



Care Management for Older Adults: The Roles of Nurses, Social Workers, and Physicians

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ABSTRACT

In the realm of healthcare, care management programs have gained significant traction, aiming to enhance the coordination and seamless integration of services for frail elderly individuals across the care continuum. Various care models advocate for the involvement of registered nurses (RNs) and social workers to facilitate these endeavors. A national survey conducted in 2018 encompassing 410 clinicians from 363 primary care and geriatrics practices specializing in frail elderly care revealed that nearly 40 percent of these practices lacked either social workers or RNs. However, in practices where both types of providers were present, social workers were observed to be more actively engaged in conducting social needs assessments, while RNs took a lead role in care coordination. Interestingly, the level of physician involvement in social needs assessment and care coordination witnessed a noticeable decline when social workers, RNs, or both were part of the practice setup.

INTRODUCTION

Care management programs have gained significant traction in recent years as healthcare systems strive to enhance coordination and reduce costly utilization of services for complex, frail, or seriously ill patients. The Centers for Medicare and Medicaid Services (CMS) have recognized the importance of complex chronic care management, leading to the introduction of new codes under the Medicare Physician Fee Schedule in 2017. These codes facilitate the provision of critical services to Medicare patients with multiple chronic conditions, emphasizing the need for effective care management strategies. (Peck et al., 2018)

Early care management initiatives primarily targeted patients with high service utilization or those incurring substantial healthcare costs, particularly frail older adults susceptible to various health challenges and increased risk of adverse outcomes. The shift towards bundled and value-based payment systems has further incentivized health systems to develop or collaborate with care management programs. Reports indicate widespread inclusion of care or case management in accountable care organizations (ACOs) and patient-centered medical homes, reflecting a broader trend towards integrated care models. (Hong et al., 2014)

Registered nurses (RNs) have been pivotal in spearheading care management programs, aligning with the evolving healthcare needs of patients with complex chronic illnesses and comorbidities, especially during transitions from hospital to community settings. Collaboration between clinicians and RNs in community practice settings has been advocated by leading researchers in primary and geriatric care teams. The increasing recognition of social determinants of health has led to the integration of social workers, community health workers, and navigators to address patients' social and behavioral health needs. (Donelan et al., 2018)

Despite recommendations for integrating RNs and social workers in primary care and geriatrics practices, a significant proportion of these professionals were not employed in ambulatory care settings as of 2016.

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This disparity underscores the need for diverse healthcare professionals and community workers to address the multifaceted needs of patients with serious illnesses or disabilities. Competencies expected from healthcare professionals include managing complex chronic illnesses, facilitating smooth care transitions, and addressing social barriers that impact care adherence and access to services. (Gunderson et al., 2018) Patients with complex illnesses often navigate a complex healthcare landscape involving multiple providers and care settings. This complexity is particularly challenging for frail elderly individuals with high healthcare needs, who account for a substantial portion of healthcare spending. Given the substantial investments in care management programs, our study aims to examine how these programs are implemented at the practice level and how staffing models impact care management activities. We conducted a national survey of primary care and geriatrics clinicians focusing on frail older adults to understand staffing allocation for care management tasks. Our findings shed light on the roles of different healthcare professionals in achieving effective care management and have implications for workforce education and healthcare staffing strategies. (Spetz et al., 2019)

METHODOLOGY

Data for this study were obtained Survey of Primary Care and Geriatric Clinicians, a national cross-sectional survey involving 410 clinicians from 363 practices that cater to older adults aged sixty-five and over. The survey instrument used is accessible online, and the fieldwork was carried out by Mathematica Policy Research

Survey Development

The survey's design aimed to assess how primary care and geriatrics practices, including physicians and nurse practitioners (NPs), organize and deliver care to older adults. Its development followed an analysis of twenty-two site visits and twenty focus groups conducted . These activities involved physicians, RNs, NPs, social workers, frail elders, and caregivers. Key informant interviews, team meetings, and observations of practice and clinical operations were used to measure individual and team functions. The survey instrument underwent cognitive and pilot testing before administration, with input from an interprofessional panel of experts and a quality review by Mathematica Policy Research.

Sample and Fieldwork

A nationally representative random sample of practices employing primary care or geriatrics physicians or NPs was selected from a database maintained by SK&A. The initial sample included 1,000 clinicians in 761 practices. The fieldwork involved contacting clinicians via postal mail with questionnaires and reminder postcards. Incentives were provided, and non-eligible clinicians were excluded. The practice-level response rate was 60.1%.

Analysis

The analysis focused on the relationship between practice staffing type and three care management activities: social issues assessment, care coordination at transitions to/from hospitals, and complex chronic care management. Responses from clinicians were grouped based on practice staffing types: both RNs and social workers, RNs only, social workers only, or neither RNs nor social workers. Chi-square tests were used for comparisons between these practice groups.

