

# National Social Work Program VA Care Management and Social Work Services

## The Impact of Service Line Organizational Structures on Social Work in the Department of Veterans Affairs

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*VA Care Management and Social Work Services*

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Care and Compassion across the Continuum

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## Introduction

We are pleased to present this information summary. This product is designed to enhance understanding of the impact of service line organizational structures on Social Work in the Department of Veterans Affairs (VA). It is a product of the VA National Social Work Research and Evidence Based Practice Committee, the current members of which are credited by name at the end of the document. This document was created in response to interest from the field and developed in conjunction with the annual National Social Work Strategic Plan. There are eight national Social Work committees whose function is to report to the Social Work Leadership Council (SWLC). The SWLC serves as an advisory council to the National Social Work Program, Care Management and Social Work Services in VA Central Office. All products created and updated by the national Social Work committees are maintained on the Social Work SharePoint site (<http://vaww.infoshare.va.gov/sites/cmsws/SocialWork/default.aspx>).

### **Definitions**

Two styles of organizational structure are discussed in this document: *function-based structures*, sometimes referred to as traditional structures in the literature, and *service line structures*, also referred to as product lines in the literature. Charns and Young (2011)<sup>1</sup> offer a straightforward conceptualization that clarifies the differences between these two types of structures. Expanding the continuum model developed by Charns and Tewksbury (1993), Charns and Young (2011) explain how one side of their continuum represents organizational structures based on function, such as professional specialty or discipline. We refer to this type of structure as *function-based* in this document. Differentiation and specialization are important characteristics of function-based structures. Examples of departments in a hospital that uses this type of organization might include Nursing, Social Work, or Psychiatry.

The other side of the continuum represents organizational structures based on services. This type of structure can be organized around specific programs, service procedures, or target populations (Charns & Young, 2011; Parker, Charns, & Young, 2001). We refer to this type of structure as a *service line* in this paper. Integration is a principal characteristic in service line structures. Examples of departments of a hospital using this type of structure might include Mental Health, Primary Care, Radiology, or Women's Health, with each department or program consisting of members from various

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<sup>1</sup> Charns and Young (2011) modified the Charns and Tewksbury (1993) continuum of organizational structure varying from complete emphasis on function (function-based structures) to complete emphasis on individual programs (service line structures), with seven variations of organizational structure in between. They assert that the matrix structure, which is a combination of fully implemented functional and service line structures, has the benefits of both types of structures. In this type of organization, matrixed staff members have two supervisors of equal power, one from their professional department, and one from the program to which they are assigned. Thus, the matrix organization facilitates department-based management as well as program-based management. However, the authors assert that this is the most costly type of structure to manage, as well as more likely to lead to conflicts between staff with competing interests.

professions working together. Charns (1997) characterizes service line divisions<sup>2</sup> as having primary clinical and administrative power over the services, programs and staff within their purview. Service line divisions have budgeting and personnel authority for the services they provide. Traditional, discipline-based reporting relationships are replaced with reporting to service line managers. For simplicity, we use the term service line to refer to this type of structure.

## Historical context

Understanding the impact of service lines in the VA requires a review of the historical context in which the transition to service lines occurred. The history of the VA and its organizational structure is multi-faceted, and isolating the effects of service lines is difficult due to co-occurring factors.

Multiple major organizational changes occurred nearly concurrently in the VA after US Under Secretary for Health, Kenneth Kizer called for the development of a “New VA.” (Kizer, 1995). Following a trend in the private sector, the VA reorganized into a system of Integrated Delivery Networks (IDNs). This restructuring eliminated VA hospitals’ functioning as individual autonomous facilities, and created twenty-two Veterans Integrated Service Networks (VISNs). Around the same time, VA leaders began exploring alternative organizational configurations for the VISNs and their individual facilities. One type of organizational style they considered was the service line structure.

Service lines had been used in non-health care industries prior to reaching hospitals (Bowers & Taylor, 1990; Zelman & Parham, 1990). This style of management was first introduced in some hospitals in the 1970s, and became more popular in the health care industry in the 1980s. (Charns & Young, 2011; Nackel & Kues, 1986). By 1996, some VA hospitals had reorganized into service lines, and many VISNs were experimenting with this type of organizational structure as well (Charns, Wray, Byrne, Meterko, Parker, Pucci, . . . Wubbenhorst, 2001). Secretary Kizer promoted the use of service lines in his strategic plan, *Journey for Change* (Kizer, 1997).

