Social Work Caseloads in Hemophilia Treatment Centers in the United States

Margaret Geary, MA, MBA, MPH, LCSW, CCM, Boston Hemophilia Center, Boston, MA; Ellen Kachalsky, MSW, LMSW, ACSW, CCM, Henry Ford Hospital, Detroit, MI; Laurel Pennick, MSSW, LCSW, Arizona Hemophilia & Thrombosis Center, Tucson, AZ; Katherine Rosenblatt, MSW, LMSW, Albany Medical Center, Albany, NY; Nancy Hatcher, MSW, LCSW, Valley Children's Hospital, Madero, CA; Morgan Johnson, MPA, CAE, National Hemophilia Foundation, New York, NY; Lauren Dunn, MSW, Virginia Commonwealth University, Richmond, VA; Adrienne Stolfi, MSPH, Wright State University, Dayton, OH.

Background

Little research has been done on the roles and caseloads of Social Workers (SWs) in Hemophilia Treatment Centers (HTCs) in the United States. Anecdotal information suggests that caseload numbers have increased over recent years while SW hours have not. In addition, caseload composition has diversified from strictly hemophilia cases to include other bleeding and clotting disorders as well.

Objectives

- To quantify the caseloads of SWs in United States HTCs.
- To determine diversity by diagnosis in HTC populations, as well as in SW caseloads.

Methods

- HTC SWs were invited to participate in an anonymous online survey that focused on exploring SW roles and caseloads.
- The survey was developed by the team of authors who were HTC SWs and it was piloted with SWs external to the team.
- Survey questions included demographics, role responsibilities, caseloads, number of patients per year seen at HTC, and hours worked.
- Results were analyzed with a focus on the size and composition of caseloads:
  - To adjust for differences in hours worked, annual caseloads were expressed as a ratio of total patients to number of hours worked per week.
  - For each SW and HTC, the makeup of bleeding and clotting disorder patients was expressed as percentages of total number of patients.
  - Correlations between total hours per week and annual number of patients, and between HTC and SW case makeup were determined with Pearson correlation coefficients.

Results

Figure 1.
Caseload Ratios for HTC SWs

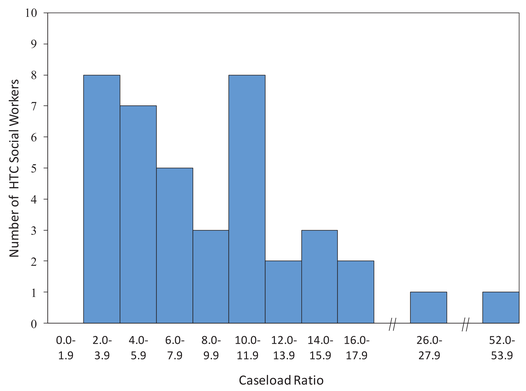

Fig 1. The frequency of SWs with caseload ratios (total annual number of patients divided by total hours worked per week) ranging from 2.0-53.9. The highest numbers of SWs had caseload ratios of either 2.0-3.9 (n=8) or 10.0-11.9 (n=8).

Figure 2.
Annual HTC Patients by Total Weekly Budgeted Hours

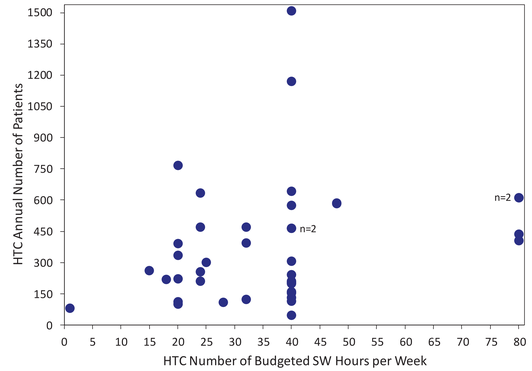

Fig. 2. Scatterplot of the HTC number of budgeted SW hours per week and total annual number of patients. The correlation was r=0.534, p<0.001 (n=41). 29% (r^2) of the variability in HTC patients is due to differences in budgeted SW hours per week. One outlying HTC with 1600 patients and 160 hours was excluded.

