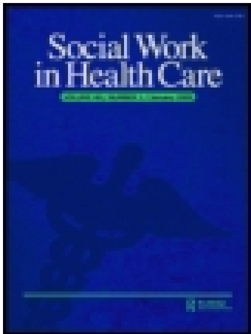

Social Work in Health Care

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/wshc20

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To cite this article: Dana Franceschini, Jessica Grabowski, Ester Sefilyan, Teresa T. Moro & Bonnie Ewald (2021): Covid-19: A critical time for cross-sector social work care management, Social Work in Health Care, DOI: 10.1080/00981389.2021.1904319

To link to this article: https://doi.org/10.1080/00981389.2021.1904319

Published online: 28 Mar 2021.

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SOCIAL WORK IN HEALTH CARE
https://doi.org/10.1080/00981389.2021.1904319

Covid-19: A critical time for cross-sector social work care management

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ABSTRACT

Covid-19 has profoundly impacted social work and has exposed the existing inequities in the health care system in the United States. Social workers play a critical role in the pandemic response for historically marginalized communities and for those who find themselves needing support for the first time. Innovative approaches to care management, including the Center for Health and Social Care Integration (CHaSCI) Bridge Model of transitional care provides a foundation from which social workers can rise to meet these new challenges.

ARTICLE HISTORY
Received 15 October 2020
Revised 3 March 2021
Accepted 12 March 2021

KEYWORDS
Health inequity; care coordination; covid-19 impact; facilitating care; care management

Introduction

The pandemic brings to the forefront the inequities in health and wellbeing that plague marginalized populations, including older adults and persons of color (Wilson, 2020, March). Adults age 65 and older account for 78.2% of Covid-19 deaths (Gold et al., 2020). According to the Centers for Disease Control and Prevention (2020), in the United States, African American and Hispanic or Latino persons are 2.8 times more likely to die from Covid-19 than the White, Non-Hispanic population, and Native or Indigenous Americans are 2.6 times more likely to die. The social determinants of health play a critical role in mitigating risks of exposure and death for these marginalized groups. Increased risk of exposure and death due to Covid-19 is likely related to existing systemic barriers to health and wellness, like food insecurity, social isolation, and mental health concerns which are exacerbated by the pandemic (Gold et al., 2020). Although social distancing is critical for slowing the spread of Covid-19, older adults are already at an increased risk for social isolation and loneliness (Wilson, 2020, March). Thus, the pandemic has ushered in loneliness, anxiety, and depression symptoms in older adults (Wilson, 2020, March). Social isolation exacerbates the risk of mortality due to Covid-19. The pandemic has also impacted the ability for older adults to access food (Goger,

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2020). Most older adults live on a fixed income and may struggle to meet nutritional needs. Black and Latino or Hispanic individuals have higher economic insecurity rates than their White, Non-Hispanic peers (Goger, 2020). As senior centers and food banks close, older adults have less access to the healthy foods needed to support chronic disease self-management. This puts older adults experiencing economic insecurity at risk of malnutrition, hunger, and worsening medical issues.

Social workers who provide complex care coordination play a crucial role in addressing the barriers to health and wellbeing exacerbated by the Covid-19 pandemic (Golden et al., 2020). Many health care systems and community-based organizations are struggling to meet the increasing care needs of the communities they serve (Tsega et al., 2020). Social workers in local Area Agencies on Aging provide critical services for older adults and their caregivers living at home (Brewster et al., 2020). These services allow for reduced reliance on acute and sub-acute care facilities and allow older adults to remain in their homes to age in place. One innovative approach to supporting these efforts is the Center for Health and Social Care Integration (CHaSCI) Bridge Model of Transitional Care. Although this model was developed before the pandemic, the infrastructure underlying the model has allowed many Bridge partner sites to implement the model without service interruption. In this article, we discuss the Bridge Model and describe ways in which community-based social workers at several Bridge sites, including sites operating under Area Agencies on Aging, successfully use and adapt the model to meet the needs of older adults and their caregivers during the pandemic. Our goal is to highlight the experiences of front-line social workers at Bridge sites nationally as they continue to meet pandemic related challenges.

