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# Helping Navigate the Complex Web of Community Medicine: How Dedicated Social Services Support in the ED Can Prevent Unnecessary ED Visits and Hospital Readmissions

**Adam Kennah, MD, Emergency Medical Director, Berger Hospital, TeamHealth**

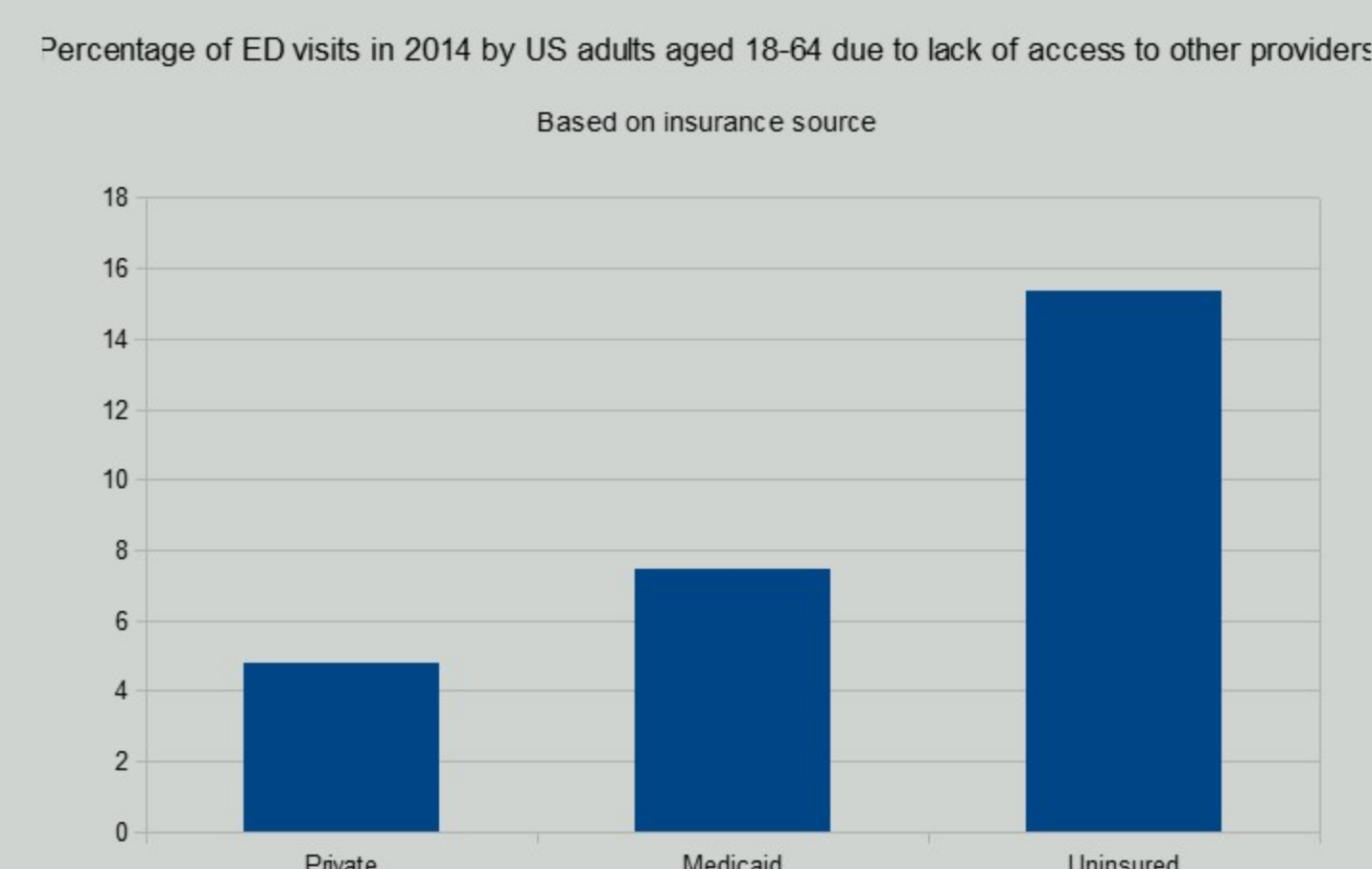
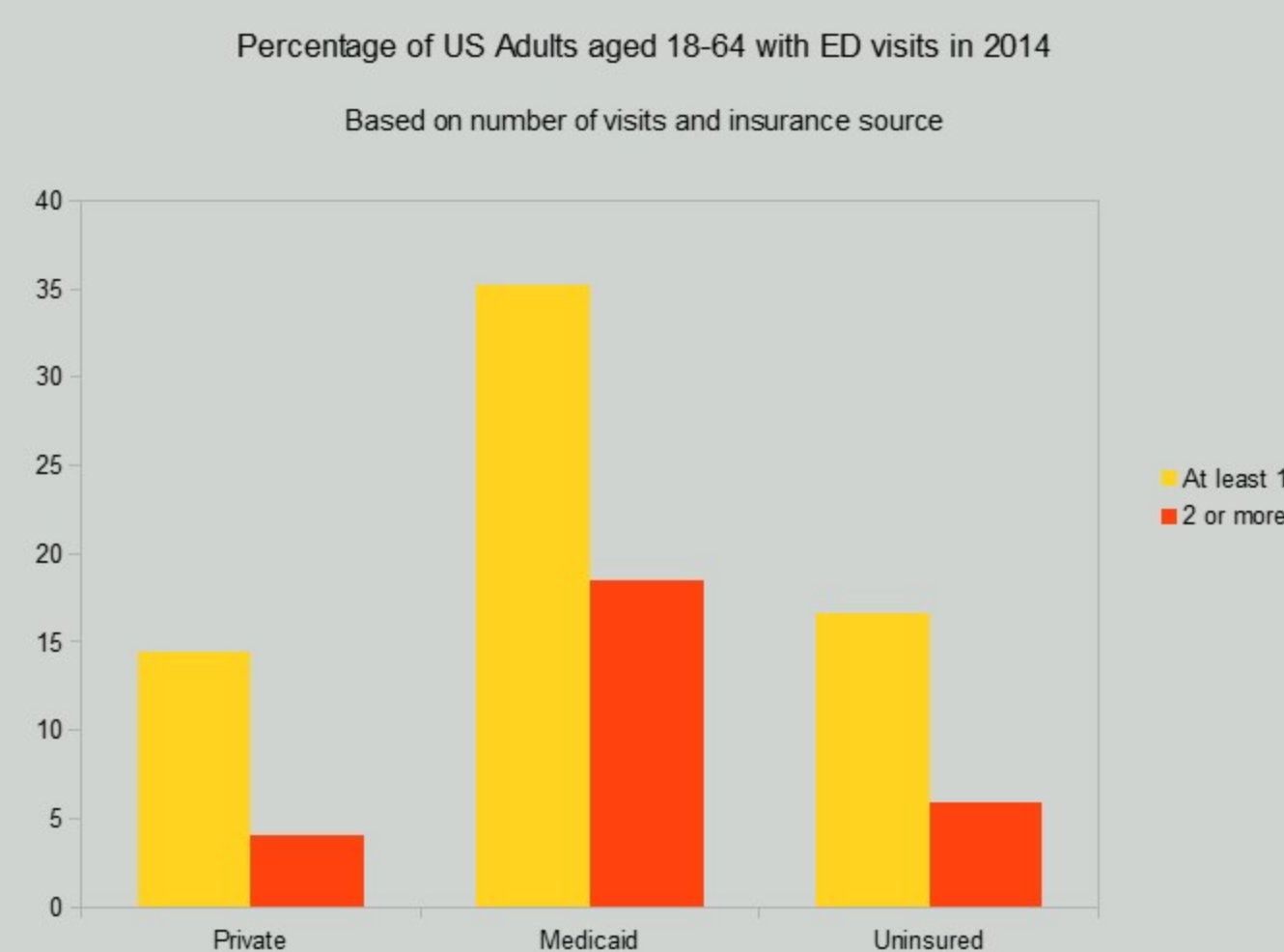
## Introduction

