

**UNIVERSITY OF PENNSYLVANIA
SCHOOL OF SOCIAL POLICY & PRACTICE
MSW PROGRAM**

**SWRK 798: Social Work in the Affordable Care Act Era
Spring 2017**

Instructor:

E-mail:

Course Purpose:

The Affordable Care Act (ACA) has transformed the landscape of social work direct and macro practice. Marked by new regimes of networked agencies, insurance plans and wrap-around services, the ACA presents unique challenges to social workers at every level of practice. What does direct and macro practice look like, and what are the new clinical and macro skills that social workers will need in the ACA era? How will social workers need to justify their services to agencies, networks of care, and reimbursement providers? What is the role of evidence-based practice in this new healthcare system, and how will social workers advocate for marginalized communities? These are some of the questions that the class will engage with, while training students in the skills, protocols, and systems necessary to negotiate the ACA landscape, at the clinical, agency and policy levels. Students will engage with, and learn from clinicians, heads of agencies and policy formulators from across the country with experience negotiating the ACA regime. In particular, students will be trained in the clinical and macro skills necessary to operate in the multidisciplinary healthcare teams and environments that the ACA now mandates. The class seeks to bring together the macro and direct practice skills that will be required in the ACA era, and connect students to the actual work conditions they will be confronted with when they graduate.

Educational Objectives:

Upon completion of this course, students will demonstrate:

1. An understanding of the Affordable Care Act (ACA), its strengths and challenges, and the way it shapes healthcare.
2. An understanding of the way the ACA is being implemented, and the changes it is bringing about in care provision at the macro and direct practice levels
3. An understanding of the way the ACA is shaping the concept of integrated behavioral health, and the role of the social worker in this landscape of care
4. An understanding of the manner in which social workers will engage with clients, especially from marginalized communities, in the new era.
5. An understanding of what direct practice, advocacy and policy-formulation will look like in the future.

Course requirements:

Expectations

Students are expected to: 1) attend and participate substantively in seminar discussions; 2) read on a weekly basis and come to class prepared to discuss the reading assignments; 3) participate in the class-room group, and 4) submit written assignments by the due date and in accordance with the specified format.

Assignments

Students are responsible for submitting all written assignments, regardless of whether they are graded. The specific assignments and class participation will be given the following weights:

<u>Assignment</u>	<u>Due Date</u>	<u>Value</u>
Weekly Canvas responses	weekly	25%
First paper (individual)	week 4	15%
Group reading presentations	assigned	10%
Final project presentation	week 14	10%
Final paper (group)	week 14	35%
Participation (attendance, discussions)	ongoing	5%

Academic Integrity

Students are expected to adhere to the University's Code of Academic Integrity. Care should be taken to avoid academic integrity violations, including: plagiarism, fabrication of information, and multiple submissions (see descriptions below).** Students who engage in any of these actions will be referred to the Office of Academic Integrity, which investigates and decides on sanctions in cases of academic dishonesty.

1. Plagiarism: using the ideas, data, or language of another without specific or proper acknowledgment. Example: copying, in part or in its entirety, another person's paper, article, or web-based material and submitting it for an assignment; using someone else's ideas without attribution; and failing to use quotation marks where appropriate.
2. Fabrication: submitting contrived or altered information in any academic exercise. Example: making up data or statistics, citing nonexistent articles, contriving sources, etc.
3. Multiple submissions: submitting, without prior permission, any work submitted to fulfill another academic requirement.

***It is the student's responsibility to consult with the instructor if the student is unsure about whether something constitutes a violation of the Code of Academic Integrity.*

Format for Written Assignments

All papers must be typewritten, double-spaced, page-numbered, with 1" margins all around, that is left, right, top, and bottom. The first page should include the heading and the title of the paper. The heading should include the course number, semester/year and instructor's name (top-left) and student's name and date of assignment (top-right). Do not use folders, title pages, or other

extra pages. Papers should be stapled, not paper-clipped (email is ok). Please proofread all papers carefully for spelling, punctuation, and other similar errors. APA (American Psychological Association) style is required for citing and referencing for all written assignments. Please use footnotes only as a tool to explain, and not as a reference tool. All ideas of others should be cited properly, whether you use a direct quote or not. Direct quotes must also include the page number(s) cited. Quotations longer than four typewritten lines must be single-spaced and indented. A list of references cited or consulted must be included at the end of each paper in proper APA bibliographic form. You should keep a copy of each paper submitted. Any questions regarding format will gladly be answered by the instructor. Papers written in fulfillment of other courses may not, under any circumstances, be submitted for this course.