Both of these changes, the reorganization into VISNs, and the use of service lines were meant to improve the quality and efficiency of service delivery within the VA. They were part of the shift to a philosophy of total quality improvement, which emphasized a less bureaucratic, more innovative and team-oriented culture focusing on service quality (Meterko, Valley, Young, & Charns, 2002). The goal of instituting a less bureaucratic

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<sup>2</sup> According to Charns (1997), three types of service lines can be found in the VA, service line divisions, task forces, and teams. A service line task force is a group of people from different disciplines or perspectives who come together to complete a time-limited project. Service line task forces occur at both the facility level and the VISN level. Supervisory responsibilities are not part of a task force. Participants report their normal, facility-based supervisors, not a task force leader. A service line team is longer lasting entity with broader responsibilities than a task force. In a team, there is more opportunity for collaboration in service provision due to the fact that groups spend more time together. Similarly to task forces, members of teams do not report to team leaders for supervisory issues; however, team leaders often provide input to supervisors regarding team members’ performance. The third type of service line, service line divisions, are described above.

structure, especially through the use of service lines led to a disbanding of 75% of all VA social work departments and the elimination of more than 60% of social work chief positions between 1996 and 1999 (Gockel, Alvelo, & Farris, 2001).

There is an ongoing debate regarding the best organizational structure for health care facilities. Organizational designs matter because they influence planning, coordination, accountability and resource allocation, and each organizational structure has drawbacks and benefits (Charns & Young, 2011). Proponents of service lines tend to believe that these structures help to increase efficiency and cost-effectiveness, identify and address patient issues, create more effective distribution of managerial power, and streamline multidisciplinary work (Charns, 1997; Charns & Tewksbury, 1993).

In contrast, proponents of function-based structures contend that this type of organizational structure enhances collaboration and resource sharing within departments, promotes professional standards, and increases professional development (Charns & Tewksbury, 1993). Proponents on both sides have research-based evidence to back their claims.

## Research Studies

This section presents a list of some published studies which have implications for understanding the impact of service lines on Social Work in the VA. This list is not exhaustive. Publications that were found to be most relevant in a direct manner to the topic were selected. Additionally, a list of publications with brief individual summaries of each study is, rather than a combined summary of all relevant literature. This is meant to provide a starting point for understanding the research on service lines and Social Work in the VA, and allow you to draw your own conclusions.

**Alvelo J., Garcia J., & Rosario D. (2008). Journey of change and back: A case study of a reconstituted social work service. *Social Work in Health Care*, 47 (1), 30-48. Retrieved from**

**<http://www.tandfonline.com/doi/pdf/10.1080/00981380801970780>**

A mixed methods case study examining staff satisfaction at the San Juan VA following the establishment of a mental health service line and the subsequent reconstitution of discipline-based departments. Quantitative data were derived from two surveys. The first survey, conducted in 2003 targeted mental health staff including social workers, psychiatrists, psychologists, nurses, addiction therapists, and other allied professions. The first survey had a response rate of 76%. The second survey, conducted in 2005 was modeled after the first, but the pool of respondents included those mental health staff from the first survey as well as dietitians and pharmacists. The response rate for the second survey was 53%. 71.0% of respondents to the initial survey reported a lack of satisfaction with the service line structure. The second survey reflected an increase in positive attitudes towards the integrated care service line. However, slightly more respondents were still not satisfied with the integration of services (47%) compared to those that were satisfied (42%). Social workers were a majority of respondents and the least satisfied of the disciplines surveyed.

Qualitative data included information from a position paper by the San Juan VA Social Workers recommending the facility reconstitute the Social Work Department. Concerns regarding staff morale, workload and patient care were indicated. Qualitative data also came from an interview conducted with the Chief of Staff concerning the motivation for reconstituting the Social Work Department.

**Bauer, M. S., McGreevy, T., & Chirico-Post, J. (2000). Establishing a function-based mental health service line in a VA Medical Center. *Psychiatric Services, 51* (10), 1307-1309. Retrieved from**

**<http://ps.psychiatryonline.org/data/Journals/PSS/3553/1307.pdf>**

A case study, using administrative data from a single VA facility before, during, and after transitioning its mental health services from function-based departments to an integrated service line structure. They found several positive outcomes after the service line had been implemented. The number of veterans served by the facility increased by 21%. The use of inpatient services reduced by 62%, and the number of Mental Health staff was reduced by 14%, which Bauer and colleagues interpreted as an increase in efficiency. The authors concluded that changing to a service line organization played only a facilitative role in the positive outcomes rather than a causative role.