Additionally, the study examined hours spent by clinicians in communication activities related to care coordination and social needs assessment, and it explored the types of professional or staff members that would enhance care quality for frail older adults if additional resources were available.

Limitations

The study acknowledged several limitations, including potential sampling and response biases, lack of data on patient-centered medical home certification or ACO membership, focus mainly on patients aged sixty-five and older, and reliance on self-reported data subject to reporting reliability and error. The small size of practices with social workers but no RNs was noted as a limitation impacting certain estimates.

RESULTS

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The study results from the Survey of Primary Care and Geriatric Clinicians provide insights into the staffing types and their impact on care management activities for older adults. Here are the key findings:

Practice Staffing Types: The survey revealed that 39.7% of practices had neither an RN nor a social worker, 40.4% had an RN but not a social worker, 4.5% had a social worker but not an RN, and 15.4% had both RNs and social workers.

Care Management Activities: There were no significant differences in frail elderly patient encounter volume or time spent with teams in formal meetings or huddles across differently staffed practices. However, staffing types did significantly affect hours spent on communication with other providers about care coordination, with practices having neither RNs nor social workers reporting the highest number of hours.

Payer Type: Practices employing both an RN and a social worker were more likely to have a higher share of funding from Medicaid, while those with an RN but no social worker or with neither an RN nor a social worker had a higher share of Medicare fee-for-service funding.

Assessing Social Issues: Social workers were more likely to assess social issues in practices where both RNs and social workers were employed. However, physicians took on this role significantly more when social workers were not part of the practice.

Care Coordination at Transitions: RNs and NPs played significant roles in care coordination during transitions to and from hospitals, with physicians assuming greater responsibility in practices without social workers or RNs.

Complex Chronic Care Management: The roles of physicians and NPs did not vary significantly across different practice staffing types in complex chronic care management. However, NPs' roles varied significantly depending on the presence of RNs in the practice.

Additional Staffing Needs: Clinicians expressed a need for additional staffing, with a preference for adding NPs over physicians across all practice types. In practices with existing RNs and social workers, there was a higher demand for community health workers. Practices without RNs or social workers were more likely to consider adding licensed social workers or medical assistants.

These findings highlight the intricate relationship between staffing types, care management activities, and the preferences for additional staff members to enhance the quality of care for older adults.

DISCUSSION

The discussion delves into the findings regarding staffing roles in primary care and geriatrics practices, focusing on care management strategies. Here are the key points of the discussion:

Variation in Staffing and Roles: The study revealed significant variation in staffing roles across practices, impacting tasks such as assessing social issues, care coordination during transitions, and chronic care management. These variations highlight the trade-offs and differences in responsibilities among licensed professionals and nonlicensed staff within practices. (Meyers et al., 2018)

Importance of RNs and Social Workers: Despite recommendations to increase the employment of RNs and social workers, a substantial portion of practices surveyed did not employ either. Practices with both RNs and social workers showed differences in roles compared to those without, particularly in complex chronic care management and care coordination activities. (Figueroa et al., 2017)

Roles in Care Activities: Social workers were more involved in assessing social issues, while RNs played a significant role in care coordination during transitions. Physicians took on a leadership role in complex chronic care management across all staffing types. (Donelan et al., 2013)

Communication and Funding: Practices with both RNs and social workers reported fewer hours in communication about care coordination. Additionally, practices with a higher share of Medicaid funding were more likely to have both RNs and social workers, indicating a recognition of their value in serving populations with greater needs. (Barber et al., 2015)

Additional Staffing Needs: Clinicians expressed a need for more staff, particularly NPs, and community health workers were seen as valuable additions, especially in practices with existing RNs and social workers. (Rowe et al., 2016)

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Interprofessional Teams: The study highlighted the importance of interprofessional teams, including physicians, NPs, RNs, and social workers, in providing effective care management. It also noted the presence of staff who may not be officially employed by practices but still contribute to care activities. (Bodenheimer et al., 2016)

Challenges and Future Directions: Challenges such as variability in interprofessional education and staffing configurations were noted. Future efforts should focus on optimizing team staffing to improve patient outcomes and reduce complexity in care processes. (Blumenthal et al., 2016)

Overall, the study underscores the need for diverse and well-coordinated staffing models in primary care and geriatrics to meet the complex needs of older adults effectively. (Goodell et al., 2009)