Figure 3.
Makeup of HTC SWs Caseloads

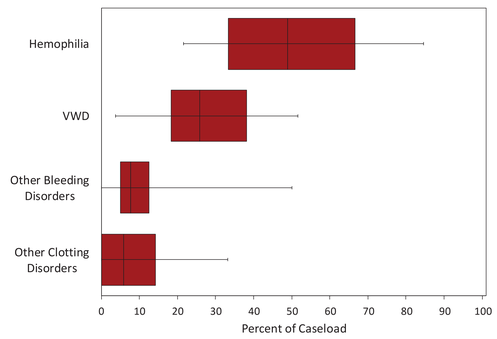

Fig 3. Percentages of SW caseloads for each bleeding/clotting disorder. The middle black line in each bar represents the median: hemophilia = 49.0%, VWD = 25.9%, other bleeding disorders = 7.7%, and other clotting disorders = 5.9%. The width of the bar is the 25th to 75th percentile (interquartile range), and the ends of the error bars are the ranges.

Figure 4.
Mean Percentages of Patient Types for SWs (left) and HTCs (right)

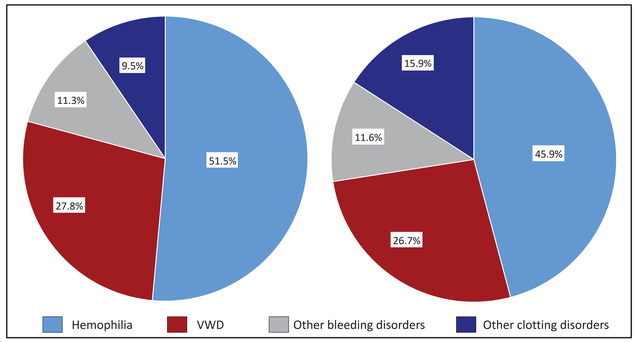

Fig 4. Average makeup of SWs' (left) and HTCs' (right) patient types. The mean percentages were similar between SWs and HTCs. Correlations between SW and HTC percentages for each patient type were: hemophilia- r=0.776, p<0.001; VWD- r=0.849, p<0.001; other bleeding disorders- r=0.846, p<0.001; other clotting disorders- r=0.479, p=0.004.

Results

- 81 of 147 surveys were returned, yielding a 55% response rate. Of the 81 returned surveys, 52 had complete caseload data for the HTC, SW, or both.
- The median caseload ratio was 8.0 patients/hour, and ranged from 2.0-53.9 (Fig 1). For full time SWs, the median was 10.5 patients/hour, range 2.1-16.5.
- Correlations between total annual patients and weekly hours were statistically significant for both the HTCs (Fig. 2) and the SWs (r=0.448, r2p=0.003). 20% (r^2) of the variability in SWs' annual patients is due to differences in SWs' hours.
- The highest percentage of patients were those with hemophilia, followed by VWD, other bleeding disorders, and other clotting disorders (Fig. 3).
- The patient makeup for SWs was similar to that of the HTCs (Fig 4). Within HTCs, most SWs' caseloads were in similar proportions to the HTC, with high correlations for hemophilia, VWD, and other bleeding disorders; the correlation for other clotting disorders was moderate (Fig 4 legend).

Conclusions

- Federally funded HTCs were established in the 1970s for the treatment of persons with hemophilia. Since then, the number of patients treated at HTCs and subsequent SW caseloads have increased and greatly diversified.
- The composition of HTC populations and SW caseloads has diversified into sectors of persons with hemophilia, VWD, other bleeding disorders and other clotting disorders.
- SW caseloads (annual number of patients per budgeted hour) had a wide range with a median ratio of 8.0.
- SW caseload raw numbers varied tremendously, possibly due to such factors as differences in recordkeeping and case definitions, variability in time and effort required in pediatric vs. adult cases or per diagnosis, and number of budgeted SW hours.
- The difficulty in quantifying SW caseloads emphasizes the need for further research into HTC SW roles, budgeted hours, work capacity and caseloads. This is essential in standardizing SW roles and supporting evidence-based SW practices in hemophilia care.