Converging Hematology and BMT-CI Social Work into a Unified Service Model for Continuity of Care

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Abstract [Abstract type: Social Work Practice]

This presentation highlights a team-supported initiative to redesign and integrate social work services for Malignant Hematology and Blood & Marrow Transplant and Cellular Immunotherapies (BMT-CI) patients. Many cancer centers have specialized BMT-CI and Malignant Hematology teams. These teams operate independently, are located in different clinics, and follow different processes (Goldsmith et al., 2024; Stempel et al., 2023). Social Work is an essential part of such teams, improving both patient and team experiences (Zebrack, Schapmire, Damaskos, Grignon, & Smith, 2024). Rapid growth and complexity within the Hematology and BMT-CI patient population has led to deeper medical specialization and siloing, but rapport and provider continuity remain major factors in the impact of Social Work interventions (Thomas et al., 2021; Flock et al., 2023). This contradicts the separation of Hematology and BMT-CI Social Work teams given that an individual patient may migrate back and forth between those teams throughout their continuum of care, and suggests an opportunity to realign social work roles to better serve patients, families, and interdisciplinary team members with a unified service model.

The first portion of the presentation will review the history of social work within both clinics at Moffitt, a large NCI Designated Comprehensive Cancer Center, outlining the distinct responsibilities, workflows, and clinical approaches used by BMT-CI and Malignant Hematology social workers. While this separation once functioned effectively, increasing patient volumes and expanding treatment modalities revealed the limitations of maintaining two siloed models and underscored the need for innovation.

The second portion will describe the development and implementation of the Unified Social Work Service Model—essentially merging two separate social work teams into one, and offering a single consistent Social Worker through each patient's continuum of care. Disease-specific Social Work consult volume data justifying the programmatic shift will be presented. We will outline how the new structure leverages strengths across both patient populations and organizes social work practice around disease-specific teams (myeloid, myeloma, and lymphoid). Data will also be presented from a brief survey administered to the 9 merged Social Work team members prior to the merger and again at day +90 which displayed improvement in perceived work-life balance (favorable responses increased from 62% to 71%) and ability to build meaningful relationships with patients (favorable responses increased from 87% to 100%). Discussion will take place regarding workflow redesign and the practical steps required to build and sustain the new model. Research has shown that stakeholder engagement early in the change process can improve buy in and outcomes with major process changes in a healthcare team (Brennan & Wendt, 2021; Stover et al., 2019). Leadership strategies used to gain buy-in from stakeholders including Social Work team members, medical leadership, nursing leadership, schedulers, and trial coordinators will thus be presented. The resulting integrated alignment enhances efficiency, optimizes clinician strengths, and expands opportunities to improve patient outcomes, including survivorship interventions, disease-specific advanced care planning, and tailored psychosocial approaches.

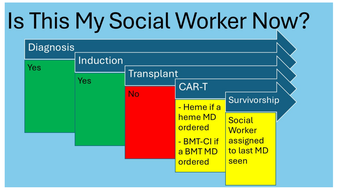
Our goal is to offer a replicable framework for other centers and institutions facing similar growth in malignant hematology and BMT-CI populations. By demonstrating the impact of transitioning from two separate clinic-based teams to a single, unified social work program, we highlight a modernized approach to delivering comprehensive psychosocial care to all who need it.

Outpatient Hematology (Heme) Social Work- Legacy State

Team
- 3 Social Workers, each assigned to a group of heme doctors and responsible for their patients except when hospitalized.

Workflow
- Consult based. Largely distress, transport/lodging, financial resources, adjustment consults. Often months between contacts, frequently one-time with no follow-up expectation.

Continuum of Care
- These doctors and social workers do not work with patients receiving transplant but do offer various immune & cellular therapies including CAR-T. **CAR-T volumes continue to grow**.

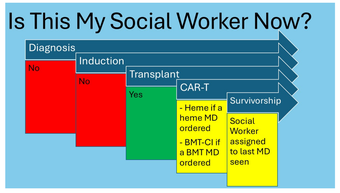


Outpatient BMT-CI Social Work- Legacy State

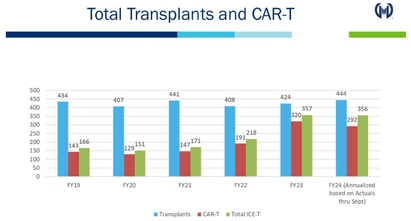
Team
- 3 Social Workers, each assigned to a group of BMT doctors and responsible for their patients except when hospitalized.

Workflow
- 100% patient penetration. 1-hour pre-transplant assessment, followed by active follow-up through preparation, treatment, and transition home. Few standalone consults.

Continuum of Care
- These MDs and SWs work with patients undergoing BMT, but also generate a large portion of the center's CAR-T.