**Byrne, M. M., Charns, M. P., Parker, V. A., Meterko, M. M., Wray, N. P. (2004). The effects of organization on medical utilization: An analysis of service line organization. *Medical Care, 42*(1), 28-37.**

A survey of all 144 VHA facilities was completed to determine whether service lines had been established in primary care or mental health. The authors also analyzed utilization data and performance measure data from two years, comparing facilities with service lines to those without service lines. They found no improvements in primary care, mental health inpatient and urgent care utilization in facilities that had service lines compared with those with no service lines. Facilities with newer services lines showed significantly less improvement than facilities without service lines. However, the authors did not find significant differences in performance or utilization between facilities with newer service lines and facilities with longer-term service lines.

**Charns, M. P., Wray, N. P., Byrne, M. M., Meterko, M. M., Parker, V.A., Pucci, L. G., Wubbenhorst, W.H. (2001). Service Line Management Evaluation Project Final Report. Health Services Research & Development Service, Management Decision and Research Center. Retrieved from**

**[http://www.research.va.gov/resources/pubs/docs/service\\_line.pdf](http://www.research.va.gov/resources/pubs/docs/service_line.pdf)**

Final report of a three year study examining the implementation and effects of service lines in the VA at the VISN and facility levels. This study was sponsored by HSR& D, and conducted by the Management Decision and Research Center and The Houston Center for Quality of Care and Utilization Studies, now renamed the Houston VA Health Services Research and Development Center of Excellence. The aim of the study was to better understand the use of service lines in the VA, and focused on the early years of implementation. The study included all VISNs and VA facilities. Methods included exploratory site visits, telephone surveys, and extraction of existing data from VA

databases. Charns and colleagues derived four key findings from the study. First, service lines were used in many VA facilities (75% by 1999) and all VISNs. However, the exact nature of the service lines varied considerably between facilities and among VISNs. Second, newly implemented service lines had a negative relationship with performance goal improvement. Facilities with service lines that had been established within the last 24 months had less improvement in performance goal outcomes than facilities without service lines, and those who had service lines that had been established for a longer period. Third, quantitative data was too sparse to measure the effects of service lines at the VISN-level. Although VISN-level managers reported many positive effects of service lines, there was insufficient statistical data to support this. Fourth, difficulties with the personnel system as well as perceptions of staff and managers made implementation difficult. Overall, the process of implementing service lines was found to be problematic.

**Gockel, J., Alvelo, J., & Farris, M. (2001). Change in social work service in the VA system: Tracking managers' perceptions. *Continuum Society for Social Work Leadership in Health Care*, 21(1), 8-14.**

This study utilized a self-administered questionnaire examining VA social work administrators' perceptions of change within the VA, in light of the increase in service lines and decrease in Social Work Departments in mid-1990s. The survey was distributed and collected to the attendees at the VA Social Work Leaders Conference in 1999. The authors concluded that social work managers employed in facilities without a Social Work Chief held perceptions of decreased social work authority, responsibility, supervision, morale, and patient advocacy. However, the results also suggested improved perceptions in staff productivity and patient hospital stay. Additionally, the authors reported a decrease in research, publications, and student supervision within social work following the transition to service lines.

**Greenberg, G. A., Rosenheck, R. A., & Charns, M. P. (2003). From profession-based leadership to service line management in the Veterans Health Administration: Impact on mental health care. *Medical Care*, 41 (9), 1013-1023.**

This study examined 139 VA facilities over six years to assess the effects of implementing service lines on mental health services. Surveys and administrative data were used to investigate the effects on continuity of care, readmission rates, emphasis on community-based mental health, and maintenance of proportionate funding for mental health. They found that of six continuity of care measures, only one strongly improved after service line implementation for all six years. Three of the other six measures improved in the first year only. Of the two readmission measures, one showed decline in the first year. Only one of five measure of emphasis on community-based mental health showed improvement in the first year, and none did so in the following years. In fact, three measures showed a decline in emphasis on community-based mental health. Finally, per capita mental health expenditures increased three years after implementation of service lines. However, two funding measures showed that relative to spending on other health services, mental health spending actually decreased. Overall, the researchers found several initial positive outcomes after the implementation of services lines in mental health, but that these improvements did not

persist in later years. Indeed some measures showed negative outcomes after service line implementation.

**Young, G. J., Charns, M. P., Heeren, T. C. (2004). Product-line management in professional organizations: An empirical test of competing theoretical perspectives. *Academy of Management Journal*, 47 (5), 723-34.**

A study of the impact of service lines on professionals in general hospitals using two competing theoretical perspectives. Based on the structural contingency perspective the authors predicted that for professional organizations such as hospitals, service line structures would be related to higher quality professional services, greater innovation in professional services, more professional development, and greater job satisfaction than in professional organizations with function-based structures. Using the professional autonomy perspective the authors predicted that for professional organizations such as hospitals, a service line structure would be related to lower quality professional services, less innovation in professional services, less professional development, and lower job satisfaction than in organizations with a function-based structure.

