

Growth in palliative care programs has been stymied by the need for additional staff.ⁱ Many hospital palliative care programs do not meet national staffing recommendations due to education, implementation, and policy-related challenges.ⁱⁱ

Palliative care social workers and other champions can advocate to increase support for specialty level palliative care social work, and improve palliative care capacity among all social workers by recognizing these challenges and taking action.

Recommendations to Overcome Challenges to Specialty Palliative Care Social Work

Category	Challenges	Recommendation
Education <i>Social Work Field and Policymakers</i>	<ul style="list-style-type: none"> → Insufficient educational preparation in MSW programsⁱⁱⁱ (i.e., lack of palliative care-specific courses and field work) → Limited opportunities for advanced training (i.e., certificate programs, fellowships) → Challenges to participating in continuing education with palliative care content, including cost and time away from work → Financial burden on social workers to pursue higher licensing → Need for parity in funding for and availability of continuing education resources with other interdisciplinary team members 	<ul style="list-style-type: none"> → Pass the Palliative Care and Hospice Education and Training Act (PCHETA/H.R.647 in the 116th Congress).^{iv} This Act would amend the Public Health Service Act to increase the number of palliative care faculty members in medical schools, nursing schools, social work schools, and other programs → Work with the Association of Social Work Boards (ASWB) to include palliative care content in the ASWB licensure exam for social workers. This would incentivize social work programs to increase palliative care content in their curricula → Establish federal grants to create loan forgiveness, help defray some of the costs for accreditation and social workers' attendance in palliative care-related continuing education courses^v → Encourage hospice and palliative care social work training programs to improve micro, mezzo, and macro practice skills, so that social change is promoted through organizational and public policy (in addition to client advocacy)

Category	Challenges	Recommendation
Implementation <i>Social Work Field</i>	<ul style="list-style-type: none"> → Role confusion, leading to duplication of services or underutilization of skills^{vi} → High caseloads due to few palliative care social workers employed per palliative setting^{vii} → Lack of specialized clinical social work supervision in health care and palliative care settings, which may limit further accreditation in this area^{viii} 	<ul style="list-style-type: none"> → Educate providers, policymakers, and the public about the role and value of social work in palliative care → Clarify the unique responsibilities of the palliative care social worker distinct from the responsibilities of inpatient social workers and care managers, in each organization where care is provided → Promote the APHSW-C credential as a means to validate the expertise of palliative care social workers (while recognizing the potential challenges in meeting the pre-requisites)
Policy & Payment <i>Policymakers & Social Work Field</i>	<ul style="list-style-type: none"> → Lack of adequate reimbursement for social work services^{ix} → No system of reciprocity for social work licenses across states → Programmatic or policy structures that prevent social workers from working to top of their license 	<ul style="list-style-type: none"> → Advocate for value-based payment models which provide flexible financing for interdisciplinary teams → Advocate for better use of existing resources (e.g., improving social work availability as part of sufficient bed staffing) → Advocate for licensure parity across state lines to enhance geographic mobility of palliative care social workers → Increase forums for dissemination of research in palliative care social work, as well as opportunities for collaboration and networking

ⁱ Aldridge, Hasselaar, J., Garralda, E., van der Eerden, M., Stevenson, D., McKendrick, K., Centeno, C., & Meier, D. E. (2016). Education, implementation, and policy barriers to greater integration of palliative care: A literature review. *Palliative Medicine*, 30(3), 224–239. <https://doi.org/10.1177/0269216315606645>

ⁱⁱ Spetz, J., Dudley, N., Trupin, L., Rogers, M., Meier, D. E., & Dumanovsky, T. (2016). Few hospital palliative care programs meet national staffing recommendations. *Health Affairs Web Exclusive*, 35(9), 1690–1697. <https://doi.org/10.1377/hlthaff.2016.0113>

ⁱⁱⁱ The typical MSW curricula require 60 credits to be earned, of which elective courses, where students could choose palliative care, make up less than 15% of the total credits. Field work, where social workers gain clinical experience, are often limited to one or two sites during the coursework for a Master's degree. Thus, students' exposure to palliative care is limited by the available course offerings and field placements. Source: New York State Palliative Care Education and Training Council. (2018). Recommendations of the New York State Palliative Care Education and Training Council: Need, approaches and resources to provide palliative care education and training in state certified schools of nursing and social work, and in practice settings at the health care provider facility or agency level. https://www.health.ny.gov/professionals/palliative_care/docs/pcetc_recommendations.pdf

^{iv} Palliative Care and Hospice Education and Training Act, H.R.647 (2019). <https://www.congress.gov/bill/116th-congress/house-bill/647>

^v Walsh-Burke, & Csikai, E. L. (2005). Professional social work education in end-of-life care: Contributions of the Project on Death in America's Social Work Leadership Development program. *Journal of Social Work in End-of-Life & Palliative Care*, 1(2), 11–26. https://doi.org/10.1300/J457v01n02_03

^{vi} Head, Peters, B., Middleton, A., Friedman, C., & Guman, N. (2019). Results of a nationwide hospice and palliative care social work job analysis. *Journal of Social Work in End-of-Life & Palliative Care*, 15(1), 16–33. <https://doi.org/10.1080/15524256.2019.1577326>

^{vii} Csikai, E. L., & Weisenfluh, S. (2013). Hospice and palliative social workers' engagement in life review interventions. *American Journal of Hospice and Palliative Medicine*, 30(3), 257–263. <https://doi.org/10.1177/1049909112449067>

^{viii} The Advanced Palliative and Hospice Social Work-Certification (APHSW-C), started in 2019, is an evidence-based certification exam for hospice and palliative care social workers. To qualify for the exam, applicants must have at least 2 years of post-degree experience in hospice or palliative social work within the previous 5 years. Source: Advanced Palliative Hospice Social Worker Board. (n.d.). The APHSW certification. <https://aphsw-c.org/about/>

^{ix} Compared to the billability of other members of the interdisciplinary team, billing for social work services in the inpatient setting is more limited—not all the time spent and value provided by the palliative care social worker is billable. Social workers can bill for services if they have gone through a credentialing process and are providing direct billable mental health services in the form of individual, family, and group therapies to the patient or family in question. Extensive time and effort is required for palliative care programs to start billing for these services and to document these services over time, which pose challenges to implementation. For more information on billing, see CAPC's Toolkit for Social Work in Palliative Care: Billing for Social Work Services in Palliative Care.