Case Management in the Emergency Department: Social Workers

What We Know

› The emergency department (ED) is often the leading provider of unscheduled primary and acute care in the United States, leading to concerns about overutilization of emergency services. During the period 2000–2014, the highest rate of utilization of ED services for children and adults < 65 years of age was among individuals covered by Medicaid(6,11,12,14,16)

• The Centers for Disease Control and Prevention (CDC) estimates that in 2012 in the United States(1)
  – there were 130.9 million total ED visits
  – there were 42.4 ED visits per 100 persons
  – 11.1% of ED visits resulted in hospital admission
  – 1.9% of ED visits resulted in a transfer to another hospital (e.g., psychiatric or other facility)

• Individuals with Medicaid insurance coverage are approximately twice as likely to visit an ED. However, they accounted for only 23.4% of all ED visits in 2014, while privately insured individuals accounted for 53.6% of all visits, uninsured persons for 15.1%, and individuals with “other” insurance status for 7.9%(6)

• The rate of ED usage declined between 2010 and 2014 for all categories of health insurance status for adults and children(6)
  – 17.4% of privately insured adults visited an ED at least once in 2010 and 14.5% visited in 2014; of those insured by Medicaid 40.2% visited an ED at least once in 2010 and 34.9% in 2014; and of uninsured persons 21.3% visited an ED at least once in 2010 and 16.5% in 2014(6)
  - 17.1% of privately insured children under age 18 visited an ED at least once in 2010, 12.4% in 2014; of those insured by Medicaid 30.0% visited an ED at least once in 2010 and 22.9% in 2014; and of uninsured persons 19.4% visited an ED at least once in 2010 and 14.7% visited in 2014(6)

• Other statistics regarding 2014 ED visits for adults older than 18 include: (6)
  – 16.9% of all males visited an ED, 20.3% of females

• Measured against the poverty level, 28.6% of individuals below 100% of the poverty level visited an ED at least once, 23.4% between 100% and 199% of the poverty level visited an ED, 17.2% between 200% and 399% of the poverty level visited an ED, and 13.5% at 400% or more of the poverty level visited an ED

• Reasons given for visiting an ED in 2014 varied depending on insurance status. Individuals insured by Medicaid were most likely to cite the seriousness of the medical problem for the visit, privately insured individuals cited their doctor’s office not being open as the reason, and uninsured individuals cited lack of access to any other source of care(12)

• With the passage of the Affordable Care Act, some physicians have expressed concern about its impact on EDs(15)
Forty-six percent of physicians surveyed reported that there had been an increase in the volume of emergency patients seen in their ED.

Eighty-four percent of the physicians reported that psychiatric patients “board” in the ED. Boarding is when a psychiatric patient is admitted to the hospital but held in the emergency room for hours or days because there is not a psychiatric bed available, but the patient is not safe to discharge. Case management may help prevent these psychiatric emergencies.

High-utilization patients (i.e., frequent users, commonly called “frequent fliers”), particularly patients with complex behavioral and medical disorders, increase the demand on ED staff members and consume a disproportionate share of resources.

- Patients often return to the ED with the same medical condition within a short period of time as a result of fragmented discharge services and lack of patient adherence to prescribed follow-up.
- Patients also often leave the ED unable to schedule the follow-up appointments or acquire the medications that were prescribed by the ED providers.
- A meta-analysis of 31 studies of the effectiveness of ED interventions with frequent ED users (e.g., case management, care plans, diversion strategies) found that any such intervention was likely to reduce repeat ED visits and also to have other desirable outcomes such as increased housing stability.

The Emergency Medical Treatment and Labor Act (EMTALA) is a federal law passed in 1986 that requires guaranteed emergency services access for all persons, regardless of their ability to pay. Under EMTALA, patients must be properly assessed, treated as appropriate, and stabilized before discharge or transfer to another facility.

It is not a violation of EMTALA to refer a patient to a more appropriate primary care site after the patient is properly triaged and found to be a non-emergent case.

The Recovery Audit Contractor (RAC) program, executed by the Centers for Medicaid & Medicare Services (CMS), was created through the Medicare Modernization Act of 2003 and initiated nationwide in 2010; RAC is a program to reduce improper Medicare payments and implement actions to prevent future improper payment.

Hospital records are analyzed for inappropriate admission, incorrect level of care, and inaccurate coding of Medicare patients.