The bases for evaluating your work:

- 1) Quality of written assignments: Papers will be evaluated on the basis of their conceptual clarity, organization and writing, incorporation of course concepts, evidence of critical thinking, and the extensiveness of the use of literature.
- 2) Class participation: attendance, quality and quantity of oral participation, participation in experiential exercises, evidence of preparation for class, and small group discussion assignments.
- 3) Demonstration of your having done assigned readings and having understood course concepts. This is evident in class participation and in the incorporation of concepts and references from the readings in written assignments.
- 4) Demonstration of integration of theory and practice in classroom and field.

Grading Policies

The final course grade is based on the student's overall performance, including demonstrated ability to integrate theory and practice, in both classroom and field work. A grade of B- or above is required to pass the course.

Readings

It is expected that students will not only read required class assignments, but also read comprehensively from relevant materials of their own choosing. In addition, students are expected to begin to analyze critically the professional literature they review.

Required Texts

Curtis, R., & Christian, E. (Eds.). (2012). *Integrated Care: Applying Theory to Practice*. New York: Routledge.

Jansson, B. (2011). *Improving healthcare through advocacy*. Hoboken, NJ: Wiley.

All other required readings will be on Canvas.

Class Schedule

Week 1: Hx and Overview (01/17/17)

Squires, D. A. (2011). *The U.S. health system in perspective: A comparison of twelve industrialized nations*. The Commonwealth Fund. Retrieved from:

http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2011/Jul/1532_Squires_US_hlt_sys_comparison_12_nations_intl_brief_v2.pdf

Kaiser Family Foundation. (2011). "History of Health Reform Efforts in the US."

<https://kaiserfamilyfoundation.files.wordpress.com/2013/01/7871.pdf>

Light, Donald W. (2011). Historical and comparative reflections on the US national health insurance reforms. *Social Science & Medicine*, 72, 129-132.

Mechanic, D. (2007). Mental health services then and now. *Health Affairs*, 26(6), 1548–1550.

Week 2: ACA (01/24/17)

The Affordable Care Act:

<http://kff.org/health-reform/fact-sheet/summary-of-the-affordable-care-act/>

<http://kff.org/health-reform/>

Koh, H., & Sebelius, K. (2010). Promoting prevention through the affordable care act. *New England Journal of Medicine*, 363(14), 1296-1299.

http://www.nytimes.com/interactive/2014/10/27/us/is-the-affordable-care-act-working.html?_r=0#/

The ACA in Pennsylvania:

<http://www.hhs.gov/healthcare/facts-and-features/state-by-state/how-aca-is-working-for-pennsylvania/index.html>

Recommended Reading:

Buck, J.A. (2011). The looming expansion and transformation of public substance abuse treatment under the Affordable Care Act. *Health Affairs*, 30(8),1402-10.

Druss, B. & Maurer, B. (2010). Healthcare reform and care at the behavioral health—primary care interface. *Psychiatric Services*, 61, 1087-1092.

Week 3: Accountable Care Organizations and Health Homes (01/31/017)

The National Association of Social Workers. (Fall 2011). Accountable care organizations (ACOs): Opportunities for the social work profession. Practice Perspectives. Retrieved September 25, 2012 from

<http://www.socialworkers.org/assets/secured/documents/practice/health/ACOs%20Opportunities%20for%20SWers.pdf>

Health Policy Brief: Accountable Care Organizations. (2010). Health Affairs, Retrieved September 25, 2012 from http://www.healthaffairs.org/helthpolicybriefs/brief.php?brief_id=23

The National Association of Social Workers. (2011). The medical home model: What is it and how do social workers fit in? *Practice Perspectives*, 10.

