

Well Woman Social Work Protocol Training



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Rebekah Smay,
LMSW, MPH

1

Training Objectives

- Understand the Well Woman Social Work Protocol
- Understand the role of the social worker in the Well Woman Program
- Understand the Well Woman Social Work documentation requirements

2

Well Woman Social Work Objective

- Through care coordination and health coaching, increase the number of women of childbearing age receiving a preventative wellness screening and participating in behavioral changes to reduce cardiovascular disease risk factors in Alabama.

3

Social Work Protocol

- Eligibility
 - Women ages 15-55 r receiving ADPH services or referred for services
 - Reside in the county where services are offered

4

Social Work Protocol

- Receipt of Referral
- Well Woman Enrollment Session
- Social Work Visits
- Healthy Behavior Support Options Sessions
- Seven Month Follow-up
- Home Blood Pressure Monitoring Program
- Blood Pressure Medication Follow-up

5

Social Work Protocol

- Social Work Visit: Coordination/Monitoring
- Follow-up Health Coaching Sessions
- Support Groups/Healthy Lifestyle Programs
- Nutrition Classes
- Well Woman Private Facebook Group
- Documentation
- Caseload and Case Closure

6

Protocol: Receipt of Referral

- Multiple referral sources
- Attempt contact within 5 working days
- Schedule enrollment session with SW
- If delivered in last 6 months:
 - Safe sleep education
 - Offer home visit to assess for safe sleeping environment

7

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8

Protocol: Enrollment Session

- Well Woman Consent for Services
 - Explain program and expectations
- Psychosocial Assessment
- Well Woman Baseline 1 questionnaire
- SBIRT
- Schedule medical screening visit

9

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10

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11

Protocol: Enrollment Session

- Psychosocial Assessment
 - Gathering of information to determine patient/family strengths, resources and needs relative to appropriate use of primary care and the practice of healthy behaviors

12

Protocol: Enrollment Session

- Well Woman Baseline 1 questionnaire
 - Cholesterol
 - Blood Pressure
 - Diabetes
 - Cardiac
 - Health Assessment

13

Protocol: Enrollment Session

- What is SBIRT?
 - Screening
 - Brief Intervention
 - Referral to Treatment

14

Protocol: Enrollment Session

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15

Protocol: Social Work Visits

- Appointments
- Referrals
- Healthy Behavior Support Options
- Nutrition Class sessions
- Support Group sessions
- Required follow-up

19

Protocol

- Let's Check in:
 - Enrolled with SW
 - Medical Screening
 - Risk Reduction with NP

20

Protocol: Healthy Behavior Support Options Sessions

- Review the patient's medical record
- Three (3) healthy behavior support options sessions with social worker
- Discussion of patient's personal health goals

21

Protocol: Healthy Behavior Support Options Sessions

- AFTER completion of risk reduction session
- Participant decided priority areas
- Participant stage of change
- Clearance for physical activity
- Target blood pressure

22

Protocol: Healthy Behavior Support Options Sessions

- Participant decided priority areas
 - Nutrition
 - Physical activity
 - Smoking cessation
 - Medication adherence for hypertension

23

Protocol: Healthy Behavior Support Options Sessions

- Participant Stage of Change
 - Pre-contemplation
 - Preparation
 - Action
 - Maintenance
 - Refused

24

Barriers

- Poor follow-up from participants
- Poor treatment regimen adherence
- Unfavorable beliefs about hypertension risk due to being asymptomatic

25

Protocol: Healthy Behavior Support Options Sessions

- Participant Stage of Change
 - Pre-contemplation
 - Preparation
 - Action
 - Maintenance
 - Refused

26

Protocol: Healthy Behavior Support Options Sessions

- Session 1: Face-to-face
- “My Health Information” results
- NP risk reduction Session results
- Blood pressure monitoring program
- Blood pressure medication compliance
- Goals (specific and measurable)

27

Protocol: Healthy Behavior Support Options Sessions

- Sessions 2 & 3: face-to-face or phone
- Compliance
 - BP monitoring
 - BP medication
- Nutrition class attendance
- Progress towards goals

