utilization, and decreased healthcare and operational costs.[1] Oncology social workers are experts who have been identifying and responding to these concerns for more than a century.[2]

Oncology social workers are essential for a cancer program or practice to meet the Institute for Healthcare Improvement's Triple Aim: (1) the provision of evidence-based services that improve patient/family/population outcomes; (2) the improvement of patient and provider satisfaction; (3) the reduction of unnecessary utilization and costs[3]—and in meeting the additional imperative (i.e., the Quadruple Aim) to (4) enhance the well-being of providers in the delivery of quality care.[4]

As the primary providers of psychosocial interventions and a critical linkage to internal and external resources, oncology social workers are among the most versatile members of the healthcare team. Oncology social workers' interventions reduce patient and family distress and improve quality of life thereby increasing patient satisfaction, improving efficiencies, and lessening the burden on physicians and healthcare teams by allowing them to do what they do best—administering innovative medical treatment to more patients.[5]

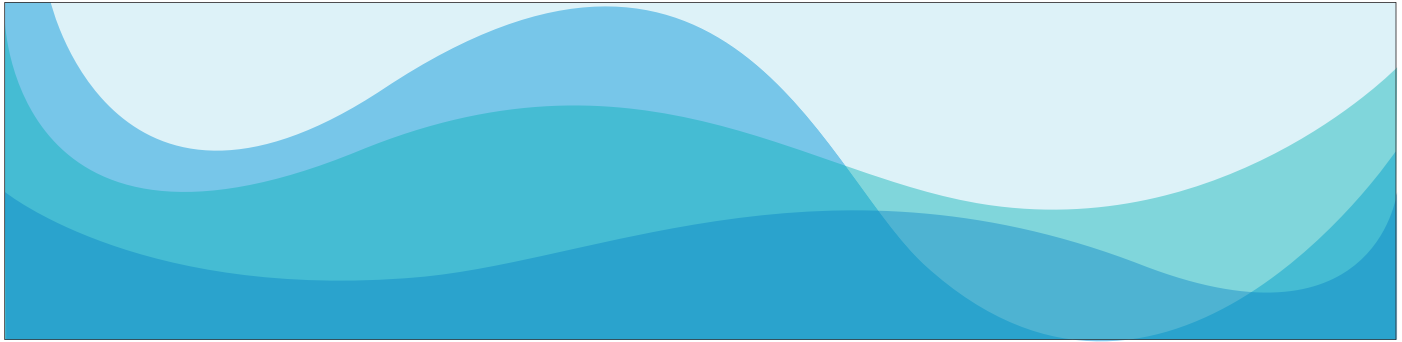
Finally, the importance of the oncology social work role is affirmed by its inclusion as a requisite to meet accreditation and quality standards such as those established by the American College of Surgeons Commission on Cancer (CoC), the American Society of Clinical Oncology's Quality Oncology Practice Initiative (QOPI), the National Comprehensive Cancer Network (NCCN), and the National Quality Forum (NQF).

THE PROBLEM

Evidence supports that the diagnosis and treatment of cancer results in biopsychosocial-spiritual distress. Research finds that, at a minimum, 30 percent of all newly diagnosed patients with cancer are identified as clinically distressed to the point of requiring psychosocial intervention.[6,7] Other studies have found that many more patients benefit from a social work intervention during their cancer trajectory.[8] Failure to attend to these concerns impacts outcomes, costs, system utilization, and increases moral distress for patients, families, and staff. Despite this, few cancer programs report sufficient oncology social work staffing to meet these critical needs. In fact, results from a recent ACCC survey on comprehensive cancer care revealed that 60 percent of respondents reported they had insufficient or no oncology social work staff.[9]

THE SOLUTION

Investing in the full integration of oncology social work services reflects the highest standard of quality care and is recommended by the National Academy of Medicine.[10] Hiring oncology social work staff is the right thing to do for your patients, their families, and your staff, and it is cost effective.