The bridge model

Approximately three-quarters of hospital readmissions are preventable because they are linked to issues arising from unmet psychosocial needs, such as limited transportation, no in-home care services, and a lack of social support services (Altfeld et al., 2012; Xiang et al., 2018). There is a movement in the United States toward supporting value-based complex care models to improve transitions by increasing the quality of care provided, improving health, and reducing the costs associated with acute care readmissions (Altfeld et al., 2012; Xiang et al., 2018). The improvement of healthcare outcomes for marginalized populations by addressing social determinants of health is also a national healthcare priority (Escalante et al., 2020). The World Health Organization (2011, p. 2) refers to the social determinants of health as “the societal conditions in which people are born, grow, live, work, and age.” The Bridge Model comprehensively and explicitly addresses the social determinants of health. There is evidence to suggest that clients that

receive the Bridge intervention as opposed to standard care experience the following positive outcomes: 1) fewer visits to the Emergency Department: 2) lower 30-day readmissions, and 3) more engagement in primary care (Altfeld et al., 2012; Xiang et al., 2019).

The Bridge Model uses a person-centered, strengths-based approach to removing barriers to health for older adults with multiple chronic health conditions and their caregivers as they transition from acute or rehabilitation care back to their homes (Center for Health and Social Care Integration (CHaSCI), 2020a). While the intervention is short-term, the goal is to improve self-management and quality of life for clients and caregivers in the long-term. Generally, the Bridge intervention lasts for about 30 days post-discharge. Long-term services and supports are then initiated to ensure continuity of care at the end of the intervention.

Bridge social workers provide both case management and individual short-term psychotherapy depending on the needs of the clients and caregivers. Social workers also provide access to community-based care and the resources necessary to manage interconnected medical and social challenges and behavior change support (Rizzo et al., 2016; Xiang et al., 2019). Bridge social workers receive standardized training on providing risk-focused intervention and care coordination to address the biopsychosocial and functional issues that impact health and medical care plan adherence. The Bridge Model training consists of intensive 1-2-day interactive training sessions exploring best practices for client and caregiver engagement, developing care plans and goal attainment, and providing ongoing care after the intervention is complete (Center for Health and Social Care Integration (CHaSCI), 2020b). It covers a wide variety of nonspecific (person-in-environment, intersectionality)and specific clinical skills (motivational interviewing, mindfulness) and topics such as how to effectively assist caregivers and working with clients that have a cognitive impairment. Much of the training is centered around best practices and provides practical advice on delivering ongoing in-person, phone, or virtual care management. CHaSCI leadership offers educational webinars and monthly consultation to Bridge implementation sites to maintain model fidelity, in addition to addressing ongoing clinical and administrative concerns.

What sets Bridge apart is the comprehensive and holistic nature of the care provided. Social workers utilize a comprehensive assessment tool to systematically identify, address, and monitor the social, functional, environmental, cultural, and psychological issues impeding overall wellness. Attending to all barriers to care, no matter how small, is a critical component of this model. For example, social workers may work with clients and caregivers on everything from securing food and transportation, modeling how to talk to physicians, and finding a local singing group to remain socially connected. Model

implementation relies heavily on nonspecific and specific clinical skills to increase clients' engagement and activation within their health and wellness.

Cross-sector collaboration

Cross-sector collaborations are critical to ensuring the wellbeing and safety of individuals outside of the hospital. Community-based organizations have close ties to community services and supports that healthcare providers and hospital systems lack (Xiang et al., 2018). They are attuned to the local community and real-time availability of resources. This enables social workers to troubleshoot client issues quickly, and to efficiently implement new processes for delivering services during the pandemic.

