Social work is moving into a new area of health care – the doctor’s office.

Social workers soon may be addressing the emotional, behavioral, and psychosocial aspects of a patient’s illness and recovery, not on referral but on the spot.

Employment of social workers alongside primary medical providers is a new practice model being studied in the Center for Social Work and Health in the Anne and Henry Zarrow School of Social Work at OU.

“We are helping primary health care providers figure out how to employ social workers, and we are improving our educational supports and offerings for students interested in health care,” said Terrie Fritz, Center director.

The coordinated approach has been studied and tested in clinics around the country, including Tulsa.

In the Oklahoma City area, it is being tried at outpatient clinics of the OU Health Sciences Center in Edmond and Midwest City.

With positions developed and hired collaboratively with OU Physicians, one social worker will be integrated into the medical “team” at each site. Two more positions will be added to other sites in the near future, Fritz said.

In the classroom, Fritz has offered on the Norman campus the school’s initial course on social work practice in health care.

She taught this elective class for the first time in the fall of 2012.

A second elective, “Biopsychosocial Aspects of Health,” which focuses on genomics, epigenetics and social neuroscience, will be offered in the summer of 2013.

“It’s all about where biology and social environment meet up and where social and environmental interaction impacts biological functioning and health,” Fritz said.

“How does trauma impact brain development and behavior? How do those genes get modified by the environment, and what does that mean for us in terms of social work practice?”

The medical world, Fritz continued, “is now beginning to understand the biological mechanisms of how environmental factors influence health status. Social work in medical practice is broadening from an emphasis on access to services to an additional focus – addressing, for example, how past and current trauma can influence chronic disease. Or, how addressing depression and anxiety in the primary care setting can improve health outcomes.”

“We’re getting into a level where the social worker is being used not as a resource in another building two blocks away, but working side-by-side with the physician in the clinic.
including, at times, in joint sessions.”

Social Work Fits ‘Medical Home’

The Affordable Care Act refers to the coordinated approach as the “medical home,” or, when the team includes specialists and hospitals, the “accountable care organization.”

Primary providers who choose to participate usually qualify for additional funding for providing the medical home. With it comes improved access to a team of professionals, which might include a social worker, a nutritionist, a pharmacist, or others.

The team emphasizes preventive and early screening services for all patients, and coordinated and ongoing care for those with chronic diseases, such as diabetes, asthma, and heart disease. In some payment systems, they receive bonuses if their patients show progress.

The goal is to shift the health care system from one designed to respond to urgent events to one that provides better care for chronic conditions or prevents them altogether.

“When applied widely, the medical home concept would begin to reward physicians not for how many procedures they perform but for how healthy they manage to keep their patients,” says Kaiser Health News.

Chronic illnesses entail suffering and are costly, accounting for the largest share of medical spending.

According to the Centers for Disease Control, mental illness, including depression and anxiety, is associated with increased occurrences of chronic diseases and also with lower utilization of effective medical care.

“We are grappling with the fact that we created two very ‘siliced’ systems in our society — a mental health system that is very separate from the general health care system — and generally the only place the two have been meeting is in the emergency room, which is bad social policy and bad for health outcomes,” Fritz said.

Two Social Work Models

Two social work models for blending with the doctor’s office are emerging, Fritz said.

One model offers through primary care a better-coordinated approach for treating at
least some of the basic mental health needs of people.

The second, for the seriously mentally ill, involves taking comprehensive mental health care and adding primary care to it.

In either model, the ‘patient-in-the-environment’ approach predicts better health outcomes at lower costs.

Millions more Americans will have affordable health insurance starting in January 2014.

This sudden influx of patients may best be managed in primary care settings that employ medical teams, another important reason why the medical home concept offers promise to health care.

**A Career Around Innovation**

It is fitting that Terrie Fritz join the faculty in time for social workers to open up new careers in the health care arena.

Her career tracks with the most innovative developments in health care in Oklahoma.

She was one of the first employees hired from outside the existing Medicaid operations staff when the Oklahoma Health Care Authority was spun off from the Department of Human Services in the mid 1990s.

The purpose of OHCA is to purchase state- and federally-funded health care coverage for low-income Oklahomans.

The first innovation at OHCA was to change from paying providers on the basis of the traditional fee-for-service basis and experiment instead with a managed care (HMO-type) system.

Fritz was hired to help implement managed care. Later, after the agency modified the HMO arrangement and adopted specialties in additional areas, Fritz served successively as the first Director of Behavioral Health, then as the first Director of Children’s Health Care.

Of the latter position, she said, “That’s my heart, working with children and early intervention to do a better job of creating healthier populations.”

The leadership positions suited Fritz’s career interests. “I love the practice of social work impacting systems and programs, and I especially love teaching undergraduates the Practice III course, which focuses on social work in communities and organizations.”

She pointed with pride to the consumer advisory board she started at OHCA. It brought together Medicaid recipients and OHCA staff to help make the system better.

“I’m not sure another Medicaid program across the nation has done that,” she said.

During her 16-year tenure at OHCA, Fritz found time to teach social work as an adjunct instructor and also to serve on the Board of Visitors.

One of her first actions after becoming a fulltime faculty member in January 2012 was to write a proposal to the University Hospital Trust to establish the Center for Social Work and Health at the Anne and Henry Zarrow School of Social Work.

The proposal garnered funding of $3 million to launch the Center and work on expanding social work to primary health care.

Additional grant applications are being developed to sustain the Center beyond the initial six years assured by the University Hospital Trust award.

Fritz is a school alumna, earning her B.A. in 1976 and MSW in 1978. She graduated from high school at U.S. Grant in Oklahoma City.

Now living in Norman, she has a son, Tyler, age 29, an OU graduate currently finishing law school at Oklahoma City University.