



The National Center
for Complex Health & Social Needs
An initiative of the Camden Coalition

CHaSCI
Center for Health and Social Care Integration

Best practices and strategies for tele-social care

February 25, 2021

Co-hosted by the National Center & CHaSCI



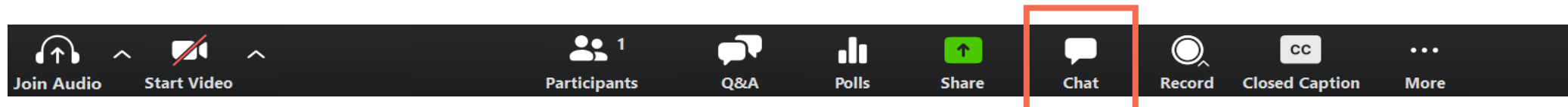
Housekeeping

Slides and recording

- Will be sent out via email afterwards and posted at <https://www.chasci.org/ed-training> and <https://www.nationalcomplex.care/category/research-policy/resources/webinars/>

All questions and resources should be submitted through the chat feature

Please keep yourself on mute



Today's presenters



Elizabeth Cummings, MSW, LCSW

- Manager of Clinical Excellence and Training for Rush's Department of Social Work and Community Health
- Lead Trainer with the Center for Health and Social Care Integration (CHaSCI)



Renee Murray, RN, BSN, FN-CSA, BA

- Associate Director of Field Building and Resources for the National Center of Complex Health and Social Needs, an initiative of the Camden Coalition of Healthcare Providers

Ms. Jacquelynn Bayard



What is “social care”?

- **Social care is a broad term that refers to activities that prevent and address health-related social risk factors and social needs**
 - Navigation around community resources
 - Addressing concerns around isolation and loneliness
 - Comprehensive care management to address complex social and mental health needs



“Tele-social care”: Compiling best practices

- **Social care often gets delivered telephonically or virtually (with video component)**
 - Expansion prompted by pandemic
- **Context on CHaSCI’s work at Rush and external sites**
 - Telephonic components to models, in addition to bedside + appointments
 - Telephonic intervention well suited for patients in certain situations
- **Context on the Camden Coalition’s work**
 - In-person grounding of COACH and other complex care
 - Transition to virtual



TELE-SOCIAL CARE: IMPLICATIONS & STRATEGIES



February 2021

Social determinants of health are increasingly being recognized as important for health care to pay attention to. These conditions in which we live and age can be protective and associated with positive outcomes (e.g., having stable housing or supportive social connections), or they can be detrimental to one's health and wellbeing. In the latter case, social determinants are known as [health-related social risk factors](#), and when experienced at the individual level, as *social needs*.

Social care – a broad term that refers to activities that prevent and address health-related social risk factors and social needs – is a core component of caring for people's health. It includes activities such as providing navigation around community resources, engaging individuals at risk for isolation and loneliness, or providing comprehensive care management that is attuned to social and mental health needs and their impact on one's wellbeing, health, and ability to follow one's medical care plan. There are an increasing number of resources to support best practices in social care provision, including [core competencies for frontline complex care providers](#).

As part of the transition to telehealth prompted by the COVID-19 pandemic, many health care institutions are also transitioning their social care activities to tele-social care. This brief highlights strategies and implications for delivery of social care activities via telephonic or virtual video-based platforms, with a focus on care management. It is informed primarily by the experience of social work and nurse care managers at the [Camden Coalition of Healthcare Providers](#) (Camden, NJ) and [Rush University Medical Center](#) (Chicago, IL).

This brief complements other previously-developed materials on telehealth and social needs, such as the [Center for Care Innovation's toolkit on Telemedicine for Health Equity](#) and the CDC Clinician Outreach and Communication Activity's [Telehealth & Health Equity webinar](#).

Implications of Tele-social care: Benefits and Drawbacks



Benefits

- May increase access to care for people who are busy
- May decrease barriers to accessing care
- Efficient
- Video platform gives visual cues of in-home environment
- Some sense of intimacy from telephonic discussions

Drawbacks

- May decrease access to care for those who have limited access to technology
- Can be hard to assess complexity of care needs
- Can feel hard to build rapport
- Some people multi-task in conversation
- Less visibility with the care team
- Privacy and security concerns

Considerations for program planning & administration



Build local
partnerships and
programs to
address evolving
needs

Be thoughtful about
caseload
expectations

Strategically
identify patients to
focus on

Adjust intervention
depth and duration
as needed

Pay attention to
staff well-being &
have regular
touchpoints as a
team

Don't forget about
quality assurance

Tips for frontline providers: Preparing for successful interventions



Anticipate and
mitigate
privacy concerns

Have a reason for
every call

Facilitate warm
handoffs

Work phone vs.
personal phone

Review risk
guidelines

Offer variety of
communication
mediums

Maintain self-
awareness

Tips for frontline providers: Strategies for effective tele-social care interactions



Set expectations

Develop rapport and
foster
empowerment

Learning styles and
subtle cues

Excellent customer
service

Tips for frontline providers: Useful follow-up practices



Make sure to
document

Timely follow-up
communications

It's okay to call back

Leverage informal
touchpoints



Transitioning to telephonic and virtual care:

A discussion with Renee Murray and Ms. Jacquelynn Bayard



Questions?

Submit your questions through chat



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Closing thoughts

- **Financial sustainability a challenge for social care / health care integration in general**
 - These challenges persist within tele-social care activities, too
- **More implementation and outcomes research on tele-social care is needed**
 - For instance...
 - Which populations and what care contexts benefit from telephonic/virtual delivery, and which suffer?
 - Where are efficiencies gained? Where are increased time and resource investments (e.g., tablets and internet) needed to maintain access?
 - Which complex care core competencies are most likely to be embodied via tele-social care, and which are more challenging?
 - What should continue to be delivered telephonically/virtually after medical care returns to predominantly in-person?



Thank you for joining today!

We'll email slides & recording out to attendees

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