The Bridge Model encourages strong cross-sector collaboration and partnerships between the area health system, community-based organizations, and national Bridge sites. Community-based organizations using the Bridge Model all have formal relationships with hospitals and the social workers have well-established processes to collaborate with interdisciplinary hospital staff to ensure a seamless transition home. Nationally there are over 100 hospitals and community-based organizations trained to use the Bridge Model (Center for Health and Social Care Integration (CHaSCI), 2020a).

All the Bridge implementation sites join monthly case consultations and office hours. During the pandemic, these meetings provide an opportunity to collaboratively troubleshoot difficult client cases. Bridge sites are able to learn about best practices to ensure model fidelity and share information about ever-changing local and national resources available to older adults. Bridge sites have long standing informal and formal relationships with other community-based organizations, state-wide networks, and Area Agencies on Aging. For example, a Bridge site may oversee a formal network of local businesses, nonprofits, and volunteer agencies dedicated to working together to expedite community-based services for older adults leaving acute or post-acute care settings. Sites and partners have the collective goal of ensuring older adults have a safe return home by addressing gaps in care. Bridge sites that work under Area Agencies on Aging allows for a warm handoff for clients in need of long-term services and supports, such as care coordination and caregiver support. These strong, preexisting partnerships allow Bridge sites to quickly adapt service provision to meet the mounting and changing needs of the communities served with little or no service disruption. In the next section, we describe social workers' experiences at some of the Bridge sites as they navigate the pandemic.

Meeting pandemic-related challenges

The Bridge intervention is often delivered remotely via phone or web-based communication. However, switching to a primarily remote work environment necessitates communication adjustments across the care continuum. Though referral criteria and processes vary across sites, electronic mechanisms allow for a continuous referral stream, with some Bridge sites witnessing an increase in referrals due to the pandemic. For example, one Bridge site more than tripled the number of referrals, from 1,677 clients receiving the Bridge Model in March through November 2020 compared with the same period in 2019 when only 469 clients received it (Sefilyan, 2020). When programming turned strictly telephonic, this saved on staff travel time and home visits, which provided the ability to expand the intervention to reach to more clients. Furthermore, all the staff members at this site are cross trained in all programs including the Bridge Model. Thus, those staff members were able to step in to assist with the volume increase, as needed. Access to partner hospitals' electronic medical records varies across Bridge sites. However, some Bridge sites were unable to obtain remote access privileges once shifting to remote work. Nevertheless, hospital and Bridge site staff worked diligently to create processes for effective and efficient communication lines. For example, patient rounds and re-admission meetings are conducted virtually, allowing Bridge social workers to continue to maintain close and real-time communication with medical providers to alert them about client or caregiver concerns. Though some Bridge sites now have more reliance on interdisciplinary team members, such as home health, hospital discharge planners, and physicians, to access client information, this increase in communication has forced cross-collaboration, which has, in turn, further strengthened this partnership.

There are three major shifts identified by Bridge social workers based on communication with national Bridge site partners. First, social workers at Bridge sites continue to see a need for essential services. Next, service adaptations are still required for clients who tested positive for Covid-19. Finally, Bridge social workers report an increased demand for more remote mental health services for clients and caregivers. For each section, we provide a representative case example and describe the services provided by Bridge social workers.

Essential services

The reports from front-line social workers at Bridge sites echo those of social workers nationally. The need for social distance has dramatically increased the demand for essential services, like access to food and in-home care supports for older adults (Brewster et al., 2020; Goger, 2020). For example, social workers report connecting individuals who can no longer go to the grocery

store with emergency home-delivered meals or grocery delivery services. Many older adults are seeking assistance for the first time due to pandemic related crises.