REFERENCES

1. Peck KA, Usadi B, Mainor A, Newton H, Meara E. How ACOs are caring for people with complex needs [Internet]. New York (NY): Commonwealth Fund; 2018 Dec [cited 2019 Apr 26]. Available from:
2. Hong CS, Abrams MK, Ferris TG. Toward increased adoption of complex care management. *N Engl J Med*. 2014;371(6):491– 3.
3. Ferris TG, Weil E, Meyer GS, Neagle M, Heffernan JL, Torchiana DF. Cost savings from managing high-risk patients. In: Yong PL, Sanders RS, Olsen L, editors. *The healthcare imperative: lowering costs and improving outcomes: workshop series summary*. Washington (DC): National Academies Press; c 2010. p. 301– 9.
4. Goodell S, Bodenheimer T, Berry-Millett R. Care management of patients with complex health care needs [Internet]. Princeton (NJ): Robert Wood Johnson Foundation; 2009 Dec [cited 2019 Apr 26]. (Policy Brief No. 19). Available for download from:
5. Donelan K, Barreto EA, Michael CU, Nordby P, Smith M, Metlay JP. Variability in care management programs in Medicare ACOs: a survey of medical directors. *J Gen Intern Med*. 2018;33(12):2043– 5.
6. Blumenthal D, Chernof B, Fulmer T, Lumpkin J, Selberg J. Caring for high-need, high-cost patients—an urgent priority. *N Engl J Med*. 2016;375(10):909– 11.
7. Bodenheimer T, Bauer L. Rethinking the primary care workforce—an expanded role for nurses. *N Engl J Med*. 2016;375(11):1015– 7.
8. Sinsky CA, Sinsky TA, Althaus D, Tranel J, Thiltgen M. “Core teams”: nurse-physician partnerships provide patient-centered care at an Iowa practice. *Health Aff (Millwood)*. 2010;29(5):966– 8.
9. Gunderson JM, Wieland ML, Quirindongo-Cedeno O, Asiedu GB, Ridgeway JL, O’Brien MW et al. Community health workers as an extension of care coordination in primary care: a community-based cosupervisory model. *J Ambul Care Manage*. 2018;41(4):333– 40.
10. Rowe JM, Rizzo VM, Shier Kricke G, Krajci K, Rodriguez-Morales G, Newman M et al. The Ambulatory Integration of the Medical and Social (AIMS) model: a retrospective evaluation. *Soc Work Health Care*. 2016;55(5):347– 61.
11. Barber RD, Coulourides Kogan A, Riffenburgh A, Enguidanos S. A role for social workers in improving care setting transitions: a case study. *Soc Work Health Care*. 2015;54(3):177–92.
12. Damio G, Ferraro M, London K, Pérez-Escamilla R, Wiggins N. Addressing social determinants of health through community health workers: a call to action [Internet]. Hartford (CT): Hispanic Health Council; 2017 Dec [cited 2019 Apr 26]. (Policy Brief). Available from:
13. McWilliams JM, Chernew ME, Landon BE. Medicare ACO program savings not tied to preventable hospitalizations or concentrated among high-risk patients. *Health Aff (Millwood)*. 2017;36(12):2085– 93.
14. Hsu J, Price M, Vogeli C, Brand R, Chernew ME, Chaguturu SK et al. Bending the spending curve by altering care delivery patterns: the role of care management within a Pioneer ACO. *Health Aff (Millwood)*. 2017;36(5):876– 84.

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15. Bureau of Labor Statistics. May 2017 national occupational employment and wage estimates: United States [Internet]. Washington (DC): BLS; [last modified 2018 Mar 30; cited 2019 Apr 26]. Available from:
16. Figueroa JF, Joynt Maddox KE, Beaulieu N, Wild RC, Jha AK. Concentration of potentially preventable spending among high-cost Medicare subpopulations: an observational study. *Ann Intern Med*. 2017;167(10):706–13.
17. The survey questionnaire is available at:
18. Donelan K, DesRoches CM, Dittus RS, Buerhaus P. Perspectives of physicians and nurse practitioners on primary care practice. *N Engl J Med*. 2013;368(20):1898–906.
19. Viswanathan M, Kraschnewski J, Nishikawa B, Morgan LC, Thieda P, Honeycutt A et al. Outcomes of community health worker interventions [Internet]. Rockville (MD): Agency for Healthcare Research and Quality; 2009 Jun [cited 2019 Apr 26]. (AHRQ Publication No. 09-E014). Available from:
20. Ganguli I, Orav EJ, Weil E, Ferris TG, Vogeli C. What do high-risk patients value? Perspectives on a care management program. *J Gen Intern Med*. 2018;33(1):26–33.
21. Institute of Medicine. Retooling for an aging America: building the health care workforce. Washington (DC): National Academies Press; 2008.
22. Spetz J, Dudley N. Consensus-based recommendations for an adequate workforce to care for people with serious illness. *J Am Geri Soc*. 2019;67(S2):S385–99).
23. Meyers D, LeRoy L, Bailit M, Schaefer J, Wagner E, Zhan C. Workforce configurations to provide high-quality, comprehensive primary care: a mixed-method exploration of staffing for four types of primary care practices. *J Gen Intern Med*. 2018;33(10):1774–9.