A hospital's Emergency Department (ED) serves as its front door to the community. The vast majority of admitted patients present initially to the ED, and even more still begin and end their hospital visit in the ED. A hospital's ED will deal with every societal ill facing that community. However, most hospitals reserve dedicated Social Service resources to admitted patients who have had prolonged inpatient hospital stays. EDs around the country are being overburdened with patients who present to the ED for non-emergent conditions. Access to community based healthcare is daunting even for well-connected individuals. It can be downright impenetrable for large portions of the community. Often the easiest, or only, choice is to return to the hospital's ED. Changes in healthcare have brought a sharp focus on these repeat users of hospital services. The Hospital Readmissions Reduction Program, created by the Affordable Care Act, was designed to make hospitals take an active role in preventing readmissions to their hospital for chronic diseases. In 2015, 2,592 hospitals (almost half of the country) will receive lower payments for every Medicare patient that stays in the hospital – a penalty of \$420 million. Having dedicated Social Services support in the ED can help prevent these return visits by connecting individuals to community based health services, helping navigate the mental health maze, and by providing a person of contact for patients to utilize before they decide to present back to the hospital – ultimately matching that patient with the appropriate service provider.



## The Problem

- Emergency Department (ED) visits increased by almost 30 million between 1996 and 2006
- Only 16% of ED visits are deemed emergent
- In contrast, 5% of ED visits are alcohol related, and 25% are referred for mental health or substance abuse care
- ED's are the safety net for Americans with significant economic and social impairments
- As an example, homeless individuals visit an ED at a rate of 83.6/100, compared to the general population rate of 44.5/100
- Uninsured and Medicaid patients visit the ED more often than those with private insurance
- Uninsured and Medicaid patients visit more frequently and cite lack of access to other providers as the reason they chose the ED
- ED providers must make a disposition decision within a few hours, often with limited information



## Role for Social Work

- Despite the high level of social and economic complexity associated with many ED patients, only 0.7% are referred to hospital based social workers (SW).
- Frequent ED users tend to have multiple medical problems, have poor mental health, and are below the poverty level
- SW's provide support and access to care that can improve health and decrease ED usage
- SW intervention has been shown to decrease inpatient admission
- Connecting patients with the resources they need outside of the hospital helps to reduce hospital admissions and insurance costs
- Effects of Hospital Readmission Reduction Program (HRRP), created by the ACA

Year Penalty Applied	FY 2013	FY 2014	FFY 2015
Number of Diagnoses Measured	3	3	6
Max Penalty	1%	2%	3%
Average Adjustment (all hospitals)	-0.27%	-0.25%	-0.49%
Average Penalty	-0.42%	-0.38%	-0.63%
Percent of Hospitals Penalized	64%	66%	78%
Percent of Hospitals at Max Penalty	8%	0.6%	1.2%
CMS Estimate of Total Penalty (in millions)	\$290	\$227	\$428

## Areas of Further Research

- Future study will require systematic collection of data on social work services in the ED and patient outcomes
- Does providing consistent, dedicated social work services in a community ED -
- Reduce overuse of the ED in frequent visitors?
- Improve the overall health of the community?
- Reduce readmissions?
- Improve mental health service utilization?

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## Contact

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