Agency for Healthcare Research and Quality. (2010). The roles of patient-centered medical homes and accountable care organizations in coordinating patient care. *AHRQ Publication*, No. 11-M005-EF. Rockville, MD.

Recommended Reading:

Alakeson V., Frank F.G., & Katz R.E. (2010). Specialty care medical homes for people with severe, persistent mental disorders. *Health Affairs*, 29(5), 867-873.

Tataw, D., James, F., Bazargan, S. (2009). The preventive health education and medical home project: A predictive and contextual model for low-income families. *Social Work in Public Health*. 24(6), 491-510.

Week 4: Implementation I (02/07/17) *FIRST PAPER DUE*

Andrulis et al. (2010). Patient protection and ACA of 2010: Advancing health equity for racially and ethnically diverse populations, Retrieved from: <http://www.jointcenter.org/sites/default/files/upload/research/files/Patient%20Protection%20and%20Affordable%20Care%20Act.pdf>

Lieberman, S., & Bertko, J. (2011). Building regulatory and operational flexibility into accountable care organizations and “shared savings.” *Health Affairs*, 30(1), 23-31.

Mechanic, D. (2012). Seizing opportunities under the Affordable Care Act for transforming the mental health and behavioral health system. *Health Affairs*, 31(2), 376-382.

Recommended Reading:

Sommers, B., Tomasi, M., Swartz, K., & Epstein, A. (2012). Reasons for the wide variation in Medicaid participation rates among states hold lessons for coverage expansion in 2014. *Health Affairs*, 31(5), 909-919.

Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The triple aim: “Care, health, and cost.” *Health Affairs*, 27(3), 759-769.

Week 5 Implementation II (02/14/17)

Aarons, M., Sommerfeld, D., & Willging, C. (2011). The soft underbelly of system change: The role of leadership and organization climate in turnover during statewide behavioral health reform. \

Psychological Services, 8(4), 269-281.

Begley, C. E., Hickey, J. S., Ostermeyer, B., Teske, L. A., Vu, T., Wolf, J., & Rowan, P. J. (2008). Best practices: Integrating behavioral health and primary care: The Harris county community behavioral health program. *Psychiatric Services*, 59(4), 356-8.

Bronstein, L.R. (2003). A Model for Interdisciplinary Collaboration. *Social Work*. 48(3). pp. 297- 306.

Butler, M., Kane, R. L., McAlpine, D., Kathol, R. G., Fu, S. S., Hagedorn, H. & Wilt, T. J. (2008). Integration of mental health/substance abuse and primary care no. 173. AHRQ Publication No. 09-E003. Rockville, MD: Agency for Healthcare Research and Center for Healthcare Strategies (n.d.) *Lessons for health homes identified through the Chronic Illness Demonstration Project Learning Collaborative*. Retrieved from:
:http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/02-24-2012_cidp_lessons_learned_CIDP.pdf

Recommended Reading:

Madras, B. K., Compton, W. M., Avula, D., Stegbauer, T., Stein, J. B., & Clark, H. W. (2009). Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and 6 months later. *Drug and Alcohol Dependence*, 99(1-3), 280-295.

Druss, B. G., Von Esenwein, S. A., Compton, M. T., Rask, K. J., Zhao, L., & Parker, R. M. (2010). A randomized trial of medical care management for community mental health settings: The primary care access, referral, and evaluation (PCARE) study. *American Journal of Psychiatry*, 167(2), 151-159.

Week 6: Advocacy (02/21/17)

Jansson chap 2

Week 7: Integrated Care in the Clinical Setting: Intro (02/28/17)

Curtis chap 1

Dall, A. (2011). Integrated Primary Care and Behavioral Health Services: Can the Model Succeed? A literature review on models, evidence-based practices and lessons learned for community clinics and health centers, and county specialty mental health programs. Retrieved July 30, 2012 from
<http://www.ibhp.org/uploads/file/lit%20review%20integrated%20care%20final.pdf>

Recommended Reading:

Pomerantz, A.S., Corson, J.A. & Detzer, M.J. (2009). The challenge of integrated care for mental health: Leaving the 50 minute hour behind and other sacred things. *J Clin Psychol Med Settings*, 16, 40-46.