This study utilized a convenience sample of 11 general hospitals which were part of a research consortium, the Center for Health Management Research. Nurses, social workers, pharmacists and physical, respiratory, and occupational therapists in these hospitals completed a self-administered survey questionnaire. They also conducted site visits at each of the 11 hospitals to interview key stakeholders ranging from chief executive officers to front-line employees. Forty-four clinical areas within the eleven hospitals were classified by the researchers as either functional structures, or product line structures. Their research design controlled for several potentially influential variables, including employee tenure, type of professional discipline, penetration of HMOs, volume of patients, and type of clinical area or service. The overall survey response rate was 55 percent.

The researchers found evidence supporting two of their hypotheses, both of which had been derived using the professional autonomy perspective. Specifically, their analyses showed that service line structures had a negative relationship with professional development and job satisfaction. Neither type of organizational structure had any type of relationship with service quality or clinical innovation.

## **Summary**

Over time, the Department of Veterans Affairs has utilized different organizational structures. In the last few decades, the VA has shifted more towards service line structures than function-based structures. The range of service line definitions, applications, and implementations leads to difficulties in synthesizing the existing research. Challenges in making comparisons between existing studies include study designs that utilize different outcome measures, measuring similar concepts differently, and the use of diverse research methods. Existing research has also tended to use case study methodology and focus on the implementation period, when service line structures are relatively new.

Nevertheless, current research provides some insight into staff perceptions of service lines, effects of service lines, and problems implementing service lines. Several studies have found staff to be dissatisfied with new service line structures. Opportunities for staff development, clinical supervision, student supervision, and research may also be lower for social workers in facilities with service lines compared to those with Social Work Departments. Newly implemented service lines seem to perform more poorly than function-based structures and more established service lines on performance measure attainment. However, service lines may have some benefits, such as increased continuity of care, increased number of patients served, and decreased use of inpatient services.

The studies listed above provide a starting point for understanding service lines and their impact on social work in the VA. However, the generalizability and validity of these studies' findings are limited in that many of them use single case study designs, or use restricted samples. In addition, most of the studies above focus on hospitals and staff in general, not social work in particular. Furthermore, important factors such as the process of change itself, and other simultaneous organizational transformations are not controlled for in these studies.

More research is needed to better understand the effects of different organizational structures on social workers specifically. Because service lines involve interdisciplinary staff, isolating the effects of the organizational structure on social workers can be difficult. Despite the possible barriers, further investigation is merited regarding VA social work leadership, professional autonomy, compensation, professional development and employee satisfaction in relation to organizational structures. More research is also needed regarding the possible costs and benefits of care service lines, discipline-based departments, and matrix organizational forms for social workers within the Department of Veterans Affairs. Now that service lines have been used for several years in the VA, studies should focus on the longer-term effects of service lines compared to function-based structures. Additional research on patient care outcomes and patient satisfaction with various organizational structures is also necessary. Lastly, research is warranted to better understand VA organizational structures and effects at both VISN and facility levels.

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## **Additional Resources**

This section lists some additional sources of information on social work and service lines, both in the VA and in other health care settings. There are a number of publications and multiple research centers devoted to this topic. The following list while not comprehensive includes resources that were found to be informative. As with the entirety of this document, the following list is designed to help facilitate further inquiries.

### **Center for Organization, Management, and Leadership Research (COLMR)**

<http://www.colmr.research.va.gov/>

A VA HSR& D Center for Excellence focusing on research related to innovative management practices and quality of care, management practices and effective implementation of change, and the role of leadership in health care organizations.

### **Center for the Study of Healthcare Provider Behavior**

<http://www.providerbehavior.research.va.gov/index.asp>

A VA HSR&D Center for Excellence supporting research on factors that influence, and health systems interventions that improve healthcare provider behavior.

### **Gee, E. P. (2003). *Service line success: Eight essential rules*. Chicago, IL: Health Administration Press.**

A guide for implementing service line organizational structures in health care settings, written by a strategic planning consultant.

### **Houston VA Health Service Research and Development Center of Excellence.**

<http://www.houston.hsr.d.research.va.gov/>

Formerly the Houston Center for Quality of Care and Utilization Studies, this is a VA Health Services Research & Development (HSR&D) Center of Excellence organized into four scientific programs: Health Decision-Making and Communication, Clinical Epidemiology and Outcomes, Health Services Delivery and Organization, and Health Policy and Quality. This research center contributed to the VA Service Line Management Evaluation Project.