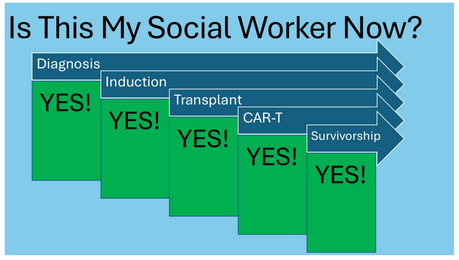


Unified Social Work Service Model



Rationale
- BMT-CI and Hematology Social Workers duplicate work through reassessment, rapport building, and handoffs
- Patients frequently move between hematology and BMT, causing distress and confusion
- Pre-BMT assessment timelines are increasingly time- and insurance-sensitive
- Heme workflows now mirror BMT for CAR-T, driving greater standardization

Goals
- Improve continuity of care and patient satisfaction
- Reduce duplication of tasks to increase efficiency
- Strengthen SW resources to support program growth
- Standardize Pre-BMT-CI assessments
- Improve job satisfaction through sustained and meaningful patient relationships



Preparation
- Gathered Social Work team input via focus group
- Presented to BMT-CI and Hematology multidisciplinary leadership
- Educated scheduling and clinical trials teams
- With evidence of CAR-T volume increase, successfully advocated for 2 additional MSW FTEs, and a Supervisor FTE
- BMT-CI and Hematology Social Workers exchanged clinic tours and peer-led cross-trainings throughout April 2025
- **Go-live: May 1, 2025**

Realignment
- Assign SWs by patient, not clinic
- Establish 3 specialty teams (Myeloma, Lymphoid, Myeloid)
- Split assignments alphabetically
- Result: improved continuity across care

HEME / BMT Social Work Coverage

Myeloid Team (myeloidsocialwork@moffitt.org)

Naomi Baldwin ext. 7972 (BMT CI Social Worker 3) Patient Last Names A-K	Emily Bergland ext. 2988 (BMT CI Social Worker 6) Patient Last Names L-Z
BMT-CI Physicians	Hematology Physicians
• Dr. Bejanyan • Dr. Mishra • Dr. Pidala • Dr. Faramand • Dr. Perez • Dr. Torres-Luna • Dr. Ramlal • Dr. Mirza	• Dr. Chan • Dr. Komrokji • Dr. Lancet • Dr. Kuykendall • Dr. Sallman • Dr. Shallis • Dr. Reynolds • Dr. Sweet • Dr. Xie • Dr. Yun • Dr. Padron

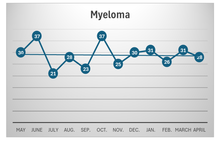
Myeloma Team (myelomasocialwork@moffitt.org)

Tracy Ross ext. 6542 (BMT CI Social Worker 2) Patient Last Names A-K	Tania Marrero ext. 6909 (BMT CI Social Worker 7) Patient Last Names L-Z
BMT-CI Physicians	Hematology Physicians
• Dr. Alsina • Dr. Castaneda • Dr. Freeman • Dr. Hansen • Dr. Liu • Dr. Nishihori	• Dr. Baz • Dr. Blue • Dr. Grajales-Cruz • Dr. Shain • Dr. Gardner

Lymphoid Team (lymphoidsocialwork@moffitt.org)

Daune Rodman ext. 3016 (BMT CI Social Worker 4) Patient Last Names A-F	Katrina Miller ext. 0249 (BMT CI Social Worker 5) Patient Last Names G-N	Stephanie Glenns-Segal ext. 1656 (BMT CI Social Worker 8) Patient Last Names O-Z
BMT-CI Physicians	Hematology Physicians	
• Dr. Jain • Dr. Khimani • Dr. Lazaryan • Dr. Locke • Dr. Ghalehsari • Dr. Ali • Dr. Chellapandian	• Dr. Bello • Dr. Kaur • Dr. Gaballa • Dr. Isenalumhe • Dr. Pinilla • Dr. Shah • Dr. Sokol • Dr. Saeed • Dr. Zhang	

Data Support



Comparative assessment volume tracking informed staffing assignments at 1yr post, supporting 3 SWs on Myeloma, 2 on Lymphoid, and 2 on Myeloid to maintain equitable workloads.

Discussion

The field of cellular immunotherapy has grown substantially over the past six years. In 2019, only two FDA-approved CAR-T products were available; by 2026, that number has increased to six, with a seventh—anitocabtagene autoleucel (anito-cel)—expected for FDA approval in Q2 or Q3 2026 for multiple myeloma. The field is also nearing approval of Orca-T, which may become the first FDA-approved allogeneic T-cell–based immunotherapy.

CAR-T and other cellular immunotherapies are increasingly used earlier in the treatment journey. Historically reserved for patients who had failed three to four prior lines of therapy, current clinical trials are focused on expanding access to earlier lines of treatment. In 2025, the FDA reduced or eliminated many REMS (Risk Evaluation and Mitigation Strategy) requirements for CAR-T therapies, with the goal of improving access, reducing administrative burden, and removing barriers to care.

Our updated care model enables social workers to develop deeper expertise in workflows, treatment pathways, and psychosocial considerations within their assigned disease category, rather than across all cellular therapy workflows. This specialization has improved efficiency and care coordination as CAR-T and stem cell transplant therapies continue to evolve in malignant hematologic diseases. The inclusion of team members and multidisciplinary stakeholders throughout implementation was instrumental to the success of this transition.

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