Case example. Mx. A is a 75-year-old individual discharged from acute care to a skilled nursing facility for one month. Upon discharge from the facility, Mx. A was referred to a Bridge social worker at an organization operating under an Area Agency on Aging. Mx. A was financially limited and did not have any close friends or family nearby. Pre-pandemic, they relied on public transportation. Mx. A discussed struggling with gender identity and having depression, which was made worse by not being able to go out. The social worker identified needs related to food security, home safety, mental health, health education, and an immediate need for assistance with activities of daily living and instrumental activities of daily living. The social worker obtained state-funding to provide Mx. A transportation to home and home-delivered meals and twelve hours weekly of non-medical, in-home care. Mx. A was given the phone number for home-delivered meals provider and local food pantries to facilitate self-efficacy. The social worker also provided information on local supports for LGBTQ+ individuals and worked with Mx. A to address ongoing anxiety about their health and Covid-19. Mx. A had a history of going to Emergency Departments whenever they experienced minor symptoms. The social worker worked with Mx. A and their providers to practice calling the home health nurse before going to the Emergency Department to decrease potential exposure to Covid-19. The Bridge social worker also initiated a referral to a long-term care coordinator.

Social work care experience. Social workers are experts at connecting clients with essential services. During the pandemic, Bridge social workers work closely with local townships, volunteer organizations, and private vendors. By coordinating services, the social workers ensure that clients, particularly those who test positive for Covid-19 or do not know their status, have access to transportation for medical issues like Covid-19 testing, dialysis, and chemotherapy. The pandemic has ushered in a need for personal protective equipment and cleaning supplies that may be in short supply. Bridge social workers have been able to work with other community-based organizations, private agencies, and healthcare providers to secure essential items, such as personal hygiene items, disinfectant items, and medical supplies.

Due to the immediacy of many pandemic related essential service needs, Bridge social workers adapt their practice and take a more active role in acquiring services for clients, instead of guiding them to initiate services independently. Pandemic-related stress also necessitates initiating tasks as well as more frequent contacts to address mental health needs adequately. Phone contacts that historically take a few minutes may take the better part of an hour when clients are isolated and yearning for connection. The Bridge social worker may be the only person the client has spoken to in weeks.

Working with clients and caregivers that test positive for Covid-19

The pandemic has thrust medical and community-based organizational systems into turmoil as they determine how to safely provide services. While guidance on protecting oneself and others from the virus continues to evolve, locating services for clients that test positive for Covid-19 is still challenging at times.

Case Example: Ms. B is a 101-year-old woman, who had previously tested positive for Covid-19, was ready to be discharged from acute care to home. Due to hospital test shortages, she could not obtain a second Covid-19 test to determine her status. The family contacted the Bridge social worker because they could not find 24-hour-support for her without a negative Covid-19 test. The social worker contacted numerous community partners and was eventually able to secure in-home supports due to a preexisting relationship with the Bridge social worker. This client was able to be safely discharged home without the family having to risk potential Covid-19 exposure.

Social work care experience. Bridge social workers play an integral role in coordinating care for older adults and caregivers who test positive for Covid-19. For example, housing for clients that test positive for Covid-19 is another essential service that has been dramatically impacted by the pandemic (American Hospital Association, 2020). Bridge social workers secure short-term hotel rooms for clients who cannot return home due to their Covid-19 positivity status. Social workers help clients secure their belongings while locating long-term housing and community supports for clients who have been recently evicted from their home. Bridge social workers also provide support to people who have lost their health insurance. For example, Bridge social workers help caregivers complete the Family and Medical Leave Act documentation or help clients and caregivers contact providers and insurance representatives to ensure continued care access.

Many Bridge social workers are at the forefront of providing Covid-19 education to older adults and caregivers. In some organizations, social workers run community programs that address health literacy about Covid-19. They discuss how to avoid contracting and spreading the virus by presenting current Center for Disease Control (CDC) guidelines in a digestible way and demonstrating how to use thermometers and personal protective equipment properly. Social workers also help clients create written agendas and questions about Covid-19 to make sure their concerns are addressed at medical appointments At one Bridge site, the community social worker noticed that several older adults who tested positive for Covid-19 were returning to the emergency department. The older adult and their family reported to the social worker a lack of education at the initial hospital stay around Covid-19 and the course of the illness including the severity and array of symptoms.

