

Utilizing Social Workers to Promote Regulatory Compliance in Hospice Agencies

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Objectives for the Presentation

- Recognize social work values, skills and roles as organizational assets for compliance
- Recognize systemic barriers and necessity of overcoming them for change to occur
- Engage in developing strategies for utilizing social workers to promote regulatory compliance

Medicare Expectations

- Patient and Family at center of interdisciplinary team
 - Person-centered
- Interdisciplinary team drives all hospice service
 - All licensed disciplines contribute to the comprehensive assessment and POC
 - Requires care coordination, communication, collaboration and documentation
- Recognize and be proactive in addressing compliance with regulations
 - Critical thinking, problem-solving and decision-making skills are essential

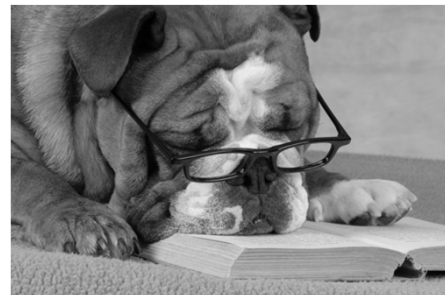
Social Workers Bring:

- Value: respect for the person (person-centered)
 - Supports patient self-determination, patients' rights
- Value: advocacy
 - Commitment to ensuring patients' rights are upheld
- Holistic Perspective
 - Supports understanding of complex situations, recognizes value of interdisciplinary team
- Critical thinking skills
 - Enhances problem solving: client and agency levels
- Value: education for self and others
 - Supports team and agency development

Social Workers Bring:

- Interpersonal relationship skills
 - Promotes excellence in communication, collaboration and team building
- Awareness of change as a natural and inevitable process
 - Supports adaptation to stressful situations, self-care
- High value for communication
 - Translates into excellence in documentation
- Understanding of systems theory
 - Enables a broader understanding of the regulatory environment and the importance of adaptation

We Did the Homework for You:



Relevant Aspects of the Social Work Role

- **ASSESSMENT**
 - Multidimensional assessment
 - Includes the physical dimension
 - Documenting aspects of eligibility requirements
 - If social workers participate in the intake interview, there are better hospice outcomes (Reese & Raymer, 2004)

Social workers can identify the services needed, and interventions needed, to facilitate discharge from the General Inpatient (GIP) level of care or unit

Relevant Aspects of the Social Work Role

- **SOCIAL WORK INTERVENTIONS TO FACILITATE MANAGEMENT OF PAIN**
 - Pain reduction can result in discharge from General Inpatient (GIP) level of care
- **CHARTING AND DOCUMENTATION**
 - Helps to document the General Inpatient (GIP) eligibility criteria
 - Thus assisting in regulatory compliance

Relevant Aspects of the Social Work Role

- **COMMUNICATION AND INTERVENTION SKILLS WITH:**
 - Families
 - Groups
 - Interdisciplinary teams
 - Organizations
 - Communities

Relevant Aspects of the Social Work Role

- **THESE SKILLS CAN:**
 - Reduce length of stay
 - Help the organization comply with standards and regulations
 - Create access for diverse cultural groups
 - Facilitate discharge from General Inpatient stays
 - Lower overall costs of the hospice (Reese & Raymer, 2004)

Barriers to Full Utilization of Social Work on the Team

- **Administrative barriers**
 - Resulting in competition between disciplines
- **Role Blurring**
- **Conflicts arising from differences between professions in values and theoretical base**
- **Negative team norms**
- **Client and staff stereotyping of social workers**

Changes over Time

- **1987 – Hospice directors viewed social workers as most qualified to perform only 3 aspects of the social work role:**
 1. Using community resources
 2. Making referrals to community resources
 3. Providing financial information (Kulys & Davis, 1987)

Changes over Time

- 2011 – Hospice directors viewed social workers as most qualified to perform 12 aspects of the social work role:

* Financial counseling	* Promoting cultural competence
* Referrals	* Community outreach
Assessment of emotional and social problems	Counseling regarding anticipatory grief
Counseling about suicide	*Crisis intervention
* Facilitating social support	Bereavement counseling
* Counseling about denial	Counseling about death anxiety

* Relevant to regulatory compliance
(Reese, 2011)

Changes Over Time

- 2011 – Hospice directors viewed social workers and nurses as equally qualified for:
 - * Co-conducting the intake interview

* Relevant to regulatory compliance
(Reese, 2011)

Changes over Time

- Roles that social workers would add:

Civil and legal assistance	Upholding preferences about the environment
On-call duties	Advocacy for patient end-of-life care preferences
* Discharge planning	* Ensuring culturally competent end-of-life decisions

* Relevant to regulatory compliance
(Reese, 2011)

Impact of Full Utilization of Social Workers

- A greater level of social work services results

Fewer nights of continuous care	Lower severity of case
Fewer hospitalizations	Lower home health aide costs
Better team functioning	Lower nursing costs
More issues addressed by the social worker on the team	Lower labor costs
Fewer home health aide visits	Lower average cost per patient
Better client satisfaction	Lower overall hospice costs

(Reese & Raymer, 2004)

More Social Work Involvement = More Positive Outcomes

- This greater level of social work services, that led to the outcomes above, consisted of:
 - Service delivery
 - Qualifications of the social worker
 - Qualifications of the social work supervisor
 - Higher budget for social work services
 - Staffing



Potential Regulatory Risk: Overuse of GIP

- GIP for patients with symptoms that cannot be managed elsewhere
- Expected to be short-term only
- 12-14% of hospice-related Medicare costs
- Daily Reimbursement:
 - GIP: \$719.86
 - Respite: \$166.05
 - Routine: \$162.44
- Q: Do hospices build units in order to attract patients and pull down Medicare dollars?
- Avg GIP stay is 5.6 days; can trigger review after Day 5

It's Complicated...

- Not always easy to tell when a patient is no longer GIP eligible
- Patients change from hour-to-hour, day-to-day
- Declining, dying, not eating, being in a coma or sleep-state are not considered reasons to justify GIP
- What about secretions? How many doses of pain or anti-anxiety meds meet criteria?
- Physicians and staff feel tremendous anxiety about moving dying patients (licensure, liability and compassion for the patient and family)
- Built in opportunities for conflict of interest (and risk)

Application of Social Work Skills

- Ability to be knowledgeable about complex regulatory issues and application to IPU setting
- Ability to work collaboratively with medical, QAPI, IPU managers on needed change efforts
- Ability to educate others on Compliance Issues:
 - Patients and families
 - Staff and volunteers
 - Community partners
- Ability to work compassionately and honestly to address discharge planning early in patient's stay

Application of Social Work Skills

- Ability to recognize when a patient may not be GIP-appropriate
- Ability to communicate diplomatically and collaboratively with the IDT to ensure patient is at right level of care
- Ability to communicate skillfully with the field team for care coordination
- Ability to document skillfully to support GIP and the POC
- Ability to document skillfully to show the discharge planning process

Agency Example: Hospice of Arizona

- 3 in-patient units currently, each with own SW
- IPU Workgroup meets monthly
 - SWs, managers and other persons as appropriate
 - Educate selves and agency on IPU-related issues
 - Serve as resource for agency leadership
 - Identify common concerns and work to resolve
 - Ex: Are we at risk for Overuse of GIP?
 - Developed a QAPI Project with SWs taking the lead in educating IPU teams
 - Developed documentation criteria for all disciplines

Outcomes:

- Staff now routinely ask if patients are appropriate for GIP
- Areas for related policy development and education are being identified
- Teams are working proactively to address issues
- Families are expressing appreciation for being told earlier about Medicare Guidelines and GIP
- Physician, nurse and social worker documentation has improved
- Leadership is utilizing the Workgroup as an important resource for improving service and addressing compliance

Other Examples Where Social Workers Can Contribute to Agency Compliance

- Addressing length-of-stay with home care patients
- Work more proactively with home care patients to develop a “back up plan” in case patient does not remain eligible for hospice services
- Participate on QAPI teams/projects
- Support trans-disciplinary team development by understanding eligibility and compliance issues as they impact all disciplines
- Continually work to improve documentation and support others in doing so as well
- Offer to teach COPS, regulatory information to others

Strategies for Optimizing the Social Worker Role in Regulatory Compliance??

Your Ideas?

Strategies for Optimizing the Social Worker Role in Regulatory Compliance

- Invest in social workers becoming educated on the COPS, eligibility, criteria for care, and the regulations
 - In-service trainings, conferences
- Encourage all SWs to meet with managers regularly to identify areas for improvement (QAPI) and develop plans for addressing them
- Ask SWs to develop language for documentation
- Invite SWs to assist in educating other staff/volunteers
- Hire SWs for Quality Improvement and Staff Education roles
- Find ways to integrate SWs throughout agency

Thank You!