Because the majority of hospital admissions are through the ED, the implementation of case management programs in the ED may help to alleviate ED overutilization; case managers (CMs) can operate as “gatekeepers” to verify that patients meet medical criteria for admission under the proper status in an appropriate level of care (e.g., ICU, telemetry).

- CM positions may be held by licensed master’s-level social workers or registered nurses; a social worker presence is required for any ED case management program to be effective.
- Hospitals are at risk for loss of reimbursement when CMs are not assigned to the ED; the appropriate number of CMs working in the ED depends on the demographics of the patient population served (e.g., large number of Medicaid beneficiaries, chronic illnesses, predominately private insurance).

CMs should be physically present in the ED 7 days a week and during peak volume hours to build a rapport with ED staff members.

Experts contend that having CMs in the ED is essential to hospitals’ reimbursement and patient care. The role of the social worker in the ED includes.

- Psychosocial assessments and interventions, including bereavement and substance abuse counseling and crisis interventions
- Verification that discharged patients’ needs are met to appropriately manage their conditions at home, including identification of appropriate community resources and services
- Ensuring that patients are able to obtain any prescribed medications, services, or durable medical equipment
- Management of a smooth transition of discharged patients from hospital to community, including organization of post-discharge services (e.g., clinician follow-up, durable medical equipment) and arranging transportation for discharges or transfers
- Education for frequent or high-utilization patients on more appropriate venues of care
- Referrals to child or adult protective services
- Assistance with health insurance applications

Goals of an effective case-management program in the ED are to.

- Promote an understanding of the benefits of the role of CMs in the ED
- Increase patient, family, and staff member satisfaction
- Promote cost-effectiveness
- Enhance quality of care through
  - identifying patients who are at risk for overutilization of services
  - implementing needed services
  - verifying appropriate level of care
  - improving outcomes of care
- Interfaced computer systems among competitor hospitals and EDs offer shared information about targeted patient populations, flag high-utilization patients, and serve as a safety net and a possible method of reducing unnecessary ED visits. Information technology personnel and privacy experts must be active participants in developing an interfaced computer system\(^\text{10}\)

**What We Can Do**

- Become knowledgeable about case management in the ED so we can accurately assess our clients’ unique characteristics and health education needs; share this information with our colleagues
- Practice with awareness of, and adherence to, the social work principles of respect for human rights and human dignity, social justice, and professional conduct as described in the International Federation of Social Workers (IFSW) Statement of Ethical Principles\(^\text{13}\)
- Develop an awareness of our own cultural values, beliefs, and biases and develop knowledge about the histories, traditions, and values of our patients. Adopt treatment methodologies that reflect the cultural needs of the patient\(^\text{2,13,17}\)
- Understand the requirements of EMTALA; for more information, refer to http://www.emtala.com/faq.html
- Complete detailed and thorough psychosocial assessments, which can help uncover causes for ED admission and lead to more appropriate medical interventions (e.g., patient has fever and convulsions, but assessment reveals heavy alcohol use, which suggests that symptoms are caused by alcohol withdrawal)
- Collaborate with other members of the healthcare team to
  - define the goals for case management in our facilities’ EDs
  - determine the criteria for high utilizers and identify such patients in our facilities’ EDs
  - implement a process improvement project to increase compliance with follow-up among frequent users of the ED
  - develop an action plan to connect non-emergent patients with appropriate outpatient services (e.g., escorting patients after triage to our facilities’ urgent-care departments)
  - develop an action plan to strengthen patients’ relationship with their primary care providers to reduce ED visits
  - perform utilization review assessments before admission to determine if proper admission or discharge criteria are met
  - track key indicators (e.g., patient satisfaction, inappropriate admissions, finances) to measure the effect of case management in our facilities’ EDs to justify hiring CMs to hospital administrators, as appropriate
  - implement a discharge planning program to reduce readmissions in which the CM assists in making sure that the patient can access the prescriptions (medical or durable medical equipment) with which they are discharging (e.g., establish a small fund to pay for antibiotic prescriptions for indigent patients so they will be able to be compliant and to reduce risk for readmission)
  - refer patients with chronic illnesses to appropriate community supports that may increase their education on the disease and reduce ED visits
- With a case management program in place, ensure that patient needs are being met upon discharge to decrease the likelihood of a return to the ED or admission to the hospital
- Contact the Case Management Society of America for continuing education opportunities and conferences specific to case management in the ED; for more information, refer to http://www.cmsa.org
- Understand the Affordable Care Act and how to connect uninsured individuals to insurance coverage on state and federal exchange programs
References