Oncology social workers are master's-prepared specialists who contribute to your cancer program or practice by:

- Identifying and responding to psychological, social, emotional, practical, and existential distress.
- Increasing adherence to recommended treatment by identifying and reducing barriers to care.
- Facilitating complex goals-of-care conversations to ensure shared treatment decision-making and effective patient-physician communication.
- Advocating for the integration of justice, diversity, equity, and inclusion into cancer care.
- Connecting patients to local, regional, and national resources to overcome practical barriers to care, such as transportation, housing, financial barriers, and lack of adequate health insurance.
- Improving patients' and families' effective coping skills and adjustment during pivotal transition points in the cancer care continuum: diagnosis, treatment, protocol change, clinical trials, palliative care, end-of-life, survivorship, and/or recurrence.
- Addressing social and behavioral barriers to patient enrollment and retention in clinical trials.
- Developing and implementing innovative, evidence-informed programs to address unmet needs.
- Providing education, awareness, and support to mitigate moral distress; burnout; grief and loss; and compassion fatigue among healthcare staff.
- Improving patient safety by ensuring that institutions meet legal, regulatory, and accreditation standards.
- Managing complex (high-risk) psychosocial situations.

Making a solid business case for a fully integrated oncology social work staff requires a realistic assessment of programmatic and capacity needs. To optimize oncology social work impact, strategic planning and standardization of roles and responsibilities are critical.

BILLING, REIMBURSEMENT & FUNDING CONSIDERATIONS

With leadership, advocacy, and innovative problem solving, it is feasible to expand social work staffing as part of a coordinated care delivery model. Many cancer programs make a successful case for sustainable funding of FTE social work positions through their operations budget, with the understanding that these services will improve patient care and help reduce healthcare costs. Innovative value-based payment agreements that include oncology social work outcomes provide an opportunity to increase revenue and cover the cost of needed staff. It is also possible to bill for some oncology social work services both on outpatient facility charges and professional fees. Data from one National Cancer Institute-Designated Cancer Center's oncology social work team shows reimbursement rates similar to other medical providers and minimal patient billing complaints. (Look for more on the topic of billing for social work services in an upcoming *Oncology Issues*.)

SOCIAL WORK IN ACTION

The U.S. healthcare enterprise acknowledges the importance of responding to social determinants of health as essential to health equity. Increasingly there is recognition that without the delivery of equitable care we are not providing quality care. Oncology social workers are the health professionals best prepared to apply their expertise and knowledge of the social determinants of health to the full biopsychosoical-spiritual spectrum of impact on oncology patients, families, and communities. Regardless of the care delivery model, oncology social workers' versatility supports quality care through their capacity to connect and streamline resources with skill and efficiency.

QUALITY & VALUE

Oncology social work staff and faculty help cancer programs prepare for alternative payment model (APM) care delivery transformation. An APM Implementation Checklist developed by ACCC's Alternative Payment Model Coalition outlines three phases of readiness for APM engagement.[11] As oncology clinics, hospitals, and health systems strive to improve outcomes and the delivery of equitable cancer care, oncology social workers are the health professionals best prepared to advance these efforts through community engagement, facilitating patient and family advisory councils, and conducting patient education and outreach.

DISTRESS SCREENING AND SYMPTOM MANAGEMENT REDUCE HEALTHCARE COSTS

Distress screening and response—distress management—have demonstrated effects on cost control and lay primarily within the domain of oncology social work. Since the widespread adoption and implementation of distress screening, several studies are looking at whether screening—coupled with effective distress management—is helping to improve the quality of care and reduce healthcare costs.

A recent study, commissioned by the Association of Oncology Social Work (AOSW), evaluated cancer program adherence to distress management protocols and the association between adherence and patient emergency department (ED) use or hospitalization within two months after the clinic visit that should have included screening.[12] Of 8,409 electronic health records (EHRs) reviewed across 55 CoC-accredited cancer programs in the U.S. and Canada, 5,685 patients (67.6 percent) were identified as screened and subject to appropriate clinical response as per protocol; 2,724 (32.3 percent) were not. The EHRs also indicated that 954 patients (11.3 percent) had used the ED at the institution where they were screened, and 1,398 patients (16.7 percent) had been hospitalized at least once during the two months following the visit at which they were screened for distress.

KEY FINDINGS

Among those who were screened and responded to as per protocol, ED and hospitalization were 18 percent and 19 percent less, respectively, compared to those who were not screened and responded to according to protocol. Study authors concluded that if all patients in the study had been screened for distress and psychosocial issues addressed—a task often carried out by an oncology social worker—there would have been 172 fewer ED visits and 266 fewer hospitalizations.

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Association of Community Cancer Centers

A publication from the President's Theme of 2021-2022 ACCC President Krista Nelson, MSW, LCSW, OSW-C, FAOSW, "Real-World Lessons from COVID-19: Driving Oncology Care Forward."

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