

Putting the Social in Social Work: The Importance of Social Workers in Pediatric Gastroenterology.

The Pediatric Gastroenterology (Peds GI) clinic at Oregon Health Science University (OHSU) has an urgent need for clinicians who will address service gaps, improve community outreach, and support holistic treatment for patients who require comprehensive social services. Our objective is to align the Peds GI clinic with OHSU's vision of improving the health of Oregonians. By funding additional full-time social worker positions, we aim to enhance patient outcomes through improved advocacy, greater access to resources, and refined clinical role management. We seek approval for the retention of the department's current social workers; justification is provided through stakeholder interviews which highlight the added value of social workers and emphasize the impact of social services in both rural and urban patient populations.

Background

Peds GI has seen a significant increase in the volume of both patients and physicians. Since 2018, the Peds GI clinic has seen 51% growth in clinic visits and has added 18 new providers in the past four years. The larger patient population has resulted in an increase in high-complexity cases—cases in which behavioral health concerns, incidents of child abuse, and other barriers to care complicate treatment (and patient prognoses). Unfortunately, while the volume of patients and medical providers has increased, the volume of providers who can support these patients to benefit from their treatment by addressing their mental/behavioral health needs has not.

Currently, there are two 0.5 FTE social workers who support the Peds GI location of Doernbecher at OHSU. Along with these two positions, there is a dedicated care coordinator position supporting Peds GI. Due to the high volume of requests for social work services by patients and physicians, and the inconsistent availability of social workers, this care coordinator must often perform tasks that fall under the social worker role. From a patient care standpoint, the primary concern with this rapid growth is the inability to meet patient needs that will aid in better health outcomes. Rectifying this, however, leads to the next concern, which is from the operational side: how these non-revenue generating positions will be funded, both now and in the future.

Analysis

Chronic Illnesses

Our assessment of the need for pediatric subspecialty social work revealed that a little over 10% of patients seen at Peds GI have chronic illnesses. Children with chronic gastrointestinal (GI) conditions require a coordinated treatment approach, involving multiple specialists to guide them through the complexities of the medical system. Social workers help patients—and their families—to overcome barriers to care, thereby enhancing clinical outcomes and overall quality of care.

Patient Visit Increase

There was significant growth in volume and complexity within Peds GI at Doernbecher, leading to heightened demand for social work services for this vulnerable population. As a result, Peds GI patients

have higher utilization of services and are at increased risk for behavioral health issues and hospitalization.

Provider Burnout

Physicians often experience burnout, which has adverse effects on patient care (increased risk for medical errors), professional and personal relationships, job fulfillment, and career satisfaction. Social workers play a crucial role in alleviating specific responsibilities from providers and assisting with appropriate tasks, helping reduce burnout and enhancing patient care outcomes.

Rural Patients

Rural patients are considered the most vulnerable due to limited access to resources and limited in-person services. Approximately half of Peds GI visits take place at satellite clinics in rural areas, where the financial burdens of medical care and difficulties securing transportation and lodging create even more significant healthcare disparities. For this reason, it is critical to have social workers in Peds GI.

Recommendations

We have two recommendations to support both metro and satellite clinics as growth expands:

- 1) Add FTE social work positions to bring total to 3.0 FTE
- 2) Create a billable service structure for social workers.

At the beginning of the 2024 fiscal year, submit an updated SBAR with current validation of the two 0.5 FTE social work positions to extend past the end date of the philanthropic funding contract. Funding for these positions should then transfer underneath the OHSU departmental budget. Next, submit a new SBAR for two additional 1.0 FTE social worker positions to join Peds GI under departmental budgeting. The funding format for these new positions can be a mix of philanthropic and departmental budgets to help offset salary costs until these positions start generating sustainable revenue. If philanthropic funding is still available, we advise using this to offset early gaps within budget constraints and revenue shortages.

Our second recommendation is to create a multi-tier standardized billable structure allowing social work positions to generate revenue. Services performed by social workers can contribute to the salary costs of social worker positions and additional revenue for the department. We recommend conducting a risk assessment to help determine which services are the most appropriate for billing—and make them standard billing practices. This risk assessment will provide valuable insight to help mitigate future objections and/or refusal by patients/family members using the identified services.

Conclusion

Given the 51% increase in visits, it is vital for all patients being seen at Peds GI to receive the quality care and assistance Oregon Health and Science University Hospital outlines in their mission statement. Children and their families need more resources than the average patient due to the age of the patients being seen and the fact that more than 52% of the patient population being treated at Peds GI are Medicaid patients. An increase in social work presence will provide more resources given to patients' families and the time allotted for short-term counseling.

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