28

Protocol: Healthy Behavior Support Options Sessions

- Sessions 2 & 3: face-to-face or phone
- Compliance
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- Progress towards goals

29

Protocol: Seven Month Follow-up

- Face-to-face preferred
- Schedule annual rescreening appointment
- Well Woman Baseline 1 Questionnaire
- 7 Month Follow-up Assessment questions

30

Protocol: Timing for Required Sessions

- Session 1:
 - Within 10 working days of risk reduction session
- Session 2:
 - Approximately 1-2 months after Session 1

31

Protocol: Timing for Required Sessions

- Session 3
 - Approximately 3-4 months after Session 2
- 7 Month Follow-up Assessment
 - Approximately 7 months after Session 1
 - After Session 3 is completed

32

Protocol: Home Blood Pressure Monitoring Program

- Patient Eligibility
 - Diagnosis of Stage 2 Hypertension
 - Taking 2 or more medications for BP control.
 - Diagnosis of Stage 1 Hypertension AND are taking a lipid lowering agent to control cholesterol.
 - Recommended based on other medical conditions which might impact blood pressure control.

33

Protocol: Home Blood Pressure Monitoring Program

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)	and/or	DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

(<https://www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings>)

34

Protocol: Home Blood Pressure Monitoring Program

- Explain Home BP monitoring program expectations
- Provide and explain blood pressure tracker
- BP monitor follow-up within 10 working days

35

Protocol: Blood Pressure Medication Follow-up

- Follow-up within 10 working days of patient beginning or changing hypertension medication regimen
- Document under the Blood Pressure Medication follow-up section

36

**Protocol:
Coordination/Monitoring**

- Personal contact within 10 working days of initial/annual Well Woman screening
- Quarterly personal contact
- Appointment reminders and tracking

37

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38

**Protocol:
Coordination/Monitoring**

- Appointment reminders and tracking
- Assist with scheduling medical appointments and transportation
- Track appointment within 5 working days

39

Protocol: Follow-up Health Coaching Sessions

- Discuss progress towards goals set or updated during previous Health Coaching Session(s)

40

Protocol: Support Groups/ Healthy Lifestyle Programs

- Coordinate and schedule monthly meetings
 - Foster friendship between participants
 - Provide learning opportunities
 - Encourage/motivate participants to make healthy lifestyle decisions

41

Protocol: Nutrition Classes

- Coordinate with nutritionist/ registered dietitian
- Schedule patient's appointment
- Document appointment and attendance

42

Protocol: Well Woman Private Facebook Group

- Post monthly support group meeting dates
- Post educational materials using *A New Leaf: Choices for Healthy Living* as a guide

43

Protocol: Documentation

- Document in EHR
 - CureMD
 - ACORN
- Document within five (5) working days of the date of service
- Visit Date is the date the service was provided

44

Protocol: Documentation

- CureMD
 - Well Woman Social Work note template
 - Visit reasons
- ACORN
 - Case Management Initiative

45

Protocol: Caseload

- 250 active cases maximum
- Completion of Well Woman Enrollment Session with Social Worker
- Minimum one personal contact quarterly

46

Protocol: Case Closure

- No longer eligible for services
- No longer wants care coordination
- Unable to contact after 90 days

47

Protocol: Case Closure

- Enrollment with SW not completed within 60 days of referral
- Initial/annual (medical) screening not completed within 60 days
- Annual Well Woman screening with the nurse/NP was completed more than 18 months ago

48

How do we transition to the new protocol?

- Has the patient received a current medical screening?
 - Yes
 - No

49

How do we transition to the new protocol?

- Has the patient received a current medical screening? YES
 - Determine where patient’s case is in the Social Work Protocol.
 - Follow protocol from current case status

50

How do we transition to the new protocol?

- Has the patient received a current medical screening? NO
 - Work with patient to complete the Enrollment Session with the SW
 - Follow protocol from beginning

51