

Outcomes-Driven Social Work: Repackaging the Wheel

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One cannot be a social worker today, particularly in nephrology, without exposure to—often—the concept of outcomes-driven social work. As noted by Johnstone (2003, as cited in Root et al., 2005), key principles of outcomes-driven social work are “launch it, measure it, report it.” As presented at the National Kidney Foundation 2005 Spring Clinical Meetings’ all-day workshop, “Nephrology Social Work: An Outcomes-Driven Practice Model,” outcomes-driven social work has both a micro- and a macro- impact on social work interventions. It serves to enhance the level of service social workers—in this case, nephrology social workers (NSWs)—provide, as compared to the “linear model of nephrology social work practice” focusing primarily on TTI [travel, transportation, insurance] (NKF 2005 Spring Clinical Meetings).

Outcomes-driven social work is certainly a deviation from the linear model, though not in a manner that is new to the social work community. In actuality, master’s-level social workers have been performing outcomes-driven social work long before the catch phrase “outcomes-driven social work” was marketed. Indeed, master’s-level social workers were performing outcomes-driven social work as graduate students, and were required to do so in order to receive a MSW. The development of outcomes-driven social work is not a reinvention of the wheel. However, it clearly repackages the wheel in a manner that appears to resonate with social workers who have lost sight of the contributions they can make within their home or host setting.

Outcomes-driven social work hinges on performing well thought-out and methodologically sound research that serves a clinical, or at least clearly documented, purpose. It encourages social workers to move away from traditional direct service to analysis and assessment of the full scope of services where they can have either a tangible (financial/medical) or intangible (psychoeducational/psychotherapeutic) contribution to their setting. But is this really a new, novel approach to the involvement of social workers in their setting?

No. As previously noted, all master’s-level social work students (intending to graduate from Council on Social Work Education (CSWE)-approved schools) are required to complete two semesters of research. In these classes, the aspiring social worker is expected to conduct research, sometimes on a small scale, other times on a much larger scale as part of a graduation research practicum. This research has to be conducted in the social work arena, though research requirements vary by school. However, to graduate, one must produce tangible research documents, demonstrating the capacity to “launch it, measure it, report it” using data from social

work settings and incorporating analytical techniques appropriate to social work data. Is this not what outcomes-driven social work is all about?

Since social workers have been trained in outcomes-driven social work for years, why has the outcomes-driven movement acquired such momentum now? Repackaging services in such a way that they appear more “quantitative” than “qualitative” appeals to unit or agency managers who respond to raw data rather than raw feelings. By presenting a project plan that can quantitatively demonstrate the success of a particular intervention, social workers (particularly NSWs) can capture the attention of numbers-oriented facility administrators or clinical coordinators, most notably if the intervention can impact DQI scores. Quite simply, most administrators within a dialysis unit do not think of social workers as “number crunchers,” and do not think to include social workers as part of the research team looking to improve the DQI scores. Presenting a task from an outcomes-driven perspective helps lend credibility to nephrology social work and, as such, can help expand the role of the NSW beyond TTI to include a broad array of services and interventions offered to patients.

In reality, however, many NSWs have been involved in monitored interventions for years. Perhaps it took the development of the concept of outcomes-driven social work for us, the social work community, to let go of our own linear mindsets and remember what we learned years ago about evaluative social work and its importance to the host setting. It is with this understanding that outcomes-driven social work will be incorporated into our daily routines. Understanding outcomes-driven social work does not always need to take workshops, seminars, or specialized training—it could be as simple as just dusting off that research methodologies textbook from years ago.

REFERENCES

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