Thielke, S., Vannoy, S., & Unutzer, J. (2007). Integrating mental health and primary care
Primary Care: Clinics in Office Practice, 34, 571–592.

03/04/17 - 03/12/17: SPRING BREAK!

Week 8: Theories of Engagement in Integrated Care (03/14/17)

Anderson, R.M., & Funnell, M.M. (2009). Patient Empowerment: Myths and Misconceptions.
Patient Education and Counseling, 79(3), 277-282.

Gonzalez, V. M., Goepfinger, J., & Lorig, K. (1990). Four psychosocial theories and their application to patient education and clinical practice. *Arthritis Care and Research*, 3(3), 132-43.

Robinson, B. (2009). When therapist variables and the client's theory of change meet.
Psychotherapy in Australia, 15(4), 60-65.

Recommended Reading:

Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47, 1102-1114.

Ryan R., Patrick, H., Deci, E., & Williams, G. (2008). Facilitating health behaviour change and its maintenance: Interventions based on self-determination theory. *The European Health Psychologist*, 10, 2-5.

Week 9: Assessments (03/21/17)

Curtis chap 3

Valenstein, M., Adler, D. A., Berlant, J., et al (2009). Implementing standardized assessments in clinical care: Now's the time. *Psychiatric Services*, 60 (10), 1372-1375. Retrieved July 31, 2012 from <http://ourgap.org/publications/publist.aspx?Category=Articles>

Haidet, P. & Paterniti, D. (2003). "Building" a History rather than "Taking" One A Perspective on Information Sharing During the Medical Interview. *Archives of Internal Medicine*, 163 (10), 1134-1140.

Recommended Reading:

Bliss, D.L., & Pecukonis, E. (2009). Screening and brief intervention practice model for social workers in non-substance-abuse practice settings. *Journal of Social Work Practice in the Addictions*, 9(1), 21-40.

Carrio, F., Suchman, A.L., Espstein, R.M. (2004). The Biopsychosocial Model 25 Years Later: Principles, Practice and Scientific Inquiry. *Annals of Family Medicine*, 2(6), 576-582.

Leung, P. P. Y., and Chan, C. L. W. (2006). The combined use of narrative and experience-near techniques in an investigation of meaning in women with breast cancer. *Psycho-Oncology*, 15 (1), S5.

Cheavens, J.S., Feldman, D.B., Woodward, J.T., & Snyder, C.R. (2006). Hope in Cognitive Psychotherapies: On Working with Client Strengths. *Journal of Cognitive Psychotherapy*, 20(2), 135-145.

Useful Websites:

NIDA Quick Screen: Clinician's Screening Tool for Drug Use in General Medical Settings:
<http://www.drugabuse.gov/nmassist/>

NIDA Research Report Series, Dec. 2008. Comorbidity: Addiction and other mental illnesses.
<http://www.drugabuse.gov/PDF/RRCComorbidity.pdf>

Useful Assessment Tools:

Bright Futures. (n.d.). Pediatric Symptom Checklist (PSC/Y-PSC). Retrieved July 31, 2012 from
http://www.brightfutures.org/mentalhealth/pdf/professionals/ped_sympton_chklst.pdf

K10+ Self-administered Questionnaire. Retrieved July 31, 2012 from
http://www.hcp.med.harvard.edu/ncs/k6_scales.php 13

Kurlowicz, L. & Wallace, M. (1999). The Mini Mental State Examination (MMSE). Try This: Best Practices in Nursing Care to Older Adults, Issue 3. Retrieved July 31, 2012 from
http://www.getnhp.com/PDFs/ProviderPDF/Provider_Manual/Appendix/Tab%2013%20Mini%20Mental%20State.pdf