### **Jain, A. K., Thompson, J. M., Kelley, S. M. , & Schwartz, R. W. (2006). *Fundamentals of service lines and the necessity of physician leaders*. *Surgical Innovation*, 13 (2), 136-144.**

A declaration of the importance of physicians as leaders in service line organizations, this article is based mostly on opinion, but does provide some useful discussion of various types of service line structures. The position of the authors is clearly in favor of service lines.

### **Kizer, K. W. (1997). *Journey for Change*. Washington, DC: Department of Veterans Affairs. Retrieved from**

<http://www.va.gov/HEALTHPOLICYPLANNING/JourneyofChange.pdf>

Strategic plan written by US Under Secretary for Health presenting implementation plan for previously published policy directive, *Vision for Change* and expanded mission statement, *Prescription for Change*.

**Kizer, K. W. (1996). *Prescription for Change: The Guiding Principles and Strategic Objectives Underlying the Transformation of the Veterans Healthcare System*. Washington DC: Department of Veterans Affairs. Retrieved from <http://www.va.gov/HEALTHPOLICYPLANNING/rxweb.pdf>**

Detailed mission statement written by the US Under Secretary for Health. Describes the mission and vision of the “New VA” brought about by the previously published policy directive, *Vision for Change*. Articulates five goals related to this mission, as well as principles and objectives for each goal. Provides status updates on action items aimed at achieving the specified objectives.

**Kizer, K. W. (1995). *Vision for Change: A Plan to Restructure the Veterans Health Administration*. Washington DC: Department of Veterans Affairs. Retrieved from <http://www.va.gov/HEALTHPOLICYPLANNING/VISION/2CHAP1.pdf>**

Policy directive written by the US Under Secretary for Health presenting the original 1995 plan to transform the VA.

**Management Decision and Research Center. (2000). *Organizational Change*. UH 463.068 2000. Washington, DC: VA Health Services Research and Development Service, Office of Research and Development, Dept. of Veterans Affairs. Retrieved from**

[http://www.hsrd.research.va.gov/publications/internal/organizational\\_change\\_primer.pdf](http://www.hsrd.research.va.gov/publications/internal/organizational_change_primer.pdf)

A primer published by the VA’s Management Decision and Research Center (MDRC), a former branch of the VA Health Services Research and Development Service, provides an overview of the organizational change process, in general, and specifically within the VA. Lists several resources related to understanding such change within the VA.

**Mizrahi, T. and Berger, C. S. (2005). A longitudinal look at social work leadership in hospitals: The impact of a changing health care system. *Health & Social Work, 30 (2)*, 155-165.**

Examines social work leaders’ perceptions in relation to healthcare changes over a six year period. Also identifies the most common leadership styles of these social work leaders.

**Neuman, K. (2003). The effects of organizational reengineering on job satisfaction for staff in hospital social work departments. *Social Work in Health Care, 36 (4)*, 19-33.**

This descriptive study examines the impact of job reengineering and organizational changes on social work departments in four hospitals.

**Transition Watch**

[http://www.colmr.research.va.gov/publications/transition\\_watch/](http://www.colmr.research.va.gov/publications/transition_watch/)

The Management Decision and Research Center (MDRC) published Transition Watch between 1997 and 2004 to provide updates on VA organizational transitions. Although COLMR has not continued this publication, past issues are accessible.

**Turnipseed, W., Lund, D.P., Sollenberger, D. (2007). Product line development: A strategy for clinical success in academic centers. *Annals of Surgery, 246* (4), 585-590.**

This study examined the implementation of matrix-type service lines at the University of Wisconsin Hospital and Clinics (UWHC). Service lines were implemented and analyzed in three clinical areas: heart and vascular, oncology and pediatrics.

#### **VA Health Services Research and Development Service**

<http://www.hsrp.research.va.gov/about/#.UXL7uXBpdzo>

VA's official research entity; this organization pursues research related to VA healthcare. Their homepage includes links to several research resources related to health services, including social work.

#### **VA Office of Management**

<http://www.va.gov/OM/index.asp>

This office is responsible for oversight of the VA's budget, finances, and asset management. It also provides oversight for performance management.

**Yano, E. M., Simon, B. F., Lanto, A. B., & Rubenstein, L. V. (2007). The Evolution of changes in primary care delivery underlying the Veterans Health Administration's quality transformation. *American Journal of Public Health, 97* (12), 2151-2159. Retrieved from**

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2089092/>

Examines changes in Primary Care within the VA related to the VA's Quality Management transformations using survey data from 1993, 1996, and 1999. Also provides good background information on the transformations.

## **Published By**

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