Remote medical and mental health services

The pandemic has profoundly impacted the mental health and wellbeing of older adults. Social isolation increases loneliness, depression, and anxiety all of which adversely physical health outcomes (Escalante et al., 2020; Wilson, 2020, March). There is some evidence to suggest that over half of individuals age 50 and older are experiencing pandemic related social isolation due to social distancing practices (Escalante et al., 2020).

Case Example: Mr. C is a 70-year-old man hospitalized with Covid-19 related complications for two weeks. Mr. C was on a ventilator and in and out of consciousness. Mr. C was discharged to a local rehabilitation facility and referred to an organization operating under an Area Agency on Aging upon discharge. Mr. C's insurance cards and prescription glasses were missing after being admitted to acute care. The social worker connected Mr. C. to the patient liaisons at the hospital and rehab facility who were unable to locate the missing items. The social worker assisted Mr. C in navigating the process of requesting new insurance cards and alerting his insurance companies to protect him from fraud. The social worker secured funding to cover the cost of replacement glasses. Mr. C was frustrated from spending all this time and energy on something that probably would not have happened if his partner had been with him at the hospital. Mr. C also said that he was experiencing trauma because he thought he would die while he had been alone on a ventilator. He said that the worst part was not being able to see any of his friends or family. His partner could not visit because of her Chronic Obstructive Pulmonary Disease (COPD) and the risk of severe outcomes should she contract Covid-19.

Social work care experience. The pandemic has increased the need for mental health services, in particular call-in and online support groups. Social workers' expertise in behavioral health and trauma-informed approaches enables them to help clients and caregivers process stress, anxiety, and depression. Bridge mental health therapeutic services are short-term. Bridge social workers make referrals for external and long-term mental health supports, such as community mental health clinics, Alcoholics Anonymous, cancer support groups, and caregiver support groups. Most therapists and support groups are currently accessible from home. Bridge social workers also help develop safety plans for those at higher risk for suicide and connect clients or caregivers to crisis hotlines and long-term mental health services.

Telephonic and online services allow people to continue to access social work and health care providers. However, many older adults struggle with technology, and persons from marginalized communities may not have access to the internet in their homes or the devices necessary to access services. Thus, Bridge social workers are instrumental in connecting older adults to both WIFI and technology devices, in addition to offering assistance on using

online platforms. Social workers help clients and caregivers communicate successfully with their physicians by working with them to navigate telehealth. Bridge social workers report working with local and state organizations to obtain funding for internet services and the necessary technology hardware. Social workers also describe helping clients and caregivers navigate online communication platforms by wearing personal protective equipment and meeting them for an outdoor home visit.

Conclusion: looking ahead

The pandemic has highlighted the unacceptable healthcare inequities marginalized communities face. Health care and community leaders must address policy and systemic issues like lack of funding for resources and housing, inadequate training on culturally appropriate care, and stigma (National Academies of Sciences, Engineering and Medicine, 2019). Everyone deserves to understand their health, have the resources needed to follow their care plan and public health guidance, and obtain a decent quality of life regardless of the community they live in or the type of care they can afford. Given that the pandemic has callously highlighted the lack of coordinated care for vulnerable populations, there is a clear need for improvements in healthcare and community collaborations in providing complex care (Stein et al., 2020). The stories shared by the Bridge social workers offer an opportunity to reflect on what long-term systemic changes are needed to better support older adults and their caregivers.

While creating strong partnerships is a tenet of community-based social work practice, organizations often do not have the resources to formulate strong and lasting partnerships with hospital systems (Xiang et al., 2018). Policymakers and healthcare leaders must consider more sustainable ways of supporting cross-sector social work care management programs like CHaSCI's Bridge Model. This model provides the structure necessary to respond to the diverse needs of older adults and their caregivers while simultaneously encouraging data collection on organizational metrics. Collecting program data informs program targeting and community alignment and advocacy. Healthcare and community-based organizations need to monitor the effectiveness of their programs and address any observed inequities within specific sub-populations. This allows organizations to adapt programming and advocacy to address identified gaps. Coordinated services must intentionally target and provide integrated medical and psychosocial supports to older adults and their caregivers in order to prepare for future crises.

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