Mental Status Examination (MSE). Retrieved July 31, 2012 from
<http://psychclerk.bsd.uchicago.edu/mse.pdf>

Prins, A., Ouimette, P., Kimerling, R., et al. (2003). Primary Care PTSD Screen (PC-PTSD). Retrieved July 31, 2012 from <http://www.ptsd.va.gov/professional/pages/assessments/pc-ptsd.asp>

Shelkey, M. & Wallace, M. (2012). Katz Index of Independence in Activities of Daily Living (ADL). Try This: Best Practices in Nursing Care to Older Adults, Issue 2. Retrieved July 31, 2012 from http://consultgerirn.org/uploads/File/trythis/try_this_2.pdf

Standards for Bipolar Excellence Project [STABLE] (2007). STABLE resource toolkit. Retrieved July 31, 2012 from http://www.cqaimh.org/pdf/STABLE_toolkit.pdf

Depression Screening (PHQ-9), pp.6-11 Substance Use Screening and Assessment (CAGE-AID), pp.26-27

Suicide Risk Assessment (SBQ-R), pp. 28-34

Suicide Prevention Resource Center. (n.d.) Suicide Assessment Five-step Evaluation and Triage (SAFE-T) for mental health professionals. Retrieved July 31, 2012 from
http://www.sprc.org/sites/sprc.org/files/library/safe_t_pcktrd_edc.pdf

Week 10: Treatment I (03/28/17)

Curtis Chap 4,5

Smock, S. A., Trepper, T. S., Wetchler, J. L., McCollum, E. E., Ray, R., & Pierce, K. (2008). Solution-focused group therapy for level 1 substance abusers. *Journal of Marital and Family Therapy*. 34(1), 107–120.

Vogelaar, L., Van't Spijker, A., Vogelaar, T, van Busschbach, J. J., Visser, M. S., Kuipers, E. J., van der Woude, C. J. (2011). Solution focused therapy: A promising new tool in the management of fatigue in Crohn's disease patients: Psychological interventions for the management of fatigue in Crohn's disease. *Journal Crohn's and Colitis*.

Recommended Reading:

Curtis chaps 10, 11

Week 11: Treatment II (04/04/17)

Curtis chaps 7, 8, 9

Recommended Reading:

Curtis chaps 12,13

Department of Health and Human Services, Center for Substance Abuse Treatment. (2011). Quick guide for clinicians based on TIP 35: Enhancing motivation for change in substance abuse treatment. DHHS Publication No. (SMA) 01-3602.
<http://store.samhsa.gov/shin/content//SMA12-4097/SMA12-4097.pdf>

Week 12: Ethics & Advocacy (04/11/17)

Curtis chap 6

Jansson chap 6

Recommended Reading:

Jansson chaps 7, 8

Week 13: Multilevel Advocacy (04/18/17)

Jansson chaps 9, 10

Recommended Reading:

Jansson chap 11

Week 14: Presentations (04/25/17) *FINAL PAPER DUE*

Assignment Summary

First paper (individual):

Due week 4

A 5-7 page paper on the ACA. The paper should:

1. Describe the ACA and its main tenets.
2. Analyze the main strengths of the legislation, and its potential weaknesses.
3. Briefly describe how various states have implemented it, while focusing on the steps Pennsylvania has taken in this regard.

Be sure to integrate class material (readings, discussions, presentations etc.).

Final paper (group):

Due week 14

An 8-10 page paper on how the ACA shapes practice. The paper should:

1. Analyze the manner in which the ACA addresses services/care for the community/population your group has picked. What are the strengths, challenges posed by the ACA in this regard?
2. Analyze how your agencies and field placements are going to be shaped by the legislation in the future. How are they going to operate in the new era of integrated care? What are the challenges, shortcomings? What are steps you might take as heads of these agencies to work in the ACA environment?
3. Analyze how you might advocate for services/care for your community/population in the ACA environment.

Other Assignments:

Canvas responses, reading presentations, class exercises and final project presentations will be explained and described in class.