



HTC Social Work: Roles, Staffing & Support Needs

Ellen Kachalsky, LMSW, ACSW: Adult Bleeding & Thrombosis Center

Henry Ford Health System, Detroit, Michigan, USA



Abstract

Hemophilia Social Workers work with patients who have a rare condition that is frequently misunderstood, even by other health care professionals. Because a bleeding disorder is relatively rare and not well understood among medical and other health care professionals outside of Hemophilia Treatment Centers (HTCs), provision of Social Work services can be challenging. Additionally, the Social Workers providing these services need to get information about resources specific to bleeding disorders, as well as support for their role with this population.

Social Workers have been part of the "core" team of national network of HTCs, established in 1975 in the United States. The role of Social Workers in HTCs varies greatly. Some may have Social Workers who are fully dedicated to bleeding disorders, but other HTCs have part-time staff, or staff who are available only at comprehensive clinic visits. The availability of Social Work services depends upon funding, space and other factors which vary from HTC to HTC.

Social Workers in HTCs have come up with creative methods to share information and resources, and support each other. One model of this is Peer Supervision, used in Michigan, part of Region V (the Great Lakes Region), and can be a model for others.

Review of Literature

- Literature reviews reveals little research on the characteristics of the social worker in chronic care for any disease state has been conducted.^{1,2}

Aim

- To determine needs of HTC Social Workers for support and supervision appropriate to their roles

Method

- Email with link to Pilot survey on Survey Monkey™ distributed through the Social Work Working Group (SWWG) of the National Hemophilia Foundation (NHF) to the individual HTC Social Workers
- Expedited IRB was obtained from Henry Ford Health System
- Issues explored:
 - A. Years within role
 - B. Role responsibilities
 - C. Attendance at meetings
 - D. Financial coverage for SW role
 - E. Methods of contact with other SW for support

Results

- 72 responses received from all CDC designated regions of the United States, from approximately 150 HTC Hemophilia surveys e-mailed.
- 74% are the only SW staff for the HTC.
- 52% of HTC SW are part of another department, and of those:
 - 61% are part of a SW department,
 - 42% are part of Hematology-Oncology departments,
 - 6% are part of Case Management.
- 49% have routine coverage by another social worker; 39% have NO coverage when off work
- 74% work F/T.
 - Of the rest, 37% work ½ time, 26% work 24-32 hours, & 10% work 8 hours.
- 64% of HTC SW staff have no Social Work supervision

HTC SW Role Responsibilities

Answer Options	Response Percent	Response Count
Psychosocial assessment	95.8%	69
Counseling	75.0%	54
Insurance issues	97.2%	70
Advocacy	94.4%	68
Patient/Consumer support meetings	62.5%	45
Home/School visits	51.4%	37
Outreach	59.7%	43
Information and referral to community resources	94.4%	68
Newsletter	34.7%	25
Assisting with/locating financial & medical needs	94.4%	68
data management (ATHN, etc)	12.5%	9
Hemophilia Program Coordinator	16.7%	12
PHS program coordinator	4.2%	3
Grant writing/reporting/management	26.4%	19
Other (please specify)		14
	answered question	72
	skipped question	0

HTC SW Salaries

- Federal financial support has weakened, leaving HTCs to find other means to supplement funding. 340B Programs, allowing revenue from sale of factor products to be used for HTC patient services and goals, has come to be a funding source for HTC staff salaries.

- 81% of SW indicate their HTC has a 340B program, and 66% of those indicate at least some salary is covered by 340B program. Of those, 48% indicate 100% of salary is from 340B program.

Years Worked at HTC

Answer Options	Response Percent	Response Count
less than 1 year	8.3%	6
1-5 years	48.6%	35
6-10 years	16.7%	12
11-15 years	5.6%	4
16-20 years	15.3%	11
20-25 years	2.8%	2
26 or more years	2.8%	2
	answered question	72
	skipped question	0

% Time allotted to HTC

Answer Options	Response Percent	Response Count
20%	9.7%	7
40%	1.4%	1
50%	6.9%	5
60%	5.6%	4
80%	12.5%	9
100%	55.6%	40
Other (please specify)	8.3%	6
	answered question	72
	skipped question	0

Additional survey data

- HTC SW attendance at meetings:
 - 93% attend state and/or regional meetings,
 - 76% attend national meetings,
 - 66% attend NHF Social Work Meetings
 - 74% attend the NHF Social Work insurance meeting.
 - Those who did not attend indicated funding issues (89%) and institutional travel policies (21%) as barriers to attendance
- 92% of HTC SW indicated having contact with other HTC SW staff in their state or region by phone, e-mail, in-person or Skype/web. Reasons for contact include:
 - sharing resources (87%)
 - discussing cases (69%)
 - other activities (36%) including networking, planning and organizing activities, office issues and advocacy, research projects, guidance and problem-solving, resource information, education and support

100% felt that contact with other HTC Social Workers is helpful.

Reasons included:		
Someone who understands the HTC SW role		89%
Someone who understand the population		89%
Understands what it is to be ancillary provider in HTC		75%
Understands what it is to be ancillary provider in HTC		70%
Other*		23%

HTC staff support & interaction

General Methods of interaction and support for SW staff members (92% within region)

- E-mailing with all HTCs within the state, or region (90%)
- Phone calls to HTCs within the state or region (75%)
- Attendance at meetings: (39%)
 - HTC RN/SW meetings at the Hemophilia Foundation of Michigan
 - Regional HTC staff meeting
 - HTC session at Annual Meeting of the National Hemophilia Foundation \
- Skype/Web contact (2%)

Conclusions

- With so few HTCs and varied roles, supervision and support become crucial.
- Work demands may have increased, as HTCs experienced growth in their patient population, while paid position hours have not.²
- Minimal supervision of HTC Social Workers is evident.
- Peer model of support would be beneficial.
- Establish a national social work "list-serve" for broader interactions among Hemophilia Social Workers.
- Funding within HTCs should be designated to facilitate SW attendance at key meetings.

The Michigan HTC SW Peer Model

So, WHY a Social Work Peer Supervision Model?

"I feel like I did not have any orientation at all. I would have loved an insurance 101 and contact with another HTC social worker as part of my orientation. I feel that my ability to be effective is hampered somewhat by relative isolation..."

Social Work specific interaction and support in Michigan:

- Hemophilia Foundation of Michigan (HFM) is the Regional Core HTC
 - Michigan has 9 active HTCs serving pediatric and/or adult patients.
 - HTC SW hours vary from F/T to ½ time or other arrangements.
- SW at Regional Core Center coordinates meeting
 - Includes all Michigan HTC Social Workers
 - Shares new information and resources
 - Shares case presentations depicting problem areas, service deficits & resources
 - Sharing assessment methods
 - Sharing Resources
 - Sharing Expertise
 - Networking
 - Feedback

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